

## A Randomized Controlled Trial on the Impact of Aspirational Documentary Films in a Poverty Alleviation Program in the Philippines

### Study Overview & Key Findings

This randomized controlled trial evaluated the impact of incorporating aspirational documentary-style success stories into International Care Ministries' *Transform* program. The study compared a *Transform Only Control* arm against a *Transform with Documentary Screening* arm to assess impacts on attendance, hope, and income-generating and savings behaviors. The study included 4,566 participants across 179 Philippine communities.

#### Key Findings:

- **Accessibility and environmental challenges affected attendance** in *Treatment* communities, with logistical factors, like venue accessibility and environmental disruptions (e.g., distractions, screen visibility) lowering engagement and attendance rates.
- **About half of the participants engaged with videos**, retaining information from the documentaries, particularly on business and livelihoods, ICM's role in supporting communities, and savings.
- **No increase in economic activities among *Treatment* communities**, with no significant differences observed in socioeconomic resilience behaviors (e.g. income-generating activity or savings groups engagement).
- **No significant effects were found on grit and income expectations**, though livelihood aspiration scores showed a slight decrease among *Treatment* participants.

**Key Limitation:** This study faced substantial implementation challenges that prevented a clean test of the documentary intervention, including venue accessibility issues, environmental disruptions from Typhoon Rai, and systematic attendance differences that may reflect logistical rather than content-related factors.

### Background & Significance of the Study

Poverty is often defined as the deprivation of material resources and the restriction of access to social welfare services, leaving one entrapped in a life of indigence. Appadurai (2004) suggests that aspirations, poverty, and culture all factor into whether one remains impoverished or not. Someone with the privilege that wealth and power afford them will be able to concretely produce and justify their goals of experiencing a "good life" compared to their low-income counterparts.

Research suggests that witnessing success stories from individuals who share similar socioeconomic status fosters a "vicarious experience," potentially influencing the extreme poor's capacities to adopt forward-looking behaviors, such as increased savings, credit behavior, and educational investments (Tanguy et al., 2014). Social psychologists support this, wherein behavioral paradigms created by the relationship between social beliefs, personal aspirations, and self-determination are significantly influenced by observational learning within one's social environment (Bandura, 1977). Similarly, an experiment by Wydick et al. (2014) found that a hope-based intervention among microfinance borrowers modestly improved aspirations and business outcomes.

International Care Ministries (ICM) recognizes that fostering hope and aspirations is crucial to sustaining improved economic, health, and education outcomes. ICM's *Transform* program, a 15-week intervention delivering health and livelihood training to households living on less than USD 2.15<sup>1</sup> per day, is designed to help participants build these capacities alongside material skills.

<sup>1</sup> Updates from the World Bank Group indicated a shift in purchasing power parities resulting in a new poverty threshold of \$3 from \$2.15 per person per day. Global poverty line was at \$2.15 per person per day at the time of study implementation.

To further enhance *Transform's* impact, this study aims to evaluate whether the inclusion of aspirational videos featuring success stories from relatable role models can increase attendance, income-generating activities, savings, and hope. Before launching this study, ICM conducted a pilot comparing video projectors with television sets, finding that program holders preferred projectors for content delivery. This study is intended to be a step forward in evaluating whether aspirational narratives can positively influence forward-looking behaviors within poverty alleviation programs.

## Study Objectives

This study evaluates whether incorporating aspirational narratives through documentary-style success stories into ICM's *Transform* program can: (1) **Increase program attendance** by motivating participants to stay engaged, (2) **Promote greater engagement in income-generating activities**, (3) **Boost participation in savings groups**, fostering better financial behaviors, and (4) **Increase hope and a sense of ability to succeed** among participants by showcasing relatable success stories. By measuring these outcomes alongside changes in health, social capital, and psychosocial well-being, the study seeks to understand how aspirational media impacts participants' economic attitudes and behaviors, contributing to literature on media-based education in poverty alleviation.

## Methods

A cluster randomized controlled trial (RCT) was conducted across 179 communities in 5 provincial bases in the Philippines from September 2021 to May 2022, during the COVID-19 pandemic. The study, initially scheduled for 2020, faced delays due to the pandemic and extreme weather conditions. Communities were blinded and randomly assigned to: (1) ***Transform Only (Control)***, with the standard 15-week health and livelihood program, and (2) ***Transform with Documentary Screening (Treatment)***, featuring weekly aspirational testimonial videos before lessons. ICM identified eligible participants using their standard selection process based on a poverty assessment tool. Randomization was conducted by Innovations for Poverty Action (IPA), and only ICM and IPA staff were aware of the assignment details.

The study measured four main outcomes: (1) **Increased *Transform* attendance** through average weekly attendance, (2) **Increased income-generating activities** through the number of unique participants who made a sale through Business-in-a-Box, (3) **Increased participation in savings groups** through *Prevail* (savings group network) attendance, and (4) **Increased hope and ability to succeed** through grit and hope measures related to livelihood goals and self-reported income expectations. Data from surveys and operational monitoring were analyzed using linear regression models with clustered standard errors at the community level.<sup>2</sup> Qualitative data from participant interviews supplemented these analyses, providing insights into how the documentary component influenced attitudes and engagement. The study was supported by the Global Innovation Fund (GIF).

While the study included implementation monitoring, unforeseen logistical and environmental challenges resulted in systematic delivery differences that may confound the interpretation of treatment effects.

## Results

### ***Participant Flowchart***

The study randomized 179 communities, comprising 5,425 participants, to one of two groups: 1) *Transform Only* referred to as *Control* (89 communities, 2,691 participants) or 2) *Transform with Documentary Screening*, referred to as *Treatment* (90 communities, 2,734 participants). Throughout the study, 23% of *Control* households and 26% of *Treatment* households either did not start the program or dropped out mid-program.

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<sup>2</sup> Analyses were performed using Stata, with DOMO, ICM's data lake, employed for summarizing operational data.

Additionally, one community each from the Control and Treatment groups in Cebu dropped out of the study. Of the initial participants, 4,566 (84%) were successfully surveyed at baseline and 3,715 (69%) completed follow-up surveys. All surveyed participants were included in the final analysis.

### Analysis Results

#### Program Attendance

Analysis was conducted at both the participant and community levels. Participant-level analysis showed documentaries had no statistically significant impact on the number of sessions attended.<sup>3</sup> However, descriptive statistics at the community-level revealed *Control* communities had higher average weekly attendance than *Treatment* communities consistently across all 15 weeks (Appendix 1.1).

Regression analyses at the community-level measured per-session differences in the average number of attendees (Raw Counts Model) and the proportion of invited participants who attended (Percentage Model). These models demonstrated that *Treatment* communities averaged 1.4 fewer people per session ( $p=0.07$ ) and 2.89 percentage point lower invited attendance ( $p=0.2$ ) than *Control* communities. A boxplot of community-level attendance averages and distributions (Appendix 1.2) confirmed that no individual community significantly drove the observed attendance pattern differences.

**Table 1** Impact of documentaries on attendance

	Participant-Level <sup>1</sup>	Community-Level <sup>2</sup>	
	Number of Sessions Attended	Raw Count	Percentages
Treatment	-0.139 (0.332)	-1.449 † (0.787)	-2.891 (2.245)
Control	8.794*** (0.237)	17.29*** (0.524)	55.46*** (1.519)
# of observations	4,360 Participants	2,651 Sessions	2,651 Sessions

†  $p < .10$ , \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ ; Standard error in parentheses is clustered at the community level

<sup>1</sup>Includes participants who attended at least one *Transform* session, with proxy attendance allowed.

<sup>2</sup>Includes the *Transform* week component to control for potential timing effects and variations

#### Livelihood Engagement: Income-Generating Activities and Savings Groups

Engagement in short-term income-generating activities<sup>4</sup> through *Transform's* low-capital microenterprise initiative (*Business-in-a-Box*) was marginally higher in the *Treatment* group (57.3% of participants) than *Control* (54.5%), though not statistically significant ( $p = 0.138$ ). Similarly, for savings group engagement, *Treatment* groups attended more savings group network meetings compared to *Control* (2.07 sessions versus 1.88 in *Control*), but this difference was not statistically significant ( $p = 0.1737$ ).

**Table 2** Livelihood Engagement by Treatment Group

	Participants that Made a Sale	Average Number of Savings Group Network Sessions Attended
Treatment	57.3%	2.07
Control	54.5%	1.88
p-value (T-Test)	0.138	0.1737
# of Observations	2,702 Participants	174 Savings Groups

<sup>3</sup> Participant-level analysis focused on study participants who attended at least one *Transform* session, with proxy attendance allowed.

<sup>4</sup> Engagement is measured by the number of participants who made a sale from *Transform's Business-in-a-Box* initiative.

### **Livelihood Aspirations & Self-Efficacy**

The documentaries showed mixed but largely null effects on participants' self-efficacy and aspirational outcomes. Grit<sup>5</sup> scores, measuring perseverance or long-term goal orientation, averaged 3.48 in the *Control* group, with no significant difference in the *Treatment* group. However, hope<sup>6</sup> scores, which capture participants' livelihood aspirations, were slightly lower in the *Treatment* group compared to the *Control* group ( $p < 0.05$ ). Regarding income expectations, the intervention did not significantly influence the likelihood that participants expected higher future income, higher returns to additional effort, or income advantages relative to peers.<sup>7</sup> These findings suggest that while the documentary screening did not significantly alter participants' perseverance or economic outlook, it slightly reduced participants' livelihood aspiration scores compared to those in the standard *Transform* program.

**Table 3 Livelihood Aspirations & Self-Efficacy**

	Self-Reported Perseverance Metrics		Positive Income Expectations			
	Grit	Hope	Self		Self vs Community Members	
			Higher Expected Future Income	Higher Expected Returns to Hard Work	Higher Expected Income Relative To Others	Higher Expected Returns To Hard Work Relative To Others
Treatment	0 (0.02)	-0.08* (0.04)	0.02 (0.02)	0 (0.02)	-0.03 (0.02)	-0.03 (0.02)
Control	3.48	7.66	0.39	0.67	0.37	0.39
# of Observations (Participants)	3,714	3,714	2,678	2,553	2,154	2,100

†  $p < .10$ , \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ ; Standard error in parentheses is clustered at the community level

### **Qualitative Results**

#### **Attendance Patterns**

Qualitative implementation assessments revealed insights into participant experiences through weekly monitoring, participant observation, and feedback collection.

To understand factors affecting participation, enrollment rates were analyzed using attendance records from ICM operational data, with enrollment defined as attending at least one *Transform* session. A t-test revealed that *Control* communities had statistically significantly higher enrollment rates, with an average of 2.08 more participants enrolling in *Control* communities than in *Treatment* communities ( $p = 0.012$ ) (Appendix 2.1). The lower *Treatment* participation may possibly be due to venues that were more conducive for documentary screening but farther from participants' homes.

<sup>5</sup> Grit is measured using Duckworth's (2007) Grit Scale, which assesses resilience and perseverance through eight questions on a 5-point scale.

<sup>6</sup> Hope is measured using Lybbert and Wydick's (2016) hope scale, where higher scores reflect higher levels of hope or livelihood aspirations.

<sup>7</sup> Analysis used linear probability models on binary outcomes (1 if expected income exceeds baseline, 0 otherwise): Higher Expected Future Income (future vs. current income); Higher Expected Returns to Hard Work (income with vs. without additional effort); Higher Expected Income Relative To Others (own vs. others' expected future income); Higher Expected Returns To Hard Work Relative To Others (own vs. others' expected income with additional effort). Coefficients represent percentage point differences between *Treatment* and *Control* groups.

When investigating whether session duration affected attendance, data showed that *Treatment* sessions were longer by around 26.4 minutes<sup>8</sup>, though the videos and related discussions only lasted 10 to 15 minutes. Despite this, participant-level analysis revealed no significant differences in the average number of sessions attended ( $p = 0.677$ ; Table 1), suggesting that session length did not discourage attendance.

Enumerator monitoring during film screenings showed few people arriving late or leaving during video screenings (Appendix 2.3). However, significant discrepancies emerged when comparing film-specific attendance data with overall session attendance. A subset analysis of ICM operational data showed higher average session attendance (17 people) compared to attendance monitored during film screenings (13 people), suggesting participants arrived after videos were shown (Appendix 2.4).<sup>9</sup> This difference was statistically significant ( $p < 0.0001$ ), providing strong evidence that participants arrived after the documentary screenings had concluded.<sup>10</sup>

This pattern of late arrivals has important implications for interpreting the study's findings. One possible explanation for the null effects is that a significant portion of participants arrived after the documentary screenings, missing the core intervention under study.

### ***Participant Engagement and Retention***

To assess content engagement and retention, 178 *Treatment* participants were interviewed, covering the first 9 videos, with 54% demonstrating medium to high comprehension and retention of the video content (Appendix 2.5). Participant feedback analysis also revealed Business and Livelihoods (70%), ICM's role in supporting communities (58%), and Savings or Saving Groups (52%) as the primary thematic takeaways, aligning with the documentary's main objectives related to improving livelihoods and financial management (Appendix 2.6 and 2.7). While participants demonstrated attentiveness during video screenings, enumerators identified several factors affecting engagement: screen visibility challenges due to sunlight, child-related distractions, limited space, participants' scheduling conflicts with other community events, and the need to complete other program modules. These insights highlight how contextual barriers potentially influenced attendance and overall engagement with the intervention.

## **Discussion**

This study on documentary intervention effects within the *Transform* program yielded valuable insights for future program iterations to better target participant engagement and intervention outcomes. A key finding of this study is that implementation challenges significantly affected the ability to assess whether aspirational documentaries can improve poverty alleviation outcomes. While quantitative results show no significant treatment effects, these null findings may substantially reflect implementation barriers rather than ineffective content.

### ***Implementation Challenges and Factors Affecting Engagement***

Several factors may have compromised this study's ability to test the documentary intervention fairly. For instance, the study revealed consistently lower attendance in *Treatment* communities compared to *Control*,

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<sup>8</sup> Session timing data primarily came from SurveyCTO, with enumerator recordings added later. To address potential inaccuracies with SurveyCTO timestamps either triggering too early or too late, sessions under 10 minutes or over 200 minutes were excluded (13.79% of SurveyCTO recordings and 5.26% of enumerator recordings). Week 15 graduation data was also excluded due to its different structure.

<sup>9</sup> This analysis uses a subset of ICM's operational data matched to sessions where enumerators were present, rather than the complete attendance dataset in Table 1. Since enumerators cannot distinguish between guests and regular participants during monitoring, all attendees (including visitors and guests) were counted in both datasets. The paired t-test compares operational data counts to monitoring data collected at the end of film screenings.

<sup>10</sup> Monitoring data was collected by enumerators during the documentary screening while ICM operational data on attendance is taken at the end of the session during Nutripack distribution.

raising important questions on logistical and environmental factors influencing participation. Treatment communities required venues suitable for video projection, potentially resulting in less accessible locations that could have reduced attendance and created systematic venue and accessibility differences between treatment and control groups. Despite successful pilots, venue accessibility, screen visibility, session length, and other logistical challenges became significant barriers upon scaling the program to multiple locations.

Extreme weather events during the study period further disrupted program implementation, with Typhoon Rai (or Super Typhoon Odette) causing catastrophic damage to approximately 2 million homes across 8 provinces and affecting four of five study locations (UNOCHA, 2023).<sup>11</sup> This delayed program activities and documentary screenings by up to three weeks<sup>12</sup> as communities focused on rebuilding homes and infrastructure, further exacerbating the effects of regular attrition on program engagement. However, systematic information on the extent of disruption between the *Control* and *Treatment* communities is not available, affecting the analysis' ability to effectively distinguish intervention effects.

Additionally, timing and logistical issues suggest that many participants likely arrived after documentary screenings, suggesting that many intended participants may not have actually captured the key documentary component and learnings of the intervention. These scaling challenges emerged as issues that did not surface in successful pilots and potentially became significant barriers in full implementation.

#### ***Aspirational Narrative and Engagement in Livelihood-Development Activities***

The limited treatment effects on livelihood engagement outcomes reveal key programmatic insight, which suggests that aspirational content alone might not be sufficient to drive substantial changes in short-term behaviors, such as engagement in income-generating or savings activities. However, given the implementation challenges noted above, these findings should be interpreted cautiously as they may reflect delivery barriers rather than content ineffectiveness. Other factors, like social dynamics or financial literacy, might play a more significant role in promoting sustained livelihood engagement. Similarly, the lack of change in self-efficacy and economic outlook after documentary exposure highlights the potential limitation of relying solely on aspirational content to shift participants' long-term livelihood perceptions and aspirations.

#### ***Lessons Learned and Recommendations***

This RCT provided several insights in the following areas: 1) **Location and session accessibility** are essential in maximizing program attendance and engagement; 2) **Further research after addressing implementation challenges is needed** to evaluate the impact of aspirational narratives in driving behavioral change; 3) **Environmental disruptions** hamper program impact and participant engagement; 4) **Qualitative monitoring is essential** in gaining a deeper understanding of engagement factors and gaps in program design not captured by quantitative measures.

In this regard, valuable insights emerged on how implementation quality determines study validity as much as intervention design. Future research should prioritize implementation fidelity monitoring and contingency planning for environmental disruptions. The findings suggest that program delivery refinements, such as securing accessible venues, improving screen visibility, and hosting viewings in optimal locations, must be established before any meaningful assessment of documentary effectiveness can occur.

This study's logistical challenges compromised its ability to provide conclusive insights and prevented the proper evaluation of aspirational documentary interventions. Instead, it highlights the critical importance of

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<sup>11</sup> Among the reported provinces, ICM was operational in 6 of these provinces in 2021 when Typhoon Rai made landfall. Specifically: Palawan, Bohol, Cebu, Negros Occidental, Negros Oriental, and Leyte. Bohol, Cebu, and Dumaguete recorded the second-highest tropical cyclone wind signal rating.

<sup>12</sup> ICM monitoring data indicated 83% of communities (147 communities) were delayed for two weeks while the remaining 17% (31 communities) were delayed for three weeks.

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pilot-to-scale transition planning and robust implementation monitoring in poverty alleviation research. Future iterations should focus first on achieving consistent, high-fidelity delivery before drawing conclusions about intervention effectiveness.

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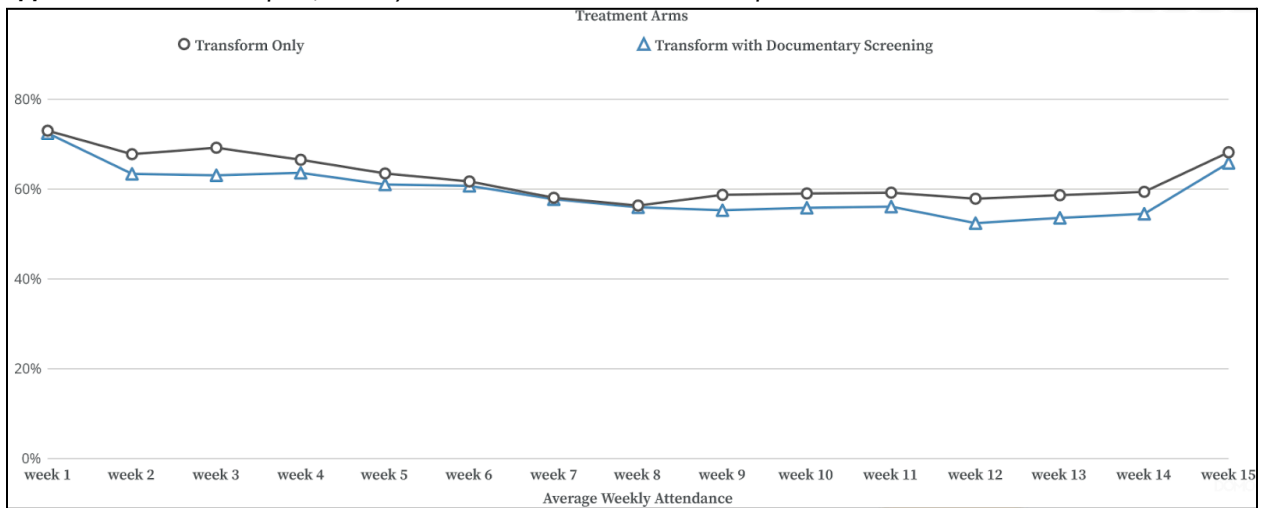
## Appendix

### Appendix 1.1 Weekly Attendance Per Treatment Group

#### Appendix 1.1.a Average Weekly Attendance

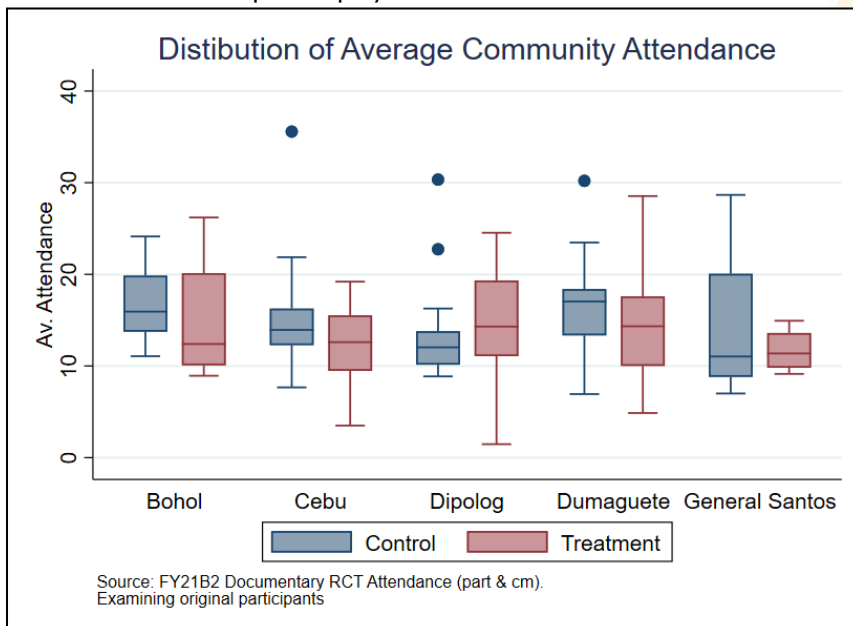
	Control	Treatment
Average Weekly Attendance per Community	19.9	17.4

#### Appendix 1.1.b Line Graph of Weekly Attendance Per Treatment Group



#### Appendix 1.2 Boxplot of Community Attendance Distribution across RCT Locations

The box-and-whisker plot displays the attendance distribution and central tendency across communities.



## Appendix 2 Qualitative Results

### Appendix 2.1 Comparison of Enrollment Rates (t-test)

	Control	Treatment
Mean (sd)	26.3 (5.54)	24.2 (5.41)
# of Observations	88	89
p-value	0.012	

### Appendix 2.2 Summary Statistics of Program Session Length

Streams of Recorded Session Durations	# of Observations	Mean	SD	min	p25	p50	p75	max
<i>SurveyCTO session duration (min)</i>								
Treatment	208	52.38	20.99	17.00	37.00	52.00	66.00	114.00
Control	17	46.82	15.27	17.00	39.00	50.00	57.00	70.00
<i>Enumerator-recorded session duration (min)</i>								
Treatment	53	76.40	28.97	24.00	55.00	70.00	98.00	140.00
Control	19	50.05	17.65	17.00	39.00	50.00	63.00	79.00
<i>Enumerator-recorded video discussion duration</i>								
Treatment	24	5.08	2.92	1.00	3.50	5.00	5.50	15.00

### Appendix 2.3 Attendance Counts During Documentary Screening

Streams of Recorded Session Durations <sup>1</sup>	Mean	SD	min	p25	p50	p75	max
Present at the start of the video	13.24	5.54	2.00	9.00	13.00	17.00	34.00
Arrived 1-5 minutes late	0.43	0.98	0.00	0.00	0.00	0.00	6.00
Arrived > 5 minutes late	0.30	0.88	0.00	0.00	0.00	0.00	7.00
Leave during the video	0.18	0.53	0.00	0.00	0.00	0.00	3.00
Present at the end of the video	13.90	5.76	2.00	9.00	14.00	18.00	36.00
Watched: start + late + left	13.52	5.61	2.00	9.00	13.00	17.00	36.00
Watched: end-very late	13.64	5.63	2.00	9.00	13.00	18.00	36.00

<sup>1</sup> Number of Observations: 256

### Appendix 2.4 Comparison of Average Attendance During Video Screen with ICM Operational Attendance

	Bohol			Cebu			Total		
	# of Observations	Monitoring Mean (SD)	Operational Mean (SD)	# of Observations	Monitoring Mean (SD)	Operational Mean (SD)	# of Observations	Monitoring Mean (SD)	Operational Mean (SD)
Week 1	8	16.63 (6.41)	23.50 (6.16)	9	18.22 (9.08)	23.33 (13.23)	17	17.47 (7.74)	23.41 (10.20)
Week 2	13	12.54 (6.45)	19.00 (7.13)	9	16.67 (4.27)	20.67 (6.42)	22	14.23 (5.92)	19.68 (6.74)
Week 3	6	13.67 (4.27)	22.50 (7.20)	7	12.86 (6.47)	16.29 (9.74)	13	13.23 (5.36)	19.15 (8.91)
Week 4	8	11.88 (5.94)	18.25 (6.86)	9	16.00 (4.80)	20.89 (5.88)	17	14.06 (5.61)	19.65 (6.30)
Week 5	8	14.63 (6.63)	20.00 (7.71)	9	11.89 (5.90)	12.78 (10.32)	17	13.18 (6.22)	16.18 (9.65)
Week 6	9	12.56 (5.17)	18.11 (7.61)	8	15.13 (3.14)	19.13 (5.89)	17	13.76 (4.41)	18.59 (6.66)

Week 7	8	12.13 (5.03)	16.25 (6.45)	10	12.00 (6.07)	13.90 (6.64)	18	12.06 (5.47)	14.94 (6.48)
Week 8	8	12.63 (5.97)	16.25 (7.63)	8	11.13 (6.36)	13.13 (5.67)	16	11.88 (6.01)	14.69 (6.69)
Week 9	7	13.57 (5.09)	20.14 (8.34)	9	13.11 (5.88)	11.56 (5.13)	16	13.31 (5.38)	15.31 (7.82)
Week 10	8	14.38 (5.21)	18.63 (6.25)	9	12.33 (4.90)	13.56 (4.50)	17	13.29 (5.00)	15.94 (5.84)
Week 11	7	15.57 (2.64)	21.29 (4.42)	11	12.64 (5.99)	12.91 (4.97)	18	13.78 (5.07)	16.17 (6.25)
Week 12	9	9.67 (5.52)	14.89 (8.45)	8	11.63 (4.37)	12.50 (5.10)	17	10.59 (4.96)	13.76 (6.97)
Week 13	6	13.00 (5.55)	15.50 (4.04)	10	11.40 (4.01)	13.90 (4.84)	16	12.00 (4.53)	14.50 (4.49)
Week 14	7	12.71 (3.82)	18.29 (8.14)	8	13.88 (4.49)	13.25 (4.43)	15	13.33 (4.08)	15.60 (6.71)
Week 15	12	16.17 (5.32)	17.67 (5.25)	9	17.78 (5.80)	17.78 (5.87)	21	16.86 (5.45)	17.71 (5.38)
<b>Total</b>	<b>124</b>	<b>13.45 (5.46)</b>	<b>18.59 (6.90)</b>	<b>133</b>	<b>13.77 (5.79)</b>	<b>15.66 (7.51)</b>	<b>257</b>	<b>13.61 (5.63)</b>	<b>17.07 (7.36)</b>

The table presents insights into ICM's operational data matched to communities and sessions collected from monitoring data. As a subset of ICM's total attendance data, attendance rates are varied. Attendance may have also included guests or visitors.

### **Appendix 2.5 Comprehension: Subjective Grading on Capacity to Describe Video<sup>1</sup>**

<b>Level of Understanding</b>	<b>Number of Participants<sup>2</sup></b>
Low	27 (15.17%)
Medium-Low	40 (22.47%)
Medium	57 (32.02%)
Medium-High	17 (9.55%)
High	22 (12.36%)
Unclear	15 (8.43%)

<sup>1</sup>Total no. of observations: 178; <sup>2</sup>Frequency (Proportion)

### **Appendix 2.6 Retention: Participant Takeaways from Documentary<sup>1</sup>**

<b>Themes Referenced by Participants</b>	<b>Number of Participants<sup>2</sup></b>
Hardwork	53 (29.78%)
Perseverance	32 (17.98%)
Faith in God	23 (12.92%)
Attitude / Outlook	30 (16.85%)
Role of ICM	104 (58.43%)
Claims person / video is inspiring/encouraging	37 (20.79%)
Notes long-term goal (ex. Children's education)	61 (34.27%)
Mentions short-term needs (ex. food)	44 (24.72%)
Savings	93 (52.25%)
Business/livelihood	125 (70.22%)
Learning/applying skills	84 (47.19%)
Helping Others	13 (7.30%)
Support family financially or other	58 (32.58%)
References collaboration	26 (14.61%)

<sup>1</sup>Total no. of observations: 178; <sup>2</sup>Frequency (Proportion)

**Appendix 2.7 Themes in Each Documentary Video**

Themes from Documentary Series	Video 1	Video 2	Video 3	Video 4	Video 5	Video 6	Video 7	Video 8	Video 9
Hardwork	x	x	x		x	x	x	x	x
Perseverance	x		x	x		x		x	x
Faith in God	x	x	x		x			x	
Attitude / Outlook	x		x	x		x		x	x
Role of ICM	x	x	x	x	x	x	x	x	x
Notes long-term goal (ex. Children's education, housing, etc.)	x	x	x		x	x		x	x
Mentions short-term needs (ex. food)	x	x	x	x	x	x		x	x
Savings	x	x	x	x	x	x		x	x
Business / Livelihood	x	x	x	x	x	x	x	x	x
Learning /Applying skills	x	x	x	x	x	x	x	x	x
Helping Others	x					x			
Support family financially or other	x	x	x	x	x	x	x	x	x
References collaboration		x	x	x					x