

COMMUNITY MEDIA

for Social and Behavior Change

*Using the Power of Participatory Storytelling
to Improve Nutrition*



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USAID's multi-sectoral nutrition project



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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a seven-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. 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.

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SPRING

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ACRONYMS AND ABBREVIATIONS

CAC	community action cycle
CAG	community action group
CLTS	community-led total sanitation
DG	Digital Green
DMI	Development Media International
FAO	Food and Agriculture Organization of the United Nations
ICT	information and communication technology
IPC	interpersonal communication
IYCF	infant and young child feeding
M&E	monitoring and evaluation
MIYCN	maternal, infant, and young child nutrition
NGO	nongovernmental organization
NHD	Nutrohealth for Development
REGIS-ER	Resilience and Economic Growth in the Sahel-Enhanced Resilience Program
SBCC	social and behavior change communication
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
TAG	Technical Advisory Group
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	UN Children's Fund
USAID	U.S. Agency for International Development
VHT	village health team
WASH	water, sanitation, and hygiene

INTRODUCTION

For thousands of years, traditional storytelling—the most basic approach to communication and knowledge transfer—has been used to help change or reinforce social norms and promote the adoption of individual and community-level behaviors. Thanks to modern media technologies, storytelling can now have an even broader impact on communities and individuals, motivating them to improve the nutrition and health of families, friends, and neighbors. Over the last five years, USAID’s multi-sectoral nutrition project, Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING), has embraced the power of storytelling through various community media platforms and experimented with several innovative technology-enabled storytelling techniques to change nutrition-related behaviors and social norms.

Through storytelling, people pass on important knowledge by evoking imagery and triggering emotions, sentiments, and physical responses that make the narrative resonate with an audience. In 2012, SPRING began encouraging the participation of community members in the creation of stories to promote nutrition and hygiene through distinct community media channels. We have developed this document to help guide program managers and other decision makers considering the use of various types of community media. In these pages, we describe relevant experiences, tools, evidence, and lessons learned. Reflections on earlier definitions and principles of community media are also presented for readers interested in further exploring the foundations and key concepts of this approach.

Evidence shows that sustained improvements in nutrition practices are often achieved through long-term, repeated exposure to behavior-centered communications programming, reinforced by other complementary activities. Successful strategies for SBCC interventions include employing multiple channels and media, as well as engaging key audiences and influencing groups (Lamstein et al. 2014). SBCC acknowledges that individual decisions, behaviors, and practices are influenced by a web of complex, contextual determinants that must be addressed to effectively encourage people to try, adopt, and maintain improved practices.

Since 2012, SPRING has invested in exploring and evaluating the role and effectiveness of storytelling in SBCC, with a focus on several specific community media tools. Community media allows us to share stories that are both interesting and compelling, while also conveying appropriate health and nutrition information. This approach leverages and maintains the integrity of local experiences and narratives, while using innovative dissemination channels to reach large numbers of individuals to excite, motivate, and empower communities to move toward improved nutrition and health.

This review presents in-depth case examples of how we have used this approach in multiple contexts. Through honest and pragmatic reflection on lessons learned through our country-level programs, we hope to further support the application, adaptation, and evaluation of community media in other programs and contexts, especially to improve nutrition and hygiene.




Health Education, SBCC, and the Rise of Community Media

Disseminating health and nutrition information and motivating people to adopt new behaviors, especially in communities where health literacy is low and infrastructure is poor, represent ongoing challenges for global health practitioners. Interpersonal (face-to-face) communication, although an effective SBCC technique, generally has limited reach given constraints on people's time, distance, and resources. Mass media for health education is also limited in that it is a one-way communication channel, with information traditionally flowing from urban centers outward, only sometimes reaching remote populations. It follows that many long-established health communication techniques enable only a limited exchange of ideas and input from and within communities (Berrigan 1979). The increasing visibility of social justice movements from the 1960s onward, however, has brought with it a growing focus on grassroots and community media as instruments of social change, underscoring the need to more actively engage communities, provide an opportunity or space for the exchange of ideas, and stimulate enriching two-way communications (Howley 2010).

Community media's popularity and evolution over recent years has been heightened with the rapid expansion and reduced costs of information and communication technologies (ICTs). The application of ICTs for health, nutrition, and agriculture has opened up vast new opportunities to exchange information and ideas and engage the most remote and marginalized populations. The increasing use of portable, digital-based community media tools for SBCC has the potential to expand reach, standardize health information, and provide platforms that encourage feedback, dialogue, and interaction around content delivery and modification (Strack 2015). The expanding reach and accessibility of digital tools is a phenomenon transforming our traditional options for SBCC programming in all corners of the globe, representing a huge opportunity for reaching individuals and families via community media.

From January 2015 to January 2016 alone, the largest expansion in access to online ICT was reported in Africa, with Internet use increasing by 14 percent and social media usage up by 25 percent (see Table 1). Though the first mobile phone adopters are primarily male, educated, young, wealthy, and urban, secondary adopters across the demographic spectrum, including more poor, elderly, and rural individuals, have been gaining access to the technology, thanks in part to the introduction of lower-priced models and the availability of airtime cards at lower price points (Aker and Mbiti 2010). The growing accessibility of new media technologies can democratize information, giving those most affected by health and nutrition problems greater access to information, and ideally, a greater voice in discussing and addressing these problems (Ali 2011).

TABLE 1. DIGITAL ANNUAL GROWTH (JANUARY 2015–JANUARY 2016).

	THE AMERICAS	EUROPE	AFRICA	ASIA-PACIFIC
Internet usage 	+6% 38.9 million	+4% 25.9 million	+14% 47.2 million	+12% 199 million
Mobile connections 	+1% 9.6 million	+1% 13.5 million	+9% 84.4 million	+4% 156.6 million
Social Media 	+6% 28.6 million	+3% 11.2 million	+25% 25.3 million	+14% 145.8 million

Data source: Kemp 2016.

Defining Community Media

Community media has no single definition or specific approach. The advantage of community media is that it combines some of the major benefits, elements, and strategies associated with both mass media and interpersonal communication (IPC) techniques while tapping into storytelling traditions. Community media is tailored to the local community it serves, and community members are involved as active participants in the process. A review of the literature reveals a wide range of media-related tools currently used in health and nutrition programming that are considered community media approaches, including video, radio, television, photography, and web-based social media. More traditional, low-tech tools are also sometimes associated with community media, and include puppetry, drama, plays, song, dance, festivals, and storytelling as entertainment. However, no single, commonly accepted definition of community media predominates in the literature. A wide variety of other terms are used in relation to community media, such as “citizens’ media,” “alternative media,” “indigenous media,” “folk media,” “grassroots media,” “participatory media,” “amateur media,” and “radical media,” each with its own definition and principles.

We did, however, find two common characteristics that form a basis for our understanding community media: 1) access and level of participation and 2) local and culturally appropriate content.

Access and Level of Participation

Traditional mass media campaigns typically have little room for community-level participation (Morris 2003; Servaes and Patchanee 2005). In contrast, community media incorporates dialogue and interaction to function as a transformative *process* that occurs between individuals, communities, and institutions (Singhal 2001). Table 2 identifies the fundamental distinctions between typical mass media and community media.

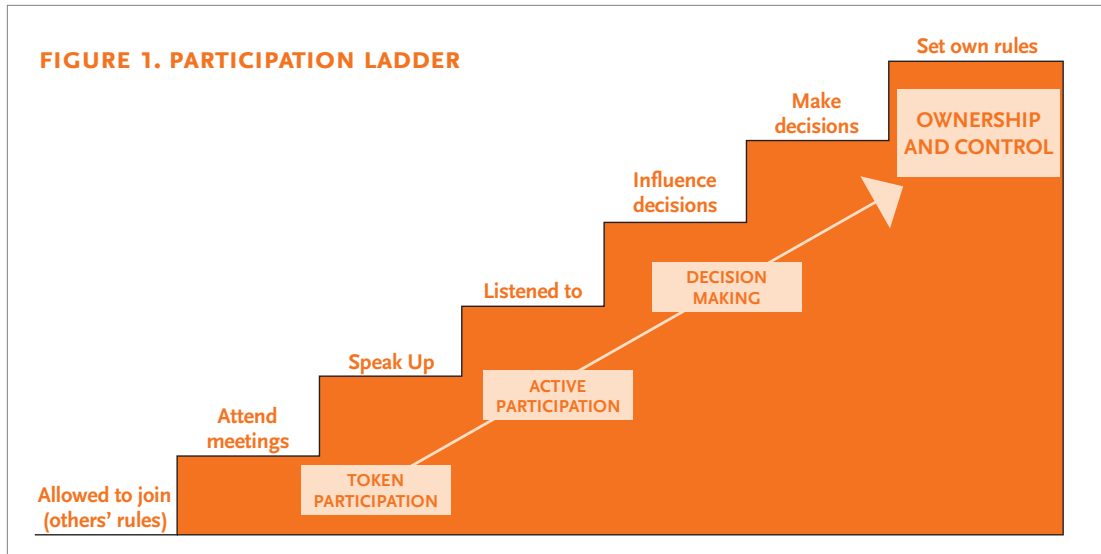
TABLE 2. COMMUNICATION APPROACHES IN COMMUNICATION FOR DEVELOPMENT

MASS MEDIA	COMMUNITY MEDIA
Vertical (top-down) approach to programming	Horizontal programming
Message to persuade/outcome-focused	Process-oriented problem-solving and engagement
Focus on individual behavior	Socio-ecological approach
Unilateral structure	Dialogic, bidirectional process
Passive design: targets audiences	Active design: interactive with communities and stakeholders
View of culture as an obstacle to behavior change	Collaboration with culture to enable behavior change

Source: Adapted from Singhal 2001

Berrigan’s (1979) theoretical studies on the importance of community media as a communication tool for development identified two critical concepts, which have informed many subsequent definitions of community media: *access* and *participation* (Howley 2010). Access refers to the availability of communication tools and resources for members of the local community to express themselves collectively or individually, including the ability to receive information regardless of remote geography, class, ethnicity, or gender (Fairbairn 2009; Berrigan 1979). The level of access to community media has a direct relationship with the level of community participation.

Participation can mean the involvement of the community throughout the design, production, and implementation processes (Berrigan, 1979). This concept of participation is also found in the United Nations Educational, Scientific, and Cultural Organization (UNESCO) definition of community media as “in the community, for the community, about the community and by the community” (UNESCO 2016). The World Bank acknowledges that communities, stakeholders, and donors all have very different notions of what participation looks like, why it is necessary, and for whom it is most important (Tufté and Mefalopulos 2009). This idea of a scale of participation is illustrated in Figure 1; it can be viewed as incremental steps from a token level of participation to full ownership of the process.



Source: Adapted from Halcrow et al. 2010.

There is some disagreement as to whether community activities that engage participation at the lower levels of the ladder should be seen as community media; different organizations may consider different levels of participation as constituting community media. However, even the lower levels of engagement, including the opportunity to join a group and attend meetings, are critical components of community media in that they provide a voice for local representation, particularly for groups of people who may traditionally have less access to media, or who do not see their own views and circumstances reflected in traditional media. Community media can also be used to facilitate and build capacity for fostering debate, often providing a platform for marginalized indigenous voices (Buckley 2011; Fairbairn 2009; FAO 2003).

Local and Culturally Appropriate Content

The rapid acceleration of globalization as well as communication technology has facilitated the exchange of ideas, knowledge, and culture between populations and across borders, often at instantaneous speed. In contrast, community media is often distinguished by its hyper-local content, commonly defined by the geographic location in which it was produced and for whom it was intended. Even so, community media locally produced in one corner of the globe can have a social, cultural, or economic impact in another. The success of this approach depends on two factors: First, the locally produced content must evoke trust in the target community. Second, community members must identify with the participants involved in the production. Both of these tasks may be accomplished if participants are real community members as opposed to fictional characters or actors. Role modeling is an important behavior change concept reflected in community media programs; when individuals see someone of similar means successfully trying something new, they feel like they too can adopt the new behavior. This concept is not as effective when the content is not contextualized and the viewer cannot identify with the person who is role modeling,

especially when attempting to change behaviors strongly related to cultural and social norms, as many health and nutrition behaviors are.

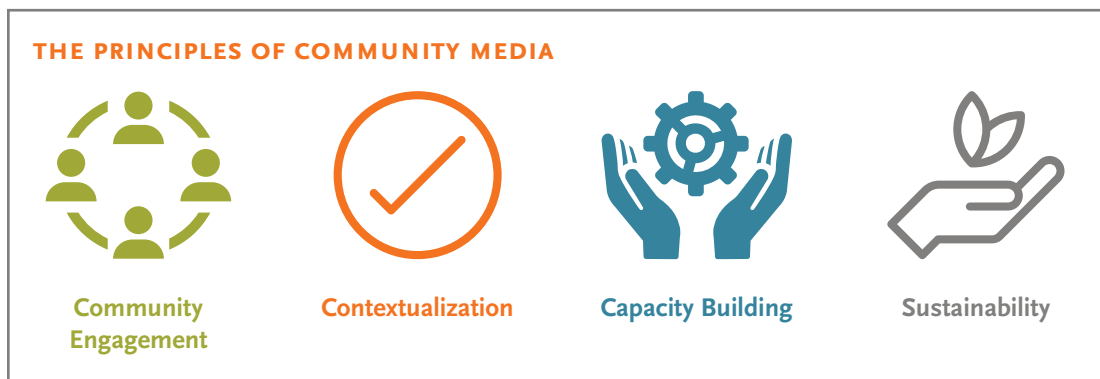
The SPRING Definition

Community media is constantly evolving as it combines and uses emerging technologies and traditional communication platforms to better serve unique community needs. Community media's ability to deepen community participation, access, social learning, and engagement is increasingly made possible through the use of ICTs. The focus on innovative approaches in communication for development does not call for abandoning traditional communication methods, but rather focuses attention on the growing acceptability of ICTs and their potential to enhance the reach and scalability of development programming. This fluidity, which makes community media a challenge to define, may be its greatest advantage as an effective SBCC approach.

Drawing from the characteristics and definitions of community media presented above, SPRING considers community media to be any form of technology-enabled media that, to varying degrees, is developed in the community, about the community, and with the community.

PRINCIPLES FOR EFFECTIVE COMMUNITY MEDIA

The range of community media tools and formats makes it an attractive health communication or SBCC approach that can be applied to interpersonal, community, and institutional settings. Based on our experience of implementing community media projects around the world, we have defined four principles that should be considered in the design of effective community media programs.



COMMUNITY ENGAGEMENT

Inherently, community media offers a wide spectrum of community engagement. This continuum of participation often includes a broad range of internal or external actors and intermediaries, depending on the requirements and desires of the program. Nevertheless, appropriate and successful programming requires that, whenever possible, community members have the opportunity to meaningfully engage throughout all phases of the design and implementation process. In this sense, community participation and ownership as a principle of community media not only guides the process, but in some cases can also be a long-term goal and intention of the activity. In the context of promoting health and nutrition, community participation helps ensure that the content is appropriate and the behavior or practice being promoted is feasible. It also helps promote trust in the information being shared, as well as community buy-in to the process or program.



CONTEXTUALIZATION

Effective community media must ensure that the content and format of communication materials are acceptable and relevant to the target population, based on a clear understanding of, and adaptation to, the local context. This requires a careful balance between

working within existing cultural and social systems, avoiding the reinforcement of harmful practices and relationships, and communicating the benefits of new behaviors and social norms. Our experience is that consumers of community media need to hear and see themselves in the audio and/or visual materials. They need to identify with the environment and characters—the families and individuals featured in the media—and believe that they can experience a similar change or impact in their lives.



CAPACITY BUILDING

Community media approaches build individual, community, and institutional capacity through training and peer-to-peer support groups and networks. This capacity building can take one or more of these forms: 1) building the necessary technical and production skills of actual community members, who are then engaged in various elements of the community media activity; 2) engaging community members as *players* or *actors* in the production of community media, telling their own stories and/or allowing their voices to be heard; and 3) supporting communities to transform this dialogue into tangible, systemic changes. This principle of capacity building also helps build the sustainability of the work by transferring the capacity to develop community media programs from external technical assistants to community members themselves.



SUSTAINABILITY

Community media can achieve sustainability in a number of ways. Careful and strategic planning can ensure that these efforts build lasting institutional partnerships and support so that communities can continue to access the resources necessary for self-directed community media. The other key principles for effective community media—community engagement, capacity building, and contextualization—also help ensure sustainability, so that efforts can continue beyond donor activity timelines. If communities can continue developing and disseminating media beyond the intervention, the impact of the work will continue to grow.

Types of Community Media Approaches

The body of literature describing or demonstrating the effectiveness of a large range of community media approaches is expanding rapidly. This section describes specific examples of technology-enabled community media that have proven successful in the field of SBCC as informed by many of the themes, theories, and principles outlined earlier.

Community Radio

Community radio is considered a powerful development tool through which to influence, educate, and mobilize a broad range of people. International agencies and the donor community have contributed to the establishment and expansion of community radio, and donor support has, in some cases, assisted with licenses, transmitters, and broadcasting equipment (FAO 2003). However, community radio stations function in a variety of ways, often joining networks to amplify their content, support each other in capacity building, and ensure institutional sustainability (BNNRC n.d.; Buckley 2011). Community radio has an extraordinary reach, with the ability to connect with millions of people at once. For example, the World Association of Community Radio Broadcasters, a global membership organization for community radio stations, has almost 4,000 members in 150 countries (AMARC 2017), and that number does not include the likely thousands more grassroots stations that function without representation.

The impact of community radio in promoting and sustaining behavior change and engaging a broad spectrum of community participation has been well documented. In Kenya, for example, Mtaani Radio, run by a team of community-based volunteers in the Kawangware slum of Nairobi, responded to the 2015 cholera outbreak affecting their community. By broadcasting public service announcements and responding to community queries, Mtaani Radio was able to inform and educate as many as 10,000 people on water, hygiene, and sanitation practices to help manage the outbreak (Njuguna 2016). In countries where most media are controlled by the state, community radio can provide an alternative information source. In South Sudan, for example, UNICEF's Community Radio Listening Groups project works with a community radio network to air key messages promoting children's rights as well as broader health messages. Initially, opportunities for community engagement were limited to participation in listening groups; however, participation increased over time to include systems for community feedback and content production (NHD 2009). A program highlighted in the Principles in Practice case examples details SPRING's partnership with Development Media International in Burkina Faso, where we collaborated to engage seven local radio stations in adapting nutrition messages for different regions and languages, reflecting local context. These examples illustrate the importance of contextualizing community radio based on the realities on the ground, including complex sociocultural and political settings. They also highlight the importance of various types of partnerships and related opportunities for capacity building.

Many radio projects now also leverage new technological solutions that increase relevance and access to a broader population. In Fiji, femLINK's mobile radio initiative FemTalk takes a suitcase radio to women living in remote rural and peri-urban communities who otherwise would not have access to this information. FemLINK Pacific has also embraced social media to diversify the accessibility of content through podcasts and YouTube, as well as Facebook and Twitter (femLINK Pacific 2014).

Community Video

Sometimes called participatory video or digital storytelling, community video is a form of community media that facilitates groups or communities to create, shape, and tell their

stories on-screen. It is an accessible, relatively cost-effective medium for empowering communities to develop their own stories and solutions and/or communicate their desires to decision makers (Dougherty et al. 2016; Gandhi et al. 2009). A number of organizations focus on different types of community video approaches, working collaboratively with other public, private, and civil society organizations to improve agricultural practices and livelihoods (Digital Green 2017); promote social justice (InsightShare n.d.); train activists to use videos to expose human rights abuses (WITNESS, 2016); focus on female-centered social or economic issues (videoSEWA n.d.); and enable exchange of and access to quality audiovisual training materials (Access Agriculture 2016). We have studied and implemented various types of community video approaches to promote nutrition, WASH (water, sanitation, and hygiene), and nutrition-sensitive agriculture behaviors in Burkina Faso, Ghana, Guinea, India, Niger, Senegal, and Uganda. We share some of our experiences and lessons learned in the following *Principles in Practice* section. Together with Digital Green, we pioneered the innovative Community Video for Nutrition approach, unique in involving the community at each step: design, production, and dissemination (Granger et al. 2015). With this approach we have successfully promoted a variety of multi-sectoral nutrition-related behaviors.

The process of implementing a community video approach in communities is multifaceted. The first step typically involves participatory formative research to gain an understanding of local practices and contextual realities as well as how certain determinants may promote or hinder adoption of key practices. Short videos are then scripted, directed, and recorded with varying levels of community engagement. Once completed, videos are either screened in neighboring communities or shared with community leaders or decision makers to generate awareness, catalyze behavior change, and spark dialogue between various groups. Aided by the most recent advancements in ICT, videos can be disseminated through any number of formats such as digital video/versatile discs (DVDs), handheld battery-operated mini (pico) projectors, downloadable or streamed visual files from digital platforms such as tablets or mobile phones, or video-sharing websites on social media (Okry, Van Mele, and Houinsou 2014; Tuong, Larsen, and Armstrong 2014).

The success of video as an SBCC tool is largely attributed to its ability to actively engage members of the community through experiential or emotional learning to increase self-efficacy, promote a given behavior, and encourage its adoption. Storytelling through video draws on the idea that individuals learn through observing, modeling, and imitating others' behaviors, attitudes, and consequences of those behaviors (Bandura 1977).

Social Media

Social media is emerging as a dynamic social change and communication tool increasingly used in many areas of development. Many consider social media simply as a platform on which community and other media can be shared; however, we would argue that the dialogue that social media platforms facilitates should also be considered community media (Berger 2015). A commitment by many governments and private industry to increase Internet accessibility and the rapid growth and saturation of the mobile and smart phone markets has drastically increased access to the Internet, even among very remote and

marginalized populations. This phenomenon has facilitated the upsurge in adoption and use of social media platforms. Access to social media enables communities, including policymakers, institutions, social groups, and individuals, to engage in multi-directional conversations. Social media plays an increasing role in development activities not only by spurring social movements and dialogue but also by tracking disease outbreaks and coordinating aid in disasters. A prime example is the use of Ushahidi, an open-source platform that integrates crowd-sourced information from phones, web applications, email, and social media sites such as Twitter and Facebook to provide an up-to-date, publicly available crisis map that can also be used by relief organizations. Ushahidi was deployed after Haiti's 2010 earthquake and helped link health care providers needing supplies to those who had them (Gao, Barbier, and Goolsby 2011; Merchant, Elmer, and Lurie, 2011). Increasingly, mass media campaigns incorporate social media efforts to enable greater interactivity as well as try to stimulate social movements that can take on a life of their own. Therefore, not all social media can be considered community media. However, as global Internet accessibility and mobile phone reach increase, social media is being used more often, either as a component of, or as a standalone approach for, community engagement, elevating local voices, advocacy, empowerment, and stimulating and supporting social and behavior change efforts.

Building on Lessons Learned

As noted, the evolving nature of community media in a rapidly changing media landscape makes it difficult to pinpoint a singular definition and set of parameters. However, the principles of **community engagement**, **capacity building**, **contextualization**, and **sustainability** clearly underpin almost all forms of community media. Drawing on these key principles and harnessing community media's flexibility and fluidity, we have catalyzed community media as a nutrition SBCC tool across several challenging environments. Using case examples from our work in community media, the following section outlines best practices for community media approaches as well as lessons we have learned through implementation in different contexts.

COMMUNITY MEDIA PRINCIPLES IN PRACTICE

How is SPRING Using Community Media?

In 2012, we began adapting and implementing community media approaches for multi-sectoral nutrition programming in India, and since then we have implemented different models in Burkina Faso, Ghana, Guinea, Niger, Senegal, and Uganda. The following community media case examples synthesize key elements of this SBCC approach to share best practices, challenges, adaptations, and results in the use of community media to change nutrition-related behaviors in a variety of contexts.

Each of the principles may be given more or less emphasis depending on the program and context. The three case examples presented here highlight the **community engagement** principle and one of the other three principles that was most critical.

The first case example highlights two ways we used distinctive community video approaches in community mobilization in Ghana and Uganda, with an emphasis on the principle of **contextualization**. Our community video work within multi-sectoral programming in Guinea, India, and Senegal highlights the principle of **capacity building**. In the Sahel, our community video and radio programming demonstrate the principle of **sustainability** in a resilience setting. Each case example describes the community media program and details how particular principles were applied and considered.



CONTEXTUALIZATION CASE EXAMPLE: COMMUNITY VIDEO IN COMMUNITY MOBILIZATION CAMPAIGNS

While community media is a *tool* for community members to share their stories, experiences, and knowledge with neighbors, community mobilization provides a *process* for community members to work together to improve conditions in their own community. The principles of community media are also present in community mobilization programming, making community media and community mobilization complementary approaches that engage communities to drive behavior change.

Although approaches to, and definitions of, community mobilization are wide and varied, community mobilization programs generally strive to engage and empower community members to plan, implement, and assess projects to improve conditions in their community (Howard-Grabman 2007). These programs often build the capacity of local leaders or organizations to facilitate this process, with resources and/or technical assistance from external facilitators.

SPRING implemented two different community mobilization programming approaches in Ghana and Uganda, and while the program models in each country varied significantly, both embedded community video within community mobilization programming. Each program used community video in an effort to more widely share information, mobilize communities to act, and promote improved nutrition-related behaviors among individual families and households to improve nutrition outcomes.

SPRING/Ghana—WASH 1,000

In Ghana, we worked with “WASH 1,000” communities, which were communities mobilized through an adapted community-led total sanitation (CLTS) model focused on families with pregnant women and children under two. In addition to building latrines to achieve open defecation free (ODF) status, WASH 1,000 communities promote and adopt key WASH behaviors related to young child nutrition, such as handwashing with soap at critical times for both caregiver and child, safe disposal of human and animal feces, creating safe play spaces, and giving children treated/boiled water.

The WASH 1,000 program strengthened learning and messaging about WASH by developing live dramas, which were recorded on video and disseminated within communities. We identified drama groups who performed in the different languages spoken in that region, and trained them to produce dramas promoting key WASH practices using scripts developed by local writers. These WASH dramas are in five regional languages, and are screened in WASH 1,000 communities to support them to achieve ODF status. The videos are disseminated in community-wide evening screenings, followed by discussion and commitment sessions, where families commit to trying or improving one or more of the four behaviors shown in the videos. This work complemented the program’s intense focus on

SPRING/GHANA AND “WASH 1,000”

Participants of our SPRING/Ghana program create a drama to promote nutrition-sensitive water, sanitation, and hygiene (WASH) practices using a Tippy Tap. For more, please visit: www.spring-nutrition.org/about-us/activities/wash-1000-and-community-led-total-sanitation-ghana.



latrine building with other behavioral elements important for the health and nutrition of a WASH 1,000 household.

SPRING/Uganda—Community Action Cycle

In Uganda, we worked through communities engaged in community action cycle (CAC) programming to promote interest in, and motivation for, improving young child feeding and care behaviors. Community video was a key component in this CAC program, called the “Great Mothers, Healthy Children” campaign.

Through rapid formative research using an emotion-based approach, we identified key emotion-based drivers, such as status and recognition, related to child nutrition and health behaviors in these communities. Because emotions drive behaviors, along with habits, unconscious perceptions, and conscious application of logic and facts, knowing which emotions drive community members’ behaviors was essential to campaign success. After identifying common emotional drivers, we recorded a series of eight testimonial

videos with local villagers that particularly appealed to the emotional drivers while addressing key child feeding and care behaviors. The videos included appeals to three target groups of influencers and caregivers—mothers, fathers, and grandmothers—and were disseminated by village health teams (VHTs) using handheld pico projectors in facilitated screenings for community members in each target group. During these screenings, participants made commitments to adopt small, doable actions shown in the videos to improve child feeding and care in their own homes.

SPRING/UGANDA AND THE “GREAT MOTHERS, HEALTHY CHILDREN” CAMPAIGN

Women gather to watch a video testimonial that uses emotion-based drivers related to child health as part of our SPRING/Uganda “Great Mothers, Healthy Children” campaign. For more, please visit: www.spring-nutrition.org/about-us/activities/great-mothers-healthy-children-campaign.





Why Use Community Media in this Context?

There are several reasons these SPRING nutrition programs chose community media, in particular, community video, as a key element of behavior change strategy. Using community video in the community mobilization context strengthened these programs by:

- Motivating participation during the community mobilization activities
- Helping the program engage the whole household
- Triggering emotions to facilitate behavior change
- Building upon existing popular media and information sharing platforms

Motivating participation during the community mobilization activities: In both SPRING programs, community video generated community interest not only in the specifically promoted behaviors, but in ongoing community mobilization activities as well. The combination of a video as a novel communication channel, as well as the involvement of community members in video production, drew community members to attend screenings, change behaviors, and become involved in community mobilization processes. For these reasons, the use of electronic media may have sparked more interest than would more traditional SBCC materials, such as flip charts.



Engaging the whole household: While female attendance at the video screenings was slightly higher in both Ghana and Uganda, videos were viewed by a variety of household members, not just mothers of children under two years of age.

In the two districts in Uganda where the Great Mothers, Healthy Children program was implemented, these videos reached 26 percent of mothers, 20 percent of fathers, and 18 percent of grandmothers of children under two in the implementation villages, with many beneficiaries noting that they shared the information they learned with others. In Ghana, 24,003 people participated in screening sessions in 2016; 45 percent of these participants were male. In these communities, men are the primary household decision makers, so it was important to bring men into conversations around installing household latrines, constructing tippy taps, and other WASH 1,000 key behaviors. We found that men who made commitments during screenings to construct household latrines actually carried out these commitments. In contrast to other SBCC tools that do not always engage the broader community in discussions, the community media approach in both of these programs reached across demographics to bring members of the whole household and community into a facilitated discussion to drive commitments to behavior change.

Triggering emotions to facilitate behavior change: In Uganda, the video testimonials were explicitly designed to draw upon emotional “triggers” around four specific child feeding and care practices identified during the formative research process. The video platform

allowed community members to more effectively elicit emotional responses to the target behaviors by speaking directly to their neighbors in testimonials. In focus group discussions, participants repeated emotional drivers such as status and recognition as important reasons for adopting behaviors, showing that the emotional drivers shown in the videos motivated participants.

Building upon popular media platforms: In Ghana, community drama groups are a popular medium for learning new ideas, accessing information, and adopting practices. For this reason, these groups provide a natural platform for community health education partners to share information in WASH 1,000 communities. Capturing WASH dramas on film allowed the partners to take them to many more communities than they could reach with live drama.



COMMUNITY ENGAGEMENT PRINCIPLE: WHERE IN THE PROCESS WAS THE COMMUNITY ENGAGED?

Both video approaches involved communities in various aspects of content development, from locally developed scripts to community perspectives and voices in testimonials. In both programs, local community members and groups were actively engaged in the video screenings and discussions following video screenings.

In Ghana, we developed content briefs and engaged local writers to draft scripts. We were aware of barriers to changing WASH behaviors from what had been happening under CLTS and we used that information from the community in the content points given to the scriptwriters. The scripts were refined in collaboration with local drama groups, who were given artistic license in how they acted out the script. The dramas were then recorded by a production team so that they could be shared more widely. Local government staff, including district environmental health officers and district-level community development and social welfare officers, disseminated the videos and, with community leaders, facilitated community dialogue around the video and practices. Local government staff also conducted follow-up visits to households who had made behavior change commitments. Community leaders, such as chiefs, local assembly members, community volunteers, and local champions of CLTS efforts, were involved in the mobilization process in support of WASH 1,000 programming and encouraged community members to commit to trying the improved practices. Though the process of developing scripts and producing videos was carried out by a local production company familiar with the area and culture, the community as a whole participated in screening, discussion, and commitment sessions.

In Uganda, community members and community leaders were involved in focus groups during the formative research process to identify key determinants and emotional drivers of behaviors. Select community members, identified by local government partners, gave their

testimonials in videos, which provided an opportunity for these community members to tell their stories to their neighbors. VHTs and community action group (CAG) leaders had the important role of disseminating the videos, facilitating discussions and commitment sessions, and following up with community members to promote behavior change. Community leaders also attended group discussions and screenings. As in Ghana, community members in general were less involved specifically in the production of the videos, but many community members participated in screening, discussion, and commitment sessions.



CONTEXTUALIZATION PRINCIPLE: HOW WAS THE APPROACH CONTEXTUALIZED?

The Uganda program created highly contextualized videos by conducting participatory formative research, using community members' testimonials, tailoring videos to different groups, and disseminating them through established platforms. Our formative research identified practices as well as emotional drivers relevant to these communities, which helped messages resonate with community members. The key drivers identified through this process were status in the community, recognition by community members, self-fulfillment, and achievement. Video development drew on these hot-button issues to incentivize change in both behavior and beliefs. In addition, video content came directly from community members themselves, in the form of recorded testimonials. While the testimonials were given in response to guiding questions, the questions were open-ended to allow community members to provide genuine, organic responses. The videos were also tailored to two groups—primary caregivers (mothers) and supporters and influencers (fathers and grandmothers). Videos for mothers included testimonials from mothers, and videos for supporters and influencers included testimonials from elder women (grandmothers) and men (fathers and grandfathers). These tailored videos reflected the different roles these groups play in child care and feeding decisions to make the content relatable to different viewers. VHTs screened the videos in three separate groups of mothers, fathers, and grandmothers to promote dialogue. The VHTs were established sources of health information in the communities. Building upon this existing community structure helped strengthen the credibility of the promoted messages.

The Ghana program used the popularity of local dramas to leverage acceptability, but built upon this platform by recording dramas to expand their reach. While storylines were based on local knowledge, practices, beliefs, and norms, the program also engaged local drama groups to refine scripts, filmed the dramas in local communities and in different local languages, and pre-tested the dramas in the communities. This process allowed nutrition and health messages to be adapted and made relevant for, and accepted in, the local context, while ensuring technical accuracy of the information.

Results

In Ghana, data from the 135 communities that participated in 2016 show high attendance in video dissemination sessions, good participation, and evidence of behavior change. The

commitment sessions resulted in 3,601 families committing to try one or more of the new or improved prioritized WASH behaviors. Early monitoring indicates that about 64 percent of those who committed to behaviors have fulfilled their commitments. Approximately two-thirds of participants committed to improved handwashing, one-half committed to improved latrine use, one-half committed to providing a clean play space free of animal feces for their children, and one-third committed to safe drinking water.

The SPRING/Ghana program also built the capacity of local drama groups, strengthening a platform that can be leveraged in future health programs. By providing drama groups with training in video production and in adapting scripts to the local context, the program built these groups' capacity to incorporate specific health behavior change messages into this popular media form.

The program in Uganda also had high attendance and participation, and qualitative evidence shows high acceptability and motivation to change behaviors. In the two districts where the program was implemented, videos reached 14,317 people in 216 villages, including 26 percent of all mothers of children under two who live in the targeted villages. The videos also reached 20 percent of fathers, as well as 18 percent of grandmothers of children under two in these villages. In addition, many beneficiaries said that they shared the information they learned with others.

Through focus group discussions, we assessed changes in knowledge and attitudes in the communities and determined if the project design was appropriate, sustainable, and successful in reaching the target population. Mothers, fathers, and elders reported changed behaviors, with the greatest change in behaviors around breastfeeding and care seeking for sick children. A focus group participant in Ntungamo district said, "I found out that when a child is sick, you should not run to the herbal doctors but you should rather talk to your husband and find ways possible to take your child to the hospital." The assessment also found that participants demonstrated strong recall of key messages from the videos and demonstrated an eagerness to change behavior. In addition, the locally produced videos motivated participation. A VHT member in Uganda noted, "When they found that the video was made by people of the same subcounty, they said that means that we are also important people we can do something and other people come to see it. So it brought them an interest to come and watch that video." Finally, the program strengthened VHTs' nutrition training and provided them with a new and helpful SBCC tool.

Challenges and Considerations

Operationally, both countries had unforeseen challenges unique to their dissemination strategy. While SPRING/Ghana disseminated videos through local government officers using government-owned video vans, SPRING/Uganda disseminated videos through existing local organizations using procured pico projectors. As a result, SPRING/Ghana's primary challenges were related to partner and resource coordination, and SPRING/Uganda's primary challenges were related to equipment procurement. These challenges show that working through existing local partners and procurement processes are key considerations when developing a community video dissemination strategy.

SPRING/Ghana's challenges with partner coordination reveal a strong need for defining roles and responsibilities of all partners early on in the implementation process. For example, it was not clear to partners from the beginning that follow-up visits were needed for the activity, which hampered planning for adequate resources for follow-up visits. To consolidate resources and save time, SPRING/Ghana is working to integrate monitoring and follow-up with other ongoing activities.



SPRING/Uganda's operational delays included insufficient distribution and quantity of pico projectors, as well as issues with charging the projectors, requiring the additional procurement of solar panels. In addition, video development was a longer process than expected, taking time away from implementation. These challenges underscore the importance of allowing adequate time for equipment procurement, distribution, and testing when developing a community video strategy.

Conclusion

In both Ghana and Uganda, community video was an innovative and effective SBCC medium that complemented existing community mobilization activities. These efforts worked in concert to engage and empower communities through multiple levels and channels to affect their own change to improve health outcomes. Both programs engaged communities to varying degrees in video production, but community participation was inherent in the overall context of ongoing community mobilization activities. Both programs made concerted efforts to ensure that the videos were highly contextualized, appropriate, and acceptable to the communities. While both programs experienced operational challenges, they were effective in promoting behavior change. Contextualization is a key aspect of community media, and is showcased in these two program examples. Community media was used as a tool to help achieve community mobilization program goals by amplifying contextualized stories and messages to spur health and nutrition behavior change.



CAPACITY BUILDING CASE EXAMPLE: COMMUNITY VIDEO IN MULTI-SECTORAL PROGRAMS

Increasingly, evidence shows that a number of diverse factors affect a family's nutrition, including consumption of a nutritious and diverse diet; access to quality health services; optimal water, sanitation, and hygiene (WASH); access to quality education; and others (USAID 2014). With wide-ranging determinants of nutritional status, programs that seek to sustainably improve nutrition outcomes must tackle not only nutrition-specific factors related to immediate causes of malnutrition, such as infant and young child feeding (IYCF) practices and micronutrient fortification, but must also improve nutrition-sensitive factors related to underlying causes of malnutrition—for example, WASH and improved agriculture techniques (USAID 2014).

SPRING has routinely integrated WASH behaviors into our MIYCN programming globally, and considers hygiene practices intrinsically linked to nutrition outcomes. Promotion of WASH practices like handwashing with soap at critical times, clean play spaces free of human and animal feces, drinking clean water, and food safety and hygiene are commonly included in our programming.

In addition, we are working to make agriculture more nutrition-sensitive in many countries by supporting agriculture partners in identifying, prioritizing, and promoting nutrition-sensitive agriculture practices. Nutrition-sensitive agriculture addresses the underlying causes of malnutrition by 1) improving food production, or the availability, quality, and diversity of the food a household consumes; 2) providing agricultural income for food and non-food expenditures, such as health services; and 3) empowering women, which can promote household spending on food and health care as well as increase women's time and capacity to care for themselves and their young children (Herforth and Harris 2014; SPRING 2014a; SPRING 2014b; SPRING 2014c). Though nutrition-sensitive agriculture is not a new concept, little is known about which specific nutrition-sensitive practices are most effective in improving nutrition; as a result, agriculture programs have had difficulty integrating nutrition-sensitive practices into their programming.

We have implemented a number of multi-sectoral nutrition programs around the world, adapting different programming approaches and tools to each context. Recognizing the ability of community media to engage communities, share multi-sectoral nutrition information, and promote behavior change, we have implemented community video programs in a number of countries, including Guinea, India, and Senegal.

Community Video for Nutrition in India

SPRING and Digital Green (DG) first tested a multi-sectoral community video approach in India in 2012 to respond to demands for greater nutrition knowledge and health education in rural communities, and to test alternative and innovative SBCC approaches. In a

SPRING/INDIA

SPRING is working to promote nutrition behaviors through DG's agriculture extension community video model in India. For more on our work in India, please visit: www.spring-nutrition.org/countries/india



12-month pilot program in the Keonjhar district of Odisha, India, SPRING and DG tested the feasibility of adapting DG's community video model, which had previously been shown effective for promoting improved agricultural practices, to promote MIYCN and WASH practices. The model built on DG's existing agricultural extension platform, working with local partner Voluntary Association for Rural Reconstruction and Appropriate Technology (VARRAT), to support the development of community-led participatory videos. This process produces and disseminates videos locally in remote villages using handheld cameras and mobile pico projectors and follows the specific Community Video for Nutrition approach. (For more on the SPRING/DG community video for nutrition approach, please see: www.spring-nutrition.org/publications/series/community-video-nutrition-guide.) The results of the feasibility study, which was conducted by the International Food Policy Research Institute, found that the community video approach was highly accepted in the community, feasible to integrate into existing programming, and a promising approach to promote MIYCN practices (Kadiyala et al. 2014).

Following this successful proof-of-concept study, we continued to support the work of VARRAT and DG to promote nutrition behaviors through their agriculture-centric program model. Currently we are providing technical expertise to a randomized control

SPRING/GUINEA

SPRING/Guinea is adapting and testing the community video approach to promote nutrition-specific behaviors and nutrition-sensitive agriculture practices. For more on our work in Guinea, please visit: www.spring-nutrition.org/countries/guinea



trial on the community video approach for nutrition and nutrition-sensitive agriculture in India funded by the Bill & Melinda Gates Foundation, in partnership with DG, the London School of Hygiene & Tropical Medicine, VARRAT, and Ekjut. The study will significantly contribute to the evidence base on this innovative human-mediated technology approach by providing evidence of impact on nutrition and other outcomes related to multi-sectoral programming.

Community Video in Guinea and Senegal

Following the initial pilot in India, we adapted this Community Video for Nutrition approach in Guinea and Senegal to continue to promote not only nutrition-specific but also nutrition-sensitive behaviors in multi-sectoral programs. Our programs in Guinea and Senegal strengthen the capacity of local networks and organizations that are not focused on health, such as community-based organizations, agricultural value chain actors, and market actors, but who are willing to promote nutrition and nutrition-sensitive agriculture in their communities.

Our primary goal in Guinea is to contribute to improving dietary diversity among

SPRING/SENEGAL

SPRING/Senegal is working with partners to by operating through existing health, agriculture, and food security programs and using community video and radio. For more on our work in Senegal, please visit: www.spring-nutrition.org/countries/senegal



households with pregnant and lactating women and children under the age of two in Faranah prefecture. To improve dietary diversity, we take a multi-sectoral programming approach, with community videos that promote nutrition-specific MIYCN behaviors, such as exclusive breastfeeding and diverse complementary foods, as well as nutrition-sensitive WASH and agriculture practices, such as drying and storing sweet potato leaves to ensure access to vitamin A–rich food during the dry season. Initially disseminated through women’s community groups, videos are now being used by agricultural entrepreneurs within a market-led project to promote the uptake of nutrition-sensitive agriculture technologies and practices.

In Senegal, we use video to deliver both nutrition-specific MIYCN and nutrition-sensitive WASH and agriculture messages that complement and reinforce one another in three regions of the country: Kaolack, Fatick, and Kaffrine. Working with nutrition, agriculture, health, and economic growth partners, the program seeks to raise awareness and adoption of good nutrition-related practices through multi-sectoral SBCC and capacity building approaches, including community video and community radio.

Why Use Community Media in this Context?

These multi-sectoral programs chose community media as a key element of their behavior change strategy because of its ability to:

- Leverage the reach of existing extension platforms and strengthen IPC for nutrition
- Integrate into existing programs and platforms, across sectors, and across partners
- Address complex multi-sectoral issues in integrated storylines
- Fulfill a need for community-level systems to provide access to health information

Leveraging the reach of existing platforms and strengthening IPC: Existing agriculture and health programs often have extensive reach into communities. We recognized an opportunity to improve nutrition outcomes by leveraging the reach of these existing programs and strengthening the nutrition sensitivity of the information they provide.

We conducted a nutrition assessment in Guinea in 2015, examining the impact of Ebola on health and agricultural services, agricultural production, food security, and nutritional status.

The assessment found that the network of agriculture extension workers had limited resources to effectively share information and teach improved practices. In addition, community members, leaders, health workers, and extension agents readily identified nutrition as a challenge faced by the population and were enthusiastic about improving community nutritional knowledge and practices. SPRING/Guinea chose to use community video in this program to both build on these existing platforms and to improve IPC and small group discussions, ultimately promoting household-level practices around production, handling, and preparation of foods to improve dietary diversity.

USING COMMUNITY RADIO TO AMPLIFY COMMUNITY VIDEO CONTENT

In both Guinea and Senegal, community radio has also been introduced as a complementary information channel to reinforce and amplify community video content. We identified six local radio partners in Senegal to broadcast spots containing key nutrition-sensitive farming, hygiene, nutrition, and gender messages throughout the project area. We worked with these radio stations in 2016 to promote nutrition-sensitive agriculture messages on air through interviews and news stories. This content was complemented by 21 talk-show style radio programs that featured nutrition-related discussion led by influential community members, local government unit health workers, and representatives from agricultural partner networks. The DJ served as the talk show host after being coached by SPRING staff prior to each interview. Though most were pre-recorded and aired later, some of these radio programs were aired live. During these live programs, listeners were encouraged to call in and ask the invited community influencers questions. Live programs were highly appreciated and overwhelmingly preferred to pre-recorded broadcasts because of the ability of community members to call in.

The Guinea program also incorporated community radio to complement its existing community video work and support the new Feed the Future program partners. Working through Farm Radio International, we built the capacity of four local radio stations in Mamou and Faranah prefectures of Guinea to develop effective interactive radio programming to support the uptake of nutrition-sensitive agriculture practices. Each program focuses on education and building awareness about the techniques and relevant technologies, while incorporating comments from local farmers and experts. The strategy is

to engage community radio stations in creating radio content to promote the use of new agricultural technologies and to reinforce the nutrition and hygiene messages developed for video. Introducing radio allowed us to extend the reach and increase the potential impact of these communications by broadcasting messages to a wider geographic area, in multiple local languages. Evidence suggests that multipronged communications strategies are more effective than using a single channel (Lamstein et al. 2014). Since radio is a trusted form of communication used widely in agriculture development, it is a natural tool for reinforcing and amplifying community video communication efforts in Guinea and elsewhere.



Integrating into existing programs, across partners and sectors: In India, we found that agriculturalists can share videos about nutrition without having to become nutrition experts themselves, helping community video activities for nutrition to integrate into established programs using existing program staff. We selected community video as an SBCC approach in Guinea and Senegal because—

- there is evidence showing the effectiveness of this approach
- these countries engage in multi-sectoral programming that allows work across agriculture and health platforms
- we had a mandate to work through local partners in these countries.

Community video provides a tool for implementers to work with communities to develop context-specific and technically accurate content that can be disseminated through various partner-led efforts. Because the community video model can be adapted to a number of

platforms and sectors, allowing programs to share nutrition information with or without nutrition experts on staff, it could be integrated readily into partner programs.

Addressing complex multi-sectoral issues in integrated storylines: Our formative research in Senegal revealed many barriers to accessing and consuming nutritious foods. Community video promotes optimal nutrition and hygiene practices while also addressing underlying gender considerations, such as portraying couples' communication around use of household resources to achieve better nutrition for all family members. Using video as a communication channel showcases positive role modeling of recommended behaviors to help stimulate behavior change. This innovative storytelling model facilitates communication among peers at the village level, and addresses multi-sectoral factors (nutrition, health, hygiene, and gender) in a single presentation.

Fulfilling a need for community-level systems to provide health information: In Senegal, as in most countries where we work, there are no community-level systems that provide access to information about nutrition-sensitive agriculture or other health-related practices. For this reason, we chose community video as one component of a larger SBCC strategy that includes community radio as well as a number of community engagement activities. The use of a broad approach, working through agricultural and health networks, reinforces the promotion of nutrition, WASH, and agriculture messages and products, ultimately reaching a much greater, more diverse audience.



COMMUNITY ENGAGEMENT PRINCIPLE: WHERE IN THE PROCESS WAS THE COMMUNITY ENGAGED?

These community video programs engage the community at multiple steps in the process, with local organizations and extension workers participating in all aspects of production. Videos feature farmer mothers, health workers, and other community members speaking about their personal experiences related to key nutrition practices. Volunteers from the community are trained to conduct video disseminations and home visits, and attend monthly coordination meetings as well as refresher trainings. Members of village-based groups (farmers groups, women's groups, and others) attend regular meetings during which they view and discuss a video on a specific topic related to hygiene, nutrition, and/or nutrition-sensitive agriculture. We work with several different groups and partner organizations in Senegal, including women's cooperatives and producer networks. In India and Guinea, we work primarily with women's farmers groups.

Community facilitators are drawn from both male and female community members; some are grandmothers, some are traditional birth attendants, and others are members or officers of local agriculture groups. All are considered formal or informal leaders in their community. Our staff and/or our partners identified these individuals because they are considered to be people that other community members trust and will listen to.

In Guinea, 16 community volunteers from four villages surrounding the prefectural capital city of Faranah were initially trained in MICYN and hygiene, community video dissemination using the pico projector, monitoring behavior change, and reinforcing messages during home visits. Each volunteer has recruited two groups of 15 women who are pregnant and/or have a child under two years old. These women have agreed to participate in one video dissemination meeting per month and receive a home visit from a volunteer after each meeting. Each woman has identified an “influencer” (usually her mother-in-law or husband) who attends a separate screening of the same video so that different members of households and communities are engaged in the nutrition conversation. In Guinea, we initially invested in developing this community video pilot to build an SBCC platform for use by its local implementing partner, Winrock International, and other Guinea-based Feed the Future programs funded by USAID interested in promoting improved agricultural practices, new technologies, and related nutrition and hygiene behaviors.



CAPACITY BUILDING PRINCIPLE: HOW DID THE PROGRAM BUILD CAPACITY?

Capacity building is central to the community video approach and is especially crucial when implemented in a multi-sectoral context with content from different sectors. Working with local partners, we are enhancing existing systems to build agriculture extension workers’ and other cadres’ capacity to share nutrition information. By training and involving many partners in implementation, we transfer capacity to implement the community video process to both local and international organizations, that can continue to support community video programs beyond the life of SPRING.

Beginning in India, we deliberately positioned agriculture extension workers alongside traditional health workers to enable these groups to work collaboratively to produce nutrition-focused video content. Trainings for community facilitators in India also include community health workers to ensure that video messages are consistent with those provided through traditional health education platforms. Additionally, joint trainings help link the community video program and community volunteers with existing health services and facilitates health workers’ buy-in and support for the program.



In addition to initial trainings on video production, dissemination, and technical information, the Community Video for Nutrition model includes monthly dissemination preparation meetings. Held by partner organizations, these are half- or full-day meetings with all local facilitators to view new videos and address questions about video content. SPRING/Guinea recently invited an expert from the Ministry of Health to one such meeting introducing a new community video on exclusive breastfeeding. The expert provided technical background and answered questions from disseminators, many of whom are drawn from the agriculture sector. These meetings help facilitate multi-sectoral linkages and involve multiple local actors in the community video process, facilitating understanding and buy-in of the program.

In Guinea, we work closely with Winrock International as well as with Institut Supérieur Agronomique et Vétérinaire (ISAV), the local agriculture university. Collaborating with ISAV has helped build capacity to implement the approach through a local institutional mechanism; members of two local radio stations and several local NGOs have also participated in trainings and activities. We are also exploring potential partnerships with local agricultural input suppliers, who may be willing to invest in community video activities to increase demand for their nutrition-sensitive agricultural products while promoting MIYCN, hygiene, and nutrition-sensitive agriculture practices.

SPRING/Senegal identified several members of different communities to develop local video production hubs to produce new videos for programs beyond the life of SPRING. In addition, SPRING and DG have provided community video production training to partners including local community radio stations and agriculture partners such as Caritas, Symbiose, FEPROMAS, and ADAK, and have trained partners working in the areas of agriculture, horticulture, animal husbandry, agro-processing, and community health to disseminate community videos, including using pico projectors and facilitation skills for group dissemination. Given the diversity of technical partners there is often a need to build additional technical capacity in each of the various technical areas.

Results

Findings from the initial community video pilot in India have shown the community video approach to be an acceptable and effective model to change household MIYCN behaviors and stimulate social change (Kadiyala et al. 2014). We are also supporting a randomized control trial to assess the impact that promoting nutrition-sensitive agriculture behaviors through community video, with and without nutrition-specific MIYCN and hygiene behaviors, can have on nutrition and health outcomes.

The partners and communities in Guinea and Senegal were eager to continue participating in community video programming. SPRING has learned that establishing video hubs is a good way to ensure sustainability of the community video approach. In Guinea, Winrock International has approached the video production teams trained by SPRING to develop 14 new community videos on nutrition-sensitive agriculture practices and is considering reinforcing messages through SPRING-supported community radio stations as well. In Senegal, members of our video production hubs have met with Télévision Futur Média, a

Dakar-based TV station, and AZ ACTU, a Senegalese communications agency to discuss future collaboration. Additionally, new USAID projects in the region have expressed interest in working with the established hubs. We also conducted an evaluation to compare areas where we worked only with agriculture partners to influence the food environment to those where we complemented that intervention with community video. In the community video villages, dietary diversity went from 18.3 to 63.9 percent; in control villages, it remained about the same (30.2 to 36.4).

Challenges and Considerations

One advantage of this approach is that production is typically a fairly rapid process. In India and Guinea, shooting one video usually takes two days (one day of preparation and one day of shooting), and editing adds an additional day. However, production has required more direct support in Senegal compared to other intervention areas, partially due to a large number of stakeholders and different levels of baseline knowledge. When working with stakeholders from many sectors, there is often a need to build additional technical capacity in health, agriculture, and other domains, in addition to video production training.

In each new implementation area, it has also proven challenging to find a balance between supporting production teams and allowing them to work autonomously to ultimately enhance the sustainability of the approach and allow it to be more community-led. This challenge differs according to literacy levels of volunteers, and experience/training of local staff and partners. In each program, we build capacity to create and disseminate videos, but also to have the technical understanding needed to develop videos about nutrition and nutrition-sensitive agriculture. However, nutrition-sensitive agriculture is an emerging area, and evidence is still being generated on the most effective interventions and the most appropriate behaviors to target. We have developed two two-day orientations for nontechnical local staff, one for nutrition and the other for nutrition-sensitive agriculture, and continue to further refine complex nutrition-sensitive agriculture concepts into practical and concrete guidance accessible to low-literacy populations.

Conclusion

Acknowledging the range of determinants that affect nutrition, we recognize the need for continued programming and research that focuses on multi-sectoral approaches to improve health outcomes. We recognize that people in the communities in which we work don't live their lives siloed in health or agriculture sectors but rather in families and villages, where all the problems of life converge. Our work in community video started with integrating nutrition content into an existing agriculture program and has expanded to include the promotion of agriculture, MIYCN, hygiene, and nutrition-sensitive agriculture practices in a single package. While multi-sectoral programming can be challenging, it can also be equally efficient and arguably more effective. Our experiences have shown that community video is a valuable tool for engaging communities and building the capacity of multiple partners to "connect the dots" and promote optimal nutrition-specific and nutrition-sensitive behaviors in their programs and the communities they serve.



SUSTAINABILITY CASE EXAMPLE: COMMUNITY MEDIA IN A RESILIENCE SETTING

Africa's Sahel region is characterized by harsh climate conditions, which contribute to recurrent food crises and high rates of severe acute malnutrition among children. Communities experience frequent shocks, including conflict, drought, and food shortages, which necessitate health behavior change approaches that are flexible and tailored to this resilience context. With 44 percent of children under five stunted in Niger and 35 percent in Burkina Faso, there is a need for approaches that can reach large numbers of people quickly, in order to accelerate efforts to improve nutrition. In addition, addressing the nutrition, health, and livelihoods needs of communities in the Sahel requires rapid and flexible communication approaches that can be adapted to the community context. SPRING began supporting nutrition programming in Niger and Burkina Faso in 2014,

NIGER COMMUNITY VIDEO

Community videos on optimal MIYCN and hygiene practices are produced by local video production hubs and disseminated in existing community groups by community volunteers.



working with local partners to introduce and scale up SBCC activities with a focus on maternal, infant, and young child nutrition (MIYCN) and hygiene.

SPRING/Niger—Community Video

In Niger, SPRING and Digital Green (DG) have collaborated to support community-led videos encouraging optimal MIYCN and hygiene practices. This work builds on an earlier Community Video for Nutrition proof-of-concept study in India. The Community Video for Nutrition program model was adapted for the Nigerien context and rolled out in partnership with three USAID projects: the Resilience and Economic Growth in the Sahel – Enhanced Resilience Program (REGIS-ER); Livelihoods, Agriculture, and Health Interventions in Action (LAHIA); and Sawki. Partnerships later expanded to include another USAID project, one UNICEF/European Union–supported project, and the Regional Health Directorate.

Community videos in Niger are currently produced by four video production “hubs.” These hubs are run by community members and/or local organizations who create videos featuring their families and neighbors demonstrating recommended MIYCN and hygiene practices in their households. The videos are then disseminated by community volunteers using portable, battery-operated pico projectors at screenings during existing mother-to-mother support groups, husbands’ schools, adolescent safe spaces groups, and savings and loan groups organized by various community partners. Working with these partners, we have scaled up the intervention, from 20 villages during the pilot in 2015, to 248 villages in 2017 in both the Maradi and Zinder regions.

SPRING/Burkina Faso—Community Radio and Community Video

In Burkina Faso, we first collaborated with Development Media International (DMI) to produce and disseminate a series of 11 radio spots and 22 live radio drama “outlines”—all focused on key MIYCN and hygiene practices, produced in three different local languages. The content for each spot and radio drama was based on formative research, and each spot was tested with the intended audience. The project also trained staff from the seven participating community radio stations, covering all eight regions in USAID’s zone of influence in Burkina Faso. The program employed a “saturation plus” approach, which included a combination of local language radio spots produced by DMI’s creative team, each being aired at least 10 times a day over the course of two weeks, in combination with a series of complementary live radio dramas. DMI developed the radio drama “outlines” in French; these were shared with participating radio stations and then adapted and produced using local radio talent in the local language. DMI estimated the potential radio listening audience at over 3.4 million people living in the eight provinces in the zone of influence.

BURKINA FASO COMMUNITY VIDEO AND RADIO

Our community radio program in Burkina Faso focuses on empowering local radio stations to produce radio spots and dramas promoting MIYCN and hygiene practices in local languages and complements a similar community video approach adapted from Niger.

For more information about our community media programs in the Sahel, please visit: <https://www.spring-nutrition.org/countries/sahel>



We also adapted the community video approach used in Niger to the Burkina Faso context and have scaled up the approach over the last year to 90 villages in three regions of Burkina Faso, working with partners REGIS-ER, the Victory against Malnutrition Project (ViM), and Families Achieving Sustainable Outcomes (FASO). We selected one community radio station to be trained as a video production hub and identified and trained two additional video hubs in other regions.

Why Use Community Media in this Context?

We conducted a landscape analysis in 2014 on SBCC-related activities in Niger and Burkina Faso (Rennie et al. 2014). Based on the findings, community media approaches were selected as a priority area of focus to promote MICYN and hygiene during the first 1,000 days in the Sahel region. The landscape analysis indicated that innovative, low-cost media technologies could help spread information in remote, “media dark” areas unreachable by traditional media, and that programs needed careful design to tackle some of the entrenched social and cultural norms affecting nutrition. The Sahel assessment made it clear that the resilience context was a crowded space, calling for extensive coordination and harmonization among partners at the regional level. Additionally, community

media models were preferable in this context because of their innate flexibility, which could potentially allow programs to more rapidly share information during shocks.

Testing new, low-cost technologies: Following the dissemination of the landscape analysis, we were encouraged by USAID to focus on two approaches to improve MIYCN and hygiene behaviors in the Sahel—community video and community radio. These two forms of media were chosen, in part, because they had been used previously with promising results and were relatively low cost. Small-scale introduction of these two different approaches in each country allowed us to pilot the different interventions, determine feasibility, and collect cost data on these community media models in a resilience context. If these pilots found the program models to be feasible and effective, we could then provide guidance in taking these approaches to scale, increasing their ability to respond rapidly to specific shocks, and enhancing partners' capacity to engage with both platforms.

Addressing critical underlying determinants of nutrition: Topics surrounding gender roles and cultural norms are often difficult to discuss and even more difficult to change without community engagement. Community media provides a platform for engagement around these difficult but critical determinants. Gender issues and deeply entrenched cultural norms can be discussed in a safe community setting to open a discussion with community members, enabling them to share experiences through stories. Community media “actors,” speaking in their own voices, presenting realistic narratives is a powerful strategy for promoting champions for social change within communities. Issues around gender norms are incorporated into all videos and radio dramas regardless of the topic, opening the door for discussion.

Coordinating partners and programs: SPRING/Sahel's community radio and video models provide an opportunity to leverage the high interest and technical expertise of many development actors in the region, as well as capitalize on more established projects' access to communities. At the outset, we created partnerships with organizations and projects that had experience working in the region for years, allowing for a quick introduction of the program to communities, rapid scale-up, and expanded reach. Working with these existing models makes it possible for us to engage with experienced partner staff and communities to develop locally appropriate media content, build community capacity in nutrition and media expertise, and ultimately transfer ownership of the media processes and, in some cases, the equipment, to local entities.

Disseminating information during shocks: Community media approaches were especially appealing for partners because of their inherent flexibility and their rapid content development process. When fully developed, community media (both radio and video) provides a communication platform that allows programs to respond rapidly to shocks (such as conflict, drought, and food shortages) with precise and unique program information. In the Community Video for Nutrition approach, once local teams are trained and gain some experience working within the model, videos can be conceptualized, produced, and disseminated in about two weeks. Video teams, for example, working with program specialists to ensure the technical accuracy of information, can create

content that governments or non-governmental organizations (NGOs) can disseminate and rapidly scale through their networks of community groups. This rapid response contrasts to more traditional IPC approaches, where individual community volunteers or extension workers have limited personal reach, and may convey information slightly differently or even inadvertently share inaccurate information. The community radio model is also inherently flexible. Once local radio station staff are trained and given pre-recorded spots or script outlines with technical information for live radio dramas, they are able to develop interactive radio content relatively quickly, and then widely broadcast the information. By establishing relationships with local radio stations, development partners can leverage their reach to quickly transmit important information in response to a shock.



As partners are local, they are well-prepared to rapidly scale up coordination if an emergency arises which could help avoid negative coping strategies among the population. For example, in January 2017, when scarce rain and a locust infestation damaged harvests, the partners brainstormed what those affected could do to avoid hunger and focused messages around “continued breastfeeding beyond 24 months,” and “vegetable production in a kitchen garden.”



COMMUNITY ENGAGEMENT PRINCIPLE: HOW WAS THE COMMUNITY ENGAGED?

Though our Sahel community media programs vary in their levels of community participation, both the community video and radio approaches engaged specific local community members and/or local organizations throughout the design and implementation processes.

When we introduced the community video approach in Niger, content was prioritized through a formative research process with input from international partners and SPRING technical advisors. During the second year, we adapted the approach to further engage the community by creating local video production hubs, and by introducing concept testing in the communities to develop new topics and storylines. To create the video production hubs, our partners identified community members with an interest in receiving video production training, using video production as a means to earn money, and a willingness to engage with development partners and projects to specifically promote nutrition practices. These community members then formed four local hubs of two to three people each (two in the Maradi region and two in the Zinder region) who received video production training.

In collaboration with SPRING and other USAID implementing partners, video production hub members handle most aspects of pre- and post-production, including developing storyboards, recruiting local “actors,” filming videos, and editing. The involvement of the local hubs further ensures content appropriateness and community engagement. In addition, we introduced concept testing into the model, which involves working directly with groups of community members to solicit ideas for new videos, choose preferred and most appropriate storylines, and further contextualize key health information based on the target community’s experience and reality. The partners and community hubs then use the community’s feedback to tailor storylines, ensuring technical accuracy by tying stories to the key technical information as defined by SPRING and other partner technical experts.

In the community video model used in both Niger and Burkina Faso, videos feature local early adopters of recommended behaviors, showing the local actors practicing improved behaviors in their own homes and villages, making the content more relevant, relatable, and engaging. Videos are then disseminated by local volunteer mediators, identified and supported by partners, who facilitate group meetings in their villages, where the videos are screened. These groups include husbands’ schools, care groups or mother-to-mother support groups, adolescent “safe space” groups, and groups of other family caregivers or community members who are known to influence the adoption of the behaviors being promoted in each video. These meetings provide an opportunity for community members to engage in a mediated discussion about why and how the behaviors could and should be adopted. In addition, facilitators conduct home visits after video disseminations, helping to reinforce behavior change and providing an opportunity to collect program monitoring data on behavior adoptions. Throughout the intervention process, SPRING and local partners also engage community leaders to gain support for community media programming. Community leaders often express pride in having their communities and community members featured as “stars” in the videos.

In the radio campaign programming in Burkina Faso, DMI spearheaded content development for community radio spots and dramas, but consulted with local community radio stations. Local stations then produced the dramas using local actors and production means, broadcasting dramas and spots over their local radio networks. In addition, we trained one local radio partner in Burkina Faso to operate as a video production hub in the future. While community members in general were involved to a

lesser degree in content generation and production, the involvement of local radio stations supported the contextualization of the content as well as a degree of community engagement and ownership.



SUSTAINABILITY PRINCIPLE: HOW ARE THE APPROACHES SUSTAINABLE?

We are building the capacity of local partners to contribute to the sustainability of the community video and community radio approach in the Sahel resilience setting. In the community video scale-up phase in Niger and the adaptation phase in Burkina Faso, we worked with partners to transition video production from local staff to production hubs, described above, which are intended to further livelihoods development, transfer capacity, and promote sustainability. We are working to ensure that video production hubs become sustainable entities, able to promote and offer their enhanced video production services to local implementing partners and other interested parties. To do this, we are collaborating with Centre d'Etudes et d'Expérimentation Économiques et Sociales de l'Afrique de l'Ouest (CESAO), a local research and capacity building organization based in both Niger and Burkina Faso, to strengthen the hubs' business viability and build their capacities in essential business skills, including accounting, proposal writing, and marketing. This transferred capacity, along with the transfer of the basic package of video production equipment, will allow hubs to create videos for the USAID projects, government, UN bodies, NGOs, and/or for individuals and community purposes.

SPRING and DMI have also worked to develop the capacity of radio stations participating in the project, investing in their broadcast-related skills and providing some equipment and maintenance in exchange for airtime for nutrition-related spots and dramas. DMI conducted an assessment to determine how the stations' capacity for nutrition and resilience programming had improved, and found that the training provided by SPRING and DMI improved the stations' functioning beyond the life of the program. All partner radio stations appreciated the partnership with SPRING and DMI, and after trainings noticed an increase in listenership as well as listener calls. Of the seven partner stations, five stated that they would continue airing nutrition spots and related live radio dramas after the project ended.

SPRING/Sahel is also working with implementing partners and government counterparts in both countries to transfer leadership and further ensure the sustainability of the community video approach. In our second year of programming in Niger, we engaged partners to form regional Technical Advisory Groups (TAGs). TAGs meet regularly, and include all community video partners working in each region on nutrition, agriculture, livelihoods, and other related sectors, including implementing agencies (national and regional), donors, and the Direction de la Nutrition. The TAGs play a coordinating role

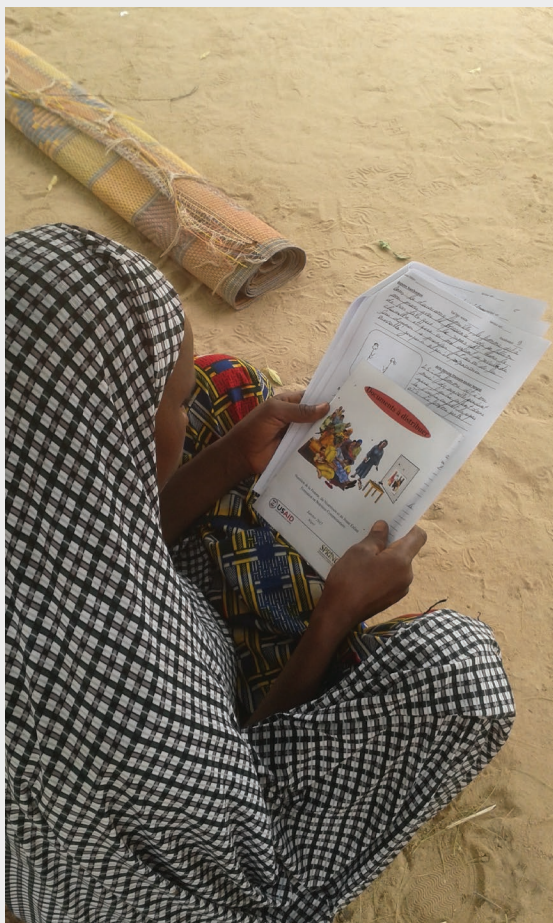
among the many development partners in the Sahel, helping ensure consistency, avoid duplication, and amplify each organization's efforts related to community media and other complementary SBCC efforts. TAGs ensure that the behaviors promoted through community media address key barriers to adoption as well as emerging resilience issues, and also provide a forum for partners to adapt and harmonize messages relevant to current or anticipated shocks.

Finally, TAGs will help build capacity and transfer ownership after our program ends by creating a network of organizations that can support community media programming. We are building implementing partners' technical skills and supporting them in further integrating elements of the approach into their overall action plans. In our final project year, SPRING and DG are organizing a series of trainings of trainers (TOTs) in both countries on video production, dissemination, and MIYCN. These TOTs will continue to build capacity and support for the approach among partner organizations and government counterparts, who can lead TAG efforts and activities on the ground, including continuing to select topics, develop videos, and disseminate them in communities after the SPRING project has ended.

Results

Similar to findings from SPRING and DG's pilot in India, research indicates the community video approach is an acceptable and effective model for changing household MIYCN behaviors and stimulating social change in the resilience context of the Sahel as part of a broader set of interventions (Kadiyala et al. 2014; SPRING 2016a). Our quantitative and qualitative research in Niger showed the videos to be acceptable and engaging among beneficiaries, who understood the messages presented in the videos (SPRING 2016a). They also enjoyed group participation during dissemination meetings and home visits from extension agents.

Results from the community video quantitative survey in Niger showed an increase in knowledge, positive attitudes, self-efficacy, and reported behavior changes related to handwashing and responsive feeding practices. The presence of a handwashing station at home increased from 14 percent at baseline to 48 percent after community members viewed the handwashing video, and further increased to 59 percent at endline. Among households with a handwashing station, those that had soap and water available at the station, indicating regular use, increased from 74 percent at baseline to 96 percent at endline. The proportion of mothers who practiced positive responsive feeding practices of children 6–24 months also increased significantly. The percentage of children who were less than an arm's length away at the last meal increased from 64 percent to 79 percent at endline, and the percentage of women who fed their child from a separate plate increased from 70 percent to 97 percent at endline (SPRING 2016a). The videos also helped foster improved communication between mothers and fathers within households. Women reported that the videos served as conversation starters with their partners to encourage men to help with child care beyond providing financial support and to lead couples to adopt the positive behaviors viewed in the videos. While we have rapidly expanded the video model, the scale of the intervention is



still relatively small, reaching a total of 336 villages in both countries in 2017. The partners in the project, however, are poised to continue to expand to additional villages and continue to disseminate existing videos and produce new content as needed, in collaboration with the video production hubs.

Challenges and Considerations

Partnerships and collaboration were critical for success and sustainability in our Sahel community video and radio programs, but they have also brought challenges. On one hand, these approaches complement many ongoing interventions to improve nutrition and hygiene in the region. Integrating community media into ongoing programming also created a space for partners to pool their technical expertise and extensive knowledge of the local context. Increased government involvement has contributed to the project's sustainability as well, and we anticipate working even more closely with government

counterparts to continue strengthening sustainability and hopefully scale up the program to more villages. Despite the benefits and productivity of these relationships, they have, as with many multi-organization collaborations, also presented a number of challenges, given varying levels of commitment and availability among partners and different partners' goals, processes, and implementation plans.

Facilitating the data collection processes within a consortium of partners with existing monitoring and evaluation (M&E) systems also presented some challenges and necessitated flexibility and adaptation of different partners' existing processes. Additionally, in this context, volunteers who function as dissemination facilitators have had varying levels of literacy, which sometimes prevented them from accurately collecting data on behavior adoptions or knowledge recall. This made it necessary for partner NGO staff to conduct additional home visits for data collection purposes in a smaller sample of homes. M&E capacity and harmonization are key considerations for implementing a community media approach in the Sahel and in a multipartner programming context. A program's ability to integrate a community media M&E system into an existing program M&E system depends on a number of variables, including partner staff capacity and time, as well as the development of indicators that apply to community media data that partners are already collecting.



Working in a resilience context is inherently challenging. The Sahel's extremely tough terrain and climate and limited infrastructure make working with technology more challenging, placing more stress on the equipment, with fewer options for repair. While video equipment held up well for the most part, SPRING/Sahel has had to replace some equipment and has faced some challenges procuring and shipping equipment into the country. However, we have recently found a vendor from which to purchase video equipment in Niger, and though the cost is higher than equipment purchased elsewhere, this option supports local businesses and encourages long-term sustainability.

Conclusion

Community video and radio programs have been shown to be effective and innovative SBCC program models in the resilience context of the Sahel, changing both nutrition-specific (MIYCN and hygiene) and nutrition-sensitive (agriculture, livelihoods, etc.) behaviors. These media approaches are adaptable to accommodate the challenging environment and will hopefully be sustained and maintain flexibility to address shocks as they arise. Our experience has demonstrated that community video, in particular, is scalable. By investing in the local capacity of the video production hubs and transferring overall responsibility to partner TAGs, we have planned for an expected longer-term sustainability of the community video platform in the Sahel. Community video and community radio are effective tools for SBCC programming, supporting the sharing of information, stimulating social and behavior change, and ultimately contributing to strengthening resilience and improving nutrition outcomes in a resilience context.

WHAT HAS SPRING LEARNED ABOUT IMPLEMENTING COMMUNITY MEDIA?

An Effective SBCC Approach to Improve Nutrition

Participatory media approaches are not new; development programs have used them for decades. However, with the recent advances and accessibility of innovative and affordable technology, we now have the ability to leverage community media in our work in exciting and expansive ways.

We see community media as an innovative tool for nutrition and health–related behavior change that blends technology with the strength of human-mediated interpersonal communication techniques. Though technology can offer exciting and innovative tools that often spark additional attention, interest, and curiosity, it is people, process, and social dynamics that ultimately ensure community media’s effectiveness.

Community participation and context-specific content are cornerstones of community media. Community members learn about recommended practices in their own geographical context, in their own language, and by someone of similar means. When practices are promoted by their neighbors, community members realize that they, too, can adopt these improved behaviors. These approaches allow communities to tell their stories and stimulate behavior change through their own perspectives, while ensuring that the information that is given is technically accurate.

A community-based interpretation and participatory design and rollout of community media programming help to ensure the appropriateness and acceptability of locally adapted messages, while the ongoing creative process ensures the program’s adaptability to evolving seasonal variation and potential shocks. By promoting uptake of key MIYCN and hygiene practices while building local capacity to develop and disseminate contextually appropriate, locally relevant, and life-saving information, our media platforms have helped build resilience in highly vulnerable settings.

Based on SPRING’s programming, we have documented a number of benefits that make community media an effective SBCC tool. With emerging technologies, community media makes the information we share more accessible to wider audiences than traditional one-on-one interpersonal communication techniques. Recorded media also helps to ensure the technical integrity of the information because it presents accurate information that is uniform across communities, compared to traditional interpersonal communication, where messages can be easily left out, misinterpreted, or poorly communicated. Community media also has far greater reach than, for example, traditional IPC, but is less scalable than mass media. We are still testing and learning to see how scalable community media content is beyond the originating community. We are still seeking to understand how widely applicable the contextualized content is and how best to define community in each context. Despite this, we feel community media strikes a balance between contextualization and scale, ensuring that audiences identify and connect with the stories and messages that can go beyond one single person’s reach.

Best Practices in Community Media

SPRING defines community media as being *in* the community, *about* the community and *with* the community. Through our community media programming across many countries and contexts, we have identified an implementation checklist that includes best practices and considerations for a community media intervention. This checklist builds on our principles for effective community media, our own programming experiences, and widely agreed-upon best practices from experts in the field of ehealth/mhealth (Principles for Digital Development 2017). The checklist on the following page is intended to help future implementers think through considerations for implementing community media in their nutrition and health-related SBCC programming.

COMMUNITY MEDIA IMPLEMENTATION CHECKLIST



COMMUNITY ENGAGEMENT

- Clearly define the problem before identifying a solution. The decision to implement community media and/or what type should be based on a thorough understanding of the problems, capacities, and needs of the target community, gathered through both a desk review and participatory research:
 - Consult secondary sources to better understand the problem and context.
 - Use participatory techniques in your needs assessment or formative research (see below).
- Engage the community early and often. For example:
 - Involve the community in the program design and generating the content
 - Involve the community in the production/implementation
 - Transmit/disseminate media via local/community-held channels
 - Collect data with and for use by the community (local entities, staff, etc.)
 - Facilitate bidirectional communication by developing processes for community engagement, feedback, and iteration to continually improve programming



CONTEXTUALIZATION

- Understand the programming environment and context—ensure your project is built and managed with consideration to the local ecosystem. Conduct formative research or assessments if possible to understand local cultures and beliefs, current practices, and barriers and enablers to optimal practices. In addition, analyze the current landscape—for example, existing stakeholders, media platforms, and local or national strategies.
- Consider whether you will reach your audience through existing groups and partners or whether you will need to organize new community groups.
- Consider innovative or unusual partnerships.
- Consider who is delivering what information—having people who are known in the community delivering the information can help build trust, whereas some information is best received from authoritative sources, such as religious leaders, community leaders, doctors, or other professionals.
- Ensure that community members identify with the characters/participants—the idea of modeling behavior is central to our community media approaches.
- Pre-test media in the community before disseminating to ensure that the content and delivery is acceptable to community members and that they find it motivating. Follow the pre-test, invest in making suggested changes where appropriate.



CAPACITY BUILDING

- Consider engaging with local governments and potential advocates and champions as much as possible, involving them in training and other capacity-building efforts. This also helps contribute to sustainability.
- Work across sectors and link to other activities to create coordinated and more holistic approaches and cadres as appropriate.
- Partner with and invest in local organizations and individuals to contribute to the local economy and facilitate local ownership. Consider linkages with local NGOs and entrepreneurs, as this approach does not have to be delivered through formal government systems or sectors, though it can.



SUSTAINABILITY

- Plan for scale and sustainability from the beginning. It's fine to start small and test things out but there should always be the intention and a plan for how the project can be scaled up. For example:
 - Consider actively engaging government, other local institutional partners, and entrepreneurs to help expand your reach and scale.
 - Develop partnerships with local entities and focus on building capacity and transferring skills and management of the approach.
 - Explore options for local procurement and servicing of equipment.
- Consider whether the approach can transition to a livelihoods development activity. For example:
 - Partner with local entrepreneurs to continue the work as a business strategy after donor support ends.
 - Provide business management training to entrepreneurial partners you support.
- Understand and comply with national frameworks, strategies, and policies. For example:
 - Do you need authorization from a national, regional, or local government body related to using various forms of media?
 - Ensure your project is flexible enough to adapt to changes on the ground as they arise.
 - Leverage data to support project planning and decision-making—monitor, adapt, and iterate.
 - Evaluate, document, and disseminate results, processes, and best practices, especially where there are gaps in data and evidence.

Future of Community Media

Community media is a powerful and effective tool for improving nutrition, health, and hygiene. In coordination with traditional communication channels and platforms, as well as storytelling traditions, new low-cost technologies can be leveraged to vastly reduce gaps in information for both rural and urban families trying to improve their health and wellbeing.

SBCC programming is uniquely challenging in highly remote geographic areas. Rural populations can be difficult to engage as a result of poor infrastructure, low literacy rates, and limited access to health care, all of which hinder health workers from reaching people most in need. Mass media approaches require access to radio or television, which may not be available in rural environments. For example, in Niger fewer than 50 percent of households in rural areas own a radio, and only 3 percent in rural areas own a television (INS and ICF International 2012).

The fluidity of community media, which makes it a challenge to define, may be its greatest advantage as an effective SBCC approach.

In addition, information often flows outward through mass media, in one direction, from urban centers. In these cases, a small group of people and interests determine which information rural communities receive, rather than having tailored media content based on an exchange of ideas and requests that allows adaptation of information to the needs of rural communities (Berrigan 1979).

In previously isolated villages, the introduction of mobile phones, low-cost video cameras, computers, editing software, and mobile pico projectors is opening the door to an influx of information and exposure to new ideas. As noted earlier, the digital divide is shrinking and people in the lowest economic quintiles and the most rural, inaccessible areas now have access to mobile phone and other technology. Additionally, technology itself is rapidly evolving, with new and enhanced devices being introduced every year. With increasing smartphone penetration and growing Internet accessibility in the farthest-flung places, many previously disconnected individuals will soon be better able to access global marketplaces and the exchange of ideas.

It is also worth noting that the concept of community is often no longer defined simply by culture and geographic location, but can expand to online and virtual global communities. Community health workers can support each other through national or regional WhatsApp groups (SPRING/Ghana 2016) or receive additional training as one cohort on their phones through programs such as Mobile Academy in Bihar, India, and similar interventions (BBC Media Action 2017). In addition, mother-to-mother support groups now exist online with mothers from rural and urban locations, both within the same country and internationally, supporting one another during and after pregnancy.

SOCIAL MEDIA IN KYRGYZ REPUBLIC

To improve MIYCN behaviors among both urban and rural populations in the Kyrgyz Republic, SPRING designed a multi-sectoral, multichannel communication campaign that includes community group meetings with activists, health systems support, and a targeted urban communication approach that focuses on mass and social media. We found that urban households were less likely than rural households to perceive community activists as credible sources of information on nutrition and hygiene and were too busy to participate in community meetings around health issues generally. In addition, it was difficult to recruit urban activists, who were unwilling to provide volunteer services. Therefore, mass and social media were strategically included in an effort to reach more urban families and households.

Social media has become an increasingly effective way of reaching urban audiences. In 2016, 36 percent of respondents from urban areas in the Kyrgyz Republic reported using the Internet daily, compared to only 19 percent of respondents in rural areas (EBRD 2016). The 2012 Demographic and Health Survey for the Kyrgyz Republic also reported a 12 percent increase in computer ownership between 2006 and 2012, with urban households more likely to have computers than rural households (NSC, MOH, ICF International 2013). SPRING has also found that many urban households use smartphones to access the Internet.

Our strategy includes a Facebook page with posts in both Russian and Kyrgyz, which serves as a platform to share more information about the SPRING/Kyrgyz Republic program and activities as well as a space to share nutritional information and encourage dialogue around better nutrition practices in the first 1,000 days. We also produce short videos on different nutrition and hygiene topics for further broadcast on local TV, at maternity schools, and via Facebook and YouTube. By establishing a presence on social media, SPRING/Kyrgyz Republic hopes to improve health services, the delivery of health and nutrition messaging through traditional as well as social media, and local campaign events to raise public awareness and create community dialogue about nutrition issues.



Community media approaches will continue to evolve alongside the technology and electronic media they leverage. The world will continue to become more interconnected as access to technology and information continues to grow. Development programs must embrace this progress and work with communities to help expand the reach and influence of traditional media by embracing advancing technology. We should never introduce technology simply for the sake of the new and innovative, but can and should engage technology solutions it when they fit the identified problem and local context.

Our experiences have shown that community media is an exciting, feasible, and effective SBCC approach for nutrition programs. When implemented thoughtfully—ensuring that the intervention engages the community, is suited to local context, focuses on local capacity building, and is designed with sustainability in mind—community media has the power to change social norms and behaviors. Although the definitions and implementation approaches for community media vary, having a flexible range of options in our SBCC toolkit is an asset for community programming, allowing implementers to adapt community media approaches to their own cultural, environmental, and programming contexts. This flexibility will allow community media to evolve with adapting community needs and technology, primed to serve as a tool that empowers individuals to tell their stories and improve health and wellbeing in their communities for years to come.

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