



# YOUR FEEDBACK

**2016 ANNUAL SURVEY REPORT**

## Executive Summary

The 2016 Annual Survey is our first ever electronic survey focusing on the 'reach' and the 'use' of our films. The survey is part of our M&E framework - Medical Aid Films' systematic approach to evaluation and learning – and gives an insight into our wider constituency of engaged film users.

We received a total of 259 responses, out of 2,148 survey emails sent - 12 % response rate. The majority of respondents were either health professional trainers (31%) or health care professionals (31%), working for 218 different organisations or health institutions, and had shown our films in 67 countries around the world. 99% of respondents found films excellent or good and 74% have shared our films with others. The majority of films are still shown on projectors (51%) and computers (38%), with tablet and phone use at 4% and 2% respectively. We received 104 offers to provide case studies about using our films in their work and 141 respondents provided comments at the end of the survey.

The survey figures enable us to estimate how often one of our films is watched by one person for education or training purposes - a total of 30,385 individual views per month or 303,850 per working year (42 weeks). This is in addition to the 2 million online views we received in 2016.

Such direct feedback is incredibly valuable for us. Increased knowledge of our constituency and how they use our films offers opportunities to develop and improve production, communications, M&E and partnerships – general learning and key opportunities are identified at the end of the report.

## Introduction

The 2016 Annual Survey is our first ever electronic survey focusing on the 'reach' and the 'use' of our films. As part of our M&E framework, the survey complements more detailed M&E and research work with co-production partners by giving an insight into our wider constituency of engaged film users.

The survey had three overarching aims – 1) to find out more about who is using our films, what films they are using, and how they are using them; 2) to trial a cost-effective method of gathering direct data about the numbers of people watching our films for education or training purposes; 3) to understand and harness the overwhelming level of goodwill and support for our work in order to identify learning and new opportunities and increase levels of feedback for M&E and communication purposes.



We sent the first survey invitation on the 30<sup>th</sup> of October to 2,148 contacts. Around 5% of this group comprised key partners - the remainder were email addresses of people who have either previously downloaded our films from the website or contacted us to request copies of films on DVD or USB. Following two further reminder emails to those who had not completed the survey, we have received a total of 259 responses, a 12 % response rate, which is acceptable for a first annual survey.

### Notes on the data

A common challenge with all survey work is to ensure the accuracy of figures provided by respondents. Very few respondents would have access to systematically-collected data or monitoring records around the numbers of people watching our films for education

or training purposes. Because we were reliant on respondents providing figures based on memory or quick mental calculations, at the start of the survey we highlighted the importance of providing reasonable estimates. In a few instances, respondents had a rethink of their original estimates and subsequently resubmitted their responses, which is an indication of understanding the importance of accurate data.

All responses were checked for inaccuracies and any double entries removed. Respondents were permitted to submit incomplete response forms (i.e. they didn't have to answer all questions to be able to submit their response form) but 'no response' data is not included in tables. We felt that forcing all respondents to complete all questions would be quite likely to frustrate respondents and reduce the number of forms submitted – a situation we wanted to avoid because we felt it was important to get the highest response rate possible for our first annual survey. For the next survey, we will examine ways of reducing the numbers of unanswered questions.

It is important to bear in mind that responses are not necessarily representative of all our users, some of whom are harder to reach and engage. Connectivity challenges may have prevented rural-based health care workers, such as community health workers, from completing the survey. We tried to reduce this bias by providing partner organisations and trainers with a survey link that would be suitable to share with rural-based colleagues through WhatsApp.

## Survey Results

**Key Aim 1: To find out more about our constituency and who is using our films.**

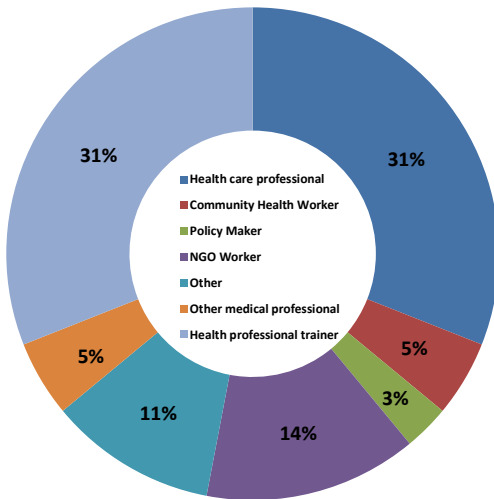
### What we asked

- What best describes your role in your current organisation?
- What is the name of your organisation/ place of work?
- What country do you work in?
- Have you shown our films in other countries?

These questions enabled us to build a profile of our users, including their geographical location, their

professional background, their current role and link to any health institution or NGO.

**Table 1: Film Users**



The majority of respondents were either health professional trainers (training doctors, nurses & midwives) (31%) or health care professionals (31%). 14% were NGO workers, and 11% identified as policy makers. All other categories were under 5% - community health workers, other medical professional, students and other/unclassified - see Table 1 for a graphical breakdown.

*“The films are providing a good source of learning for healthcare providers”. **The Aman Foundation - Pakistan***

Respondents either work for or have links with 218 different organisations. The range of organisations/institutions represented in the survey adequately reflects the diverse nature of our user constituency. The list includes several global NGOs and UN institutions, but also a good number of local community organisations. Many respondents work as trainers in teaching hospitals, medical schools, colleges or belong to professional associations. We were encouraged by the number of government ministries/departments of health using our content. Reported use of our content in Asia is possibly higher than expected, although greater connectivity in that region may make it easier to respond to electronic surveys than in many areas of Africa. It was no surprise that we received the highest numbers of responses from countries where our content has been dubbed into local language versions, the most recent

being Nigeria. However, the films continue to be used all over the world.

*“These are great films and we constantly recommend them to providers and teachers in our work. They are great for continuing professional development”. **Jhpiego***

Respondents have used our films in 67 countries of which 61 are lower or middle income countries (LMICs), see Table 2 in the appendix. 43 respondents have also shared our films in 9 additional LMICs. We had not anticipated such a widespread geographical response and were surprised that our content has reached more remote countries, such as Bhutan, Kiribati, Micronesia and Mongolia. This demonstrates that our films are being used cross-culturally where appropriate and that there is a role for purely visual/limited audio content.



A map showing the density of feedback responses worldwide

**Key Aim 2: To discover which films are being used and how.**

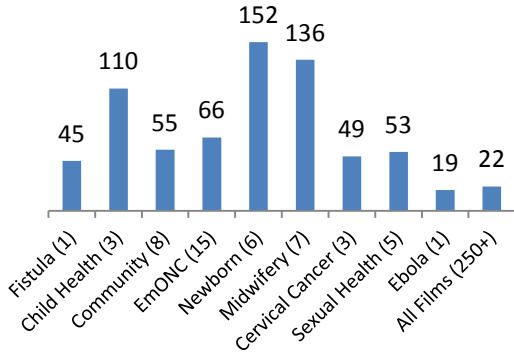
**What we asked**

- Which film topics have you used or watched in the last 12 months?
- What device was mostly used to view the films?
- Have you shared the films with others?

These questions provide the opportunity to receive direct feedback about the effectiveness of our films. Our most popular film topics were new-born health, midwifery and child health, although our stand-alone films on cervical cancer, puberty and fistula were unexpectedly popular in comparison to topics where there is a suite of films. It is important to remember that the most popular topics all comprise several films

whereas, for example, Ebola and Fistula are standalone films. See Table 3 for breakdown of usage per topic.

**Table 3: Popularity of topics**

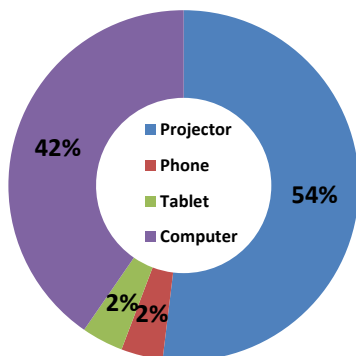


*"... I particularly like the 10 steps to safe delivery".* **Health professional trainer – Myanmar**

*"They have been an excellent resource, useful to staff and patients alike. We have used the partograph and chlorhexidine videos a lot".* **Health professional trainer - Nigeria**

More than half of respondents show our films using projectors (54%), with computers being second highest at 42% (see Table 4 for a breakdown of responses). Very few used tablets (2%) or phones (2%) to show or view films, which is perhaps slightly lower

**Table 4: Device used to view content**



than expected. This could perhaps be explained by the demographic of phone or tablet users as possibly being less likely to respond to email or to complete an online survey, although we anticipate this may change in the future. 79% of respondents said they had shared the films with others, which is higher than anticipated. This is an indicator of how scalable the

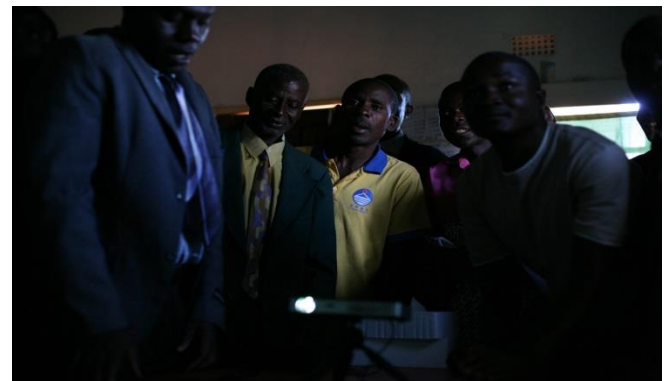
medium of film can be and what that means in terms of value-for-money.

**Key Aim 3: To obtain direct figures of the number of people showing and watching our films on a regular basis.**

**What we asked**

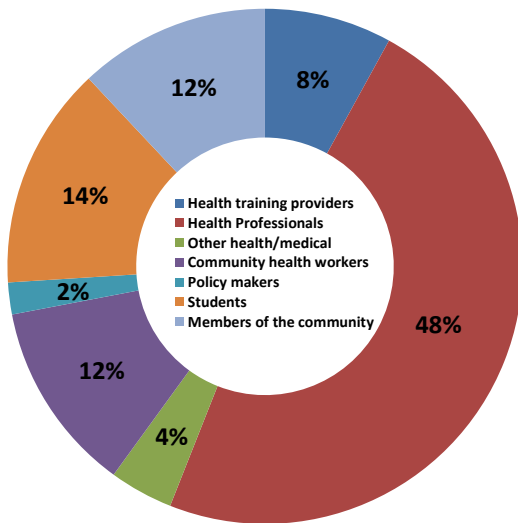
- On average how often do you watch or show our films in a month?
- Who was your main audience?
- What is an average audience size at each screening OR on average how many in your class when you watched the films?

The data collected confirms the scale of film usage on a monthly basis, and enables more justifiable estimates of overall annual use. The vast majority of respondents showed our films between 1 – 5 times per month. However, 28 respondents show our films between 5 – 30 times per month which is higher than we estimated (see Table 5 in the appendix).



Nearly half of the respondents' main audiences were classified as health care professionals (48%), compared with 14% students, 12% CHWs and 12% community members. Table 6 on the next page outlines the main audiences watching our films. It is interesting that so many of our film screenings are used for in-service training or continued professional development (CDP) of already qualified HCWs, which counters an assumption that our films are more likely to be used for pre-service/ undergraduate training. This may be indicative of a general skills deficit.

**Table 6: Audience demographic**



These figures enable us to estimate how often one of our films is watched by one person for education or training purposes - a total of 30,385 individual views per month or 303,850 per working year (42 weeks). This is in addition to the 2 million online YouTube and Vimeo views of our content in 2016.

*"Your films are great for educating health care workers in rural and hard to reach areas". Makete District Council – Tanzania*  
*"...they are very helpful to use as educational material for community health workers." Compassion International - Indonesia*

**Key Aim 4: Gauging levels of support for our work and to seek further engagement with users.**

**What we asked**

- How useful were the films?
- Would you be happy to give feedback to Medical Aid Films in the future?
- Would you be happy to provide a case study of how they have used our films?
- Do you have other comments they would like to share with us about our films?

Responses demonstrated how highly users rate our films – 99% of all respondents rated our films as being either excellent (69%) or good (30%). Whilst we regularly receive positive feedback, we did not anticipate this rating (see Table 7 in the appendix).

*"I am so grateful for your excellent films and the ability to use them in teaching". University of Dodoma – Tanzania*  
*"We love your films". Health professional, maternity centre in Haiti showing our films to 60 community members twice a month*

We received 104 offers to provide case studies about using our films in their work – this helps us speak knowledgeably about how our films are used around the world. In addition to this, 99 people said they would be happy to provide general feedback.

There were a surprisingly high number of open comments supplied at the end of the survey – a total of 141 responses. Many of these were very supportive of our work and will be useful quotes in various communications. A good number gave more information about how they were using the films and its impact. Other comments provided helpful pointers around the need for more content, new topics and languages, modifications for different regions, and occasional feedback on some aspect of a film which they felt could be improved.

**Learning and new opportunities**

The survey results have improved what we know about our constituency. We now have a strong sense of the numbers and range of individuals and organisations/ institutions that are using our films and more accurate viewing figures. We are more aware how many countries our films have reached and we are able to identify individuals and organisations that are using specific films, including the number of government ministries/ departments using our content.

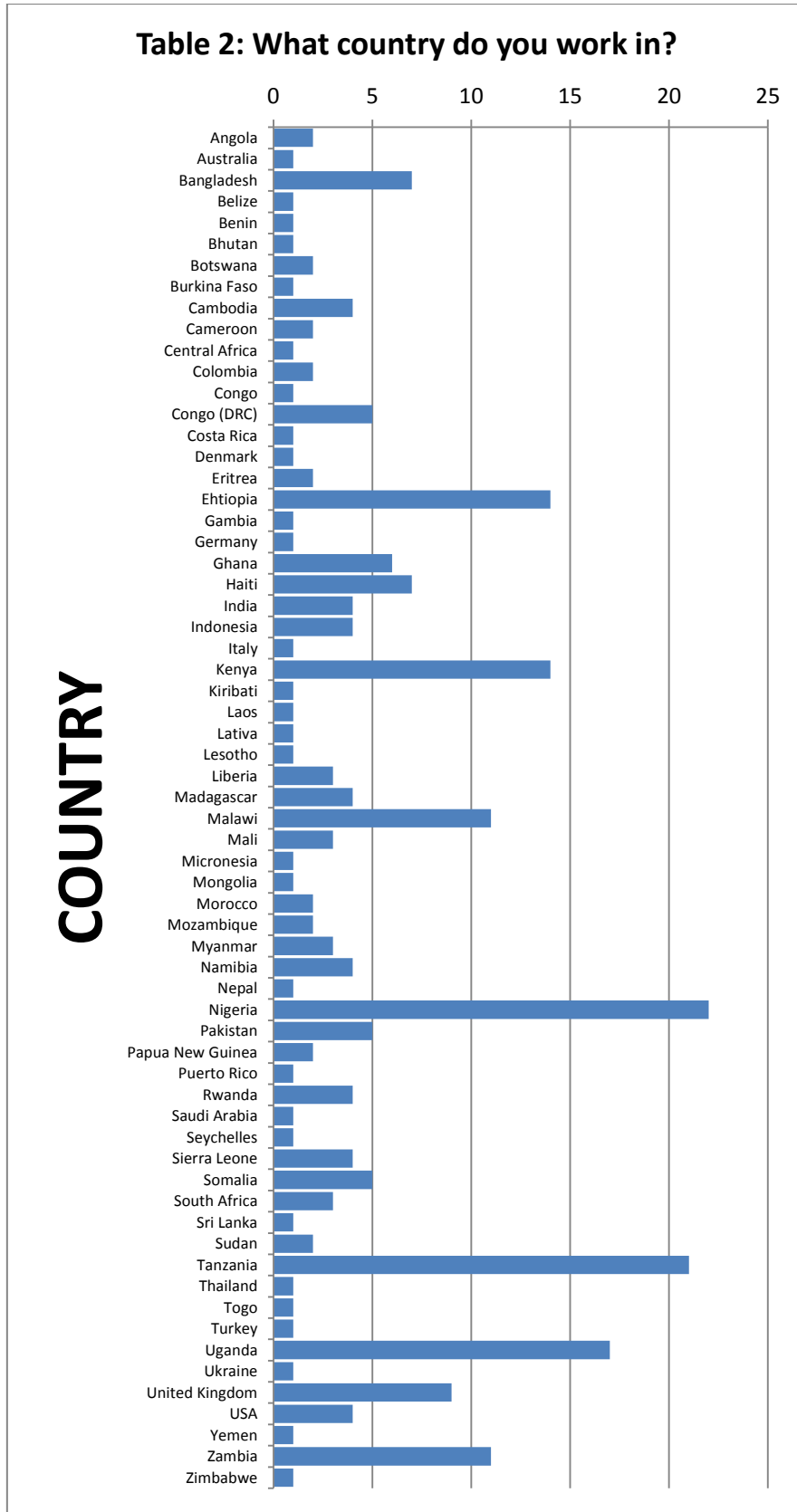
We also have a better idea how often and widely our films have been shared and are being used cross-culturally. We can see that many of our users are willing to provide stories about how they are using our films and feedback on our content.

*"Continue the superb work of transmitting knowledge". KOICA – Kenya*  
*"Thank you for such resources". University for Development Studies, Tamale – Ghana.*

All this increased knowledge offers opportunities to develop and improve communications, M&E and partnerships, such as reporting, a wider range of case studies and greater collaboration around evaluation.

Further opportunities will arise if we are able to use data collected over several years, such as benchmarking our reach against other media or interventions and developing value-for-money rationale.

# Appendix A: TABLES



(Excludes South Sudan, Iraq and Palestine/West Bank which were added after our initial analysis)



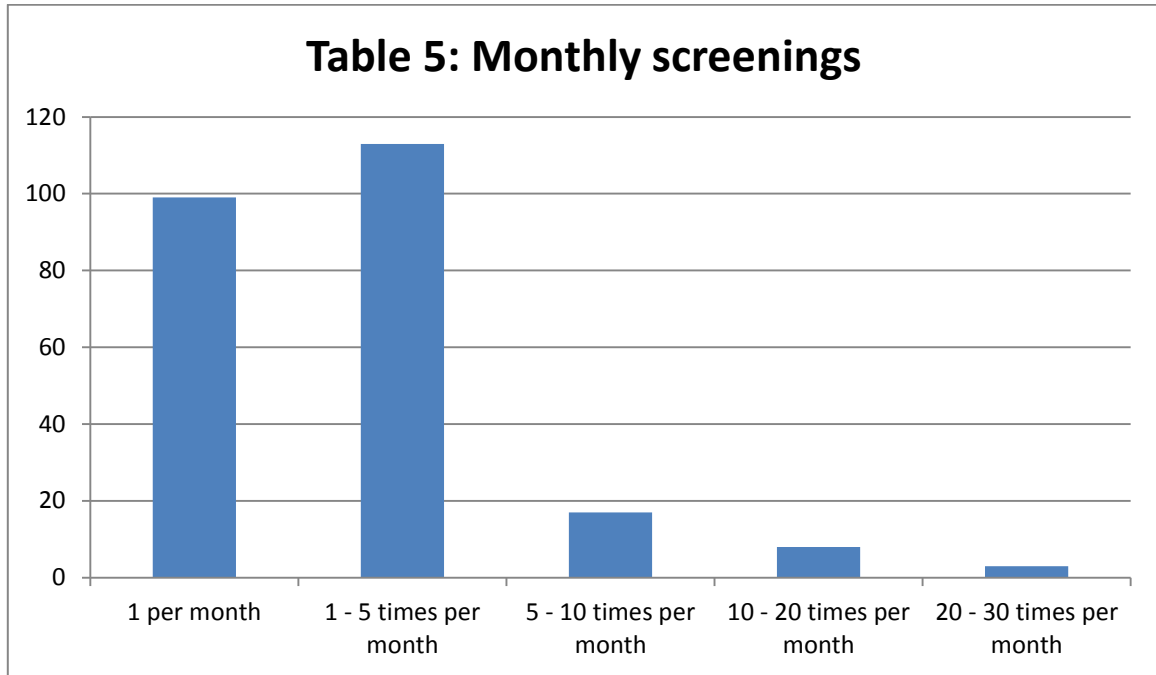
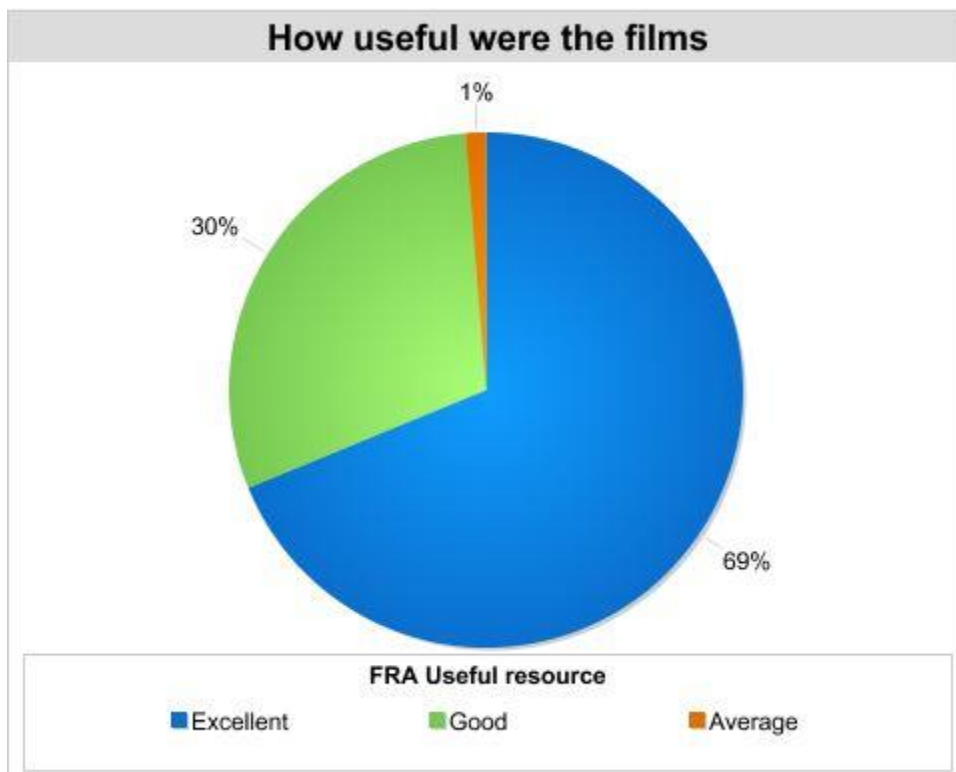


Table 7



## B: Survey questions

**Annual Survey 2016**
**MedicalAidFilms**

This survey should take no more than 5 minutes to complete. If you cannot remember exact figures, please use reasonable estimates. Thank you for supporting the work of Medical Aid Films.

*If this is not you then please follow this [link](#)*

First Name \*  Last Name \*

I am happy to give feedback to Medical Aid Films in the future \*  
 Yes  No

1. Please select which film topics have you used or watched in the last 12 months:

Fistula Care <input type="checkbox"/>	Child Health <input type="checkbox"/>	Community Films <input type="checkbox"/>
EmDNC <input type="checkbox"/>	Newborn Health <input type="checkbox"/>	Midwifery <input type="checkbox"/>
Cervical Cancer <input type="checkbox"/>	Sexual Health <input type="checkbox"/>	Ebola <input type="checkbox"/>
All Films <input type="checkbox"/>		

2. In general how useful did you find these films

3. On average how often do you watch or show our films in a month

4. What is an average audience size at each screening OR on average how many in your class when you watched the films

5. Who was your main audience

6. What country do you work in

7. Have you shown the film in other countries

8. What device was mostly used to view the films

9. Have you shared the film with others

10. What is the name of your Organisation/Place of work

11. What best describes your role in this organisation

I would be happy to provide a story for your website of how we have used your films

Any other comments you would like to share with us about our films

[Need assistance with this form?](#)