



# Evaluation Summary

## **Chitambo Film Education Project**

## Background

Medical Aid Films bring together world-class health and medical expertise with creative film makers from around the world – developing innovative media to transform the health and wellbeing of women and children in low resource. We provide accessible and free to use health training and education films for women, local communities and front line health workers.



In 2012, Medical Aid Films worked with Chitambo Hospital in eastern Zambia to run film screenings at bi-weekly antenatal care clinics and during monthly outreach sessions at rural health posts. Chitambo Hospital serves a population of over 100,000 people over a 90km radius. Maternal and new-born mortality rates are high in the district, and only 3 in 10 women deliver their babies in the local hospital. Staff at Chitambo Hospital felt that film would be a valuable tool for health education sessions during antenatal care sessions and monthly community outreach

sessions at remote health posts. Health workers often struggled to deliver lifesaving education messages around maternal and child health because of language barriers, low levels of education amongst mothers, lack of specialist knowledge from nurses on education topics and time constraints. This meant that the messages were often not communicated well or misunderstood.

Therefore the aim of the Chitambo Film Education Project was integrate film screenings into existing ANC rural community health education programmes to support community awareness and education with a view to decreasing maternal and new-born mortality rates. Films including planning pregnancy, warning signs, management of post-partum haemorrhage, nutrition and breastfeeding were shown using projectors at Chitambo Hospital and 14 rural health posts over a twelve month period.

## Evaluation objectives and approach

From March to August 2013, consultants from Anthrologica ([www.anthrologica.com](http://www.anthrologica.com)) conducted an independent evaluation of the project. The overall aim of the evaluation was to assess the uptake of health messages through the film screening, and included the following objectives:

- To **monitor and assess the effectiveness, appropriateness and relevance of MAF films** in delivering key health education messages to mothers attending ANC at Chitambo Hospital and community members at outreach education sessions
- To **assess the feasibility of incorporating film-based learning** into Chitambo Hospital's existing health education structures.
- To **evaluate the material content of the films** in relation to their intended audiences in the Serenje District.





collection.

The evaluation had three phases – a preparatory stage, a mid-term review and end-of-project evaluation, and included two field visits. Several qualitative tools were used for data collection (see table 1.) The evaluation had several limitations, and there were a number of operational factors that may have influenced the data collected but were beyond the control of the evaluation. This included time constraints and consequent effect upon sample size, reliance upon health workers for translation during interviews and discussions and its impact upon data

**Table 1: List of evaluation data collection tools**

Tools	Actions
Interviews	<ul style="list-style-type: none"> <li>• <b>Eight open ended interviews</b> with key members of staff</li> <li>• <b>Two semi-structured interviews</b> with one traditional birth attendant and one community health worker</li> <li>• <b>Four follow-up interviews</b> with key informants</li> </ul>
Focus group discussions	<ul style="list-style-type: none"> <li>• <b>Two group discussions</b> were held with 73 community members</li> <li>• <b>One focus group discussion</b> with 10 hospital staff, the nursing officer and project coordinator.</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• <b>Film screenings were observed on three outreaches</b> – Katikulula, Lulamba and Kakumbi. Film set-up, pre- and post-questionnaire administration, and the entire screening were observed.</li> </ul>

Attendance logs recoded a total of 2,111 people attending film screenings between March and August 2013 (although these are not unique individuals) with audience sizes varying widely from 7 to 206 at any one screening. There was also variability in the attendance numbers for different screenings at the same site. The number of times each film was screened also varied (Table 2). According to the attendance logs, the most frequently screened films were 'What and when to feed your child' and 'Warning signs in pregnancy' shown 14 and 11 times respectively. The least screened film was 'Management of PPH', which was shown only three times as, according to hospital staff, they did not want to appear to encourage non-facility births. The study did not reveal any trends over time regarding numbers of attendees or which film was being screened, although the highest attendance numbers were in April and May.

**Table 2: Number of screenings for each film per month**

	March	April	May	June	July	August	Total
How to plan a pregnancy	0	1	2	2	1	0	6
Warning signs in pregnancy	2	3	3	1	2	0	11
Management of PPH	0	0	0	1	2	0	3
What and when to feed your child	2	3	2	4	2	1	14
Breastfeeding	1	1	1	2	3	1	9
<b>Total</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>43</b>

## Evaluation findings and recommendations

The evaluation found that, in this context, the films were effective in their delivery of key maternal and child health messages and in achieving short-term or immediate knowledge change. Key findings were:

1. **FILMS ENGAGED THEIR TARGET AUDIENCES, CONVEYING RELEVANT AND APPROPRIATE CONTENT** with evidence that some community members were able to act on what they have learnt. Community



members reported their enjoyment of the films, and their entertainment value which, coupled with the novelty of film in Chitambo, contributed to high levels of interest.

**2. HEALTH WORKERS CONFIRMED THAT THE USE OF FILM IMPROVED THE CONTENT AND QUALITY OF ROUTINE HEALTH EDUCATION,**

raised awareness and knowledge levels within the community, and potentially contributed to improved practices and care-seeking behaviour. A number of health workers indicated that they were more likely to give health education if they used a film, and without the film, it was likely that no health education would have been given at outreach.

**3. THE PRACTICALITIES OF SCREENINGS IN RURAL AREAS RESULTED IN LESSONS LEARNED AROUND THE FEASIBILITY OF INTRODUCING FILM INTO EXISTING HEALTH EDUCATION SYSTEMS.**

Although equipment worked well, the sound quality and set up time were reported as challenging for health staff and it is essential that all staff receive formal training especially in areas of high staff turnover.



Other findings included:

- There is still limited information on the community's level of health knowledge. In general, communities have little access to television and radio, and reported receiving little health education in the past. Overall communities there appeared to have a strong desire to learn, particularly in relation to keeping babies and children healthy.
- The films were also seen to support the nursing staff in refreshing their skill set. Health workers had the freedom to select and screen film they thought were most relevant to a particular community. Traditional birth attendants and community health workers interviewed, concluded that the films made their jobs easier, as community members were more willing to attend hospital for their delivery, and more likely to identify and seek treatment for complications during their pregnancy.



Community members also indicated that the films were relevant and generally portrayed practices they felt they could follow in their daily lives.

All community respondents felt that the films were very effective and concluded that seeing images rather than being told information was a much more effective way of learning.

Overall the community members appeared to have been able to interpret and understand key health messages. All community women were able to discuss

the main points of the films that they had seen, and generally understand how they would be able to put the ideas into practice themselves. Some case studies even indicated a further sharing of knowledge by audience members who have shared what they learnt with friends in similar positions to them.

The evaluation also provided recommendations for the future implementation of this project and similar interventions run by other NGOs in this area of work. These included:

### Project development

- **Medical Aid Films should continue to ensure resources are aligned with internationally agreed best practices**, but it is also important to ensure messages are being understood and interpreted correctly by those delivering the education. Therefore ongoing feedback and evaluation from implementation partners is essential.
- Local language **translations** will be essential for future use in community education
- For films such as *'What and when to feed your child (6 to 24 months)*, the provision of laminated flash cards with locally available foods will **help generic films be more locally relevant**.

### Technical issues

- **Sound** – acoustics meant sound projection was often poor; while the films are created to be visually powerful, the inclusion of sound and voiceover is helpful – partners will need to invest in good sound equipment.
- **Screens** – Stable projection screens as part of the start-up kit supplied to implementing partners.
- **Window covers** – a darkened space is vital for a good quality visual.
- **Training** – During the evaluation, it observed that some staff were less confident operating the projectors and speakers and this had a detrimental effect on the screening, it is recommended that all partners are well trained and provided with trouble shooting guides.

### Film content

- **Incorporating behaviour change and communication methods** into films could improve delivery to this audience
- Developing films **targeted at male audiences**, the demand for such films was expressed often in Chitambo
- Both community members and health workers expressed a **preference for film rather than animation**, especially as the idea of film was new to many viewers and the animation was often lost due to lack of recognition. It was also noted that audiences preferred films with **a mix of Africans and Europeans**.

### Lessons on monitoring and evaluation

- Baseline information is required, should Medical Aid Films want to conduct a future evaluation, to assess the longer-term impact of their films. This should include an assessment of local health knowledge, mapping of health practices and sources of healthcare, and a brief analysis of the target audiences' exposure to different media.
- Questionnaires and logs used in this evaluation could easily be included and adapted to other projects, but stakeholders should re-design them to suit their needs. Medical Aid Films should also consider ways to encourage partners to collect, share and utilise data in ways that will benefit all stakeholders.
- More participatory and responsive methods of monitoring were identified as potentially being beneficial, for example, the Most Significant Change technique.

### Next steps

The Ministry of Health has expressed keen interest in seeking a countrywide rollout of this project. Medical Aid Films met with various other health officials and NGOs working in Zambia throughout the project implementation phase, many of whom expressed a desire to adopt a similar project in their districts and projects. As well as informing the roll-out and scale-up of this current project, lessons learned from this evaluation will also prove helpful to other organisations and partners. We continue to build relationships to assist in rollout in Zambia and beyond.

**Susan, 22 years old, midwife**

Susan studied for one year to become a midwife, and eventually would like to receive more training. Her favourite film is 'Warning signs in pregnancy' because she feels that it saves women's lives.

*'The films definitely are effective. Now the women are coming in much earlier with complications. For example, one woman did not feel foetal movement, so she came in. They checked with a foetal heart monitor, and there was none. She knew that it was a danger sign, so she came in. She knew this was a danger sign because she had seen the films. Another woman from a health post far away came in because she had a severe frontal headache. I checked the blood pressure, and it was normal. I checked the blood and tested for malaria. She had malaria. The woman was treated, and discharged. She knew this was a danger sign, and came in because of this. We also find that women who have a haemorrhage are recognising that they have a problem and coming in earlier'.*

**Mary, 28 years old, mother with four children**

Mary has two year-old twins, a five year old, and a seven year old. 'What and when to feed your child (6 to 24 months) was the only film or television she had seen. Since then all of her children have been healthy and she is not planning on having more children.

*'In the film, I learned about the different types of foods, and how it is important to give your babies all the different types, if you want your children to be strong, healthy and not get sick. I learned about the different types of food and that it was important to feed my children all of them. I had never seen a film before, and I have not seen any since. After watching the film, I told my friends and neighbours about what I had seen in the film. We all got together and put as much money as we could and we bought soy and ground nuts. We ground it all up and I put it into my children's porridge like I had seen in the film. I had never done anything like that before. I did not know before that it was important to do this. Since then, my children have been growing very fast'.*

**Dorothy, 21 years old, mother with a 13 month-old son**

Dorothy had never seen a film before viewing the film 'Breastfeeding (0 to 6 months) at an outreach in Lulamba. Since then, her son and the rest of her family have been healthy. She is also hoping to go to nursing school and was planning to wait before having more children.

*'I had the baby when I was very young, and I did not know anything. This film helped me to make sure he stayed healthy and strong. In the film I saw how to breastfeed my baby. I was breastfeeding at the time, and I learned how to hold my baby when I breastfeed. In the film, I can really remember seeing the woman holding the baby, and learning how to hold the baby. I have also seen Warning Signs in Pregnancy. When I went home, I told my friends what I had seen in the movie. I told them how they should be holding the baby, and about when you are supposed to feed them other foods. I also told them they are supposed to feed the baby often. I didn't talk to them about the warning signs in pregnancy, because none of my friends are pregnant now. But many of them are breastfeeding. So that is why I told them about breastfeeding. From the warning signs in pregnancy film, I learned how to identify some warning signs I did not know. For example if you are feeling dizzy and have swollen knees, you should go to the hospital. I did not know that before'.*