

**Summary of the Third-Party Evaluation of
T4 Global Village Mobile Teacher Program in Nepal
A Health Awareness Pilot Project
August 20, 2007**

Background: T4 Global recently completed a pilot project, testing the use of 500 MT4 kits (Mobile Teachers) with a basic health training program in five central and eastern hill districts in Nepal. Professor Bipin Acharya, with the Department of Sociology/Anthropology at Tribhuvan University in Kathmandu, conducted an independent evaluation. The main objective of the evaluation was to assess the health related knowledge and behavioral changes brought about by the use of the MT4 devices in a group listening and discussion setting. The evaluation also examined the relevance, effectiveness, efficiency, sustainability and replicability of the group media approach using the MT4 device.

Methodology: Professor Bipin and his team conducted baseline and post-intervention field surveys in two program districts--Okhaldhunga and Dolakha, and one control district--Kavrepalanchok. Secondary sources were also used to acquire relevant information. Purposive sampling method was applied to select the districts and village/communities. Sample households were selected on random basis. At least two village/communities were selected randomly (using random table) from each district. Thus, a total of six villages/communities were selected in the sample districts. From the list of households participating in the program, a total of 100 MT4 listeners were interviewed and there were altogether 300 sample households, 200 in sampled program districts and 100 in control district.

Basically, interview method was applied to collect information from the selected listeners. For this purpose, structured interview schedule that included close and open-ended questions was developed and administered. The initial draft of interview schedule was prepared in consultation with T4 Global and was pre-tested. Checklists were also prepared to collect information through key informant interview, group discussion, observations and event/case studies. The data/information collected from the field survey and secondary sources were processed and analyzed in the SPSS program.

Listening Group Size and Practice: In the program districts, the maximum number of listeners at a listening session was reported to be 25-30, whereas the minimum number ranged 3-5. In majority cases, there were 14-15 persons at a time. About half of the respondents listened any one of the episodes repeatedly. Topics like *Sasu buhari*, diarrhea, methods of family planning, common cold, toilet use and sanitation, menstruation, child health, pregnancy, AIDS, and STDs, leprosy, safe motherhood, and responsibilities of women health volunteers were listened repeatedly and discussed.

Compared to Radio: Respondents of both districts preferred MT4 more for disseminating information in rural areas than radio. All the respondents of both districts who had listened the program through Radio said that the program listened from MT4 was more effective than that of Radio Nepal. The episodes aired through the device like MT4 could be listened at any time when the respondents had leisure and could listen repeatedly as per the need. They could stop, forward and rewind in order to discuss. Thus by the very nature of the device, it was found more effective than the Radio program.

Project Impact: Professor Bipin found that the MT4 device was recognized as the most effective sources/means of communication to disseminate health related information in Okhaldhunga and Dolakha districts. Almost all respondents used MT4 device to get health related information. He concluded from his surveys that there were significant changes in knowledge, attitude and practice as a result of the MT4 training program:

Changes in Knowledge: Reported cases and respondents views suggest that they gained knowledge about different diseases such as diarrhea, pneumonia, and tuberculosis; domestic violence and family planning; HIV/AIDS; pregnancy and antenatal and postnatal care, need of regular health check up, sanitation, nutrition, and child health.

Change in Attitude: Some respondents have changed their attitude toward biophysical and socio-cultural aspects of health and related issues. Changes in thinking about ANC and service utilization, treatment of illness and persons with disease were reported. Changes in existing perceptions on age at marriage, reproductive behavior, childcare, women health and safe motherhood, sanitation and hygiene, domestic violence, etc. were also reported.

Change in Practice: For instance, they called relatives to treat worm, cared after daughter-in-law, cared about TB, AIDS, took their child for check up in time, cleaned toilet, controlled diarrhea, cured common cold, cut nail, took regular bath, discussed for the remedial actions for particular diseases, cared about nutritious food to pregnant women, etc. In the project districts, various types of changed practices were reported. Respondents said that they started cleaning toilet, keeping school going children clean, sharing information about AIDS, and caring for diarrhea. Similarly, they became sensitive about common cold, sanitation, and nutrition.

Demand for More MT4 Kits and More Content: Almost all the respondents were eager to see the program continued in future. Most of them suggested different ideas and gave recommendations for continuity of the program. All the respondents showed their commitment to continue the program, as this type of program was more effective and suitable for remote village communities. Some respondents were interested to see the structure and process of program improved in future. They felt the need of improvement in technical aspect of the program. They suggested adding more charger and battery to improve the efficiency of the MT4 device, increasing the number of device, distributing device to other more communities, and making the program regular.

MT4 listeners asked for other health topics to be added in further episodes. The topics suggested were first aid, eye infections, scabies, dental problems, chicken pox, burns and fractures, and orthopedic problems. Majority of the listeners requested to add non-health topics like women rights, education, untouchability, political issues, legal issues, religion, community development, income generation, skills development, forest management, animal husbandry, and agriculture. Majority of the respondents asked to include other methods in the program for disseminating information effectively. They mentioned songs, interviews, comedy (parody), child songs and poem as the additional method to be included in the program.

Conclusion and Recommendations: The Village Mobile Teacher Program was an effective and reliable means of communication to disseminate health related information. Respondents are eager to see the program continued and expanded. Professor Bipin recommends that the Program be extended in other communities and districts; that new health episodes be developed; that non-health topics also be developed; that more MT4 devices should be distributed to more community clusters; that more should be done to promote the sense of ownership among the community members in order to widen the scope of the program; that the selection of facilitators should be improved to increase efficiency in the program implementation; and that the quality of the charger and battery should be improved.