## Our Goal: to see how health care video and animation content could help meet the 1st HIFA SMART Goal:

#### The mHIFA SMART Goal

"By 2017 at least one mobile network operator or mobile handset manufacturer, in at least one low- or middle-income country, will provide access to essential health information for direct use by citizens and free of any charges." (updated 26 Sept 2015)

#### The Focus

## Video & Animation Health Care Content

The Challenges for Content Producers

mHIFA Working Group

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### Webinar 1

### We posed the Questions to You, the Content Producers

mHIFA Working Group

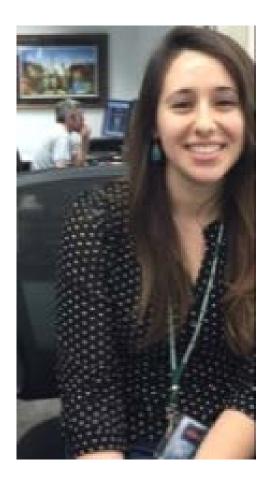
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#### **About Laura**

- SJSU MLIS Candidate
- Crisis/Disaster Health
   Informatics course

#### What I Did

- Conducted the online research
- Prepared the survey
- Followed up survey group



## The Survey

We followed up to make sure we understood your challenges

#### We asked

What video content is available to meet the health information needs of citizens in low- and middle-income countries?

Who is producing it?

What are your challenges?

**What** healthcare information video content is available directly for CITIZENS in LMICs through mobile devices?

**Which** organizations produce or distribute such content and who funds them?

**What** types of videos are being produced?

**How** videos are disseminated and through what channels?

**What** categories of healthcare information and the types of disease and problems are being addressed?

What languages are the videos available in?

Where are videos being distributed/disseminated?

**How** are videos intended to be used And by who?

What types of evaluation have been done on the videos?

And by who?

**What** are the barriers to development, implementation, and evaluation of videos?

What we heard

You gave us these answers:

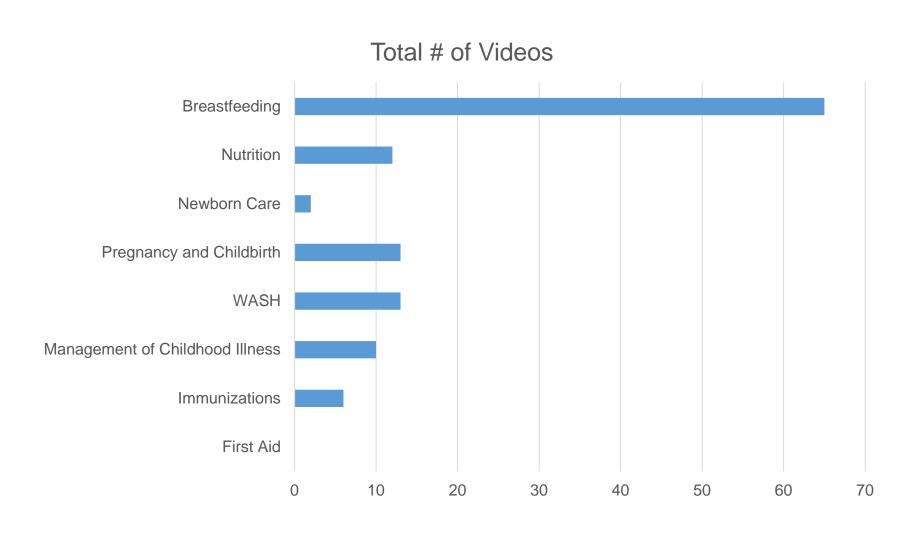
# Which organizations produce or distribute such content?

- Alive & Thrive
- Digital Green
- •Global Health Media Project
- HealthPhone
- Health and Nutrition Board (Ministry of Women and Children-India)
- •iHeed
- Medical Aid Films
- Scientific Animations without Borders (SAWBO)
- •UNICEF India
- •USAID India

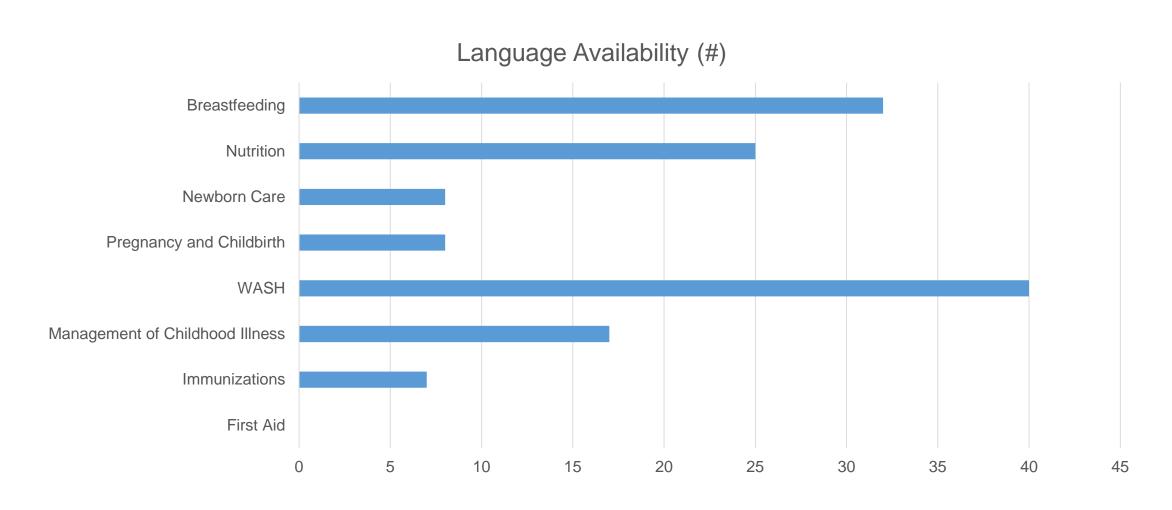
## Respondents to questionnaire

- Alive & Thrive
- •Global Health Media Project
- •iHeed
- Medical Aid Films
- Scientific Animations without Borders (SAWBO)

## What types of videos are being produced?



## What types of videos are being produced?



### Note:

 None of the organizations identified additional video healthcare information content on first aid for use by citizens in LMICs.

 Current research is being conducted on the Red Cross First Aid app in relation to first aid information for citizens in LMICs.

#### How are videos disseminated?

- Most organizations produce short animated or live-action videos that are distributed globally for both HWs and citizens.
- Most of these videos are open access and available to anyone through organization websites or other platforms (such as YouTube, Vimeo, Videum, app stores, mPowering ORB, etc.).

# How is subject area determined and how are videos produced?

 Most organizations determine the topics of their content based on funding, and have fairly standard production and quality-assurance processes they go through.

# What types of evaluation have been done on these videos?

- Most of the evidence of the impact of the content organizations have come from usage statistics, but there is some degree of feedback from:
  - Users
  - Surveys
  - External evaluations

# What types of evaluation have been done on these videos?

 Many organizations have had formal evaluations of their content but the format and goals of these is (as yet) unclear; were these related to the IMPACT of the content or the internal goals of the funding organization?

Funding is a major barrier to conducting formal evaluations.

## Challenges Identified

- All responding organizations are interested in new ways to disseminate their content.
- There is a consensus that more funding is necessary to make content more available, accessible, and culturally appropriate.
- Impact evaluation is a significant challenge; either the content developers cannot do or the funding is not available (or both).

 With the limited evaluations, can we tell to what degree do the existing videos meet the healthcare information needs of people in LMICs?

• What are the gaps in subject area? What are the language gaps? How can these gaps be addressed?

 How can we improve the feedback to inform us to what extent these videos are being used?

• How can the uptake of these videos be increased?

 What do we know (or think we know) about the impact of these videos?

 What is needed to persuade funding agencies to invest more in health videos?

How can evaluation of impact be strengthened now?

• And in the future?

•With health and medical treatments and protocols changing frequently, what (if any) processes are being used to update information after it is disseminated?

## Up next

Group Discussion