STATEMENT OF IMPACT
MONITORING AND EVALUATION REPORT

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Executive Summary

One Mobile Projector Per Trainer (OMPT) has developed an innovative solution to address global development challenges faced by NGOs when engaging underserved and remote populations. By building the capacity of local organizations and individuals, OMPT brings long-term, sustainable change to communities in the developing world. Applying current video and projector technologies to the needs of developing countries and rural populations, we teach the staff of NGOs and ministries of government to use cameras, edit and disseminate videos that can accelerate behavior change, improve knowledge transfer and strengthen advocacy work. OMPT has executed 30 Video Education Workshops in 25 countries and training over 550 humanitarian and development professionals to create behavior change communication videos.

Why Video for Behavior Change?

Video is an excellent tool for behavior change, knowledge transfer and advocacy. One Mobile Projector Per Trainer was founded in 2008 by Matt York, owner of Videomaker, who has over 30 years of video creation experience. Combining existing research on the efficacy of video intervention in the developing world with York’s deep experience of technology and its ability to be deployed in rural areas, OMPT quickly and firmly established itself in the world of ICT4D (Information and Communications Technologies for Development). Specifically, OMPT is focused on the use of video technology to encourage behavior change for the empowerment of rural populations in developing nations.

The use of video and mediated facilitation has been applied in a variety of sectors with notable success. So much so, researchers from the John Hopkins Center for Communications Programs recommend community-led video projects and the incorporation of innovative technology at the grassroots level to strengthen local understanding of health-related behaviors.¹ In the field of agriculture, research has shown that when rural farmers were exposed to a training method using locally created videos and mediated facilitation, they were 47% more likely to adopt at least one new behavior as compared to rural farmers that had received a standard training methods without the video integration.² The research also underscores the importance of community participation in the video creation process. Research from a maternal health project in India noted that tailoring the videos to the local customs and language of greatly increased the

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women’s motivation to practice the behavior demonstrated. Moreover, the mere idea that a video had been created on an issue increased its credibility.3

When applied successfully, OMPT’s training and technology is an excellent catalyst for social and behavior change, especially when beneficiaries may be hesitant to embrace a behavior that is at odds with their cultural practice. For example, research has shown that the approach of participatory video is a successful tool in reducing gender-based violence in post-conflict societies. Creating the videos and viewing them in public settings increased women’s recognition of their rights, changed family dynamics through improved communication and reduced violence in family units as well as a more equitable treatment of male and female children. Through the participatory video process, both men and women were able to change their perceptions and behaviors related to gender based violence.4 OMPT’s model is built upon these methodologies that the research has proven to be successful in impacting behavior change.

When used effectively, video messages and cordless projectors can rapidly and efficiently scale projects. The messages are consistent and eliminate the possibility of diminished messaging through the extension network. OMPT’s intervention equips organization staff, volunteer community members, or non-technical staff to deliver relevant, up-to-date training in areas without access to electricity. It increases the capacity of an organization by standardizing the message, thereby decreasing fatigue and lack of consistency, as well as saving costs by allowing fewer staff members to reach more communities with the same message. Due to OMPT’s training and technology, Catholic Relief Services in Burkina Faso was able to reach 12,468 beneficiaries (85% of which were youth) in 21 districts in 4 months. Similarly, the Ministry of Health and Social Welfare in The Gambia was able to conduct 155 screenings in 12 communities in just one year, as a result of OMPT’s training and technology. Results of our partners from the field validate the impact of our intervention.

This training and technology gives organizations the flexibility to create behavior change media in multiple languages/dialects and respond quickly to demands for new content without the need for expensive outsourcing. OMPT’s intervention is rooted in the methodology of participatory video. The participatory video grants communities access to play an active role in the video creation process. Videos produced in and around the communities they serve and in the local languages and dialects are more likely to engage audiences than traditional lectures and

4 Tilly A. Gurman, Regan M. Trappler, Angela Acosta, Pamela A. McCray, Chelsea M. Cooper, Lauren Goodsmith, ‘By seeing with our own eyes, it can remain in our mind’: qualitative evaluation findings suggest the ability of participatory video to reduce gender-based violence in conflict-affected settings, Health Education Research, Volume 29, Issue 4, August 2014, Pages 690–701.
flip-charts. Locally created video disseminated on mobile projectors can increase effectiveness and resonance of an NGO’s messaging. The novelty of video as a communication tool as well as the community’s participation in the video creation process increases attendance to community sessions and behavior change. A guided facilitation of the video activates community members, and the mediator can gain a better understanding of the challenges specific to the area. Community members feel heard and included in the solution process. Having a conversation around a specific topic is a much more effective tool for teaching than a simple lecture.

Evidence of Impact

The evidence of impact for OMPT’s intervention is represented by two indicators: effectiveness of OMPT’s workshops in training participants and case studies on the impact of OMPT’s intervention for organizations in the field.

Effective Training

The survey data collected by OMPT over the last eleven years indicates that our workshops are effective at meeting their targets. The primary objective of an OMPT workshop is to teach participants video production and dissemination skills so that they will be able to use the tools in future work. Results from OMPT’s surveys show:

1. Participants’ confidence in video production and editing skills increases significantly after participating in a Video Education Workshop.
2. Participants overwhelmingly feel that video and cordless projectors will be useful in their work.

Overall, the surveys revealed a favorable impact among respondents from before and after the workshops. The average confidence increase after participating in the workshop for shooting video and editing video was 75% and 99%, respectively. Moreover, on average, participants increased their confidence in projector skills by 32.1%. The workshops were deemed to have the most significant impact in respondents’ level of confidence in editing and shooting videos and using a projector to display videos. Post survey results suggest that OMPT’s workshop had a 65% increase in participants’ perceptions of how easy it would be to incorporate video into their work.
Increasing organizational members’ confidence in their videography skills is the first step to promoting behavioral change through video intervention. The analysis of our data is encouraging and suggests that our interventions are successfully training participants how to use video equipment and increasing the likelihood that this technology will be utilized in their work.

### Case Studies

#### Case Study #1

**Project:** “Improving food security and nutrition policies and programme outreach”  
**Facilitator:** CARE  
**Partner:** OMPT  
**Dates of Project:** Food and Nutrition Security Program 2015 - 2022  
**Location:** Salima, Malawi  
**Funder:** Government of Germany

The SUN-1000 Special Days Initiative is a multisectoral approach in which the Malawian government partners with organizations to eliminate under-nutrition of children, and ultimately eradicate childhood stunting nationwide. In accordance with the SUN - 1000 Special Days Initiative, CARE Malawi sought the expertise of One Mobile Projector Per Trainer (OMPT) to assist in the creation and dissemination of behavior change communication videos related to reducing childhood under-nutrition.

The “Improving food security and nutrition policies and programme outreach” (IFNS) project is piloting the delivery of digitized community videos of the CARE Malawi nutrition curriculum, which is in accordance with key outcomes outlined in SUN - 1000 Special Days. The pilot project will test the effectiveness of video in ensuring the accuracy and quality of messaging at the household level and influence uptake and adoption of key behaviors and practices. In addition, a goal of the pilot project is to improve male participation in nutrition activities. A key challenge was the inconsistency between messages delivered to cluster leaders and at the household level. Due to limitations of health extension workers, the cascading of SUN key messages at the household level was not the same quality as...
messages delivered to CARE Group Promoters and Household Cluster leaders. As the cascades deepens, the number of people to be trained increases and messages begin to suffer from issues of quality due to time and resource constraints. Volunteer cluster leaders are discouraged in cluster meetings and there is poor delivery of door to door nutrition messages. This results in low adoption rates of the practices being promoted and eventually very little impact on the behaviors and nutrition status of households.

OMPT facilitated the Video Education Workshop in Salima for 13 CARE staff members and seven Malawian government officers in October 1-4, 2018. In November 2018, CARE Malawi conducted a baseline survey learning assessment to assess the current challenges with CARE group cascade model, determine the level of engagement of men and understand the experience of community videos by the community members. CARE Malawi also assessed the willingness of community members and cluster leaders to participate in community videos.

CARE Malawi hosted screenings of its initial community video in May 2019 at three pilot centers in Malawi. The video focused on complementary feeding for children under two years of age. It was a drama which illustrated how specific household behaviors can lead the child malnutrition as well as emphasizing the role of the husband in the child’s health. The video was filmed in three locations which corresponded with the locations of screening. Thus the video was filmed in each of the communities in which the screenings took place to maximize community engagement. The following section details the feedback from attendees of the initial screenings at three pilot centers.

Sixty-three attendees completed the attendee feedback survey (see Figure 1) and 73% were female respondents. Average age of the respondents was 33, with the oldest attendee reporting 80 years old and the youngest reporting 19 years old. Additionally there were many children below the age of 18 present at the screening, but they did not complete the feedback survey. Out of the 63 participants, 44 (70%) reported that they are married while 30% indicated they were not married.

The topic covered in the video was familiar to community members. Community members have been exposed to training and education material focused on complementary feeding for children under the age of two to reduce malnutrition for the past three years. Thus the results of feedback survey indicate that prior to the video screening 54% of attendees reported the highest level of comprehension of the material, however the number of attendees reporting the highest level of comprehension post video screening increased to 70%. Similarly, prior to the screening of the video 17% of attendees reported low levels of comprehension of the material (ranked their knowledge 3 or less on a scale of 1 - 5), as compared to only 6% of attendees reporting a low level of comprehension post video screening. **The screening of the video and subsequent discussion accounted for a 16% increase in attendees reporting the highest level of comprehension of the material.** A large majority of attendees (81%) reported that the information gained
from the video would be helpful in their lives. **Also 84% of attendees reported that the use of video improved the messages.**

Figure 1: Results of CARE Malawi Attendee Feedback Survey May 2019

<table>
<thead>
<tr>
<th>Scale of 1 (lowest) to 5(highest)</th>
<th>My Knowledge of Material prior to screening</th>
<th>My Knowledge of Material after screening</th>
<th>Knowledge gained through video will be helpful</th>
<th>The video was easy to follow and understand</th>
<th>Video improve d this message s</th>
<th>I would like to see video used again in future</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>2</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>11%</td>
<td>6%</td>
<td>2%</td>
<td>6%</td>
<td>3%</td>
<td>0%</td>
</tr>
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<td>29%</td>
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<td>5</td>
<td>54%</td>
<td>70%</td>
<td>81%</td>
<td>79%</td>
<td>84%</td>
<td>92%</td>
</tr>
<tr>
<td>NA</td>
<td>2%</td>
<td>2%</td>
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</tr>
</tbody>
</table>

CARE Malawi also reported that they were encouraged by the use of video as a tool for behavior change. Upon seeing the videos households could easily practice and adopt the intended behaviors because seeing is believing. In the case of Malawi, the households reported that they do not always trust the volunteers delivering the messages therefore they are less likely to practice and embrace the new behaviors. Viewing a peer demonstration of the new behavior and outlining the benefits via video reduces the skepticism of the beneficiaries and increases the likelihood they will embrace the behavior. In addition to the use of video, the discussions stimulated by the video amplified the messages and further engaged community members. CARE Malawi staff and government partners facilitated the discussions with the community members post video screening.

CARE Malawi staff also noted that there was a sense of accomplishment and pride for beneficiaries that were featured in the video, thus increasing community ownership of the project. The feedback from the survey revealed that beneficiaries appreciated inclusion during the creation of the video as part of their learning process and, as a result, it was easier to understand the material and more men were engaged the children’s health. As one male beneficiary reported, he sometimes thought his wife was lying about six food groups but the video had enlightened him.

Staff concluded that OMPT’s intervention was successful at overcoming the challenges of disseminating a message across of large population and reliance upon volunteer health workers. The video standardized messages and enabled learning can take place in a controlled environment and reduce dilution of the messages.
Case Study #2

**Project**: “End Ebola through Community Based Surveillance and Behavior Change”
**Facilitator**: Action Against Hunger & Concern Universal
**Partner**: OMPT
**Dates of Project**: August 1, 2015 – June 30, 2016
**Location**: Forécariah, Guinea

In February of 2016, OMPT facilitated a Video Education Workshop for twelve Action Against Hunger (AAH) facilitators and ten Concern Universal (CU) facilitators. By the end of the workshop, participants had filmed six short videos in local communities that were related to five key messages on Ebola surveillance approved by CNLE (Cellule Nationale de Lutte contre Ebola).

The AAH and CU teams then held several Ebola sensitization sessions in February and March aimed at establishing 53 community bureaus (aimed at Ebola awareness and prevention). These community bureaus took over the organization of further sensitization sessions, which took several different forms:
- Focus groups with community leaders: representatives of the administration, women, youth, religious, fishermen and/or farmers’ groups
- Community action planning sessions
- Community meetings
- Film screenings
- Mass sensitization outreach, including awareness sessions

These community bureaus were provided with working materials such as registry books, pens, boots, t-shirts and sensitization materials such as megaphones, batteries, hygiene kits and OMPT mobile projector kits. The short films created in OMPT’s workshop were then systematically screened by local community bureaus using the OMPT mobile projector kit, which was made available for each of 53 community bureaus. Overall, community bureaus organized 1135 sensitization sessions in the project area.

**Video projection and OMPT equipment played a role in two areas of the overall project: equipping community health bureaus and video dissemination at awareness sessions and film screenings.** In 323 villages, a total of 1135 community health sessions were conducted, 409 (36%) of which utilized OMPT equipment.

The majority of end-line survey respondents stated they heard about Ebola through radio and or television (67%), through community workers (65%) and district leaders (53%). **This shows the role that community workers and district leaders have played in awareness raising through social mobilization, including use of OMPT videos and projectors.** At baseline stage, radio was cited most often as a means of information.
During the baseline survey, 61.47% of households expressed a positive opinion on the social mobilizers (community agents and social mobilizers, community bureaus). The level of satisfaction of communities with social mobilizers improved considerably with a satisfaction rate of 89.5% at end-line. In 81% of households, this positive perception was justified mainly by the community-based sensitization carried out by these structures (video projections, community meetings, and the like).

Case Study #3

**Project:** “Be Safe Guinea-Bissau & Senegal”  
**Facilitator:** Catholic Relief Services  
**Partner:** OMPT  
**Dates of Project:** April 1, 2015 – March 31, 2016  
**Location:** Guinea-Bissau & Senegal

In October 2015, OMPT facilitated training for 15 staff members of Catholic Relief Services. The videos were created for the Be Safe project. The project aimed to improve the capacity of communities in the intervention zones to prevent the spread of the Ebola. Using video, messages have been designed to promote the adoption of behavior that promotes prevention of spreading or contracting Ebola. The project’s intervention zone was made up of the administrative regions of Kédougou, Kolda, Sedhiou, Tambacounda and Ziguinchor, geographically close to Guinea affected by an Ebola pandemic. Overall 130,000 community members were reached during the project through group discussions, home visits, school interventions and public awareness caravans. OMPT training and technology were used as a tool to engage the community.

**With the use of OMPT technology and training, Catholic Relief Services noted a 33% increase in community participation, directly related to use of OMPT equipment and methodology (excluding children under 10 years of age) in the Kolda region of the project.**

In addition to this direct impact of OMPT intervention, video technology, along with the above-mentioned community mobilization, education, radio and local actors contributed to improved behaviors around the spread of Ebola. This impact is outlined below.

Catholic Relief Services measured the impact of the project through surveys at both the household and community level. Almost all household respondents had heard of Ebola. Only 2% reported not having heard within the last 12 months. There was a decrease of 52% of respondents reporting having limited knowledge of Ebola upon completion of the project. Furthermore, 76% of respondents reported having acceptable knowledge of Ebola post project compared to only 30% prior to the project.
The baseline study identified that the majority of people are unaware of what to do with a suspected case of Ebola, as 79.2% of respondents would accompany a family member with Ebola to health facilities. Although communities had a fairly good knowledge of when they should wash their hands and people are familiar with the products used to wash hands properly, the majority of the population (53.5%) ignored technical hand washing is ignored. Additionally, a large majority 84.0% of households visited had only traditional latrines.

After the project, the percentage of households that would accompany a possible Ebola victim case to the health facility decreased from 79% to 55%.

Also the majority of households (75.5%), adopted the new behavior of frequent handwashing with soap and water (particularly before eating and after using the toilet) after the project.

Before the project, 62% of members of community structures surveyed brought suspected Ebola victims themselves to a health facility. After the project this practice decreased to 56%.

Case Study #4

**Project:** Enhancing positive health behavior through promotion of hygiene and sanitation for households in Wolaita Zone, Ethiopia

**Facilitator:** International Medical Corps

**Partner:** OMPT

**Dates of Project:** May 1, 2016 – Dec 31, 2016

**Location:** Wolaita Zone, Ethiopia

OMPT conducted a Video Education Workshop for 13 International Medical Corps staff and local community health workers for WASH Resilience and Emergency interventions in drought-affected Woredas of SNNPR Region in Wolayta Zone, Ethiopia. These interventions were intended to improve positive health behavior of households in the target communities through comprehensive education on hygiene and sanitation practices that affected the health of the community in general and mothers and children in particular. They were implemented in two districts in the Wolaita zone: Boloso Sore and Damot Pulasa.

During the workshop, participants created videos focused on improving hygiene and sanitation knowledge, as well as improving practices of hand washing at critical times, proper use of latrines, safe excreta disposal, and safe water chain management at household level.

**Using OMPT training and equipment, International Medical Corps conducted two review meetings and discussions with 60 persons of**
community leaders (30 people from each district), including church and kebele leaders, traditional healers and women association leaders in order to share responsibilities and to enhance community sensitization. International Medical Corps also conducted 11 training sessions using the mobile projectors at health posts (HPs) and public gathering/events and market places at the village level.

Through the use of OMPT training and technology, International Medical Corps was able to host awareness meeting with community leaders and reach a total of 706 individuals in 6 months. These community members were then able to take this knowledge into their local villages and share the information they had learned through the videos projected via OMPT equipment.

Based on the above case studies, it is conclusive that OMPT technology and methodology is effective in awareness and education for pandemics and other widespread outreach needs. However, OMPT’s intervention over the last 11 years, summarized below, has spanned myriad programs across 24 countries and hundreds of partner staff members, conclusively pointing toward an effective multidisciplinary program that addresses the needs of organizations across the globe.

**OMPT Impact Recap**

- **Projector Kits Deployed**: 2736
- **Camera Kits Deployed**: 274
- **Recharging Kits Deployed**: 619
- **Project Countries**: 25
- **People Directly Trained**: 602

**Conclusion**

OMPT’s intervention is rooted in methodologies that have been proven to be successful in impacting behavior change in a variety of disciplines. Moreover, OMPT had both a digital research analyst consultant and behavioral sciences statistics practitioners from California State University, Chico, California review the survey data collected and draw independent conclusions. They all noted a consistent and statistically significant positive impact from OMPT’s workshops. It is clear that our training is effective in improving organization staff's ability to create effective and empowering video.
Additionally, the training and technology are well-received by our partners. Qualitative analysis of survey comments, videos, and reports shared with OMPT indicate that our partners appreciate the use of the technology and how it impacts their work and ability to communicate with the communities they work with. The fact that NGOs and governments pay for the training and technology further illustrates the value that these organizations see in adding video and cordless projectors to their work.

In future, OMPT intends to further our impact measurement efforts by initiating a series of random control trials (RCTs) in two rural villages. Working with an independent researcher, we will be able to measure the outcomes of OMPT’s intervention. The RCTs will measure behavior changes of the beneficiaries after video dissemination via mobile projectors and mediated facilitation as compared to behavior changes of the beneficiaries after traditional methods of outreach that do not employ video or projectors. The proposed studies will capture qualitative and quantitative metrics on changes in attitudes and perceptions of new behaviors and adoption rate of new behaviors.

As we continue to see videos created and shared by our international partners upon completion of the Video Education Workshops, we are encouraged to see video truly become an agent of change. OMPT believes strongly in the power of technology to empower those in developing areas, and we are confident that our intervention will continue to make a difference in the lives of the world’s poorest.
Reference

Publications featuring OMPT


Monitoring and Evaluation Reports

Catholic Relief Services, Senegal “Follow-up of the use of mobile video as a communication tool for behaviour change in the context of the preparation of responses to the EBOLA virus disease.” March 2016