

FIELD NOTE

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ACADEMY FOR EDUCATIONAL DEVELOPMENT

PRODUCING A TRAINING VIDEO

The Case Of "¡Comuniquémonos, Ya!"



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INTRODUCTION

This is an account of the development, production, and field-testing of a training video on interpersonal communication for Growth Monitoring and Promotion (GMP) programs in Latin America. The video, "¡Comuniquémonos, Ya!" ("Let's Communicate!"), was developed as training material for field staff—village health workers, auxiliary nurses, and others—who monitor the growth of children in their communities. The video was designed to be used with a step-by-step facilitator's guide in a half-day training session that complements an organization's current GMP training program and focuses attention on the important aspect of communication between field staff and mothers.

"¡Comuniquémonos, Ya!" was produced in collaboration with UNICEF by the Nutrition Communication Project (NCP), a project of the Agency for International Development (A.I.D.) Office of Nutrition. NCP contracted with the Guatemala-based audiovisual center, CREA, to produce the video. The Nutrition Institute of Central America and Panamá (INCAP), the Child Survival Coordination Program in Bolivia (PROCOSI), and several non-governmental organizations (NGOs) working in Latin America, teamed with NCP over the course of one and one-half years to research, pretest, and complete the video/guide package.

Why produce a training video? What types of decisions will need to be made during the production of a video? What problems can be anticipated and avoided? These are a few of the questions that NCP and our collaborators asked before developing "¡Comuniquémonos, Ya!." People who had worked on the production of training videos in other development sectors -- most notably family planning and AIDs prevention -- offered many useful bits of advice. To our surprise, however, we found that very little had been written on the topic that could serve as guidelines for those who are considering the production of a training video. It struck us that the absence of documented experiences makes it difficult for us to learn from each other and to make the most of video, a training medium with great potential for all development sectors. Therefore, NCP decided to document, in some detail, our experience producing "¡Comuniquémonos, Ya!."

In Part I of this Field Note, we give a brief background on training videos and on "¡Comuniquémonos, Ya!." In Part II we lay out some of the most critical issues for the development of training videos and offer suggestions related to each issue, based on our experience. In Part III, we review ten stages in the development of "¡Comuniquémonos, Ya!," giving concrete examples of what decisions might need to be made during production, as well as possible outcomes that different decisions might have. We hope that our experience and suggestions will support others' efforts and lead to the production of effective future training videos.

PART I BACKGROUND

The Advantages of Training Videos

All of us who face the challenge of promoting improved health practices recognize the importance of designing effective training materials. We know that the materials must do more than provide useful information—they must capture attention and trigger discussion. Whether training health project field staff or community members directly, *video* can be extremely effective for a number of reasons:

1. If it is carefully designed and pretested, *video captures the reality* in which field staff work and targets their priority interests;
2. If it is viewed more than once, *video reinforces important skills, unearths new issues and sparks new debate over time*; and
3. If it is presented and discussed in segments, *video offers training participants the freedom to explore issues* in great depth.

In many cases, the central purpose of a training aid is not only to boost understanding of an issue or to change attitudes, but also to encourage behavior change and develop new skills. In these cases, *video* has an added advantage: it can demonstrate the behaviors that the program is trying to promote. If the behaviors are clear, the situations and characters believable, and the benefits apparent, using a video to promote model behaviors can be extremely effective.

Despite the many advantages of video for training, it is always important to stop and consider whether a video is the best answer for a specific training need. Before embarking on the production of "¡Comuniquémonos, Ya!", we looked carefully at the training needs before us, and what we hoped to achieve through the production of this training aid.

The Reason for "¡Comuniquémonos Ya!"

All over Latin America, health workers and mothers put time and energy into GMP programs. While the international community still debates whether the demands of GMP are justified, health programs throughout the region train health workers in

how to weigh young children, complete their growth cards, and interpret their growth. However, the training they receive in weighing and measuring techniques is only a part of what health workers need to know in order to help the children in their communities grow better. Many health promoters are frustrated by their efforts because they know that, to grow well, children need good nutrition and child care at home, but the promoters lack the basic interpersonal communication skills to communicate these messages effectively to the mothers.

Mothers are frustrated, too. They want their children to grow well, but often leave GMP sessions without the *confidence and the information they need to make the right decisions* about how to care for their children and feed them well.

The challenge for a health promoter is to *encourage a mother and guide her in decision-making*. The challenge to non-governmental organizations and ministries of health is to orient health promoters to see the GMP session as an opportunity to learn to effectively communicate with mothers and other caretakers.

Using Video to Achieve Our Objectives

Having looked carefully at whom we were aiming to train, and why the training was needed, we identified four objectives and asked what advantage video might have in achieving each of them. Our first objective was to *facilitate the introduction* of a communication component into existing GMP training sessions; we felt that, with a video in hand, trainers would be encouraged to do so. Our second objective was to *provide field staff with a basis for discussion* of how they currently communicate with mothers about their children's growth; we felt that video could capture a realistic encounter between health worker and mother to spark discussion. Our third objective was to *demonstrate six key actions* that field staff can use to improve communication with mothers; we knew that, with video, we could demonstrate concrete actions for field staff to imitate. Our fourth and final objective was to *illustrate better communication techniques* in different types of GMP encounters; we knew that a video would be flexible enough to include different settings, such as clinic and home, as well as different typical situations the trainees would need to deal with, such as breastfeeding infants, children with diarrhea, and children growing well.

PART II SUGGESTIONS FOR PLANNING, PRODUCING, AND FIELD-TESTING TRAINING VIDEOS

Producing a Training Video for Regional Use

Producing a training video for an audience from different geographic areas and cultural backgrounds requires special attention. First, sites that represent regional variations within the target audience should be selected for the initial research. One research should confirm that the reality of the lives and work between subregions are sufficiently similar to respond well to a single training material. Second, the target audience should be kept in mind at every step of drafting and revising the script. For example, "¡Comuniquémonos, Ya!" was intended for use with field staff throughout Latin America. While we wanted to provide concrete examples of how staff might communicate with mothers in a growth monitoring session and to avoid vague generalities, we also wanted to avoid the use of local terms or names of foods that would alienate audiences in other locations. The key seemed to be to balance specific visuals with narration that broadened them.

At the pretesting stage, it is important to get feedback from groups that are representative of the full target audience. For example, findings from our pretests completed in five countries in the region suggested which terms and concepts in our script effectively crossed country borders and which did not.

When doing a regional piece the production company should be selected with special care: Does the company have experience working in the different regions/countries which have been selected for this video? What contacts do they have for local support during pre-production and filming? Can they provide a scriptwriter (if needed) and crew who are native speakers for the region where the video will be filmed?

Conducting the Background Research

The first and most crucial step in producing a training video is to thoroughly research situations where the video is expected to be used before making decisions about whether to produce a video, for whom to produce it, what approach to take, where to film, and what to include in the script. The strength of this initial research

will be the difference between a costly, wandering, unguided production process and a directed, efficient one. Some useful questions to guide the research are:

- Who, specifically, is the target audience for the training video and what is the video trying to accomplish?
- Who will use the video if it is produced, and what barriers might they confront?
- What, when, and how are training videos currently being used in the program? If they are not being used, why not?
- What does the target audience currently do with respect to the training topic and what are the specific learning objectives of the training material?
- What are the differences and similarities among the members of the intended audience?
- What are the primary concerns and interests of the target audience with respect to the training topic?

NCP decided that key research questions, of the type listed above, could best be answered through site visits to program areas where the final training aid would be used. We found it extremely useful to take advantage of these research visits to take pictures of typical encounters between health workers and mothers and of potential filming sites. These pictures came in handy later on when meeting with the scriptwriter (which is particularly useful when the budget does not allow for the writer to join in on research visits). In our case, the photos also provided a storehouse of "stills" that were used later to pretest images before filming. During the research visits, it is a good idea to think ahead to the evaluation of the final training aid. If a baseline measure of current behaviors will be done, for example, this is the time to plan how and when. Finally, the research visits can be used as an opportunity to identify distribution channels that will make the final product most easily and inexpensively accessible to the target users.



*Research
visits were
conducted
in Bolivia...*

*... and the
Dominican
Republic*



Writing and Revising the Script

Our experience strongly suggests that only one person should write the script. The scriptwriter need not be an expert on the topic area but should be a native speaker of the language used in the video, familiar with the target audience, creative and experienced in the visual concise style of writing that is needed for scripts. The scriptwriter should be provided with a video treatment and/or a creative brief that outlines and describes all of the key points to be covered in the script. The brief should also name target audience, list objectives, and identify how the video will be distributed and used.

Selecting a few key materials (i.e. documents, audiovisuals, names of experts) will help verse the scriptwriter on the central topic. We found that it is also extremely useful to gather a small group of reviewers to provide the scriptwriter with guidance on special issues, such as ensuring that the technical content is consistent with established national and international policies. This group should represent the interests of different organizations involved in the production and different key disciplines that merge in the training topic. For example, we enlisted experts in both communications and nutrition to review "¡Comuniquémonos, Yal." Since comments from different people at different stages generally confused and delayed our progress, we recommend sticking with the same group of advisors throughout the process. The specialist group should be a resource to the writer to give feedback during revision of the draft script.



Health workers were asked to role play selected scenes to help develop the draft video script.

The way in which the script is written depends on who will use it, and how it will be executed. For example, we concluded that a detailed script should be written only if filming with actors and actresses. If "real" people are to be used, a shooting script should be developed that serves as a guide for field staff to practice expressing key ideas and behaviors in each scene. Then, after adequate rehearsal, each scene can be filmed without a written script, bridging these with scripted narrator parts. Creative ways should be explored to execute scriptwriting. For example, a role play could be taped and transcribed as a basis for writing a natural sounding dialogue.

In "¡Comuniquémonos, Ya!", we paid special attention to scripting scenes that demonstrated the use of key communication skills and excluded culture-specific dialogue. Early on, however, NCP decided to film "real live" field staff of GMP programs rather than actors, so that the trainees would better envision themselves in the scenes. This meant that we needed to test the video constantly with health workers. When we wrote the draft script for "¡Comuniquémonos, Ya!", we found it extremely valuable, quick, and inexpensive to have GMP field staff act out key scenes. We used this role playing to guide discussion among small groups of health workers. Through this process, we got a good sense of what was interesting, attractive, and entertaining. Later, during filming, we had to loosen our written script quite a bit so that health promoters and mothers could use their own words. While we forfeited a certain amount of control over the content of the scenes doing it this way, it was necessary because field staff could not be expected to adhere strictly to a written script.

Using Video to Demonstrate Desirable Behavior

A question that is widely debated in training circles is whether "bad examples" in a training video confuse and misdirect the audience. There is no proven answer. However, in field testing "¡Comuniquémonos, Ya!", we did find that the scene in which a health worker communicates poorly with a mother prompts the audience to examine their own behavior and opens them up to discuss change. We decided to illustrate "bad" communication in one scene and pair it with a scene in which the health worker demonstrates good communication.

A great deal of research has been done to identify conditions that, when met, improve the chance that a trainee will adopt a demonstrated behavior. These principles certainly hold true for the development of a training video, especially when the goal behaviors are somewhat abstract, such as one-on-one communication skills. Here are some guidelines to help ensure adoption of behaviors from a training video:

- *Film people with whom the audience can identify.* It is fundamental to fully understand the insecurities, conflicts, and pressures faced by the

target audience, and to embody these in the characters of the video). If a character will be used to demonstrate desirable behaviors, the character should seem perhaps slightly more knowledgeable and experienced than the audience but not so much that their behaviors seem out of reach.

- ***Select priority messages and present these as simply and clearly as possible.*** For example, our focus was on interpersonal communication skills—not on weighing and charting the growth of small children. Therefore, we selected six key communication skills and presented these in different growth monitoring encounters.
- ***Show the behavior happening in a realistic context for the target audience.*** For example, we knew that many health workers monitor growth at urban clinics, while others do so in rural health centers or in the child's home. Similarly, health workers are faced with different growth situations for children, ranging from the undernourished child with chronic diarrhea to the healthy, exclusively breastfed baby. We selected representative locations and growth situations for different scenes and illustrated good communication in each one to show that the communication skills being taught could work anywhere.
- ***Show the benefits of the desirable behavior.*** We learned this lesson during pretesting. Our findings suggested that we should show a closer, more intimate relationship between health worker and mother because mutual satisfaction in a GMP session was an important benefit for health workers and would motivate them to communicate better.



(left) The video shows a typical scene of poor communication between mother and health worker...



... and later shows how the health worker uses key skills for good communication with the same mother. (right)

Pretesting the Video

A training video can be pretested at different stages and in different ways, depending on budget, timeline, and the heterogeneity of the target audience. There are three stages at which pretesting may be appropriate: 1) during initial script development, 2) before going out to film, and 3) before final editing. The first pretest, during script development, can be done through individual or group discussions and role playing from the written script, or through an audio recording of it. As mentioned earlier and described in more detail under Part III, Stage Three, we found that a small-scale pretest during the writing of the script for "¡Comuniquémonos, Yal!" was useful to identify meaningful concepts and language.

The second pretest stage comes after the script has been written but before any filming has taken place. Pretesting at this stage is a must because the time and money that go into filming preclude extensive revisions once the filming is done. The key pretest questions to be answered at this stage are these:

- Are the messages and language understandable?
- Are the concepts appealing and interesting to the audience?
- Are the scripted scenes acceptable and realistic?
- Does the video encourage the behavior change that we are looking for?
- Do the characters serve as persuasive models for the trainees?

Video pretesting is perhaps more complicated than other types of pretesting because it demands the production of an intermediate product that simulates what will be filmed before any filming is actually done. With video, coming up with a pre-test version with 23 minutes of visuals and audio is considerably trickier than coming up with a mock-up of a poster. There are three main options for this intermediate product, each of which can be pretested through individual or group interviews: an audiotape of the script; an audiotape together with a story board on which photographs or drawings represent the images that will accompany the audio; or an animatic in which moving visuals and audio are combined. An animatic is a "mock-up" of the video made of slides, drawings, and/or archival footage. The advantage of using an animatic for pretesting is that it can elicit feedback not only on the content, approach, and language of the script, but also on the intended images and balance between audio and video. An animatic uses images that closely represent what will be filmed. Its objective is to elicit comments to indicate exactly what will and will not work.

In conducting the pretest for "¡Comuniquémonos, Ya!" the issue of regional appeal was particularly important because both the audio and video portions needed to be accepted by trainees in the different countries and regions where it would be used. We pretested "¡Comuniquémonos, Ya!" by conducting focus group discussions using the animatic with small groups of health workers in five sites. The pretesting was done as an applied practicum for a communication training course. There is no proven formula for defining the number of pretest countries. The goal is to get sufficient feedback from groups in each target region. The different subgroups that exist within the target audience should be determined and at least two focus group discussions should be conducted with each (as far as budget permits). For example, we wanted to pretest the video with rural health workers as well as urban ones in at least one Central American and one South American country. Therefore, we decided on a minimum of eight focus groups. The strength of the pretest will determine the strength of the final video.

We found that the focus group findings from the pretest, described in Part III, Stage Four, were not as rich as they might have been had the facilitators been more experienced with the technique. *To make the most of the pretest, we suggest selecting a communications research specialist with extensive experience in getting at the heart of respondents' comments during the focus group, and in synthesizing results from focus groups in several sites. It seems to be most effective to organize and analyze the focus group in such a way that the findings translate readily into recommendations for revising each section of the script.*

In addition to pretesting the animatic with the target audience, we found it useful to ask a group of technical specialists to review it. Writing guidelines for feedback is important because it limits the specialists' comments to improvements, substitutions, and deletions; additions are not particularly useful at this stage.

Deciding Where and When to Film

To film "¡Comuniquémonos, Ya!," we visited eight different sites in two countries. The challenge was compounded by the fact that our contacts at each site, while experienced and dedicated in health programs, had no experience in production. Through the process we came to several useful conclusions about selecting and negotiating with the production company before filming:

- Fixing dates on a production schedule or arranging to film in specific locations before the script has been finalized creates unnecessary time pressures and commitments. It behooves all involved to remain flexible with deadlines, taking extra time to set up filming as needed to produce a higher-quality video.
- The number of filming sites should be limited to allow for closer contact between the production team and partners in each filming site.
- A logistics person should be hired (in each country, if appropriate) to work with the production team. This person will precede the producer and crew to each site to minimize last-minute problems in location, equipment, or transportation, as well as to review script requirements on site. In one instance during the filming of "¡Comuniquémonos, Ya!," program staff selected a community for filming which had not been double-checked by a production person. The site was one-half hour by foot from the major road and was therefore inaccessible, given the necessary production equipment. We quickly found a substitute site, but the key role of a local logistics coordinator, in addition to program collaborators, was made evident.

During filming the production company should consider the following:

- Someone should be identified to accompany all the filming equipment to the site, and to watch it go off and on every airplane.
- Electrical needs should be anticipated and a generator and transformer for filming should be rented if there is a chance of electricity going off periodically.
- Filming teams should be prepared for last-minute changes and local support should be secured so that safety nets are in place if and when the time comes. For example, we were faced with local strikes and canceled flights due to weather, and were forced to cancel filming in two communities that were prepared, script in hand, for filming. Fortunately, local collaborators were extremely flexible and efficient during the filming of "¡Comuniquémonos, Yal." Local collaborators are crucial.

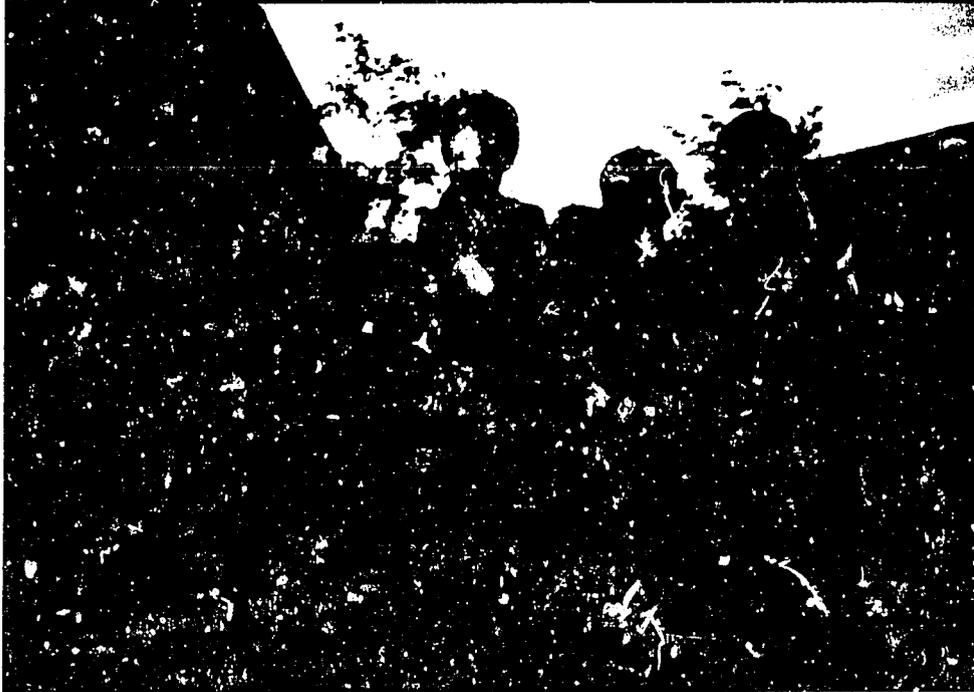


The director worked with health promoters and mothers to act out key concepts from the script, using their own words.



Deciding how much to control the content of each scene during filming is difficult. In each of the scenes of "¡Comuniquémonos, Ya!", the production team was delighted with the way that promoters and mothers, selected from the communities, were able to take on the role of actors and actresses. The director used the script as a flexible guideline, encouraging the participants to use their own words and motions. The decision to use "real" field staff and community members, rather than experienced actors, in the video meant sacrificing a certain amount of control over the dialogue, professional performance, and smooth editing. However, the decision also brought many advantages: the characters and situations are genuine and communities were involved in the creation of every scene which made the final product more appealing to trainers. On several occasions we decided against filming in suggested communities because of the widespread use of indigenous languages. While the GMP experiences in these communities are equally interesting, the regional distribution of the video required that all "actors" speak Spanish clearly and comfortably. Instead, we filmed a few indigenous greetings to suggest the value of health promoters knowing the local languages.

A final, critical element of the filming process is fostering good feelings among program staff and community members who collaborate in the production. This is especially true with a video since it can greatly disrupt routine. If the budget precludes paying the local participants, a plentiful supply of treats—in our case, drinks, cookies, and balloons—should be distributed to everyone who shows up at the set or small gifts should be offered to those directly involved. Complying with promises to send photos and a single copy of the video to each program with which scenes were filmed takes time but will be greatly appreciated. Finally, program staff are especially grateful for some written recognition of the time and expertise they brought to the production process.



Noiseless (I) balloons brought smiles to the faces of children in Guatemala.

Developing Complementary Materials

While planning and producing the video, one should consider who will be using it and what kind of support they may need to use it correctly. For example, a manual for trainers, however brief, is often necessary. Together with PROCOSI (Programa de Coordinación en Supervivencia Infantil), NCP developed a manual based on the video that describes how the video should be used in order to achieve its named training objectives. The manual encourages participants to draw on their own experiences to define the goal of GMP, name additional actions that improve communication, describe the potential and limitations of improved communications for growth promotion, and practice good communication in common GMP situations. The manual was produced quickly, without hitches, which we attribute to the following key factors:

- *The facilitator's guide was developed by a small interdisciplinary team representing different subregions in Latin America. The guide had a clear focus and we did not invite outside input. Using a multi-country team to develop the guide helped to ensure that its approach, technical content, and language were appropriate for trainers in different locations.*

- ***The sections of the guide follow a straightforward order. It talks to the trainer, covering each of the key steps needed to plan and implement an effective training session.***
- ***The guide's content and language were finalized before any decisions on format were made.***
- ***The guide was designed, illustrated, and produced in Bolivia. This minimized costs and maximized user-country involvement.***
- ***The concepts in the guide were visually linked to the video by selecting "freeze-frames" from the final video, which were transformed into prints and used to illustrate different sections of the guide. The process was expensive but well worth it.***



Health workers helped develop the facilitator's guide by participating in a "trial run" of the "¡Comuniquémonos, Yal" video training package.

Field Testing the Video Training Package

Training videos, like all training materials, should be field tested in an actual training session before completion. This is the only sure way to identify barriers to effective use. Before doing a final "on-line" edit of the video, and finalizing the facilitator's guide, NCP conducted a field test to see how "¡Comuniquémonos, Ya!" worked when used by trainers to train representative groups of health promoters. We conducted focus group discussions with trainees to get feedback on the video and on the entire training event, as outlined in the facilitator's guide. We also observed trainers while they used the training guide, and interviewed them on its content, language, format, and style. It is important to recognize that although this "off-line" edit¹ stage does not allow a complete reshooting of the video (thus the importance of having confidence in the initial pretest), it is the time to make changes such as removing or substituting parts of scenes, changing their order, or clarifying messages by changing the voice-over. We found that the field test at this stage was quite valuable. For example, we had anticipated that the video would be better received in Guatemala and Bolivia, where the scenes were filmed, than in any other Latin American countries. Including a third country, Peru, in the field testing suggested that a few narrative changes be made so that the video "worked" in different subregions. The field test also ensured that the manual's instructions were clear to trainers in different programs and that they considered it a useful complement to the video, helping them to personalize the content of the video for the training participants. More details on the field test findings are provided in Part III, Stage Nine.

¹ The "off-line" edit is the first "draft" version of the final video. It includes all selected footage but without the final effects and graphics. This allows for editorial changes without great expense in time or money.

PART III

TEN STEPS IN THE PRODUCTION OF ONE TRAINING PACKAGE: "¡COMUNIQUEMOS, YA!"

Stage One: **Background Research on GMP Programs, Training Videos, and Production Companies**

Through a series of expert panels and informal discussion groups held prior to 1990, NCP identified key impediments to successful growth monitoring and promotion (GMP) shared by non-governmental organizations (NGOs) and government programs in the Latin America and the Caribbean region. In NGO forums we heard many GMP program managers say that, although their staff had mastered the skills of weighing, plotting, and interpretation, these abilities had not prompted hoped-for nutrition changes. Many felt that children's growth was being monitored correctly, but that health workers lacked the skills to communicate the desired behavior change to the mother, which is the key to improving growth rates. We decided to develop a training aid that focused on improving the communication skills of health workers.

Early in 1990, NCP met with international NGOs that had demonstrated interest in, and commitment to, strengthening the communication component of their GMP programs. They felt that selected programs in the Dominican Republic and Bolivia embodied the best of communication in GMP, so NCP selected these sites for research visits. We observed GMP field activities and talked with program staff including project managers, field supervisors, and health promoters. The findings from these research visits confirmed the need for a training material on communication in GMP and that video would be an appropriate form. They also helped to define the approach that we would take in the video.² Key findings included:

- VCRs are available for training events and have proved valuable in sparking interest and discussion in other child survival topics.
- In most NGO programs, home visits are made to follow up with at-risk children. In the home, many feel that there is opportunity for dialogue, whereas time limits during GMP sessions in clinics make communication difficult.

² For detailed description of activities and outcome from these research visits, please refer to Valerie Uccellani's trip reports from the Dominican Republic (January, 1990) and Bolivia (March, 1990), available through NCP.

- Some programs like to use available videos directly with community promoters; others use videos primarily with supervisors and trainers who constitute a more responsive and critical audience, more apt to extract the messages of productions from other locations and apply them to their own working environment. Program supervisors are anxious for innovative training strategies from colleagues in other programs to strengthen their own GMP activities.
- The time is right for materials on GMP because the ministries of health and NGOs in many countries, such as Bolivia, have begun to put emphasis on GMP as a basis for counseling on child health.

Soon after our initial field research visits, NCP invited a group of GMP and communication specialists to review the conceptual framework for the video. Several decisions were made as a result of the review meeting. For example, it was decided that the focus of the video should be on the GMP encounter as an interactive process, concentrating on skills such as listening and questioning, rather than on weighing and charting. The group stressed that we could not assume too much of the trainer; the video should be accompanied by a guide to help the facilitator direct discussions and contribute to them. The group recommended that careful pretesting be done, and country-specific feeding messages be excluded to best ensure the applicability of the video throughout the region.

NCP contacted others who had produced training videos on other health topics such as family planning, AIDS education, and child survival. We were interested in any previous experience that could guide us and looked specifically for videos that dealt with counseling, targeted field staff directly, were used in conjunction with complementary training materials, or were designed to address problems common to a region.³

Stage Two: Video Treatment, Selection of Production Company, and Production Schedule

With the basic research complete by the early spring of 1990, NCP developed a draft video treatment that included a conceptual framework for the video, description of the target audience, and a general idea of filming sites. Later, we further detailed the video plans to include actual filming sites, suggested structure of script, a list of key communication skills to explore in the video, and a description of typical GMP situations within which to illustrate the communication skills. Simultaneously, we searched out production companies with experience in Latin America that had done previous work on social issues.

³ A list of the videos reviewed is available through NCP.

After informal discussions with production companies, NCP put out a request for proposals, including proposed filming sites, detailed treatment, draft production schedule, and a budget guideline. Proposals were reviewed by a small committee giving consideration to the quality of the proposal, suggested approach, experience and contacts in Latin America, experience in production of training and documentary-type of videos, quality of demo tape, and total cost. Through this competitive process, we selected the Centro Regional de Audiovisuales (CREA), a video production center in Guatemala. CREA is an award-winning production company, fully supported by A.I.D., which specializes in the production of materials with development themes, and is subsidized by productions for the commercial sector. Under the contract, CREA was asked to work with NCP to do the following: write the final script; produce a pretest video (animatic); revise the script based on pretest results; provide a director and two-person crew to film in the Dominican Republic and Bolivia; and produce an off-line edit as well as a final on-line training video.

Stage Three: Completion of First Script with Input from Professional Specialists and Field Health Promoters

In the early summer of 1990, NCP wrote a draft shooting script based on 1) key counseling skills, 2) basic principles of child care and feeding in keeping with UNICEF's internationally used resource book Facts for Life, and 3) common situations (e.g., setting, age of mother, age of child, feeding problem) for GMP encounters, each of which emerged from the early research stage. Our goal was to develop a script that *highlights* the keys to successful interpersonal communication for a health promoter in GMP. Cumulative experience of those in the field suggested that a GMP session should be conducted like any counseling encounter: the health promoter should ask questions, listen and repeat what he or she has heard to verify understanding, validate the mother's problems, speak encouraging words, select and share *appropriate* information with the mother, verify the mother's understanding of what the promoter has said, and help the mother to set clear and manageable goals.

The first draft of the video script had three parts. Part one was an exaggerated GMP encounter in which the health promoter scolds, demeans, ignores, rushes, and confuses the mother. Part two illustrated the use of the six desirable communication skills in six different encounters. Part three repeated a scene with the first health promoter, but this time she was supportive, attentive, clear, and responsive. In this first draft, we scripted out the opening and closing scenes entirely, bridging them with an outline of six communication scenes. We informally pretested this draft in Guatemala with GMP field staff through role plays and group discussions (to explore key concepts).⁴

⁴ This stage is detailed in Valerie Uccellani's trip report to Guatemala, July 15 - 26, 1990, available from NCP. The report includes a copy of the script outline and

In addition to conducting pretests using role playing, NCP called on a multi-disciplinary group of specialists from different organizations who were asked to review the script outline and to be available to review later intermediary products—the first full script and the animatic. Based on their comments, NCP and CREA wrote a full first script which was reviewed and revised one more time by the group of specialists.

In August, CREA produced an animatic from the complete draft script. The animatic strung together slides that were taken during NCP research visits or that were contributed by GMP programs in the Dominican Republic and Bolivia with archival footage. The animatic was 25 minutes long.

Stage Four: Production and Pretesting of the Video Animatic

NCP collaborated with CARE in six countries of the LAC region—Guatemala, Honduras, Bolivia, Peru, Belize, and the Dominican Republic—to pretest the video animatic through focus group discussions with GMP field staff. The pretest was done as an applied practicum for a workshop held in September 1990 to provide skills in communication. During the workshop, NCP trained CARE staff to conduct and record the qualitative results of focus groups and prepared them specifically to lead focus groups to pretest the video animatic. NCP received invaluable feedback from CARE staff on the video animatic. They were especially motivated to provide good documentation since this was training material that many wanted to use in their own GMP programs. In their respective countries, trained teams led between two and six focus groups and submitted reports from which NCP extracted a list of recommendations for revision of the script before filming.⁵

To complement feedback from the target audience and to guard against any errors or ambiguities in the script's technical messages, NCP called again on the group of GMP training specialists to review the animatic. We gave the group specific guidelines for the animatic review: they were asked to consider improvements, substitutions, deletions, technical accuracy of all audio; the realism of each scene; the "Do's" and "Don't's" of the video; and suggestions for specific information to include in the facilitator's guide.

the instrument for pretesting.

⁵ A complete report on the design of the pretest and recommendations is available from NCP (*Capacitación en Grupos Focales para el Video Sobre Comunicación en el Monitoreo y Promoción del Crecimiento*, José Romero, 6 - 21 Septiembre 1990).

Stage Five: Development of the Final Script

In October 1990, NCP worked with CREA to write a final script reflecting focus group findings and comments from the specialist review group. Since our focus group guide had been structured to explore each scene from the video in a generally chronological way, we were able to draw conclusions and make specific recommendations for each scene. For example, we found that the introduction, which was designed to broadly appeal to the promoter's own sense of value in the community, did not connect clearly enough to the central message of the video—one-to-one communication between mother and promoter. We decided to cut it altogether and get right into the heart of the video.

We found that analysis of video pretest results demands "reading between the lines" perhaps more than any other type of pretesting because there are so many possible areas in the video/audio combination that could be the reason for lack of clarity or appeal. For example, our findings suggested that health workers were not convinced of the feasibility of the new communication behaviors that the video taught. An analysis of the focus group findings suggested that the scenes should show how the promoter can use different communication skills to overcome resistance on the part of the mother (e.g., if the mother says "He's *never* hungry" or "I don't have time to feed him") and help her to arrive at a final decision. In the focus groups, the audience expressed a sense of distance from the mothers in some scenes. Therefore, we decided to get more "intimate" with each mother in the video by pulling the camera in close, and to loosen the dialogue in parts to make it more natural during actual filming.

Stage Six: Finalizing Filming Sites and Production Schedule

With invaluable support from UNICEF offices in the Dominican Republic and Bolivia as well as from PROCOSI in Bolivia, NCP and CREA arranged in November 1990 to film three scenes in the Dominican Republic with three different programs (the Ministry of Health and two NGOs); three scenes in Bolivia with two NGO programs; and the opening and closing scenes in Guatemala to introduce a third regional setting and to allow us to film the narrator on location in the foreground of these two scenes. Faithful to the original plan, sites were selected to represent the full range of GMP contexts (urban/rural, clinic/group, meeting/home visit, Central America/Caribbean/South America).

A few weeks before filming, NCP sent the script to program managers of organizations in Bolivia and the Dominican Republic with which selected scenes would be filmed. Each organization was asked to review the scripted scene and make final changes to be discussed upon arrival of the production team; to select the exact site

for filming; to select a health promoter and mother for the scene; to prepare the community for filming day; to confirm the date for filming (considering market days, holidays, etc.); to secure a generator, if needed, for each site; and to arrange for local transportation (including local flights in Bolivia and gasoline in the Dominican Republic).

Stage Seven: Filming in Bolivia and Guatemala and Editing of Off-Line Video

In Bolivia, the production team worked closely with UNICEF, PROCOSI, the Ministry of Health, Save the Children, and CARE to complete the filming of four scenes for the video. With the on-site support of representatives from these organizations to overcome logistical problems, each scene was successfully cast, rehearsed, and filmed between November 7 and 11, 1990.

Due to extreme economic and political difficulties in the Dominican Republic, filming in that country was canceled one day before our scheduled arrival. The change in plans was unfortunate but, given the imminent national strike, threats of local bombings and street demonstrations, and the unavailability of both electricity and fuel, it was unavoidable. NCP and CREA consulted with UNICEF and decided to go directly to Guatemala to complete production there. In Guatemala, the NCP film director had several meetings and made several site visits to identify programs with which to film each of the three scenes planned for the Dominican Republic. These scenes were cast, rehearsed, and filmed between November 16 and 24 with the help of the Ministry of Health, Christian Children's Fund/Proyecto Superación, and CRS/Caritas.

In keeping with original plans, the opening and closing scenes of the video were filmed in a rural health center with the Ministry of Health, illustrating "bad" and "good" examples of communication between promoter and mother during a growth monitoring session. Between November 26 and November 30, CREA and NCP completed a 24-minute off-line edit of the video, including all selected footage, off-screen narration, and music mix.

Stage Eight: Facilitator's Guide

Immediately before filming, NCP outlined the facilitator's guide to accompany the video and later worked closely with colleagues at INCAP and PROCOSI to draft and revise the guide for field testing. Drafting the facilitator's guide was the most straightforward task in the entire production. Its goal was to draw on proven principles of popular education to outline a set of training activities through which

participants explore how communication affects the outcome of GMP sessions. The guide was aimed specifically at an audience of trainers with little experience in participatory training and its objectives were clear:

1. Direct the audience to discuss the theme of interpersonal communication, as distinct from conventional training themes such as weighing and charting growth;
2. Provide flexible activities for the group around this theme; and,
3. Clarify and expand on the video's training messages (citing resource documents as needed).

We worked in stages: finalizing content, agreeing on all Spanish-language terms, and, finally, creating the visual format. Throughout the process, we made notes on what aspects of the guide to field test before final printing.

The guide expanded on the video's "good communication" / "bad communication" scenes to open the door for debate and self-evaluation. Comparisons of this type can be powerful for training when supported by guided discussion and small group activities.

Stage Nine: Field Test of Off-Line Edit and Facilitator's Guide with Trainers

Before finalizing the video and facilitator's guide, NCP designed a plan to field test the training package in two countries (Guatemala and Peru) in March 1991.⁶ The purposes of the field test were: 1) to maximize the appeal and clarity of the final video by looking at ways it might be improved by editing the images, revising the narration, or shortening/lengthening each of the video's eight scenes; and 2) to make the facilitator's guide as encouraging as possible for trainers to use the video and to ensure that the text and the instructions on how to transform the "video viewing" into a participatory session on interpersonal communication in GMP were clear.

The field test plan for "¡Comuniquémonos, Ya!" was designed to address the issues of both regional appeal and user feasibility. The video, a training tool aimed at health promoters, was field tested through focus groups of eight to ten promoters. A total of three focus group discussions were conducted in the two field test

⁶ A full report, with the design and instruments for field testing, is available through NCP (Trip Report: La Validación de un Video y de una Guía de Capacitación Sobre la Comunicación y la Promoción de Crecimiento, Guatemala/Peru, Marzo - Abril, 1991, Dr. José A. Romero).

countries. The draft facilitator's guide, intended for use by trainers, was field tested through both interviews with and observations of supervisors/trainers of GMP programs. Four interviews were conducted in Guatemala and thirteen in Peru. Two observations were conducted in each country with a subset of these supervisors/trainers during training sessions where they actually used the guide and video. Two NGOs — CARE-Guatemala and Proyectos de Investigación de Salud, Medicina y Agricultura (PRISMA-Peru) - helped organize and recruit people for the focus groups, interviews, and training observations.

Focus group findings were extremely useful in the production of the final, on-line edit of the video. We found at this stage, as we had in the animatic pretest, that the focus group findings proved most useful when organized by scene, and when used as the basis for specific conclusions and recommendations. For example, the health promoters expressed, in different ways, that the narrator was not right either in his manner or his appearance. These comments suggested that the on-screen narrator should be omitted altogether and replaced with images of health promoters and mothers with narration in voice-over. We found that the change really strengthened the flow of the video and made it less didactic. We also broadened the title of the first communication scene from "Make Eye Contact" ("Tener Contacto Visual") to "Create a Comfortable and Personal Environment" ("Crear un Ambiente Cómodo y Personal"). Most importantly, the field test focus group results suggested that the regional mix of the scenes in the video was well accepted by training participants; it gave them a chance to "visit" other programs (a rare opportunity for most) and to see good communication skills at work in real life settings.

The results of interviews and observations with trainers at this critical field test stage confirmed that the training activities in the guide were clear to trainers and participants. All of the proposed activities were considered necessary by trainers to explore the concepts presented in the video and to relate them directly to the work of training participants. The field test called for a few revisions to the facilitator's guide. Among these the addition of a simple list of steps for trainers to use the video player with ease and to simplify the section on workshop follow-up which trainers found a bit overwhelming. Overall, the language in the guide was clear to trainers in both field test countries. Interviews provided a basis for making final decisions about the most appealing graphics, size, and color scheme for the guide.

Stage Ten: Finalizing the Training Package and Evaluating its Use

In the Summer of 1991, CREA finalized the 23-minute video and PROCOSI supervised production of the facilitator's guide in Bolivia. Copies of the package were made available to growth promotion programs through distribution channels not only in Bolivia and Guatemala but throughout Latin America. A great deal of emphasis was placed on using the video in conjunction with the facilitator's guide, since the video

was designed to be used effectively by trainers without receiving any special orientation or training aside from that provided in the guide.

NCP designed a small-scale evaluation of the video training package which built on previous efforts to evaluate training interventions similarly aimed to change the behavior of health workers. The evaluation was designed primarily to provide information on the usefulness of the video training materials in Bolivia. Three evaluation methods (observations, interviews, and questionnaires) were combined in order to provide a basis for assessing changes in trainees' attitudes toward communication with mothers as well as changes in their communication practices when they meet with mothers during growth monitoring sessions. In order to examine the effect of the training package on field staff, two small groups of field staff (a control group and an intervention group) will be observed during GMP sessions, and mothers with whom they meet will be interviewed to explore how well field staff are communicating. Thereafter, the intervention group will be trained using the video package, and will complete a pre- and post-training questionnaire. Finally, observations and mother exit-interviews will be repeated with both the control and intervention groups within three months after the latter participates in the video training.

It is widely recognized that training aimed to change interpersonal communication behaviors must be reinforced by on-the-job feedback on newly-introduced skills and by follow-up training activities. Nevertheless, there is no agreed upon set of guidelines or instruments for providing this reinforcement to trainees. In light of this fact, NCP will use the planned mini-evaluation in Bolivia as an opportunity to produce a workable set of evaluation instruments that trainers can use in other locations to evaluate the trainings they conduct using the video package and to supervise their field staff. For example, we anticipate that the specially-designed observation instrument, which helps to systematically examine communication techniques used by health workers in GMP sessions, will be a useful monitoring tool for trainers and supervisors.

PART IV FINAL NOTES

The Collaborators in "¡Comuniquémos, Ya!"

The video was designed and produced by the Nutrition Communication Project of the Academy for Educational Development in collaboration with UNICEF in New York, the Dominican Republic, and Bolivia. NCP is supported by the Agency for International Development, Bureau of Research and Development, Office of Nutrition, under contract number DAN-5113-Z-00-7031-00, project number 936-5113. CREA of Guatemala, internationally recognized for its innovative videos for social development, was contracted for direction, production, and editing. CARE worked closely with NCP to pretest the video throughout the Latin American and Caribbean region.

The trainer's guide was developed by Valerie Uccellani of NCP and Susana Barrera of PROCOSI, Bolivia, with valuable input from Magda Fischer of INCAP, Guatemala.

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How to Order the Video and Guide

"¡Comuniquémonos, Ya!" is available through UNICEF and USAID offices in most countries in Latin America and the Caribbean, as well as through PROCOSI in Bolivia, and INCAP in countries of Central America and Panama. Interested organizations are encouraged to contact local distribution centers to obtain or borrow the training package. However, if it is not available locally, it can be purchased through the Nutrition Communication Project (NCP) at the Academy for Educational Development (AED) in Washington, D.C. Please specify VHS or Betamax, PAL or NTSC format. The package is free for individuals and organizations currently working in Latin America. All others are asked to enclose a check for US \$10.00.

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List of Abbreviations/Glossary of Terms

AED	Academy for Educational Development
Animatic	A simulation of the final video using slides, drawings and/or archival footage on videotape, mixed with an audio soundtrack. The animatic is often used for pretesting.
CREA	Centro Regional de Audiovisuales, in Guatemala City, Guatemala
FGD	Focus Group Discussion
GMP	Growth Monitoring and Promotion
INCAP	Instituto de Nutrición de Centro América y Panamá
LAC	Latin America/Caribbean
NCP	Nutrition Communication Project
NGO	Non-Governmental Organization
Off-Line Edit	The first "draft" version of the final video. It includes all selected footage but without the final effects and graphics. This allows for editorial changes without great expense in time or money.
On-Line Edit	The final edit of the video. After this stage, any changes could be expensive and time consuming.
Pretest	The process of gathering target audience reaction to a material before finalizing. Pretest methods include focus groups, interviews and, in the case of a training video, observations. Results of the pretest should help to maximize the video's relevance, clarity, and appeal.
PRISMA	Proyectos de Investigación de Salud, Medicina y Agricultura
PROCOSI	Programa de Coordinación en Supervivencia Infantil (The Coordinating Program for NGOs in La Paz, Bolivia)
TOT	Training of Trainers
USAID	United States Agency for International Development
VCR	Video Cassette Recorder

Fieldnote Photographs



Page 6 (left) Save the Children in Inquisivi, Bolivia
(right) Plan International, Santo Domingo, D.R.



Page 7 Ministry of Health in Antigua, Guatemala



Page 10 Ministry of Health and Social Assistance in Morazán,
Guatemala



Page 13 (top) Care/International in Omasuyo, Bolivia
(bottom) Save the Children in Inquisivi, Bolivia



Page 15 Ministry of Health and Social Assistance in Morazán, Guatemala



Page 16 Caritas in Oruru, Bolivia