

Evaluation Report RFL Ejeda 2005



**Andrew Lees Trust in collaboration with UNICEF
Ejeda, Southern Madagascar
Mother and child health care
HIV/AIDS awareness**

Susannah Johansson 2005

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Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
ALT	Andrew Lees Trust
CNLS	Committee Nationale pour la Lutte Contre SIDA
HIV	Human Immunodeficiency Virus
LG	Listening group
NLG	Non-listening group
NGO	Non-Governmental Organisation
PCID	Partners for Communications and Information for Development
PR	Projet Radio
RFL	Radio Feon'ny Linta
RNM	Radio National Madagascar
STI	Sexually Transmitted Infection

1. Background

The Andrew Lees Trust, ALT, supports regional development in southern Madagascar by providing wider access to information about health care, agricultural practices, food security and natural resource management, through non formal education via radio-broadcasts (ALT Projet Radio 1999 –present)

In 2003, ALT Projet Radio (PR) was visited by the Head of Communications at UNICEF Madagascar Ms Misbah Sheikh, and her team. Subsequent to this visit, a collaboration between ALT and UNICEF was proposed to respond to the urgent need for increased communications and access to health education in the Mahafaly area.

To date the Lutheran hospital in Ejeda is the main community and health development agency in the Mahafaly region. Given that the health interests of the hospital correspond to those of UNICEF, ALT Projet Radio proposed to launch a new FM station at the hospital and to research, develop and produce educational radio broadcasts to increase awareness about health issues, especially for young women, and promote health services available at the hospital.

Historic

The main objects of the ALT UNICEF collaboration were to provide wider access to health information and to promote improved health care practices, through empowerment by education via radio in the Mahafaly region. The specific objectives were to launch a radio station in collaboration with the Ejeda hospital and develop programming to affect positive changes in knowledge, attitude and practice with target populations in relation to HIV/AIDS awareness, mother/child health, young people's skills for life and sexual health/family planning.

The Mahafaly region had been without a local radio station for approximately 40 years and has poor access to media and information or communications. There was consequently no capacity and little experience of how to use media for development and/or health awareness purposes, and ALT PR with UNICEF support has helped to catalyse this activity in the region.

The new station named Radio Feon ny Linta (RFL) was launched in June 2004 and a team of local programme makers were recruited by ALT to work in parallel to the hospital and the station, to ensure a synergy of broadcast in response to health information needs and hospital services in the region.

ALT and UNICEF provided a series of trainings over a number of months to develop the capacity of the local team – both within the hospital and at the radio station, and structured programming commenced in earnest in 2005.

Two activity reports have been submitted to UNICEF since the start of the project which has been executed in two distinct phases. Phase 1 installation and set up of the radio station. Phase 2 of the project, programming and development of themes and broadcast on women and child health, HIV AIDS and targeted themes in respect of hospital services eg visit of eye doctor.

The hospital

To date, the hospital in Ejeda is the main community and health development agency in this region. The hospital works with 40 village communities providing health information and promoting hospital services and best health care behaviours in order to promote change for some of the traditional practices considered dangerous, and that affect women and children in particular.

As part of the project collaboration, the hospital allocated and prepared a building to house the station and had a valuable 100 foot mast for a radio antenna (from previous years) which would help carry an FM signal over 100 km in the region.

The collaboration benefits from:

1. The expertise of the UNICEF team and access to technical and educational materials and support from UNICEF Madagascar.
2. The expertise and knowledge of two surgeons and a number of field agents from the Ejeda Lutheran Hospital. The hospital for follow up and implementation of health services and counselling.

3. BLU¹ Communications via Ejeda Lutheran hospital (there is no phone service in this region).
4. The ALT Projet Radio team, and the PR PCID radio communications network for development in the south launched by Projet Radio which includes:
 - Regional Programme Library
 - Production studios
 - Monthly programme production
 - A network of 18 FM radio stations across the south
 - 34 local partners affiliated as the Partners for Communications and Information for Development (PCID)² who contribute to the radio programs library and participate in the project
5. The monthly programming produced by the PCID and other regional and national partners which include: education and information on farming and fishing, food security, health, HIV AIDS (ALT Projet Radio SIDA), market prices, natural resource management, conservation and energy, good governance and regional development, training and economic opportunities.

Main activities proposed by ALT in Ejeda

1. Train and support a team of health experts in Ejeda to research produce and broadcast health programmes via radio, in particular to create awareness and change attitudes about HIV/AIDS.
2. install full on air production studio, and FM transmission capacity at Ejeda Hospital for broadcast of the programmes
3. train Ejeda team in edit, production and broadcast techniques
4. link the station at Ejeda with regional PR/PCID
5. duplicate programmes made by the Ejeda team in the PR regional programme library
6. ensure sharing and broadcast of the Ejeda programmes with a minimum of 12 other radio stations across the south
7. monitor the impacts of the radio

2. Introduction

This report deals with **(7) the evaluation** of the second phase of the ALT UNICEF project, the impacts of programming and the development of themes locally. The report will also look at the programming and management capacity of the station Radio Feon'ny Linta, RFL.

The evaluation was carried out in Ejeda between October to December by a team of six Malagasy researchers and Suzanna Johansson (Communication for Development³ program at the Arts and Communication-department, Malmö University, Sweden. see annex 1 CV).

The evaluation process was supported by the ALT team in Ft Dauphin and by training provided by Leo Metcalf (Evaluator ALT Projet Radio SIDA) and by Gerry de Lisle (Co-ordinator ALT Projet Radio SIDA). An overview and briefing were provided by Country Director, Yvonne Orengo.

¹ a kind of technical equipment making it possible to communicate with other hospitals in Madagascar; you can see it on picture number

²16 different NGO:s that have asked for radio stations and that participate in this project. They make radio programs and each month one program from each station is put on a cd that are sent to all the radio-stations

³ Program for professionals within media and NGO's

The ALT Projet Radio documents were made available for the purposes of understanding the Participative Production Cycle and other methodologies used by the programme.

The evaluation team

The evaluation team worked during a period of two and half months with local people around the region of Ejeda and using the Ejeda Hospital as a main base for its activities.

The evaluation study was preceded by three days of training and preparation of the team in September with a further two days of training and preparation in the beginning of November, before the second part of the study

The team consisted of researchers and co-ordinators⁴:

- Mr Loubien, consultant and local co-ordinator to ALT for HIV/AIDS evaluation (ALT/CNLS), who had the role of coordinator of the evaluation in the field. He assisted the training of the field team.
- Mme Blandine, the ALT local coordinator Ejeda. Carried out quantitative and qualitative research in the field as well as translation of documents and radio programs. She also participated in the production of radio programs about mother/child health care and HIV/AIDS.
- Mlle Omega, Producer/editor, ALT Tulear, assisted with individual interviews in Malagasy and with radio-staff and the employees at the hospital. She also trained the radio-staff in animation and interview techniques, and other basic knowledge for a radio-presenter.
- Mr Lightfoot, local ALT team Ejeda, assisted the quantitative and qualitative evaluation in the field. He also participated in the radio-production, in particular the radio programmes on HIV/AIDS.
- Mlle Charlotte, ALT program-producer Ambovombe, assisted the quantitative and qualitative evaluation in the field. She also trained the radio-staff regarding ALT's production cycle. She was responsible for the production on mother/child health care.
- Mr Ndrema, Editor/technical assistant ALT Tulear. He assured the technical training of the radio-staff as well as the editing and final production of radio programs. Occasionally assisted with the quantitative study.
- Suzanna Johansson, independent evaluator managing the team and the work in Ejeda. Based in Sweden and regularly working as journalist and communication's expert, specializing in communication for development.

⁴ These persons are mostly mentioned as a group in name of "the team" or "the fieldworkers"

3. The evaluation study

The study has three main objectives

Firstly, to evaluate the impacts of the radio station and project programming by studying the production processes, the program contents and by studying what the listeners learned from the radio.

Secondly to assess the need for continued production of radio programs and exchange of competences and skills between ALT, UNICEF and SALFA (Ejeda Hospital) teams.

Finally, to provide a series of recommendations in respect of further training to the radio-staff regarding mastery of technical equipment as well as animation, interview and research techniques.

3.1 Evaluation structure

The evaluation focuses its analysis on the impact of the radio and its efficacy regarding the knowledge and the awareness about mother and child health care and HIV/AIDS.

More than 250 people participated in semi-structured interviews, and focus group discussions.

The evaluation includes three parts:

- content analysis;
- Impact Assessment study;
- production study;

3.1.1 Content analysis

The content analysis studied how well the key messages are adapted to the needs in this region, if they respond to the needs concerning health information or just part of it; if the language and format is adapted to the listeners, and how well the programmes have been developed.

Because of time constraints, the content analysis in this study is limited. It focused mainly on an analysis of key messages in the programs about mother and child health and HIV/AIDS, the study of the program schedule, and random listening to the radio at different times.

3.1.2 Impact Assessment study (IAS)

The Impact Assessment study examines precisely what the radio listeners have learned from the radio programs dealing with mother/child health and HIV/AIDS. It also examines which type of formats the listeners best remember, and their preferences.

The IAS was carried out with focus groups in Ejeda and its surrounding villages.

3.1.3 Production analysis

The production study set out to understand the working procedures within the radio station. As well as establishing how the radio-staff work, it also aimed to clarify how the

radio-staff and the radio committee consider the role of the radio in the region, and particularly in respect to its potential to promote the hospital activities.

This study was made by a series of observations, meetings with the radio committee, individual interviews with radio-staff, and non formal discussions with the ALT/SALFA-staff, and with the radio-committee-members.

Methodology

3.1.2.1 Focus groups

The focus groups in the reception study include village listening groups⁵ and non-listening groups.

Village listening groups

One of the components of the Projet Radio methodology is the setting up of listening groups, LGs. These constitute of 10 to 15 people within a community. They share one radio distributed by ALT or its PCID partners, for which they sign a contract of collaboration with the project. This contract exchanges the radio for their time to: listen to programmes broadcast by ALT PR PCID, assist in identifying programme themes, and monitoring impacts of programmes.

Village non-listening groups

Focus groups were also conducted with non-listening groups, NLGs. For the reception study, interviews were equally carried out with the same number of people in NLGs as within LGs. The respondents were chosen randomly in order, as far as possible, to correspond to the profiles of the listening groups regarding age and sex.

Listening in general

It is important to note that radio is a relatively new media in the region for a whole generation. Also, there are no other easily accessible sources of information through the media in Ejeda. The ***national radio signal is extremely poor in this*** region and no other FM radio station exists in this area or transmits this far. (*Globecom study for ALT 2002*).

Therefore, although listeners may not be members of an ALT/PCID listening group, they will still have access to and hear RFL and the broadcast PR PCID programmes through personal radio sets. One can also assume that for each radio set at least 5 people are listening at any one time (NLGs).

This study clearly shows that for both HIV AIDS information and mother and child health awareness, an average of over 85% of people attached to listening groups received their information via the radio and at least 75% of non listening groups also cited the radio as their main source of information.

Furthermore, research by Projet Radio in 2000, 2005 indicates that even people who do not have direct access to a radio and are not members of a listening group, still learn about the key messages from radio broadcasts because of the strong aural traditions in the south of Madagascar. Findings from these studies supported this hypothesis.

⁵ See under village listening groups

3.1.2.2 Impact Assessment Study (IAS)

Baseline

As part of the ALT PR PCID network, the RFL radio station received PCID and Projet Radio SIDA programme CDs from 2004 onwards. This study was therefore unable to establish true baseline data as some information, especially programmes on HIV AIDS, had already been broadcast by RFL before the study, ie June 2004 and October 2005.

However, a control group of new listening groups in three communities was set up to test the impact of new radio programmes on a completely new listening audience to measure any substantial differences between LGs who had already received a radio and programmes since 2004 and the new groups. The results from these groups was ***not significantly different*** from those of the other listening groups who had been in receipt of a radio and heard programmes prior to the evaluation study. This suggests that the new LG results are concordant with the main findings and have consequently been assimilated in the tables below. It also provides some indication of the rapid learning opportunity that the listening group can provide and strengthens the overall findings.

We know also from the study results that a minimum of 75% of all respondents (LGs and NLGs) in this survey site the radio as their main source of information, and we also know that no other station has broadcast from Ejeda in decades. Furthermore RNM is unable to establish good signal in this region, and we can therefore attribute, with a high probability, those responses which site radio as their source of information being due to the presence and broadcast from the RFL radio station.

Interviews

The IAS has been carried out in order to measure the impact of the project's radio programmes on local listeners. Semi-structured quantitative interviews were carried out with focus groups, consisting of LGs and NLGs. Most of the focus groups in Ejeda area are mixed but the interviews were carried out for women and men separately and individually. The interviewees were not shown any possible answers beforehand. They were also free to give multiple answers to the same question.

Group discussions

Group discussions were carried out with listening as well as non-listening groups. Even though the listening groups are usually mixed, the group discussions were carried out with women and men separately. This arrangement affords the best opportunity and environment for women to speak freely, as women are marginalised in the village decision making hierarchy and consequently would not usually speak in front of men.

The discussions in the women groups were led by a woman and the men's discussions groups were led by men. The group-discussion-interviews include some of the same questions as the IAS interviews. Their purpose was to deepen the discussion with the radio-listeners.

Individual interviews

The individual interviews were not linked directly to the Impact Assessment study. They were used to provide more detailed understandings of local perspectives and attitudes.

The interviews served additional purposes: for IAS to complement the research information –in the content analysis to ascertain if messages corresponded to the specific needs in the region. In the production study they were used to provide an overview of the work within the radio station and the managing body of the station.

4. Mother and child health care

4.1 General situation

In Madagascar approximately 160 children die each day due to malaria, diarrhoea or respiratory problems caused by infections. More than half of the children under five years suffer from malnutrition. In rural zones only three out of ten persons have access to drinkable water⁶.

In the south of Madagascar, especially in the Mahafaly-region, traditional practices are still strong and considered very important in daily life. For instance new-born babies are fed with a plant-tea called *tisane* that is meant to “clean” the baby from “*bad things*”⁷ In many cases this is the reason for severe diarrhoea and at worse can be fatal. Dirty water is another danger and another reason for diarrhoea. When somebody falls ill the first reflex is not to go to the hospital, but to the *matronne*⁸.

4.2 The radio programs about mother and child health care

The following programs were broadcast before the evaluation started:

a) Advantage with prenatal consulting

The first programme was an interview with Dr Peterson⁹. Mrs Blandine asks the doctor why you should go to the hospital when you think you are pregnant. Dr Peterson answers that there are several reasons. First of all it’s a way to confirm that a woman is actually pregnant, as sometimes interruption to regular menstruation can indicate health problems.

Dr Peterson doesn’t speak the Mahafaly-dialect even though he makes some efforts to replace some words or expressions. A lot of people remember this program even though it lasts eleven minutes and tends to be a monologue.

b) Consequences when neglecting prenatal consulting

This is an interview with a mid-wife from the hospital. She reinforces the messages of the Dr Peterson interview mentioned above. If a woman neglects to come to the hospital for a prenatal consulting she may miss the opportunity to identify any problems with the pregnancy or her general health. The programme lasts six minutes which is sufficient.

⁶ This information is taken from <http://www.unicef.org/french/infobycountry/madagascar.html>

⁷ ‘bad things’ can be understood as an evil spirit, demon or something unhealthy in your body that has to be cleaned out

⁸ corresponds to a midwife but without medical training

⁹ chief surgeon at the Lutheran hospital in Ejeda

3. Definition of pregnancy

Long spot featuring a midwife. The program reinforces the same theme as in the two preceding programs. To be sure that the woman is pregnant she has to come to the hospital and be examined by a scanner. This program is slightly more than two minutes.

4. Exclusive breast-feeding

Two programs which concern breast-feeding exclusively. Both seem quite appealing. One of them is short and funny. It's a spot and doesn't exceed one minute in time. A baby says that for him/her it's sufficient with breast-milk. It's what he likes best and it contains all the vitamins and minerals that he/she needs.

The baby-voice announcing this in form of a poem makes the listener jump ... suddenly a baby talks in the radio. It's innovative compared to the preceding programs mentioned here.

In the second program a mother testifies the advantages with exclusive breast-feeding. Since it's a woman in a village outside Ejeda expressing her own experiences the program has a lot of interest and credibility for the listener.

5. Polio-vaccination

A spot with three slogans about the advantages of polio-vaccinations - this works hand in hand with the government's policy and polio-vaccination programme.

6. Malaria

The program is made-up in the form of story-telling. There is one person who has a very clean housing-area. He tells somebody who has a lot of mosquitoes in his home to clean up his housing-area, to take away bushes and trees around the house and sweep it clean from leaves and things that attract the mosquitos. There is interaction with traditional Antandroy-music, which is close to the Mahafaly-music. This is an interesting program and a good deal of the listeners remembered it. It confirms that people in southern Madagascar often remember key messages from the radio very well¹⁰ because they are used to aural traditions and listening to stories.

7. Diarrhoea prevention

Dialogue between two mothers. One of them wonders what to do with the baby who has got diarrhoea. While the first mother doesn't know what to do the other one explains that she should give the baby boiled water often.

8. Diarrhoea and re-hydration

Another program that was produced but not broadcast before the study due to the technical quality is *Iray sy valo*, SRO-solution¹¹. It's about two and half minutes in length. Once again there are two mothers talking in a dialogue. One of the mothers tells the other how to make an SRO-solution. This program was broadcast at the end of

¹⁰ information from ALT

¹¹ Solution made of 1 litre of boiled water, 1 coffee-spoon of salt and 8 coffee-spoons of sugar

October before the conclusion of impact assessment study on mother and child health care.

4.3 Impact Assessment Study Mother and Child Health

Focus groups

The IAS about mother and child health care was carried out with a total of 109 persons from listening and non-listening groups. 55 women and 54 men were interviewed.

The study was carried out in the following zones:

IAS interviews:

Andranotsiriny : rural

Beahitse : rural

Lambomaty : urban

Sakoatovo : urban

Belafike : rural

Group discussions:

Farafatse: rural

Ejeda: urban

Outcomes of IAS

In this study we asked six questions on different subjects concerning mother and child health care. The first two questions concerned the feeding of babies according to two radio programmes that had been broadcast within three months before the interviews.

An additional question which asked listeners what is the source of their information was added. Because of the importance of this question and the significant results, the data from this question will be addressed first:

Sources of information

(6) Which are your sources of information?

As well as the five questions on different matters regarding mother and child health care there was a question about the sources of information. Where did the local people get the information we asked about. Did they get it from the media, from local authorities or other?

Which are your sources of information?	Listening groups	Non-listening groups
Have you got the information from the media	96%	75%
From the radio (any radio channel)	95%	75%
From RFL (Radio Feon'ny Linta)	86%	68%
Other radio channels than RFL	0%	6 %
TV	2%	0%
Newspapers	0%	0%
Posters	13%	0%

In the listening-groups 95% respond they had the information from the radio, RFL and any other channel included, and 86% say it was from RFL¹². The percentage of those who heard it on RFL is probably higher. Several of the persons answering that they got the information from the radio (any channel) but not from RFL later mentioned the programs that we recognised as RFL-broadcasts, as their source of information.

In the NLGs 75% answered that they got the information from the radio and 68% that they got it from the RFL.

As it is almost impossible to tune into the national radio for any length of time in the area, as there are no other radio stations within a wide radius, and only a few people have access to TV, ***RFL is probably the main media source in the region.***

The 2% of the listeners from the listening-groups who got the information from the television came from urban areas. Most of the respondents do not have electricity where they are living so access to television is extremely limited.

(1) Diarrhoea

What do you do if your child has got diarrhoea?

In the listening-groups 71% answered that they would give water to the baby often and 95% said they would bring the child to the hospital.

What do you do if your child gets a diarrhoea?	Listening groups	Non-listening groups
Give the baby water often	71%	32%
Give the baby a <i>tisane</i> (plant-drink)	5%	32%
Make a <i>SRO</i> -solution	18%	8%
Bring the child to the hospital	95%	23%

That can be compared to the NLGs where only 32% said they would give the baby water often and 23% said they would bring the child to the hospital.

95% of the LG said that will bring child to hospital

Only 5% of the persons in the LGs would give *tisane* to their child in case they get diarrhoea compared to 32% in the NLGs.

The research tried to go further and thus one of the possible answers was about SRO, which is the hydration solution of one litre of boiled water mixed with one teaspoon of salt and eight teaspoons of sugar. 18 % in the listening-groups and 8 % of persons in non-listening groups had heard about this recipe, but not all of those who had heard about it, know how to make it.

¹² That is, they directly mentioned RFL

(2) Feeding a baby

How do you feed your baby?

The second question concerned breastfeeding. How do you feed your baby?

From the listening-groups 79% answered that they were feeding their baby by breastfeeding exclusively. From the NLGs only 23 % gave the same answer.

How do you feed your baby?	Listening groups	Non-listening groups
Breastfeeding exclusively	79%	23%
Give the baby a <i>tisane</i> (plant-drink)	9%	49%
<i>Ash juice</i> (tree-ashes)	0%	19 %

There is a significant difference between the LG and NLGs where only 9% in LGs explained that you could give your baby the plant-drink called *tisane* (The traditional practice of giving tisane is potentially very harmful for babies), compared to 49% in the NLGs.

In the LGs nobody said they would give a juice made from water and ash of burnt trees to the baby compared to 19% in the NLGs.

However, out of 56 people answering that you should feed a baby by breastfeeding exclusively, 35 of them were men and only 21 women. The men heard about it on the radio and they answer according to what they have learned from the programme. The women have also heard it on the radio but since they are the ones feeding the babies they may answer according to what they have always done. That people listen to the radio and learn new information does not mean they will change their behaviour immediately.

Difficulties

The answer that you should give water to your baby very often if it has diarrhoea may appear to be contradictory to the answer that you should feed your baby exclusively by breastfeeding. The questions correspond to the messages given in the radio-programs that had been broadcasted until the end of September. The message in the first program about diarrhoea said that it was important to hydrate the baby with water. The message in the second program said that you should feed your baby exclusively by breastfeeding and not by water since the water may be dirty and transmit diseases, for instance diarrhoea. The field-team members were aware of this potential problem. Once the interviews were completed they explained the separate issues to the listeners.

(3)Polio-vaccination

Why should you let your children get vaccinated?

Why should you vaccinate your child?	Listening groups	Non-listening groups
To protect it against diseases	73%	87%
To protect it against poliomyelitis	71%	8%
To keep your health	12%	9%
To avoid death	2%	0 %
Because others do it	0%	2%

In the LGs 73% answered that it would protect them against diseases and 87% in the NLGs answered the same. This result may be surprising, but its meaning is revealed by answers to the next question, that is to clarify that it protects them from polio.

In the LGs 71% answered that it would protect them from polio while only 8% gave the same answer in the NLGs, which shows that people from the **LGs had a deeper knowledge about the programme and the vaccinations.**

People in the NLGs talked about diseases in general. They had heard that a vaccination could protect them, but they often didn't know exactly from what, while the people in the LGs had a more exact knowledge about the poliomyelite.

The program was made in accordance with a polio vaccination campaign being carried out at that time.

(4) Pregnancy

What do you do if you think you are pregnant?

The question about pregnancy followed the two radio-interviews, one with a mid-wife from the hospital and one with Dr Peterson. The programs were about pre-natal visits at the hospital. What do you do if you think you are pregnant?

What do you do if you think you are pregnant?	Listening groups	Non-listening groups
Consult a mid-wife	100%	91%
Vaccination	75%	58%
Take nivaquin	25%	25%
Treat illnesses	54%	13 %
Consult traditional doctor (ombiasa)	2%	4%
Consult matronne (traditional mid-wife)	2%	13%
Go to the hospital if ill	0%	6%
Take tisanes (plant-tea)	2%	17%
Make physical efforts	0%	8%

From the LGs 100% answered that they would consult a mid-wife at the hospital compared to 91% from the NLGs. Not one respondent who answered that they would consult a mid-wife also answered that they would go to the hospital. Consult the mid-wife included for them 'going to the hospital'.

From the LGs 54% say that they have to treat illnesses compared to 13% in the non-listening-groups.

Only 2% in the LGs would drink the plant-tea, that may endanger the baby, compared to 17% in the LGs.

All the respondents who answered that they would take tisane are all from the same village, Belafike. This provides an example of how monitoring impacts of radio programmes can help identify where there are concentrations of traditional practices and beliefs that could be harmful to the women/children's health.

The responses on vaccinations indicate that some respondents may have started to join up information between different programmes. A few broadcasts made by the hospital had promoted visits to the hospital for pregnant women in order that any health difficulties could be addressed, at the same time there was a concentration of programmes about polio vaccinations. Consequently it is possible that listeners have drawn the conclusion that if they are pregnant they also may need vaccinations. This highlights a need for careful planning of programming schedules and themes to address potential confusion over the multiple messages related to health care.

(5) Malaria

What can you do to prevent malaria?

What can you do to prevent malaria?	Listening groups	Non-listening groups
Draining (assainissement) of the living area	23%	15%
Use mosquito net	86%	77%
Take nivaquin every week	41%	6%
Use – burning mousquitoes repellent sticks	27%	34 %
Don't know	0%	4%
Burn manioc	7%	11%
Close the doors	5%	2%

This question was built on a program about how to drain the environment surrounding your house by cutting high grass, bushes and trees and take away what may create water puddles during the rainy season that attract mosquitoes. The format was storytelling.

Only 23 % from the LGs and 15% from the NLGs know it's good to clean the housing area. Seven of the respondents explained that they remembered this program best of all the programs. Five of them did not belong to listening-groups.

This accentuates the fact that non listening group audiences are hearing and appreciating the project programmes.

Although this programme had not talked about mosquito nets and nivaquin, in May of the same year a program about prevention and transmission of malaria had been broadcast. This program had talked about taking nivaquin and using mosquito nets. Also, during the evaluation work a new program was produced about the use of mosquito nets.

From the LGs 86% answered that you should use a mosquito net compared to 77% from NLGs.

School-children get nivaquin as a government policy in Madagascar and some parents may have received the information this way. Although many of the respondents knew they should use mosquito nets and take nivaquin every week, they also point out that it is too expensive for them to buy one or the other.

Group Discussions

The group discussions concerning mother and child health care were carried out in Ejeda and in the village Farafatse which belongs to the commune of Beahitse. There were six people in each group. The group discussions revealed no significant differences between listening- and non-listening groups or between rural and urban areas. It rather reinforced the fact that people who don't belong to the listening groups nevertheless also listen to the radio.

All the groups, listening- and non-listening, answered that the programs they remembered best were about exclusive breastfeeding, prenatal consulting and prevention of diarrhoea. Other programs mentioned were those on vaccination, malaria and the program about bringing sick people to the hospital.

Dialogues rather than spots

The best remembered format was the dialogue, an interview with Dr Peterson, story-telling (the story about malaria) and poems. In response to which formats they preferred they answered **poems, songs, story-telling and dialogues**, but **also interviews**. Many people said that they preferred programs that are a bit longer, but not too long either. Generally they preferred dialogues and interviews to spots, because spots are too short. One man from a non-listening group said that there shouldn't be too much information in one program because it was difficult to remember.

All groups answered that the programs were generally very interesting. Somebody from a listening-group said that they needed to learn from the radio "because the way of caring for babies wasn't the same nowadays".

All groups said that they adopted new practices they had heard on the radio as much as possible. Many of them, mainly the listening groups, listed what new knowledge they practised, which included breastfeeding exclusively, to clean the house¹³, to boil water before giving it to babies. The largest obstacle to not applying knowledge was money.

On the question if there was something in the programs that the listeners didn't adhere to, an older woman from one of the listening-groups said that programs about mother and child health were interesting but she requested programs for older women as well. There was nothing on the radio concerning her phase of life.

One group said that it was sufficient to listen to the radio, two of the non-listening groups said they would go to the radio to ask for more information and the other groups said that they would go to the doctor or to the hospital – which meant doctor at the hospital.

In one listening-group someone added that in the village, they didn't have the time to talk about such things with each other – which means they won't transfer the information they heard on the radio within the community. However, the IAS and individual interviews show that many people do talk and share information with each other about what they have heard on the radio.

¹³ probably following the story concerning mosquitos and malaria
*these are already being broadcast via PCID

The group discussions provided feedback about the programmes on mother and child health and help identify future needs:

- Make all the programs in Mahafaly-dialect
- Make programs in Antanosy, Antandroy and Mahafaly ... 'we also easily understand Vezo and Masikoro'*
- More programs on mother and child health, breastfeeding, diarrhoea
- Make short programs not to tire the listener
- Make programs that are around 30 minutes. "When they are too short we don't understand anything. When they are too long we forget easily".
- Make more poems
- More visits from the radio-presenters to see what's going on in the villages

4.4 The RFL's impact on hospital visits

Context

According to the chief-surgeon, Dr Peterson, few people have money to come to the hospital. They prefer to keep their cattle instead of selling them to free some money for hospital care. "In this region death is considered more important than life".

In southern Madagascar zebu are valued as a main source of wealth. They are also considered the mediators between the ancestors and the living and are critical in burial rites to secure a 'good after life'. All zebu are slaughtered during the funeral ceremony. Consequently, there is no inheritance. If the deceased person did not have sufficient number of zebu at the moment of his/her death the closest family have to buy, or work to buy, zebu for the funeral. It is considered very important to be generous with ancestors, so they may then be merciful to the family still living on earth.

4.4.1 The impact of the radio on the hospital visits

Unfortunately it was not possible to quantitatively measure if the radio had an impact on the number of hospital-visits. The number of patients coming to the hospital in 2005 was still not available information in December 2005 when the team left Ejeda.

A follow up research is under way in Ejeda to ascertain the number of visits to the hospital in 2005. Because hospital exit surveys were not carried out immediately during the period of the educational broadcasts it may still not be possible to clearly identify the link between the number of visits and the programme broadcasts, however it may provide some indication of increased uptake of service. Results of this follow up survey will be available in May 2006.

4.4.2 The radio's impact according to health-workers

Qualitatively, through interviews, the study was able to benefit from feedback from a number of the hospital staff. According to the two nurses we interviewed, the radio programs contribute by sensitising the population about health matters.

The female nurse pointed out that some people already have some knowledge about exclusive breastfeeding, SRO-solution and the use of condoms when they come to the

hospital. According to her the wind-up radio helps the notable¹⁴ or community chief to inform people living in the area about health issues.

One of the staff, Dr Samuelson, spends a great deal of time in the villages out in the bush. His feeling was that the radio has had huge impacts since generally there isn't much to do in the village setting, especially in the evenings when people are not at work. He himself brought letters from villagers that request a radio.

5. HIV/AIDS

5.1 General situation

On the HIV/AIDS-map Madagascar makes a particular case. HIV prevalence in the general population has been very low compared to the countries on the African continent. Unfortunately, since 1996, HIV prevalence has increased constantly. Passing from 0,01 % in 1996 to 0,15 in 1999 and then to 0,3% at the end of 2001 it has increased 35 times.¹⁵

The latest study carried out in Madagascar between May and July 2003 demonstrates the prevalence rate amongst pregnant women is 1,1%¹⁶. This also indicates that the epidemic entered the generalised phase and thus threatens to spread within the general population.

HIV-infected pregnant women

Rural zones make up the majority of places where the rate of HIV infection amongst women is over 2%. Amongst pregnant women that have been tested HIV-positive those in couples are more numerous than those who are single.

In Madagascar 29 places have a prevalence of over 2% in 2003

Relationship between STIs and HIV

The relationship between STI:s and HIV/AIDS is well established. An untreated STI can increase by tenfold the risk of spreading and acquiring the HIV virus. The STI prevalence is extremely high in Madagascar. In 1997 a study found a 17.7% prevalence rate of syphilis among the general population¹⁷.

Situation in Ejeda and its region

In Ejeda or in the Mahafaly-region studies on HIV/AIDS have not yet been conducted. Dr Peterson estimates that the Mahafaly-area is "a potential red zone" for HIV-prevalence, "because of sexual habits that are very free compared to other places in Madagascar", as he points it out.: "even though they (patients) are originally coming for a simple stomach or head ache, a good deal of the patients coming here are shown to have an STI."

¹⁴ Eg village chief, elder, respected member of the community

¹⁵ Report on the Global HIV/AIDS Epidemic, Epidemiological Fact Sheets for Madagascar, 2002.

¹⁶ Malagasy Ministry of Health 2003

¹⁷ IC. Ravaoarimalala, et al, Sida a Madagascar, October 1997. Other studies show similar results. For example, a government study showed syphilis prevalence among pregnant women to be between 9,4 % and 14,8 % in 1998; among sex workers, the same study showed a 28,3 % prevalence rate. Meanwhile, studies of prenatal clinics revealed an STI prevalence rate of 12 %; and STI clinic studies found a mean STI prevalence rate of 30 % among commercial sex workers. Clearly, consolidated Malagasy STI rates (including syphilis as well as other STI:s) are much higher than rates for syphilis alone.

Dr Tantely who is the responsible doctor for tuberculosis and HIV/AIDS at the Lutheran hospital in Ejeda explained that there are few possibilities to test people. The hospital can just do a so called “quick-test”, but often the results show up to be wrong. To be certain the only possibility is to send patients to the Pasteur-institute in Antananarivo. The fact is, not only is there a high percentage of STIs in the region, but also many cases of recurring tuberculosis - an opportunistic disease of AIDS.

5.2 Radio-programs about HIV/AIDS

The ALT/SALFA team Mrs Blandine and Mr Lightfoot produced an average of two radio-programs on HIV AIDS each month. Some of them were recorded on the PCID-CD, produced in Fort Dauphin or Tulear and therefore distributed to 16 partner radio-stations between Fort Dauphin and Tulear.

These included one targeted program about the transmission of HIV by “fatidra”, blood-brothers. It was a dialogue of about two minutes which dramatised the two men finding another means of creating their pact other than by blood. Also a program about transmission from mother to child by breastfeeding, three slogans about HIV/AIDS, a poem with the definition of HIV/AIDS, and a dialogue about the origin of AIDS.

Because the hospital is part of the ALT Projet Radio PCID communications network in the south, approximately 50 -programmes produced by Projet Radio SIDA were broadcast since 2004 – covering a variety of HIV AIDS awareness themes (in Androy and Anosy languages) including

- Prevention through the use of condoms.
- HIV transmission mother to child
- HIV in the rural areas
- The fight against AIDS
- Relationship of STIs and HIV/AIDS
- Explanation of HIV virus and how it affects the immune system (analogy with local references) in Androy

The ALT Ejeda team also commenced a radio- drama in two parts about HIV during the evaluation period, a competition for school children, songs, and statistics on HIV/AIDS in the world.

Remarks about the programs

Fewer programs on HIV/AIDS have been produced by the local staff in Ejeda compared to the number of programs they produced on mother and child health care.

The programs on HIV/AIDS deal with mother to child transmission and fatidra as well as a medical definition of HIV/AIDS. But there are no locally made programs about transmission through sexual relations. Added to the fact that there are fewer local programs produced on HIV/AIDS in general gives the impression that the program producers consciously or unconsciously, avoid subjects concerning sexual relations, because the matter is sensitive or taboo.

This has also to be seen in the light of a very religious society managing the radio, where sexual relations before marriage aren't accepted. In the Mahafaly area however, a good deal of the people do not belong to Christian communities and sexual relations among young people before marriage are very common. Furthermore the ethnic group in this region is polygamous.

In brief, despite the training provided by UNICEF and ALT, there appears to be a lack of programme production by the station staff in Ejeda regarding HIV-transmission/prevention themes in the local Mahafaly-language.

Fortunately the RFL station received the Projet Radio SIDA programmes which may explain the reasonably high levels of awareness around the HIV themes. However programmes made in local language and with local people would have a stronger impact and should be developed in the future – especially on themes of transmission through unprotected sex.

The region suffers high levels of ectopic pregnancies and caesarean deliveries because young women are often under 16 when they fall pregnant. This is largely due to local sexual practices and customs.

To talk only about fidelity is not sufficient. People will not change their behaviour from one day to another. For the moment no tests have been carried out in this region, but since an epidemic spreads through interpersonal networks from a relatively small number of central nodes, the best opportunity for controlling it exists for only a brief window before the epidemics breaks out of these nodes¹⁸. Therefore the dissemination of information on HIV/AIDS needs to be intensified.

5.3 Impact Assessment Study on HIV/AIDS

5.3.1 Sources of Information

While the impact assessment study on mother and child health care was carried out in direct relation to specific radio-programs broadcast within the three months preceding the study, the HIV/AIDS IAS was instead carried out with a more general approach to ascertain basic knowledge about the virus and the disease amongst the population.

Did you get the information about HIV/AIDS in the media?	Listening groups	Non-listening groups
Yes	89%	76%
No	11%	15%
Radio	89%	83%
RFL	53%	90 %
Television	4%	2%
Newspapers	2%	3%
Posters	0%	2 %
Other	5%	8%
Remember the content	58%	44%
Remember the format	47%	51%
Produced by ALT	58%	46%
Produced by other organisation	0%	7%

As approximately 90% of all correspondents (LGs and NLGs) replied they had learnt about HIV AIDS through the radio we can assume that much of the information would have been broadcast via RFL, and some programmes clearly identified as ALT productions

¹⁸ Singhal Arvind and Rogers Everett, « Combating AIDS-Communication strategies in action, Sage 2003

Did you get the information about HIV/AIDS from other sources?

That some respondents said they learned the information about HIV/AIDS from other sources does not mean they didn't get it from the media as well¹⁹.

Did you get the information about HIV/AIDS from other sources?	Listening groups	Non-listening groups
Church	4 %	5 %
Hospital	44%	36%
Mouth to ear	25%	30%
Traditional doctor	0%	0%
Neighbours	27%	32%
Community chief	4%	2%
At the market	20%	7%
Other	2%	7%

So far no-one has the HIV information from the traditional doctor (ombiasa) and only a few mention the "notable". The hospital is quite an important source of information; Dr Peterson explained that he tried to provide information about HIV/AIDS when he talked to his patients, as did Dr Samuelson at the state-owned medical clinic in Ejeda.

5.2. Scope of the IAS

In the Impact assessment study 114 persons were asked to answer seven questions

Among them, 55 people came from listening groups and 59 people from non-listening groups. In total there were 56 women and 58 men. The following villages were represented:

- Bekinona (urban zone)
- Evovo (rural zone)
- Besakoa (urban zone)
- Beholiva (rural zone)
- Tsikombo (rural zone)

The questions were the following : 1/ What is HIV/AIDS? 2/ How is it transmitted ? 3/ How can you protect yourself against it? 4/ How would you treat someone with the infection/the disease 5/ Did you learn about it in the media? 6/ What more would you like to know about it? 7/ Other sources of information?

At the end of October three new listening groups were installed. They were located in Manakoralohy-Nord, Tanandawa and Morovahatse. These LGs were launched as a control to study direct impacts of targeted radio programming specifically for the research. Interviews with a sample of four people in each of these villages were undertaken.

The results from these groups were **not significantly different** from those of the other listening groups who had been in receipt of a radio and heard programmes prior to the evaluation study. What is interesting is the rapidity of the new groups to learn and retain messages. Also, the fact that the results were concordant with the findings from the groups

¹⁹

The question number 7 was asked directly after question number 5.

who had radios before the study, which strengthens the overall findings in relation to information gained via the radio

(1) What do you know about HIV/AIDS?”

The first question in the baseline study, “What do you know about HIV/AIDS?” There are no striking differences between LGs and NLGs.

What do you know about HIV/AIDS?	Listening groups	Non-listening groups
It’s a virus	2%	5%
It’s a disease	93%	91%
It’s incurable	25%	22%
It’s lethal	71%	68%
A sexually transmissible disease	20%	12%
Other	22%	5%

From the LGs 93% knew it was a disease. In the NLGs 91% . In the LGs 71% knew it is lethal compared to 68% in the NLGs.

If we look back on the sources of information this is not surprising given an equal number of people from the NLGs got their information from the radio and RFL. This question does not show if they know the difference between HIV and AIDS. Most people know it’s a disease. Very few people know it’s a virus, which is unsurprising as local people are not familiar with the term “virus”. But all the population interviewed had heard about HIV AIDS.

Only one person interviewed did not believe it exists. This is a positive result as Madagascar is still struggling to highlight the threat of AIDS to its population – many of whom have ‘not seen someone die from it’ and consequently do not believe it exists.

Although many understand that HIV AIDS is life threatening, only a quarter understand that it is incurable. One can assume that many listeners will imagine that a cure is possible even if HIV is life threatening, and this highlights a vitally important theme that needs to be addressed in future programmes.

(2) What do you know about HIV/AIDS-transmission?

Again, there are no striking differences between LGs and NLGs, probably for the reasons mentioned above. For instance 47% in the listening-groups knew it could be transmitted by blood compared to 46% in the NLGs.

What do you know about HIV/AIDS-transmission?	Listening groups	Non-listening groups
Sexual relation	74%	88%
Unprotected sexual relation	18%	19%
Blood	47%	46 %
Mother to child	14%	12 %
Mousquitos	4 %	0%
Food	0%	3%
Touching/Contact/Kisses	7%	0%

Infidelity	18%	7%
Other	42%	24%

It is then more interesting to have a look at what people actually know, regardless of them coming from LGs or NLGs.

The need to highlight and clarify that it is unprotected sex that provides the opportunity to transmit the virus is identified through the interviewing process and should orient future programming.

The fact that NLGs had a higher knowledge regarding transmission via sexual relations is interesting. Listening groups were given radios by Mme Blandine who is well known by the community as a religious person working with the hospital – for this reason listeners may be reticent to mention sexual relations in their responses if she is present at the interviews. It was noted that people in the villages reacted strongly to the presence of Mme Blandine as opposed to the presence of other members of the team. There were also a large number of Lutherans in the listening groups.

Some respondents were able to mention one or two specific means of transmission by blood. These were “fatidra”, which means blood-brothers and which is a common practice in the Mahafaly-area, or by razorblades and unsterilised syringes.

Only a few respondents held false ideas and thought it could be transmitted by mosquitoes, food or by touching/contact, which in most cases meant kisses.

(3) How can you protect yourself from HIV/AIDS?

The third question, “How can you protect yourself from HIV/AIDS? should be considered together with the fourth question about how to treat people who got the infection. It also has to be seen in the light of the individual interviews that provided additional insight - For instance “fidelity” may have a different meaning locally : “fidelity” was interpreted by several people as ‘having one partner at a time’,- but nothing preventing them from changing this one partner each week

How can you protect yourself from HIV/AIDS?	Listening groups	Non-listening groups
Abstinence	7%	7%
Fidélité (un/e seul/e partenaire)	71%	86%
Condoms	74%	68 %
Go to the doctor	4%	3%

In this question nobody answered that an HIV positive person should show his/her status in order to make people know he’s got the virus.

Not one respondent said they would go to a traditional medicine man ‘ombiasa’

(4) How should you treat a person infected by HIV/AIDS?

In Madagascar as a whole people are still finding it hard to believe in HIV AIDS as they have not ‘seen’ the disease, and most do not, to their knowledge, have family, relatives or neighbours who have got AIDS. The level of fear about the threat of the virus is nevertheless quite high, as one would expect.

How should one treat a person infected by HIV/AIDS?	Listening groups	Non-listening groups
Help the person	47%	37%
Isolate him/her	38%	54%
Other	58%	64%

Under “other” some respondents felt that the infected person should manifest that he/she is infected so that everyone could know and avoid sexual relations, or indeed any contact, with him/her. Many respondents felt that an HIV positive person should be isolated. Some even felt they should be killed.

However, others said that one should bring the infected person to the doctor or the hospital or give him medicines. A few people said that the person should be treated like anybody else. “He/She is like anyone of us”.

(6) What kind of information would you like to have about HIV/AIDS?

People mainly seem to wish more general knowledge about HIV/AIDS, how to protect oneself and the symptoms of AIDS.

What kind of information would you like to have about HIV/AIDS?	Listening groups	Non-listening groups
General knowledge	53%	34%
How to protect oneself	44%	66%
Symptoms of AIDS	44%	32%
Prevention	20%	29%
Statistics	4%	7%
Other information	5%	2%

Wanting to know about ‘symptoms’ of AIDS can be a way of asking for information about how to recognise if they or another person is infected, rather than not understanding the nature of the disease.

5.2.2 Group Discussions on HIV/AIDS

Group discussions on HIV/AIDS were held in Beahitse and Satrapoty with altogether 64 persons, that is eight in each group, from LGs and NLGs.

The first question concerned the programs which the listeners best remembered on HIV/AIDS. All the groups remembered a program about AIDS as a sexually transmissible disease. Another program that several groups remembered was about infidelity.

All groups said they preferred *interviews and dialogues*, compared to the mother and child care group discussions where people often mentioned songs, poems and story-telling. Dialogues “made them recognise themselves”. Interviews were good to “catch the message” and receive “explanations”.

In some way or another all groups expressed that they wanted to learn more and that the subject interested them very much.

A man from a non-listening group said: "We have the will to learn and protect ourselves after all that we have now heard on the radio". A woman from a listening group said: "We are practising polygamy and we understand that it's an open door for AIDS. We have also heard about the condom and how to use it, but we have never seen this thing."

On the question: "Have you been able to practise your new knowledge" a woman in a listening group answers: "Yes, fidelity: the married women here are not going left and right any more, but the men here still do". "We would like to use the condom, but it still doesn't exist here".

However, another woman from a non-listening group said: "We can't practise any prevention because we don't know if this disease really exists".

On the question about where people would seek more information on HIV/AIDS most groups answered: from **the radio or at the hospital**.

In the last question: "What do you need to be able to fight against HIV/AIDS?" people answered: more information, **more radios** because there are too many people in the villages for just one or two radios, longer radio-programs about HIV/AIDS, songs about HIV/AIDS "because we like to hear songs"; **also condoms, and advice from the doctor**.

5.2.3 Group discussions with school pupils

In addition to the regular group discussions there were two group discussions held in the two comprehensive schools of Ejeda. The pupils participating were between 12 to 18 years old. Many of them came from the villages around Ejeda. They were divided in small groups of two persons in each, in total approximately 15 groups. Then they were asked: "What do you know about HIV/AIDS?" Also: "How can you know that a person has got HIV or AIDS?"

One girl thought you could see red spots on the body on someone infected by HIV. Somebody thought you could protect yourself with contraceptive pills. There were also a lot of questions about the origin of HIV/AIDS, how it appeared the first time, and if there is a vaccination developed. One girl told us that she didn't believe in HIV/AIDS. According to her it was all about politics and ideas coming from the "government and the vazahs" who wanted the Malagasy people to reduce the birth rate. This conspiracy theory about HIV AIDS has appeared in other ethnic groups in southern Madagascar. A similar opinion was pronounced by a boy in the local public school who participated in the study the same afternoon.

5.3 Individual interviews

The individual interviews were carried out with young people and with local authorities - health workers, traditional doctors and teachers. They explained social procedures, how people meet and communicate. They also provided a perspective on the level of knowledge and attitudes concerning health issues. For instance they explained that it is not uncommon to believe that HIV can be transmitted only by women who have had several sexual relations. It was also explained that the sexual debut for women starts at the age of 12-13, that common meeting-places for young people and sexual relations are the market day, the funerals and the langor²⁰, and that women mostly get paid for having sexual relations even if it is considered a romantic liaison.

²⁰ a combat-game between young men often taking place on the sandy banks of the riverside

6. Planning and production

6.1 The radio-staff

It should be explained that the local radio station staff are distinct and separate from the ALT local Ejeda team (Blandine and Lightfoot)

The two radio-presenters/journalists at the RFL were recruited by the hospital in 2004. This team received some targeted training in respect of their skills shortages and needs – mostly from ALT (see below, training) – but they have little experience of running a radio station. Consequently they have not yet fully realised the potential of the station and the role of radio in the region.

They earn 25 000 Ariary each month, which is about 14 euros. This is not sufficient for living and does not even correspond to the Malagasy minimum wage, which is 36 000 Ariary per month. One of them works in the morning and the other in the afternoon. They work all week-days without any rest or vacation. The radio-presenters can have hospital care for free if they get sick, but they are not aware of this privilege. On the other hand they don't have the same privileges as the hospital employees for whom closest family have the right to get hospital care for free.

For these reasons they are likely to be ***less motivated than one would expect***, given the potential of the station

Initially there were three journalists; one would go out into the villages to make interviews and to talk to the villagers about the radio. With only two journalists at the station this work is no longer possible

There is a lack of basic knowledge about information search techniques and interview techniques among the journalists

The program schedule and random listening to the radio at different moments showed that the programmes broadcast are mostly the PCID-programmes from ALT, including the programmes produced by Mrs Blandine and Mr Lightfoot (ALT local team), as well as weekly news with a resumé from the national radio, local news and a children's hour on Wednesdays when very young children come to the radio to sing. For the rest of the time there is exclusively music, dedications and publicity.

Training of the staff

Several trainings have been carried out by ALT since the start of the radio-station in 2004, (see UNICEF reports 1 and 2) including technical training on use of the station equipment, knowledge on HIV/AIDS, ALT's participatory production cycle (CPP), applying the cycle to HIV programme production, theoretical and practical field training on the CPP, interview techniques, mastery of the Dictaphone, monthly planning and program schedules. The participants have been hospital staff, the local ALT Team (Mme Blandine and Mr Lightfoot), the radio station journalists.

The radio staff also participated in a two day round table network meeting and HIV training in Ft Dauphin

A technical training was provided to the radio-presenters by Globecom following the installation of materials in 2004, and two technical audits in 2004 and 2005 by ALT 's

consultant Anto Raolson have provided additional on site training opportunities for the radio staff.

6.2 The radio-committee

The radio-committee was founded by Dr Elson, the former chief surgeon at the hospital in Ejeda. It was his original request to ALT in 1999 that initiated the collaboration with ALT and the setting up of the radio station. He was sent to Cameroon in 2004 and was replaced by the new chief surgeon, Dr Peterson.

The radio-committee is the RFL's managing authority. It has six members who take decisions concerning the radio and available budget. They also recruit the radio-staff. Four of the members come from the hospital and/or the Lutheran church and two members come from outside. Only one has former experience of local radio. The radio-committee is top-down managed by its president who appears to take the decisions concerning the radio.

6.3 The RFL's advantages and weaknesses

6.3.1 Advantages

- RFL is not only the first radio-station but also the only media and way of mass-communication in Ejeda.
- People generally welcome RFL station and feel positive about it.
- For these reasons it should be easy to build partnerships with existing associations in the local area
- There is no competing radio-station in Ejeda and therefore RFL has the possibilities to summon up all resources that a community radio can engender from its local environment
- The radio-station is physically situated on the same domain as the Lutheran hospital. It is well placed to profit from all the knowledge and different categories of professionals working there.

6.3.2 Weaknesses

6.3.2.1 The radio-staff

- Lack of motivation among the radio-hosts which probably is due to several factors eg insufficient salaries and difficult working-conditions.
- Music is played most of the broadcasting-time, and not always the music local people most want to hear.
- The radio-staff seem unable to search for information or produce programmes in their own right (time and lack of resources?).

6.3.2.2 The radio-station

- The production equipment has some technical problems because too many software programmes have been added on by the station journalists (not all relevant to their work)
- local people from Ejeda are implicated in the radio mostly through sending 'dedications' which they use to communicate with relatives.
- There is still poor collaboration with other local representatives eg

- the local priest who requested air time for a school programme
- Decisions are taking too long and are mostly coming only from the hospital director, who may decide to censor programmes according to his personal or religious outlook.
- At the last meeting with the radio-committee the president stated that all programs will have to pass his control in the future. The aim may be good, ie to avoid that people get the wrong health information. At the same time it will potentially slow down even further the procedures and decision making process and that may be unhelpful for the long term health of the radio.

6.3.2.3 The radio-committee

- The radio-committee is inexperienced in running a radio.
- It is a top-down hierarchy where the members have very limited opportunity to do anything without the approval of the president. This can prevent them from taking any decisions rapidly. For instance a radio-coordinator will be impeded in executing his work if he does not have a mandate to take decisions.
- Currently there seems to be no formalised procedures for informing the members of the committee or work within the committee. They don't obviously organize the work within the committee, agree responsibilities, or share the work.
- According to the radio-committee there is a shortage of resources and financing. For instance, a large portion of the radio budget goes to pay for licensing fees each year.
- The radio-committee members seem to be used to receiving help from FLM missionaries or from outside, and are inexperienced in sourcing financial support themselves either in Madagascar or elsewhere. One of the members from outside the Lutheran society occasionally puts his own personal money into the radio.
- The radio committee members don't take time to examine the possibilities of what they can do to develop the radio in the future or even continue regular work with it in a proper way. They seem to wait for supports coming from ALT or somewhere else.
- The composition of the radio committee is unbalanced. There is only one woman, Mme Blandine. The president says that she is the only possible woman and sufficiently educated to be in the radio committee. It seems unlikely there are no other women in Ejeda who could usefully participate on the committee. This would be particularly important, especially as many of the matters are directed to women. Women should be represented on all levels of the radio-work, among the radio-staff as well as in the management of the radio.
- Four of six members come from the Lutheran society. As the radio is physically situated within the domain of the Lutheran hospital it will inevitably be managed and governed by the hospital team. However, it would be better to have a varied representation of different groups of people from Ejeda on the radio committee, as this is more likely to ensure the radio become sustainable in the future. Recently a Catholic Mahafaly has been employed as a radio presenter in the station.

6.3.2.4 Radio programs

The impacts of the targeted mother and child health and HIV AIDS programmes are reviewed above.

In terms of the programmes produced locally by the radio station staff and the local ALT Team:

- There is a lack of programmes in local language which relate specifically to transmission of HIV/AIDS by unprotected sexual relations
 - The broadcasting has followed a schedule that repeats the same program every day at the same time during one month. The consequence is that some people are unable to listen directly to programs concerning certain themes because they always work during the hour when it is broadcast.
- This issues has been addressed following advice and training on programme grills/scheduling given by ALT in November.

7. Conclusion

Impacts

The ALT UNICEF collaboration has provided a substantial communications resource into a very isolated region which represents a vital opportunity to affect local debate, knowledge and attitudes about health in the region. These are the first steps towards informing a population towards behaviour change.

The study highlights that over three quarters of the respondents in the study have learnt key messages on mother and child health, and HIV AIDS, via the radio

What is clear, the new radio RFL represents the most powerful source of information in the region and is playing a significant role in educating local populations.

According to the findings from the impact assessments it is clear that the project has positively improved knowledge on mother and child health in the region.

Some considerable work has also been done to raise awareness about HIV AIDS – with good results. This mostly because the region has benefited from the PCID and Projet Radio programmes on HIV AIDS, Local programming in local language should be intensified and more targeted in the future, particularly with more regard to the locally held views and sexual practices of the wider population.

The demand for radios in local villages is high and demonstrates that there is a desire to access the radio broadcasts

Young people are represented in the programs and that helps to gives them a voice. This could be improved and increased by making more programs with and about young people.

This report is unable to answer the question about promotion and take up of existing health services in respect of radio programming. This element will be subject to follow up studies in 2006. The statistics on number of patients visiting the hospital in 2005 was not available at the time of writing up. The precedent years there was a decline in the number

of visits. Consequently it is not yet possible to draw any conclusions about the relationship of radio education to take up of hospital service.

The radio station has enormous potential to educate listeners in the region but overall management of the station and capacity of the station staff may need further attention and inputs. The appointment of a full time Director of the RFL radio station with a mandate to manage the station could improve programming and management issues, especially to ensure decisions are made on a daily basis. The hospital radio committee could define and share their responsibilities to provide better overall guidance and support to the station, especially to assist with sourcing funds.

Continued collaboration in the PCID network will help to provide additional educational broadcasts but a strong local station, independently able to develop its own programming and future is necessary if the station is to be sustainable. Capacity building is therefore very important.

Content and key messages

Key messages absolutely corresponded to the needs concerning mother and child health care. However, themes can be further broadened in the future.

Concerning HIV/AIDS -programmes can go further to be more sensitive to people's habits in the region. Current local programming at Ejeda tends to cater for the more Christian, practising religious members of the community, but not necessarily to other groups within the population.

The radio staff may well be aware of local culture but not conscious about the impact they have or could have as radio-presenters, nor about the impact of the radio.

Language

At our arrival in Ejeda many of the radio station's programs were broadcast in official Malagasy. This may reflect an ambition to be more like the national radio or to appear highly educated. However most rural people only speak in Mahafaly-dialect, which makes it more difficult for them to understand the programs.

The radio-staff and program producers are now conscious about the fact that RFL is a rural radio and that they will improve their listenership and overall impacts by making programs in Mahafaly-dialect.

Format

Some of the programs are very well adapted to the local area. Some interviews however were too long and tended to become monologues. People generally asked for dialogues, tales and songs. A lot of people wanted longer programs and thought that the spots were too short.

The overall interest in learning from the radio is very high

8. Recommendations and propositions

8.1 Recommendations

8.1.1 Radio-programs

Limit the amount of key messages in any one programme - however, do ensure that programmes are not oversimplified as this may lead to contradictions or confusion.

For the same reason it's important that radio-staff and program-makers have an overview of the content in the programs scheduled for broadcast. Repetition is good, but the radio staff and program makers need to continually assess the most urgent themes and see if there is any lack in the programming

It is important to give **coherent and clear messages** from one broadcast to another. Scheduling is important to avoid broadcasting a key message in one radio-program that may appear to be contradicted in the next e.g. in one program it is said you should feed your baby with breast milk exclusively and in the next program it is said that you should give water to the baby often (programmes:exclusive breastfeeding and treating diarrhoea).

It is therefore important to find smart ways of giving several key messages when it's necessary, or to avoid possible contradictions.

Language

Programs should be broadcast in a language/s that can be understood by the whole population.

Broadcasting-hours

The broadcasting-hours of a specific program should change from one day to the other. The broadcasting schedule should be designed to reach as many people as possible as different times of the day

8.1.2 The radio-station

Overall quality

To make the station sustainable, and ensure a regular listening audience, it should aim to have high quality local programming. To only have good quality through the PCID-programmes is not sufficient.

Radio Director

There should be one person present at the radio-station for some time each day. This person should direct and help develop the station, and monitor the broadcasts.

This person should have the ability to take rapid decisions concerning the broadcasts and concerning participation of people from outside the radio, like NGO's, schools or other institutions or private individual who want to participate as members of the local community. This person would ideally be free to take daily decisions and not be obliged to ask the opinion of the radio committee or its president, though he/she would report to them.

According to the aims of the radio

The radio committee members should work out the responsibilities of the Director so the work is done according to the aims of the radio. The Director should have the support of the radio-committee.

8.1.3 The radio-staff

Practice and training at a radio-station in Madagascar

Ejeda radio-staff should be sent for training at a radio-station that has already been established for at least a few years and that functions well. Each person should then be able to participate in the work and see how a station should function professionally.

Same advantages for the radio-staff

Provide benefits for the radio-staff eg the same advantages as the hospital employees regarding care for themselves and their closest family.

Ensure correct salaries

Prioritise funding ideas and search for supports to be able to pay the radio-staff at least a minimum salary.

Give the radio-staff a bonus in the end of the year according to personal efforts and aim to provide salary increases by a certain percentage each year.

Recruit another person, preferentially a woman

Recruit a third radio-presenter to make the working-week easier for each one of the radio-journalists. Preferably select a woman for a more gender-balanced radio-staff.

8.1.3 The radio-committee

The radio committee should be aware of the aims of the radio: that it is an educational radio station for all people in Ejeda and its surroundings. Even though the Lutheran hospital is the managing authority it should not preclude inputs from other members of the community and should avoid recruiting only from the Lutheran society.

To be sustainable the radio needs to be open-minded; to be listened to it should encourage ownership from the community as a whole.

The radio committee should consider the following to assist management of the station:

- Work out objectives and long term goals of the radio
- Share the responsibilities and work within the committee
- Devise a regular meeting programme with the committee members
- Monitor the work at the radio-station
- Inform and update members during the meetings
- Make the committee more gender-balanced and more representative of different groups of people in Ejeda

8.2 Proposals

Promote the radio

Promote the radio by a yearly radio festival in Ejeda with musicians from Ejeda and the surrounding villages.

Increase the involvement of the local community representatives, local authorities, educational institutions in the region, and the community as a whole

Regular Weekly programs

To have programs that are broadcast regularly each week, for instance a children's hour with tales and songs, a mother's hour with advice for mothers, ten minutes with the doctor, local news or a report from the market day. Also address the issues raised by this study – eg programming for elderly members of the community

There are several aims with weekly programs: one is to make the listeners come back to the radio regularly. Another aim is to build up a motivating and challenging task for the radio-hosts.

The hospital doctors or nurses could be given a 10-15 minute program slot each day to inform people about different health issues on the radio.

Journalists should be encouraged to do listener surveys to understand their listening audience and their preferences – especially regarding programme themes, music, and scheduling hours for educational programmes

Journalists should aim to make programmes with local villagers and collaborate with listening groups who can be actors in programmes.

Young reporters

To implicate young people in the radio and make young people listen to the radio an idea would be to “recruit” young reporters, for instance one girl and one boy, who would work as volunteers during a period of six months. Mrs Blandine could tutor the volunteers. The reporters could then realize their own ideas, interview other young people, be radio-hosts once a week, for half an hour for example.

Supporting documentation, interview data, focus group transcriptions etc are available on request