

# **Life Saving Lullabies**



**END TERM EVALUATION**

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**Life-Saving Lullabies: Reducing  
adolescent maternal and neonatal  
deaths in Zambia**  
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## **Acronyms**

UKRI	United Kingdom Research & Innovation
GCRF	Global Challenges Research Fund
AHRC	Arts and Humanities Research Council
ETE	End-Term Evaluation
FG	Focus Group
LSL	Life Saving Lullabies
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
SDG	Sustainable Development Goals
SMAG	Safe Motherhood Action Group
TORS	Terms of Reference
UN	United Nations
ORS	Oral Rehydration Salts
ANC	Ante-natal Clinic
RA	Research Assistant

## **Acknowledgements**

The End-Term Evaluation (ETE) of the Life Saving Lullabies (LSL) (2020-2021) project, was undertaken with the collaboration and participation of Safe Motherhood Action Group (SMAG) volunteers (which included mothers, staff at clinics, and coordinators of the project at St John Zambia), without whom, it would have been difficult to achieve the purposes of this project. The consultant wishes to extend her gratitude to UKRI – Arts and Humanities Research Council, grant reference AH/T011947/1, who are the funders of LSL project. The same goes to University of Huddersfield and Sheffield Hallam University who provided additional funding. St John Zambia is appreciated here for the work they have done in ensuring the effectiveness of this project. Their mandate was to implement the LSL (2020-2021) and this has been done successfully. The Research Assistant (RA) and the coordinators have worked tirelessly to ensure that the whole process of implementation is achieved within the given timeframe. It is further necessary to thank all the stakeholders, who supported the evaluation of this project through various ways. Their valuable information contributed to the consultant during the ETE process is much appreciated. Similar gratitude goes to anyone who may have contributed to the success of this project but have not been specifically noted here.

## **Executive Summary**

The End-Term Evaluation (ETE) for the Life Saving Lullabies (LSL) (2020-2021), was undertaken to assess the overall status of implementation at its expiry. In order to systematically appreciate the implementation progress of the project, the evaluation adopted a clear methodology that was informed by the focus of the project. In that regard, the five (5) strategic objectives, as articulated in the plan were used. Furthermore, the evaluation was informed by the Monitoring and Evaluation (M&E) process for the project, which contains performance indicators and targets that were initially set and envisaged to be achieved by the end of the project.

The evaluation was predominantly qualitative and descriptive, benefiting from interviews across key stakeholders: St John Zambia's Safe Motherhood Action Group (SMAG) volunteers, young mothers, health staff and project coordinators of the project at St John Zambia in the four (4) key Health Facilities where the project was implemented. Of all these stakeholders, SMAG volunteers and young mothers are the direct beneficiaries.

The Focus Group (FG) interviews were used in order to gain rich data and information from the various beneficiaries. The intention is to capture informant's views, behaviors and attitudes towards the LSL. In-depth data through interviews, within their locality was collected. The observation procedures was used to confirm data collected through interviews. Visits done to the facilities provided an opportunity to observe the group dynamics and the behaviours of the participants during singing activities.

The consultant examined secondary data from existing documentation that included project reports and monitoring and evaluation of existing quantitative data at baseline and supplemented with additional quantitative and qualitative data currently stored by St John Zambia. The consultant used the internationally acclaimed evaluation criteria comprising six (6) key components— relevance, effectiveness, efficiency, impact, sustainability, (Peersman, 2014) and cross cutting issues (International Trade Center, 2018) to guide the evaluation process.

Over and above, the LSL (2020-2021) project performance was established and guided by the stated objectives. The objectives were implemented to an acceptable level. There were significant achievements in the areas of singing, networking, coalition building, team building and sustainable livelihoods. The project has provided a support system of peers who are in or have gone through similar experiences. Hence, it offers psychological benefits in terms of post and prenatal depression which arguably, is a

factor that despite, not being something widely acknowledged in Zambia, or even talked about, is still a major problem. One SMAG volunteer told of how she used the lullabies to help a young mother who had just experienced a miscarriage.

All the participants were able to acknowledge the many benefits of the LSL (2020-2021). The beneficiaries, especially the young mothers indicated how transformative their relationships with their babies have been, following their participation and involvement in the LSL (2020-2021) project. As a result of the foregoing, participants promised to continue singing lullabies because they have become a lifestyle for them, even though the project has come to an end. They further pointed to the knowledge in the lullabies, that they had attained as well as the composing and singing skills.

The LSL (2020-2021) project has demonstrated its frugality in disseminating lifesaving information at zero cost. The participants confirmed that, they are able to not only remember the songs but further use the information ingrained therein at crucial times in their lives. They stated that by relying on the information in the songs, the life of the baby, mother or both has been saved. Information is fundamental and when one is aware of it, is capable of saving their life. Information such as: the importance of attending antenatal programs or classes on time and regularly as stipulated; seeing a midwife if there are any danger signs during pregnancy or in a baby; and/or delivering at a health facility as opposed to the home, has great potential in and of reducing neonatal and maternal deaths. Given that these health facilities are referral in nature, it was not possible to capture neonatal and maternal death rates as any and the most problematic cases tend to be referred to the nearest level one hospital(s) closest the area.

Trying to attract or engage women in rural areas into attending health facilities for the dissemination of important information that concerns the health of the baby and themselves as mothers is no easy task. Many are apprehensive of the idea and the many “horror” stories surrounding health facilities does nothing to make or improve the situation. Some who may have had genuine bad experiences spread the word and others who may have been unfortunate or had complications place blame solely on the shoulders of the health facilities. For example, some women will choose to deliver from home and never attend health facilities because they have been told a story of how another woman went to the health facility and lost her baby or never came back home. Another, reason behind the apprehension is due to the fact that, attending the facilities can be an expensive venture, as a result most pregnant women in rural areas will elect to stay away.

In spite of the issues mentioned above, it is worth noting that the LSL (2020-2021) project is a commendable strategy in that, it has managed to capture a number of young mothers who would have not otherwise gone to any health facilities whilst pregnant, to deliver and routine check-ups for the baby under the age of five. This has in no way been an easy feat but it arguably is a step in the right direction.

Bettina, one of the young mothers tells of how she was apprehensive, stating that:

*When a friend of mine invited me to come for the project and told me that it was focusing on pregnant women, I developed fear. A part of me was interested in going and seeing what it was all about but in my heart I was skeptical. So, I went to talk to one of my neighbors who is older and she told me not to come for the project and discouraged me, telling me that when the time for my baby came to be born, my child will either die or get lost. My friend assured me that some people were going to teach us and so I come and I have learnt a lot.*

The LSL (2020-2021) has clearly contributed to Zambia's achievement of multiple UN Sustainable Development Goals (SDGs) through the application of novel arts and humanities-led strategy. The art of singing has effectively opened an effective mode of communicating vital information crucial to the life of the baby and mother and other women in the community.

While it is clear that the singing of lullabies is not a novel concept, it is worth noting that, the project has innovatively utilized an already existing strategy by ensuring that, vital information having the potential of saving the lives of unborn babies and the mothers, is disseminated effectively through simple songs composed and sung by the beneficiaries at a zero cost.

However, the LSL (2020-2021) was not implemented without its fair share of challenges. Notably, one of the challenges was in the composing of lullabies. The beneficiaries expressed challenges when it came to composing songs. A good number of them expressed ignorance despite the training they had received at the start of the project. Outsourcing the composers proved to be an expense and they were reluctant to go down that route.

Henceforth, the majority of the songs were in three categories: adapted and modified from the old local popular lullabies; originally written lyrics but sung using familiar local tunes; and original composition.

Further the storage of these songs was another challenge the participants highlighted. The lyrics are not written down but are passed on from group to group orally. The majority of the SMAG volunteers can neither write nor read. The situation is not different for the young mothers. A good number of them ended in basic school but are still not able to read and write. Rights to copyright infringement were not so much of an issue among the participants.

The following actions have been recommended to be considered:

1. Start Lullaby Community Clubs/Centers where mothers can meet and sing and educate each other on the benefits of the lullabies. These can be run by the SMAG volunteers and supported by the young mothers. This will promote synergies, ownership and leverage on a number of shortcomings including a support system among the young mothers. Such platforms, will further provide and strengthen information sharing. The clubs will further, create a community of strong mothers and hence ensure the sustainability of the project.
2. New initiatives of recruiting members will be required. More members will lead to better and increased awareness of the LSL.
3. New strategies ought to be adopted in composing songs, which will need to be evaluated for relevance of content and also to ensure the right information is being disseminated through the lullabies.
4. Storage of the composed songs should be devised in order to ensure safe storage and easy retrieval once needed. Failure to document and store these songs properly can lead to loss of some of the important songs.
5. The Ministry of Health is an important stakeholder in the success of this project hence; strengthening the relationship with the local clinics should be fostered. This will provide a linkage, to see the relevance of the project in reducing neonatal and maternal deaths.
6. Further partnerships through collaborations with community stakeholders such as the church and community leaderships should be explored in order to increase awareness of the lullabies and dissemination of information therein. Additionally, using local radio stations can be considered as a means to capture a wider audience with the information loaded songs.
7. Viable strategies ought to be employed and developed to increase the involvement of fathers. The sustainability of the project should see the participation of both parents in order to increase the benefits and success of the project.

8. The SMAG volunteer motivation is key and crucial for the success of the project. The SMAG volunteers should be recognized and rewarded in order to increase motivation, performance and continuity for the project. This will depend largely on resource mobilization to facilitate some rewards and henceforth retain them.

A number of impact success stories are herein included, to further demonstrate the significance of the lullabies in the life of the participants. Pseudo names have been used hereunder for ethical reasons. Janet is a SMAG volunteer whose enthusiasm in volunteer work is clear from the number of cases she has. She tells of a day when she visited one of her cases, involving Mary who is a young mother.

Mary is a rape victim who ended up pregnant as a result of the rape. She is uncomfortably quiet and Janet expresses the difficulty she faced in trying to incorporate Mary into the program and encouraging her out of the “dark place” she was in. Janet recalls that, in remembering one of the LSL songs entitled “Sekela Sekela” (rejoice, rejoice), she began to sing out loud. As she sung, Mary gradually joined her in singing. The lullaby is a song that talks of one who is rejoicing that God had blessed her with the gift of a baby. This lullaby helped Mary in that she was able to focus on or rather see the silver lining in what was arguably, the outcome of a traumatic ordeal. Mary is now one of the young mothers and participates fully in the composing and singing of the lullabies. She has a stronger bond and love with and for her baby and is no longer shut up to herself or sorrowful.

Annette, another young single mother, tells of the difficulties she had with her baby. She says on one incidence, the baby would not stop crying in the middle of the night. Frustrated and at a loss, she put the baby down. Her mother, hearing the baby crying had come into her room to check that all was well. Annette states that, her mother picked up the baby and started singing.

Annette, speaking with excitement, said that within no time the baby was fast asleep. ‘*I stood looking at how easy it was to sing a lullaby and the baby was quietened and went to sleep*’. The song was called ‘mwana wanga ine, ndimamuimbila’ (I sing for my baby’). She continued, ‘*it was not just about singing but the message in the song spoke to me. I was so impressed and asked my mother how she knew that the singing would stop the baby crying and send her to sleep*’. Her mother had apparently witnessed the SMAG volunteers and young mothers singing when she had gone to the clinic and the song had resonated with her and she had been able to remember it.

Annette says,

*When she told me this, I decided to come see for myself and learn more. So, the next morning, I decided to take the baby to the clinic. There, I met other young mothers just like myself. I have since joined them and I have learnt how to sing the songs. Not just any songs for the sake of something to sing, but songs which have good messages. My favorite remains ‘danger signs’. It reminds me of a number of interventions that I would not have known if I did not know the song or had not joined the LSL project. It is my life now and I cannot stop singing.*

The LSL (2020-2021) has achieved its intended purpose as demonstrated by the responses from the beneficiaries. The stories narrated and experiences given, provide rich in-depth data that demonstrates the relevance of the project. The LSL, whilst being taken originally from a tool that helps with baby care in terms of sleeping, calming down, play time etc. has equally been appreciated in that they are information loaded and carry educative and critical health messages.

## **INTRODUCTION**

The maternal and infant mortality rate in Zambia is high. In 2020 deaths per 1,000 live births was at 43.107 which demonstrate a 2.82% decline from 2019. While this is a reduction from 45.608 deaths per 1000 live births in 2018, (Macrotrends, 2021 and Plecher, 2020), the statistics are still high and a source of concern. Gianetti *et al* (2018) noted that Zambia was behind in achieving the third UN SDG on reducing maternal deaths to less than 70 per 100, 000 live births. As of 2018, Zambia had 183 deaths per 100,000 live births. A mother at risk is a baby at risk and hence the importance of the current project “Life-Saving Lullabies” (LSL) (2020-2021). Lusaka province, which is the capital city of Zambia is a metropolitan city and has a high incident of maternal deaths. Gianetti *et al* confirmed that Lusaka had 115 maternal deaths of the noted 183. The authors (*Ibid*), recommended a number of interventions such as quality ante-natal care services, skilled birth attendants, access to family planning services. All such services can only be attained through a robust information dissemination system that is sustainable and able to reach mothers in the most rural areas of the city. Lifesaving Lullabies is one such information dissemination mode that involves the University of Huddersfield, and Sheffield Hallam University in England and St John Zambia. The unique arts and humanities-led strategy was adopted to inform and equip the vulnerable young mothers of the important services available for them to deliver safely and to save the life of the baby and their own.

The End-Term-Evaluation (ETE) is implemented to determine what worked, what did not work and provide reasons for the same. Further, the ETE findings are implemented in order to provide critical consideration for the continuation of the LSL (2020-2021) project. Recommendations, will equally be provided for improvement and success.

## **2. BACKGROUND**

St John Zambia was privileged to be awarded funding from the University of Huddersfield, Sheffield Hallam University and a grant from the UKRI- AHRC UK to contribute to the reduction of the high maternal and infant mortality through community-based health activities in both Chunga, Kayosha, Kapila, and Matero health facilities. Through the use of community volunteers, who would deliver support for safe motherhood, the singing of lullabies was initiated as a means through which lifesaving information and skill would be disseminated with an intent to provide knowledge, attitudes and practices on Maternal Child Health (MCH) gaps in line with attending ANC and the health of both the mother and the baby. The process involves singing to pregnant adolescents and adolescent mothers. Home visits to 507 pregnant women, 490

new mothers, and 346 fathers has been achieved. The project targeted 30% of the adolescent women accessing postnatal family planning in the three health facilities. This included 45% of pregnant women and 33% of expectant women so they are in a position to support themselves and their unborn and born babies through the use of LSL (2020-2021) concept.

Integrated outreach and support for safe motherhood through the LSL (2020-2021) concept in the Mama na Mwana (*mother and child*) project in Matero, Chunga and Mungule area have been conducted in order to draw some lessons that could inform any subsequent project. The LSL was piloted in 2019 November to 2020 February in two (2) health facilities namely Chunga health post and Kayosha rural health center. After the pilot phase, the project was rolled out to Matero Main Clinic and Kapila rural health center.

The LSL (2020-2021) project is an initiative intended to add value to methodologies used in the sensitization on the MCH activities to the community. The project is in line with SDG 3 whose focus is on “Good Health and Well-being” and SDG 5 whose focus is on “Achieve gender equality and empower all women and girls”.

The LSL (2020-2021) project aims at contributing to the reduction of adolescent and neonatal deaths in Zambia.

The objectives of the research project included the following:

1. Define, develop and deliver a zero-cost, art-based innovation strategy which can respond in an agile way to both current and future unanticipated local and national health and wellbeing needs in Zambia;
2. Improve knowledge and positive behaviors for safe motherhood through household education and community mobilization using Life-Saving Lullabies thereby, reducing adolescent maternal and neonatal deaths in Zambia;
3. Enhance the capacity and voices of vulnerable young mothers as well as increase their participation in interventions and decisions that inadvertently have an impact not only on their health and well-being but also on their consciousness as young mothers;
4. Contribute to Zambia’s achievement of multiple UN Sustainable Development Goals (SDGs) through the application of novel arts and humanities-led strategy; and

## 5. Disseminate project learning outcomes through a symposium.

The ETE process adopted the objectives of the project to assess the success of the project.

### **3. EVALUATION CONCEPT AND METHODOLOGY OF THE ETE**

The scope of the ETE covers the four (4) health facilities. The project, as stated prior was undertaken in:

- Chunga health center and Matero main Clinic (Lusaka District);
- Kapila rural post (Chibombo District); and
- Kayosha rural post (Chibombo District)

The Kapila and Kayosha rural posts health facilities are in Central Province, while Chunga health center and Matero main clinic are in Lusaka Province. The ETE was undertaken in all the four (4) health facilities where the project was in operation in order to have an inclusive and holistic feedback. All participants who are beneficiaries of the project have been included. However, some participants did not turn up due to various circumstances beyond their control. The circumstances ranged from: funerals; family problems; travels out of the district; illnesses; the covid-19 pandemic effect or fear etc. To facilitate the evaluation of the project, the following areas were the main focus:

- **Relevance:** Focus was on how the implementation of the LSL (2020-2021) project was done from 2020 to 2021 as well as how consistent it was, and how it was responsive to the needs of the beneficiaries as identified in the project.
- **Efficiency:** This focused on how the LSL (2020-2021) projection functioned in the three (3) target areas. The main question being whether or not the project achieved its intended results during its implementation period between 2020 to 2021.
- **Effectiveness:** Focus was on the extent to which the desired project objectives were achieved effectively and the impact it had.
- **Sustainability:** The focus here, was on how the achieved results and benefits would continue to be implemented after the LSL (2020-2021) interventions in the community had come to an end and also if the project could be rolled out or rather forwarded to other communities

- **Impact:** To evaluate the impact of the changes the project had both positively and negatively on the participants and also to further assess if the infant and maternal mortality rates have been reduced during the period of the intervention.
- **Cross cutting issues:** Cross cutting issues focused upon in this evaluation is gender. That is the inclusion of both mother and father in the LSL (2020-2021). Covid-19 is a new cross cutting issue that has been included here.

#### **4. THE METHODOLOGY**

A qualitative design was used with a purpose of collecting in-depth information. The qualitative design enabled rigorous comparative of the findings hence, improving the validity and reliability of the outcome. Its exploratory nature was employed to provide understanding of the phenomena under the current project.

The views of the informants, behaviors and attitudes towards the LSL (2020-2021) were all captured during the process of collecting data through focus groups and one on one interviews; through the Likert scale questionnaire which was administered by the consultant as the majority of the participants could not read and write; and by examining secondary data from existing documentation, such as, project reports and monitoring as well as the evaluation of documents of existing quantitative data at baseline, supplemented with additional quantitative and qualitative data currently stored by St Johns Ambulance Zambia.

The ETE was highly consultative with all the key informants in order to ensure that, there was complete understanding of the successes, opportunities and challenges faced during the implementation of the project. The key informant were the SMAG volunteers. A well-structured approach was followed to ensure that the evaluation was conducted on the basis of universally accepted evaluation standards and criteria. The main evaluation questions aligned to the LSL (2020-2021) objectives are as follows:

**Table 1: Evaluation questions**

Areas	No.	Evaluation Questions
<b>Relevance</b>	<b>1</b>	How did you learn about the LSL project? Why did you join?
	<b>2</b>	Explain how well you understand the LSL project?
	<b>3</b>	Is the LSL responding to the needs of the target group/beneficiaries? If yes how? If not how?
	<b>4</b>	Do you know the objectives of the LSL project? Was the project aligned with relevant objectives?
<b>Effectiveness: Processes</b>	<b>1</b>	How is the composing process? How are the contents edited for relevance and quality? Who edits the content of the songs?
	<b>2</b>	How effective are the songs that you compose and sing in contributing to the goals of the LSL project? Why do you think they are effective or ineffective?
	<b>3</b>	Are the coordination structures of volunteers and mothers efficiently organized? What is working well, what isn't and what can be changed for the better?
	<b>4</b>	Explain how the goals set by the LSL project are being achieved?
	<b>5</b>	What factors are influencing the achievement or non-achievement of objectives? <b>Probe for more factors</b>
	<b>6</b>	How can the LSL project become more effective in reaching the goals? <b>Prompt</b>
<b>Effectiveness: Outcome Results</b>	<b>1</b>	What are the notable achievements of the LSL project? <b>Prompt</b>
	<b>2</b>	Can you point out any areas requiring change in the LSL project? <b>Prompt</b>
	<b>3</b>	How effective are the interventions? What worked well? What strategies worked well?
	<b>4</b>	Explain any notable changes in your life that can be shared. <b>Prompt</b>
	<b>5</b>	Are there any critical issues important in this LSL project? <b>Probe:</b> objectives, operational structure, composition of songs, type of songs etc.
	<b>6</b>	To what extent do the changes correspond with the results of the LSL? <b>Prompt</b>
	<b>7</b>	What were the major factors influencing the achievement or non-achievement of objectives of the LSP project?
	<b>8</b>	How could the LSP project become more effective in reaching the goals?
<b>Efficiency</b>	<b>1</b>	How efficient have the coordinators been in ensuring that this project runs well?
	<b>2</b>	Explain how efficient the songs are in meeting the needs of the beneficiaries. <b>Probe:</b> composing strategies, content of the songs, record keeping of the songs etc.
	<b>3</b>	Are there any alternative solutions, actions, interventions that can produce similar or better results with lower costs or to zero cost? <b>Probe:</b> any other alternatives
<b>Impact</b>	<b>1</b>	Explain the intended and unintended changes that have taken place as a result of the LSL project. <b>Probe for more</b>
	<b>2</b>	How has the Strategy affected the different groups of beneficiaries?
	<b>3</b>	What are the most important changes created by the project? <b>Probe for more responses</b>
	<b>4</b>	To what extent would the results that have occurred have an impact on the beneficiaries?

	<b>5</b>	How has the LSL project contributed to capacity development and strengthening of the SDGs?
<b>Sustainability</b>	<b>1</b>	Explain how sustainable the current strategy for implementation of the LSP project is? <b>Probe:</b> Capacities of SMAG volunteers, the mothers, coordinators, continuity of benefits post the LSP project.
	<b>2</b>	Will the results of the actions continue once the LSL project is finalized? <b>Probe:</b> stability, improvements
	<b>3</b>	Did all the participants participate in the planning and implementation of the LSP project? Who has ownership of the project, and the songs?
<b>Cross Cutting areas</b>	<b>1</b>	Have the cross cutting issues been considered during the implementation process? <b>Probe:</b> Outstanding achievements? What can or should be done differently?

## The sample

The table below summarizes the participants per health facility. The FG had 5 or less participants. This was because of the Covid-19 pandemic. This was to ensure that social distancing was taken into consideration and to protect ourselves.

**Table 2: Summary of FG Sample used**

FG	Chunga	Matero	Kapila	Kayosha	Total
Target group	Chunga	Matero	Kapila	Kayosha	Total
Pregnant women.	0		0	0	<b>Non</b>
New mothers with infants	2 (10)		2 (10)	1 (5)	<b>25</b>
Community members both male and female	0		0	0	<b>0</b>
Key informant interviews: SMAG Volunteers	2 (6)	1 (3)	1 (4)	2 (10)	<b>23</b>
Health facility staff			1 (3)	1 (3)	<b>6</b>
St John Coordinators					<b>3</b>
<b>Total sample</b>					<b>57</b>

**Table 3 Summary of one to one Sample**

One to one interviews	Chunga	Matero	Kapila	Kayosha	Total
Target group	Chunga	Matero	Kapila	Kayosha	Total
Pregnant women	0	0	0	1	<b>1</b>
New mothers with infants	2		2	1	<b>5</b>
Community members both male and female	0	0	1	1	<b>2</b>
Key informant interviews: SMAG Volunteers	1	2	2	2	<b>7</b>
St John Coordinators					<b>1</b>
<b>Total</b>					<b>16 Participants</b>

In all, a sample of 73 participants were involved. The interviews were conducted for the health facilities where the SMAG volunteers and the young mothers attend.

## **Data Collection methods**

Both secondary and primary data was collected from different sources. The multiple data collection methods enhanced the validity of the evaluation results. Below are the highlights of data collection methods:

1. **Field Visits:** Field visits to Kapila and Kayosha rural health post. The visits also allowed for gathering and verification of information around good practices, as well as observations of the interaction between the young mothers and SMAG volunteers, the young mothers to young mothers and SMAG volunteers to SMAG volunteers.
2. **Focus Group and the One-to-One Interviews:** In-depth, unstructured interviews were employed to generate narrative data. Focus Group interviews consisting of up to five (5) individuals were conducted. The interviews helped to explore attitudes and perceptions, feelings and ideas of the participants on the LSL (2020-2021). The rich responses from the participants challenged each other's views during the FG interview. Responses were recorded with permission from the participants, and were later transcribed for analysis. The interviews were conducted in the most familiar local language to help the participants understand the questions and respond constructively.
3. **Key Informants One-to-One Interviews:** The SMAG volunteers were considered as key informants' because of the level of understanding and involvement in the LSL (2020-2021) project from the start of the project to the end. They were targeted for their crucial knowledge of the project which informed the results of ETE. Other crucial stakeholders to the evaluation process included St John Ambulance coordinators and health staff.
4. **Observations:** Systematic observations were carried. These were guided by an observation schedule to minimize and eliminate the variations arising from different perceptions of consultant and the Research Assistant. Observed data was recorded methodically and meticulously to ensure it is consistent between observers.

5. **Document Review:** Different key relevant documents from St John Zambia and the clinics were reviewed for the LSL (2020-2021) project ETE. The review of documents was on an on-going basis up to the end of the evaluation process. The review of the key documents/reports was used by the consultants to understand fully the LSL (2020-2021) project from its inception, pilot phase to its implementation phase, and its specifics in detail, as well as, establish the basis for assessing the processes. Documents reviewed included the following:

- The LSL (2020-2021) project reports;
- TORs; and
- Any other relevant materials.

6. **Analysis:** The analysis of the findings was informed by the objectives of the LSL (2020-2021) project and the key facets of the Terms of Reference (TORS). Of special consideration was the data analysis of the LSL (2020-2021) processes which included the adequacy, effectiveness, efficiency and functionality of existing coordinating structures at the four (4) health facilities. Narrative data was generated which was thematically analyzed by condensing, coding and placing data into categories. Emerging themes were captured as the highest level of abstraction for reporting the results within the objectives.

7. **Ethical Considerations:** Collecting data from participants should be guided by principles in order to protect the informants as well as the researchers. The following was be considered:

- i. **Confidentiality:** The informants were assured of confidentiality of information that they would give and hence their personal identities would not be disclosed in this document or any subsequent publication. Pseudo names were used to conceal the identities of the participants. However the names of the health facilities were not withheld.
- ii. **Respect:** Respecting the rights and dignity of the participants is of great importance. All participants were accorded the respect they deserved by giving them the right to any information needed about us. Additionally, any and all expected cultural hierarchy was accordingly given. The consultant mingled with all the participants, ate with them and held their babies when opportunity arose.
- iii. **Honesty and integrity:** All the participants were informed about the purpose of the exercise and how they will benefit. Hence, all the information of the

purpose of the consultant evaluating the programme was provided. There was no distortion or dishonesty in the process(es) used in the collecting of data.

- iv. **Informed consent:** The participants were clearly informed of the intentions of the consultant and allowed to participate or not in the process of collecting data. They were informed of their rights and obligation to provide information or withdraw from the process at any time if they needed to.
- v. **Anonymity:** All informants were assured of anonymity. None of their names would be used in any publication without due permission.. Pseudo names have been employed to protect them.

### **End-Term-Evaluation Limitations**

The lack of sufficient baseline and end-line statistical data for the adolescent maternal and neonatal deaths limited the evaluation of the LSL (2020-2021) project, in that, it was not statistically possible to determine whether, or not, the project had effectively contributed in the reduction of adolescent maternal and neonatal deaths. Furthermore, if the project had successfully contributed in reducing the high death rates, the extent to which this had been done or rather achieved is not clear.

However, the qualitative data gathered has sufficiently informed the evaluation of the impact that the project has had on the participants. The experiences of the participants is strong evidence of lives saved as a result of their knowledge of the LSL. The methodology has captured the results that the ETE presents.

## **5. THE FINDINGS OF THE END TERM EVALUATION**

The LSL project had the following five (5) objectives upon which the ETE was based.

1. Define, develop and deliver a zero-cost, art-based innovation strategy which can respond in an agile way to both current and future unanticipated local and national health and wellbeing needs in Zambia;
2. Improve knowledge and positive behaviors for safe motherhood through household education and community mobilization using Life-Saving Lullabies thereby reducing adolescent maternal and neonatal deaths in Zambia;
3. Enhance the capacity and voice of vulnerable young mothers to participate in interventions and decisions that impact on their health and well-being but also on their consciousness as young women;

4. Contribute to Zambia's achievement of multiple UN Sustainable Development Goals (SDGs) through the application of novel arts and humanities-led strategy; and
5. Disseminate project learning outcomes through a symposium.

The evaluation findings are given below under each objective, using the standard criteria of relevance, effectiveness, efficiency, impact, sustainability and cross cutting issues. A number of questions guided the evaluation in terms of data collection, collation and analysis.

**Objective 1:** *Define, develop and deliver a zero-cost, art-based innovation strategy which can respond in an agile way to both current and future un-anticipated local and national health and wellbeing needs in Zambia*

The infant and maternal mortality rate in Zambia is an issue of concern that requires multifaceted ways of reducing the high rates. The LSL (2020-2021) project strategy, was a deliberate agile initiative designed to define, develop and deliver a zero-cost, art based innovation that can mitigate the effects of the scourge.

The key components raised in evaluation of the objective are provided for below.

**Table 4: Objective 1 Impact and Indicators**

IMPACT	INDICATORS
Enhanced service provision for young mothers in the four (4) health facilities at zero cost	<ul style="list-style-type: none"> <li>• Zero cost project</li> <li>• Increase in the number of young mothers registration and attending antenatal services and the health facilities</li> <li>• Number of songs developed by the young mothers</li> <li>• Increased participation in the singing activities</li> <li>• Reduced numbers of women delivering in homes</li> </ul>

The ETE sought to understand how the LSL (2020-2021) project has impacted the lives of the participants. In terms of numbers, the table below shows the increase of bookings for the Anti-natal and under-five clinics. It is at these clinics that important information of how to remain healthy during pregnancy, importance of delivering a baby at the health facility and how to keep a baby under-five years healthy is disseminated. If these young mothers do not attend the clinics, they remain ignorant of such information. The LSL (2020-2021) has helped draw the young mothers to the clinics through the songs.

The statistics below indicate the improvement that the LSL project has made at the health facilities. However, due to the Covid-19 pandemic, this has negatively affected

the health facilities. As a result, the restrictions of attending these services, the wearing of a face mask etc. proved to be a major restraint, as a number of people found accessing the mask an expense. Matero and Chunga facility have more attendees than Kapila and Kayosha for both under five bookings and ANC. This is because of the catchment area which is in Lusaka District and City. Kapila and Kayosha are in the hard-to-reach areas of Chibombo District. This further demonstrates how the rural areas are the most affected where modern facilities are still received with concern. However, it is clear from the statistics that the LSL have made a difference in the areas. The statistics below demonstrate significant improvement in all the facilities. For example, Kapila is one facility in the most rural and hard to reach area. The rains season make it completely unreachable. The gradual increase in statistics is a good indicator.

**Table 5: Ante-natal and under-five booking**

<b>Chunga</b>				
	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021Jan-April</b>
ANC Bookings	179	214	131	54
Under 5	16831	17467	20427	5638
Matero Main Clinic				
ANC Bookings	5979	8134	10124	505
Under 5	20107	25378	34862	4967
Kayosha				
ANC Bookings	118	80	289	93
Under 5	472	509	603	264
Kapila				
ANC Bookings	56	74	94	40
Under 5	24	125	151	37

The project is implemented at zero cost, using an innovative art based mode, that captures the attention of a number of individuals with information loaded, witty and catchy songs. The participants, despite having come from various backgrounds, have formed strong bonds with each other and tell of how much they have benefited from the project, singing their songs with their baby's in their arms or on their backs.

Susanna, narrated that, the LSL program has helped her and a lot of other women in her community. She said, singing has helped form a bond between the mothers, their babies (both born and yet to be born) as well as other women in the community and some of their spouses. She said;

*...even amongst ourselves, if one of us is feeling low, and one of our friends start to sing, you will notice that, everyone else joins in and starts singing and dancing. We had songs we learnt from our elders but we did not see the sense in them as we do now. We sung without understanding, but now, with the LSL program, we use the songs to lift each other up, to bond better with the babies and even our older children. My husband and some of the men help with the composing of songs as well. So I can say I have benefited massively from the project... [Susanna].*

Yet another one of the participants said her baby's grandfather, loves to sing and sings to the baby [Selma]. The grandfather picked up the singing from Selma who developed the singing habit from the young mothers group where she is an active member.

Findings demonstrated that the project had garnered awareness among the communities where the members come from. Services at the clinics such as antenatal and under-fives, incorporated singing into some of the activities, as the SMAG volunteers and the young mothers were able to use the opportunity to engage all attendees with their information loaded songs. The training which was initially conducted for the SMAG volunteers to understand the significance of the LSL clearly achieved the intended goals. Singing attracts people and in the end joined in the singing. Aggie, said

*... as some of us were brought into and joined the program slowly and at times apprehensively, this program will grow. Most of us here have promised to teach other pregnant women and mothers, what we have learnt and pass on the information we have learnt. As we come together in this manner, the group is bound to grow, as news is and will spread in the communities. A lot of people will be interested because of this different form of teaching.*

Stories of how women have been empowered through the LSL (2020-2021) are further qualitative indicators of the impact of the LSL (2020-2021) project in the lives of the young mothers. A good case in point is Annie, who narrated how the work of the LSL (2020-2021) project has empowered not only herself but many others in her household and the community. She claimed that the community refers pregnant mothers with problems to her to convince them to go to the clinic for safe delivery.

Similarly, in another facility, Judy narrated her experience with LSL(2020-2021) , demonstrating how it has given her a voice to express herself through the songs and how the participatory nature of singing with others was a great platform to do so. She personally recounted how she and other women were now able to advocate for other women and also how young mothers where understanding the importance of engaging in singing with a purpose. '*Lullabies should not just be sung for fun,*' she says excitedly. '*The songs we sing have a powerful message for women*'. Judy's narrative confirms the projects contribution to SDG 5 on empowering on all women and girls. The LSL have empowered the women and girls with powerful information.

Confirming the powerful message in the songs, a young woman who had attended antenatal and joined in the singing, added her story.

*I got pregnant when I was in grade 11. I was so disappointed with myself. I kept to myself, constantly hiding in my bedroom because I was ashamed of what the community would say and how they would now look at me. A friend who had seen the young mothers singing, asked me to join them but my family refused saying it was the white people coming in with yet another strategy of stealing babies. So I did not go. After some months, my friend came back and convinced me to register my pregnancy because she had heard the song "danger signs". She warned me that I could lose the baby if I delivered at home. So I finally made up my mind and that is how I came to the clinic for antenatal in my 8<sup>th</sup> month. The young mothers were singing and the songs had a good message. I had been lonely and feeling so alone in the house. The young mothers looked happy and I wanted that. I stayed behind and joined them. I now have friends I can talk to without feeling judged. I started singing to my baby in the womb and now she is 5 months old. I sing to her all the time. I sing her to sleep, when bathing her, feeding her, whenever I can. I find that the singing helps me as well. The songs I sing help reduce my anxiety and stress. I have made up my mind to go back to school soon [Abby].*

On the other hand, aspects of the evaluation sought to appreciate how the young pregnant participants adapted to singing to their unborn babies, a situation that was

deemed as silly in some of the communities. This knowledge was initially received with disbelief. However, those that tried began coming back with stories.

One such story told, is that of Gertrude, a young pregnant woman who said she had not felt any movements from the baby for three days. Worried that something was seriously wrong, she began to sing one of the lullabies called ‘mwana wanga ulimumimba’ (my baby in the womb). She said as she sung whilst touching her belly, the baby began to move.

The SMAG volunteers explained how there were no passive participants. The singing has become a communication tool that is inclusive hence gets everyone to participate. The participants further pointed out that unity of purpose and working in organized and structured approaches yielded positive results quicker, than one or a few participants operating in isolation.

In addition, the evaluation sought to assess how participants ensured that the songs are composed, learned, and practiced. It was reported that the SMAG volunteers conducted interface meetings on several days. The meetings were said to be interactive, as the groups composed songs together, learnt them, and practiced together. Unfortunately, it was also reported that the nonattendance of some members affected the progress. Secondly, some participants came from far flung areas and as a result failed to attend these important meetings or other follow-up meetings that were meant to consolidate the songs. Further, the Covid-19 pandemic contributed largely to the sparse participation of the members and the frequency of the meetings as a result awareness-raising activities in the community have been greatly affected.

Generally, participants recognized some desired changes in that people were having a notable understanding of messages in the songs which they did not have before joining LSL (2020-2021). The program gave meaning to old-time lullabies which meant, the mothers could now sing the old-time lullabies with meaning and understanding in order to address specific issues.

*A long time ago, when we were younger, our mothers and grandmothers used to sing songs to us. We did not know or understand that we would fall asleep or calm down as a result of their singing. To many of us, these were just random songs and so we never really paid attention to the words. We learnt to sing the old-time lullabies without knowing whether the child we were singing to would stop crying and fall asleep or become less agitated and calm down etc but now*

*we are understanding that they were not just singing for the sake of singing. Different songs have and produced different results [Temb].*

The health facility staff however, reported that people's awareness in the communities was still a source of worry and concern, especially for those who chose not to turn up at the health facility for further and more information. The village visits are good and deliberate viable ways of engaging the communities with the lifesaving information. The reports provided by St John Ambulance shows how that the SMAG volunteers have managed to sing to 346 secondary beneficiaries. The statistical data showed that 152 people had been benefited

**Table 6: Primary beneficiaries**

	Pregnant women	New Mothers
Clinic	43	50
Home Visitation	36	23

The SMAG volunteers reported having had sung to about 346 people as secondary beneficiaries as shown in that table below:

**Table 7: Secondary beneficiaries**

MCH	Family Planning	Village Meeting
162	77	107

Consequently, there is a need for the lullabies, both the old-time, well known ones and the newly composed ones to always carry an educative and life-saving theme. This is imperative as they will then accomplish the objectives of LSL (2020-2021) and as a result, have a positive effect on the health of the mothers and babies.

Composing of new information loaded songs is crucial to prevent the danger of reducing to the project to merely being a fun art-based project. The numbers reached show the potential of reaching even more people. Its inclusive nature has the ability and potential to impact entire communities with the lifesaving lullabies.

Whilst composing and singing the songs was at zero cost, the song development process that included editing for the right content of educative and life-saving messages was affected by the lack of skill and knowledge. It was noted that the meeting for group composing had been and was negatively affected by poor attendance. However,

although, evidence in the reports demonstrate that initial training was provided for the participants, continuous training could be implemented so as to assist and ensure that more information loaded songs are composed. Such an intervention will ensure that songs with the right messages are composed and stored correctly.

The evaluation established that there was a big change regarding the impact of the LSL (2020-2021) project work among the beneficiaries and some members in the community. Additionally, there was a positive acknowledgment that fathers were also getting the message in the songs and joining in the singing, thereby fostering bonding between the baby, the mother and the father. The facility staff gave an example of a father who turned up at the health facility to commend them for teaching his wife the art of singing. He confirmed how his relationship with the baby and his wife had improved as well as to the fact that he had and was better with the baby. He attested this to the fact that, as a result of him singing to the baby in the womb, the baby had known and knew his voice.

Jussie attested to this fact, stating that, when she is singing to the baby, her husband asks her to teach him the songs as well and he then joins in singing to the baby. She stated that even when the baby is being fussy, her husband will sing to the baby and the baby will stop crying and fall asleep.

One of the facility staff, further demonstrated this and said that there are men who are becoming more involved in the lullabies in terms of singing and composing songs. She stated that when a couple come to the clinic, they teach both of them the lullabies. She however, acknowledged that this is no easy task as not all men are the same. She said, some are open minded and have “time for home” and so will gladly join in and participate whilst some men have “no time for home” and don’t see the importance of the project.

Moving forward, it would be pragmatic for LSL (2020-2021) to consider supporting communities with such resources such as (but in no way limited), providing mosquito nets, masks, hand sanitizers, supplies, or tools in order to supplement the art based objective accompanying the lullabies. It would also be beneficial for the SMAG volunteers to receive a stipend to further boost morale and attract more volunteers to the program for the benefits of LSL (2020-2021).

**Objective 2:** *Improve knowledge and positive behaviors for safe motherhood through household education and community mobilisation using Life-Saving Lullabies thereby reducing adolescent maternal and neonatal deaths in Zambia.*

**Table 8: Strategic Objective 2 Outcomes, Impact and Indicators**

IMPACT	INDICATOR
Improved dissemination of knowledge and encouragement of positive behaviors through the use of LSL (2020-2021)	<ul style="list-style-type: none"> <li>• Information given at/by and in the health facilities, could be translated into lullabies.</li> <li>• Expectant mothers and mothers were/ are able to identify warning markers in themselves or their babies earlier on and seek medical help in time.</li> <li>• By-stander effect for those who hear the catchy lullabies and pick up on the message in the lullabies i.e. the fathers, relatives, neighbors etc.</li> <li>• Sense of a strong community network established</li> </ul>

Evaluation of objective 2, shows that since joining LSL (2020-2021) mothers are more aware of various essential health benefits. The health facility staff narrated how a young mother aged 15 was struggling as she went through labor. The nurse/midwife attending to her started singing ‘mwana wanga ulimumimba’ to her. The young mother calmed down and was able to cope with her labor well until she delivered a healthy baby. She was later asked to join the young mothers who sing LSL.

The nurse/midwife commended the initiative of LSL, stating that now they can use the SMAG volunteers to translate important information for pregnant mothers and young mothers into lullabies. The lullabies can then be sung anywhere and served as a remainder of the antenatal days, danger signs to watch out for, what not to do when pregnant or what to do when labor starts.

The young mothers demonstrated that they have managed to mobilize their friends in the community to join the LSL singing activities. Whilst many have not joined in (statistically), the participation in the singing of the attendees at the clinic demonstrated this fact. It was clear that the participants had improved knowledge in several interventions.

One young mother, called Judy, explained how the LSL on ‘kuya ku chipatala’ (going to the hospital), reminds her of the importance of taking the baby to the health facility.

*I didn't know the importance of under-five clinic for the baby. Now I am reminded every time I sing the song. The message is in the song and now it is in me [Judy].*

Mary named the ‘danger signs’ lullaby as her favorite.

*I sing it all the time. I am pregnant and I have important information with me. If I have a headache, I come to the health facility, if I bleed, I rush here. I do not need anyone to tell me or remind me. That is very powerful to me [Mary].*

Angel narrated

*Before the LSL I thought under five was for weighing the baby only. I was wrong. I have learnt a lot, like for example, the ways in which to prevent diarrhea or malaria [Angel].*

The participants indicated that the songs had important information on safe motherhood, the importance of attending antenatal services early enough, and taking a child under the age of five to the clinic for scheduled checkups. One SMAG volunteer was called upon in the middle of the night by a member of the community to help a mother who went into labor and was bleeding heavily. She walked close to eight (8) kilometers to get her to the rural health facility where she delivered a healthy bouncy baby. The SMAG volunteer narrated that had it not been for the lullaby, ‘*Danger Signs*’, she could have mistakenly attempted to help the woman deliver at home. This demonstrated a changed behavior in the SMAG volunteer as well as many other community members. The lullaby ‘*Danger Signs*’ gives several scenarios that should be considered as ‘red lights/red flags/warning signs’ in a pregnant woman.

At all the health facilities, the participants were able to explain how the current LSL has made a difference in their lives unlike previously when they would sing old time lullabies to their children. Many of the participants stated and demonstrated that with the new gotten awareness and information, they now pay more attention to the message in the songs more than they did before and sing with purpose. The current LSLs are not sung anyhow, they are now sung with meaning to disseminate the important information learnt and hidden in the unassuming lullabies.

Grace narrated how previously mothers would sing any random songs to their babies when feeding, bathing, putting them to sleep etc, whilst the singing often did the trick in calming a fussy, irritated or hungry baby, the songs were not sung with any purpose by the mothers but rather merely as something they had watched and heard their mothers, aunts, grandmothers and others do. The knowledge therein being a reminder of important actions to be taken. Others, further demonstrated that quicker bonding with the baby has taken place and this was the view not only for the mothers but for the fathers as well.

The story of Eunice has impacted on a number of young mothers. She gave birth to a baby boy on the 26<sup>th</sup> of January, 2021. She calls her situation “Critical” as she spent about three (3) days at the hospital, until finally she went into the labor ward where she spent four (4) hours. She then started singing. She said if not for the LSL project she wouldn’t have known that people can actually sing during labor. Her knowledge helped her sing four (4). She said her reason for singing was because at that point she wanted relief.

Eunice attested to the fact that this time around despite the complications, the pain was better in comparison to the previous labors she had had of her two children. During the process of singing she was at ease, she didn’t panic and she found comfort. She narrates:

*Singing distracted me from the pain. When in so much pain I kept on singing. When it was time for the doctor to stitch me, (she had cuts) I kept on singing. No one stopped me. My knowledge of the LSL really helped me. I have not stopped singing. It is my life to sing. I have even continued singing for my children because I have seen the benefits. I now teach others in my home to sing to the children and in the community. My request for the Project is that it should not come to an end. We should continue to sing so that many more people can know and see the benefits of Lullabies. My life has been changed so much [Eunice].*

The story of Eunice is confirmed by Delfino (2021) in her writing in The New York Times. She tells of a story of a mother in agony from labor singing. Delfino explains of the calmness she experienced and labor time equally went quickly. It boost wellbeing, reduce stress and anxiety and relieve pain. The story of Eunice is not different from that of Delfino. In Delfinos’ story, she cites a doctor called Dr. Graff who confirmed that “mechanistically, the act of singing helps with breathing and is a great distraction method which in turn can relax a woman while experiencing labor pains,” (Delfino, 2021).

One nurse narrated how she now sings to the mothers in labor to help them deal with labor in a much better way.

*Young mothers, especially, find it very hard in the labor ward. They fell to cope with labor and can easily kill the baby. When I learnt of how Eunice dealt with her labor through singing the LSL, I now sing to the mothers in labor and I have seen real change [Edna].*

The narratives given by the participants are important because they confirm the impact of the LSL's in their own words. Of importance if the impact the LSL has on the lives of the participants. Besides the lifesaving message in the songs, the bonding impact, relieving one of stress and anxiety have been noted too. In Eunice's story, it is about coping in labor.

**Objective 3:** *Enhance the capacity and voice of vulnerable young mothers to participate in interventions and decisions that impact on their health and well-being but also on their consciousness as young women;*

**Table 9: Strategic Objective 3: Outcomes, Impact and Indicators**

IMPACT	INDICATORS
Provide a platform where the voices of vulnerable young mothers are heard, enhanced and encouraged.	<ul style="list-style-type: none"><li>Increased number of young mothers included in the project</li><li>Increased participation of younger more vulnerable mothers</li><li>Encouraged to speak out and against redundant methods that may not be safe for themselves and their babies</li><li>Changed behaviors of beneficiaries</li></ul>

An evaluation of this third objective demonstrated that by involving younger, more vulnerable mothers on the project, a platform was created for them to voice out their position, opinions and ideas. The decision about their health was altered and that enabled them to make right decisions. Singing was narrated to be a means of relieving stress. To demonstrate this Judy expressed this in the following narration:

*Being young, unmarried is not easy. I struggled alone before joining the other young mothers. Being part of the group has given me a meaning for life [Judy].*

*The young mothers have benefitted from LSL. I say so because now they can meet and talk about their experiences. They learn from each other and also encourage*

*each other. What I can say is that they have been given a voice, a platform to speak out and that is important. [SMAG 2]*

As the project was community focused and based, the programme has led to the creation of a strong community network between the women (that is the SMAG volunteers) and the young mothers. The young mothers have themselves formed a support system. They are all young from the between 15 to 24 years and all have children. Whilst some are married, the majority of them are single. The network system therefore, provides a platform for them to share experiences and challenges. The SMAG volunteers are equally a strong community network as they share songs and refer cases to each other. The younger mothers are also learning from the older mothers. Hence, the project has brought the young mothers and the SMAG volunteer mothers together and the two are learning from each other's experiences, as opposed to trying to figure things out for themselves.

The SMAG volunteers further indicated that one of the important aspects of the LSL is that it is a great talking point and ice breaker with younger mothers. Whereas communication was difficult before, singing helps a great deal as it enables inclusiveness and fosters participation. Additionally, new mothers could reach out to the SMAG volunteers and other mothers and ask questions and open up to them more, as opposed to the health staff. This further demonstrates a changed behavior in the young mothers and the SMAG volunteers. All in all, LSL has promoted effectiveness in the way of dealing with the young mothers.

It has furthermore, created opportunities for friendship in support of each other. For example, the young mother who was raped had closed up to society, but belonging to the young mother's group has helped her in speaking up and to having a sense of belonging.

**Objective 4:** Contribute to Zambia's achievement of multiple UN Sustainable Development Goals (SDGs) through the application of novel arts and humanities-led strategy.

**Table 10: Strategic Objective 4: Impact and Indicators**

IMPACT	INDICATORS
Contribute to UN SDG 3 “Good Health and well-being” and SDG 5 “Achieve gender equality and empower all women and girls”.	<ul style="list-style-type: none"> <li>• More information loaded songs composed</li> <li>• Increased participation of younger more vulnerable mothers attending the health facilities</li> <li>• Increased numbers of secondary beneficiaries</li> <li>• Empowered young women and girls</li> </ul>

The consultant evaluated how the LSL (2020-2021) has contributed to Zambia's achievement of the SDG's. The SDG 3, in particular, was considered because of its focus on “Good Health and Well-being”. To ensure healthy lives and promote well-being for all, at all ages, is of particular importance. The SDG 5 with a focus on “Achieve gender equality and empower all women and girls” has been contributed to in this project. The women and girls have been empowered with life saving information in the lullabies. Furthermore, the groups of young mothers as well as the SMAG volunteers has emerged as a platform for all the interested parties to voice and express themselves. The young mothers are able to share experiences and as such are a source of encouragement to and for each other. Judy and SMAG on page 31, have demonstrated this in their narration.

The ages captured in this project includes the unborn baby's health and the newly born, to young mothers between the ages of 15 to 25 years. The SMAG volunteers confirmed that, besides the direct beneficiaries, there were about a further 346 people as secondary beneficiaries that were covered at MCH, Family planning and as well as village meetings. Table 5, 6 and 7 above equally demonstrates the increasing numbers of the young mothers as table 11 below demonstrates too. The statistics confirm numbers of the young mothers that have increased considerably due to the impact of the LSL.

**Table 11: statistics**

UKRI GCRF ‘Life-saving lullabies’: Reducing adolescent maternal and neonatal deaths in Zambia’		
<b>Chunga, Matero, Kayosha and Kapila</b>		
Project Indicators	2020	2021
# of volunteers working on lullabies	30	30
# of volunteers reached through lullabies	42	164
# of young mothers reached through lullabies so far	81	334
# of songs composed	16	31
# of health staff in lullabies	8	11
Total	177	570

The LSL (2020-2021) used the novel arts and humanities-led strategy to ensure healthy lives by disseminating information loaded songs in an effort to promote well-being. The participants narrated how through the LSL (2020-2021), they have received information that has helped them ensure the health of the baby and the mother. The songs, such as the well cited ‘danger signs,’ has been used to inform the hearers of the importance of taking note of danger signs and what to do. These signs include:

- If bleeding in pregnancy: don’t stay home, go to the health facility to get checked
- If one has a headache: go to the health facility, it could be that the blood pressure has gone up and that can be dangerous to the unborn baby
- If baby has diarrhea, give plenty of water or go to the health facility to get Oral Rehydration Salts (ORS)
- To prevent malaria, make baby sleep under a mosquito net.

The other well cited song is called ‘going to the hospital’ that basically carries information about ante-natal days, under-five days etc. The information in the songs, help the young mothers take and keep note of important dates. The song is like a diary that is kept by the young mothers to remind them of the important dates. Another song, ‘family planning’, was an action song that was used as a tool, demonstrating a woman who was/is failing to have time to herself because, she and her husband are or have failed to space their children.

Another important song is called ‘my baby in the womb’. This song encourages a mother to sing to her unborn baby. The mother tells the baby her wishes for it while rubbing her belly. The song further encourages the mother to begin bonding with the

unborn baby. Fathers have also been taught the songs to encourage them to sing to the unborn baby and help them bond with the baby as well.

Yet another song, is one that encourages mother to breast feed exclusively for the first six (6) months of the baby's life. Reasons for encouraging exclusive breastfeeding for the first six months include protection from diarrhea, and other childhood illnesses.

The consultant evaluated a number of songs to examine the information they carry. A total of 28 songs have been composed by both the SMAG and the young mothers, and of this total, three of the songs were not original compositions. These songs are in the public domain. The songs varied in type, there were songs that pertained to the health as well as wellbeing of the mother and her baby, songs that were used to comfort, reduce and help with anxiety and also assist with stress relief, in addition to the typical lullabies.

#### **A. *Health and wellbeing***

1. Family planning
2. Nutrition
3. Services offered at the health facility
4. Breastfeeding
5. Danger signs
6. My baby in the womb
7. A world of illness (Covid-19)
8. Importance of lullabies
9. Male involvement in the life of the baby

Other songs speak to a mother who has either miscarried or lost the baby. The songs encourage the grieving mother to accept the loss and move on with life. These songs were identified to help relieve one who is dealing with stress and anxiety. The following testimony from a mother who lost her baby is a good example.

*The story of how I started with this lullaby project starts when I had a miscarriage and lost a seven-month old pregnancy. The odd thing about the miscarriage I had was that I did not feel any labor pains, I only felt some odd stomach pains once in a while but it did not seem like anything serious. Then in the early hours on one morning, around about 04 hours, I woke up to use the washroom, to my surprise the baby was born in the bathing room, the baby was already dead. I felt weak and failed to walk so I crawled from the bathroom up to the veranda, and sat there until morning. The people then came and collected the body of the baby for burial and I was taken Kayosha Clinic. There I was examined and declared fit for discharge. I was given another appointment to*

*go to the clinic and when I went back that is how I joined this program. I was encouraged to take heart, as these things happen. In the songs we sing we have messages such as if one develops a headache, they need to go to the clinic, if you start bleeding during pregnancy you need to go to the clinic and not just stay at home. This has led me to encourage my friends that going to the clinic is the best thing one can do. The lullaby project was really good as it assisted me at my time of need when I lost my baby. I have now come to terms with my loss and I do not usually think about the ordeal. God has blessed me and we are now expecting another baby and now those songs that we are being taught, I sing for my unborn child. When I am singing for my baby, I can feel the child moving in my womb that makes me know that my baby is well. [Tsai]*

## **B. Comforting and anxiety and stress relief**

1. Comforting song
2. I feel good
3. We are women
4. Your love
5. Rejoicing song
6. God bless you

The other songs are lullabies that help mother when it comes to activities such as putting a baby to sleep, feeding, playing and when bathing the baby. These lullabies have been said to help mother and baby bond as well as father and baby.

## **C. Normal lullabies**

1. Go to sleep baby
2. My baby
3. Stop crying baby

Some songs were familiar among the four (4) health facilities. The sharing of some of the LSL was appreciated by all the participants.

The consultant was informed of difficulties in composing the songs by the young mothers. Who narrated how they find the composing of LSL difficult. The SMAG volunteers have composed more songs than the young mothers. This is an important part of the project and hence, the sustainability of the project is depended on the number of songs composed as well as the content of the songs. What makes this project unique and important is the information that these composed songs carry. It is a unique strategy of disseminating important information for the health and wellbeing of the recipients. The

songs are a simple mode that not only captures a number of people but effectively disseminates information to people who live in hard-to-reach areas, with the information that they may not have otherwise been given or reminded of etc.

The following narrative is from the staff at a hospital facility:

*Our anti-natal and under-five days are now so exciting because of the singing of the lullabies. These young mothers and the SMAG volunteer have helped reach out to the other young mothers who would have not been at the health facility. The information in the songs is very important. It is information that would have taken a number of sessions to inculcate into the young mothers [facility staff].*

## **Objective 5 Disseminate project learning outcomes through a symposium**

The LSL project evaluation findings will be disseminated to the researchers to help them assess the effectiveness, and impact of the project. This will be done through a presentation where the major findings will be presented

### **6. IN SUMMARY**

#### **1. *Relevance of the project:***

The ETE has demonstrated the relevance of the project and its contribution to reducing the neonatal and maternal deaths. This is because the participants demonstrated how the LSL provided them with information that has enabled them to understand the relevance of attending ante-natal and under-five clinics. The young mothers learnt about the LSL through their friends and the SMAG volunteers. Others learnt from the staff at the health facilities. It was clear from the narratives that the participants understood the purpose of the LSL.

#### **2. *Effectiveness (process and outcome results):***

The songs are composed by both the SMAG volunteers and the young mothers. The messages in the composed songs are evaluated by the participants themselves. They edit and ensure that the songs carry the intended messages. The SMAG and the young mothers work together and support each other as well as share the songs. The strong support system formed by the young mothers and the SMAG is a strong structure that has helped the project continue.

It has been clearly indicated in the data collected how lives of participants have been saved and changed. Of significance is the life of the 15 years old girl who became a mother after being raped and later fell pregnant. Her life was shattered but once she joined the young mothers, because of the songs, she has never been the same again. The lifesaving lullabies have given her information on how to help and keep her baby healthy. The singing process has helped her deal with the stress and provided her with a support system. The real life stories are the reason for other mothers joining the group. The stories of those impacted upon by the songs stand as strong evidence of the how effective the LSL are.

Singing during labor and to a baby in the womb have emerged as a new phenomenon to the young mothers and the SMAG. The nurses confirm singing

to mothers in labor to help them relax during labor. The fathers have equally expressed joy as the result of singing to a baby in the womb.

The participants did not see any areas needing change and clearly indicated their passion to continue meeting, composing and singing the LSL. The message they share in the songs is life and hence important.

### **3. *Efficiency:***

The project has achieved its intended results during the implementation period between 2020 to 2021. While there are missing sufficient statistical data to demonstrate this, the rich in-depth narrative has demonstrated how lives of young mothers have been improved by the information received and behaviors have been changed through the LSL.

The facility staff supported the stories of the young mothers and the SMAG. They indicated that they have seen numbers increased due to the singing project. Every time we have under-five clinic and ANC, singing takes place and many are learning the songs and taking heed the messages in the songs. So far the staff indicated that the LSL have sent messages out to many in the communities with their songs demonstrating the efficiency of the LSL (2020-2021).

### **4. *Impact:***

The LSL project has impacted a number of lives. There are a number of stories that have been given to prove the impact of the project. The beneficiaries, especially the young mother's lives, have been impacted upon. Notable is the life of a young mother who got pregnant in grade 12. She kept herself in the house ashamed of what the community would say. She finally started attending antenatal clinic and delivered at the clinic. She tells of how the LSL helped help her deliver at the clinic. The information in the songs continued to help her keep her baby healthy. Yet another story is of a young mother who tells of how the LSL help her not to miss the under-five clinic services for her baby because of the information through songs. Other benefits of the project noted were the bonding with the baby, comfort, joy and a calming effect for both mother and baby. It also enhanced bonding and trust between the participants and the SMAG volunteers.

### **5. *Sustainability:***

All the participants claimed that the LSL was a project that should not end. Singing has become a life style and the participants demonstrate this in their very

communities by singing to the other members of the community. It does not cost money to sing, therefore, the best way is to keep singing for the communities to hear the message in the songs.

#### **6. *Cross-cutting:***

The cross-cutting issues included in the project is the inclusion of the fathers and the Covid-19 pandemic. Fathers are crucial to this project. Their involvement is important because it is all about the life, health and wellbeing of the baby and the mother. The fathers have been included in the project through songs. One father turned up at the clinic to explain the sheer joy he had after the baby moved in the wife's womb while he was singing to the unborn baby. The Covid-19 pandemic has divested people's lives. The LSL (2020-2021) has not been spared. The restriction health protocols affected gatherings and hence the young mothers and the SMAG volunteers were unable to meet as they should.

In conclusion, the LSL (2020-2021) project was an excellent initiative that enabled lifesaving information to be disseminated through a novel art and humanities-led strategy. The stories narrated and experiences given, provide rich in-depth data that demonstrates the relevance of the project. The LSL, can no longer be considered as a tool that helps with baby care in terms of sleeping, calming down, play time etc. The LSL (2020-2021) concept has revivified the lullabies. The innovation is appreciated by the beneficiaries for the lifesaving educative and critical health messages.

## **REFERENCES**

Delfino J., (2021). I sang through Labr to Manage the Pain.

Available at: <https://www.nytimes.com>

Accessed on 02/04/21

Gianetti B.; Musakanya K. E.; Moraes A. N.; Chizuni C.; Groeneveld C.; Kapina M.; Hamoonga. R.; Mazaba. M. L and Mukonka V. (2018). Maternal Mortality Trends and Correlates in Zambia. Zambia National Public Health Institute.

Available at: <https://www.znphi.co.zm>

Accessed on: 14/03/21

International Trade Center (2018). ITC Evaluation Guidelintes (2<sup>nd</sup> ed.)

Available at: <https://www.intracen.org>

Accessed on 02/04/21

Peersman G. (2014). Evaluative Criteria

Available at: <https://www.unicef-irc.org>

Accessed on 02/04/21

Plecher H. (2020). Infant mortality rate in Zambia 2019

Available at: <https://www.statista.com>

Accessed on: 12/03/21

Macrotrend (2021). Zambia Infant Mortality Rate 1950-2021

Available at: <https://www.macrotrends.net>

Accessed on: 12/03/21