



# Andrew Lee's Trust's Partnership with the SALFA Hospital in Ejeda

## Further Research on Behavioural Outcomes

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## GLOSSARY

<b><i>Fokotany</i></b>	Smallest administrative unit in Madagascar comprised of one, or a couple of villages.
<b><i>Ombiasa</i></b>	Traditional healer or 'witchdoctor'
<b><i>Quartier President</i></b>	Person elected to lead the Fokotany Comity.
<b>Radio Hodohodo</b>	Radio station in Tsihombe set up by ALT with CNLS funds, run by the Voronko-hodohodo association.
<b><i>Responsable</i></b>	Person who is made responsible for the radio, there are two of these per LG, to keep the radio when not in use and organise the LG's collective listening.
<b><i>Voronko-hodohodo</i></b>	Malagasy word for Aepyornis, the large ostrich-like bird which lived in the south of Madagascar but is now extinct. Local association in Tsihombe originally set up to run a CNLS project, subsequently took over the running Radio Hodohodo
<b><i>Zebu</i></b>	An ox of a humped breed

## ACRONYMS

<b>ALT</b>	Andrew Lees Trust
<b>EC</b>	European Commission
<b>LG</b>	Listening Group
<b>NGO</b>	Non-Governmental Organization
<b>PCID</b>	Partners in Communication for Information in Development
<b>PR</b>	<i>Projet Radio</i> , ALT's European Commission Funded Radio network for development project

## 1) Introduction

This research was undertaken as a supplement to S. Johansson's Ejeda Evaluation Study, produced in 2005. The aim was to support this research by seeking to examine changes in behaviour, in particular the take up of hospital services brought about by the setting up of the *Radio Feon ny Linta* (RFL: The voice of the Linta river), launched in June 2004, as well as the purchase of private radios in Ejeda.

For details on the Andrew Lees Trust (ALT) and its work with the SALFA Hospital in Ejeda, please refer to S. Johansson's piece.

### 1.1 Research Objectives

Examine the impact of radio on take up of services, examining:

1. General services.

Research question: *Have the number of patients attending the hospital increased since the set-up of the RFL radio and the broadcasting of health programmes?*

2. Services during specialists visits (Ophthalmologists and Malaria specialists)

Research question: *How was the radio used to encourage people to visit the hospital for services from visiting specialists, and how big was the response?*

3. Mother and Child Health Services

Research question: *Can the attendance of pregnant women and women with children under five years of age to the SALFA Hospital and Government Clinic in Ejeda be attributed to the radio?*

Examine the impact of RFL's establishment on the purchasing of radios in the Mahafaly region around Ejeda:

4. Radio purchases in and around Ejeda

Research Question: *Did villagers in the Mahafaly region purchase radios after the creation of RFL in order to listen to its broadcasting?*

### 1.2 Research Methods

1. Examination of radio broadcasting and hospital attendance from hospital records
2. Examination of hospital records of specialists visits.
3. Exit interviews with women leaving the hospital
4. (a) Interviews with all radio owners in the village of Anamanta (Gogogogo Commune)  
(b) Review of stock records on the sale of radios in Ejeda from the radio suppliers in the years before and after RFL's establishment.

**Table 1. Research Methods**

Research Objectives	Research Question	Research Methods
1) General Hospital Attendance	<i>Have the number of patients attending the hospital increased since the set-up of the RFL radio and the broadcasting of health programmes?</i>	Examination of radio broadcasting and hospital attendance from hospital records
2) Specialists visits (Ophthalmologists and Malaria specialists)	<i>How was the radio used to encourage people to attend for services from visiting specialists, and how big was the response?</i>	Examination of hospital records of specialists visits.
3) Mother and Child Health Services	<i>Can the attendance of pregnant women and women with children under 5 be attributed to the radio?</i>	Exit interviews with women leaving the hospital
4) Radio purchases in Ejeda	<i>Did villagers in the Mahafaly region purchase radios after the creation of RFL in order to listen to its broadcasting?</i>	(a) Interviews with all radio owners in the village of Anamanta (Gogogogo Commune) (b) Review of stock records on the sale of radios in Ejeda from the radio suppliers in the years before and after RFL's establishment.

## 2) General Hospital Attendance

### KEY FINDINGS:

463 programmes on health were broadcast from Radio Feon ny Linta between its inception in June 2004 and December 2006, and the radio station also provided a vital communication service for patients and their families.

Research with the hospital showed:

- ❖ The number of patients at the SALFA hospital, as well as two other rural government clinics fell sharply in the years 2004 and 2005, rather than rising as was expected based on the new and frequent broadcasting of programmes on health from Radio Feon ny Linta which encouraged people to go to the hospital.
- ❖ This decrease was however the result of severe droughts leading to rural dwellers not going to the hospital as they lost their ability to pay for the consultation and medication.

### 2.1 Introduction

Radio Feon ny Linta (RFL) was launched in collaboration with ALT/PR and funded by EC/UNICEF in June 2004. Its purpose was to spread awareness on health issues, as well as encourage people to attend the hospital when in need, thus increasing its uptake of services.

**Research question:** *Have the number of patients attending the hospital increased since the set-up of the RFL radio and the broadcasting of health programmes?*

**Method:** Examine RFL broadcasting sheets, hospital data and collect data from government clinics in the region.

### 2.2 Radio broadcasting

Many of the programmes advised patients to go to the hospital, either when they were ill, or to collect family planning instruments, or in the case of pregnant women for prenatal consultations.

Below is a table showing the **programmes broadcast in Ejeda from August 2004 to Dec 2005 by topic**. This approximation could only be done for these few months based on the broadcasting tables from the radio, as these were not kept systematically. It however gives an idea of the frequency of broadcast on different health topics.

**Table 2. Programmes broadcast in Ejeda  
between August 2004 and December 2005**

TOPIC	NUMBER OF PROGRAMMES BROADCAST
HIV/AIDS	55
Breastfeeding	10
Family Planning	10
General health	10
Vaccinations (other than polio)	8
Sexually Transmitted Diseases	7
Hygiene	6
Polio	5
Malaria	5
Prenatal consultation	4
Sur-eau <sup>1</sup> and drinking water	3
Tuberculosis	2
Cholera	1
Vegetable Planting for healthy diet	1
Pregnant women's health	1
<b>TOTAL</b>	<b>128</b>

Between June 2004 and December 2006, **436 programmes on health** were produced by ALT *Projet Radio* and its various Partners for Communication and Information in Development (PCIDs). All of these programmes will have been received by RFL on the monthly PCID CD, and will have been broadcast at least once during the month they are received.

### **'Fake' doctors**

One quick anecdote of a way on a way in which Mr. Lightfoot, a member of ALT's staff in Ejeda used the radio was to do with the sale of antibiotics from quacks, claiming to be 'doctors', who travel the countryside selling medication.

According to Lightfoot the rural population consult these men first, and only go to the hospital as a last resort. This is because people know that at the hospital they will have to do tests which will cost them money, so they prefer to pay for the medication directly. At the hospital, often patients complain about having to do tests, wanting only to pay for the medication.

The big problem of the fake 'doctors' is that they don't give a dose or number of days that the antibiotics must be taken for, often selling only one of two pills of a course as this is the maximum that people are willing to pay for.

Lightfoot has made programmes to respond to this problem, on the importance of taking correct courses of antibiotics and the importance of going to the hospital rather than purchasing antibiotics on one's own.

### **Radio as rural patients' communication tool**

Another interesting way that Radio RFL is used is for the system of 'announcements'. There is no post, or telephones to allow communication between the Ejeda Hospital and the visiting villages; therefore the radio is often used by patients and their accompanying family to communicate with their families who are home in

<sup>1</sup> Sur-eau is a Population Services International (PSI) funded Chlorine solution for making drinking water

the village, informing families of a patient in the hospital, asking for example for family to send funds in to help pay for his treatment.

Very small sums are given along with the message, which is then read out by the radio animators.

### 2.3 Hospital Attendance

The research method used was to consult the hospital data that was available.

**Table 3. Number of patients from SALFA Hospital data**

	2003	2004	2005
Number of Patients	5819	5878	3757

As we can see from this table, the numbers of patients have actually fallen rather than risen in the recent years according to hospital figures. From 5819 visiting patients in 2003, this fell to 5878 in 2004, and finally to 3757 in 2005.

This, according to the Head Doctor's report (as well as according to ALT staff in Ejeda), was because the droughts have been systematic in recent years, and was especially harsh in 2004, ruining many farmers' harvests. This has meant that people have less money to spend, and therefore are very unwilling to attend the hospital, which charges small fees for its services, unless their case is very advanced. The hospital fees are not the only financial strain to consider, going to the hospital also requires funds to cover the expenses the trip entails: paying the bus or oxcart to get to Ejeda, then buying food to feed the patient and any members of his family travelling with him, and this for the duration of the treatment.

Here is the introductory paragraph from the 2004 Activity report for the Technical Commission of the SALFA Hospital (2005).

*"2004 was a difficult year for all of us. Famine (or Kere as we say) has landed in an endemic fashion in the south of Madagascar. This has further weakened the purchasing power of the population in the region. Health problems are thus relegated to the background, this thus affecting the activity of our hospital"*<sup>2</sup>

These figures are supported by other figures collected by ALT Ejeda staff at various rural government clinics, as seen in the table below.

While government clinics are free, payments will be required for doctors or nurses to give the patient anything above basic services (for example hospitalization) or medication; and the family will have to travel and feed themselves and the patient while at the clinic, which represent important costs for them.

**Table 4. Number of patients visiting rural government clinics**

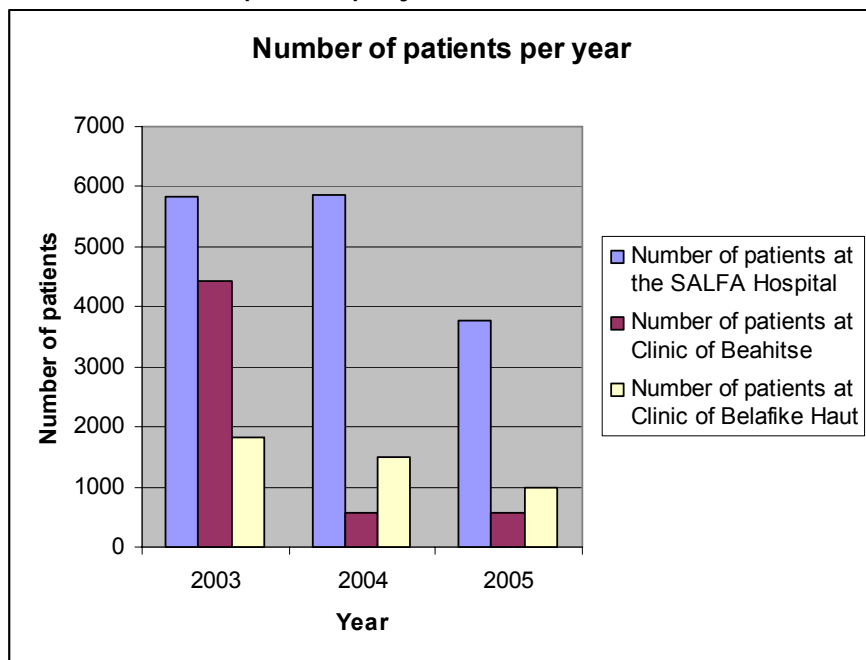
	2003	2004	2005
Number of patients at Clinic of Beahitse	4421	556	576
Number of patients at Clinic of Belafike Haut	1825	1509	988

<sup>2</sup> Ejeda Lutheran Hospital, *2004 Activity report for the Technical Commission of the SALFA Hospital 2005*

Once again the number of patients decreased markedly in 2004, dramatically so in the case of the Beahitse Clinic.

The chart below shows the decrease in patients at the three health facilities.

**Chart 1. Number of patients per year**



### 3) Specialists visits

#### KEY FINDINGS:

Hospital data showed that the use of radio by visiting specialists was very important:

- ❖ In 2005 the Ophthalmologists' use of radio brought 118 patients in, 44 of who had cataracts operations, in the space of one week.
- ❖ In 2006 the Ophthalmologists' use radio brought 158 patients in, 45 of who had cataracts operations, in the space of one week.
- ❖ In 2006 the programmes on malaria treatment broadcast by the Institute Pasteur brought 960 patients to the hospital for malaria diagnosis, with 200 of these being diagnosed with malaria and hence being treated.

#### 3.1 Introduction

The Lutheran Hospital in Ejeda occasionally has visits from specialists, offering free services in Ophthalmology, Malaria, as well as vaccinations.

These specialists benefit greatly from the Radio RFL, as they use the radio to broadcast announcements, telling people in rural areas to come in to the hospital for treatment, and generally relied on no other form of communication.

**Research question:** *How was the radio used to encourage people to attend for services from visiting specialists, and how big was the response?*

**Method:** The method used was to simply consult the hospital data available, and in the case of the Institute Pasteur, to interview the staff who were still present.

#### 3.2 Ophthalmologists

The Ophthalmologists who visit are from a Lutheran Clinic in Fianarantsoa called the Fitsaboana Maso FLM SALFA Ivory Atsimo (Eye treatment from the Malagasy Lutheran Church of South Ivory, which is a neighbourhood of Fianarantsoa).

Data exist at the Ejeda hospital on two consecutive visits the Ophthalmologists made, one in 2005, and one in 2006; both visits lasted a week. The services offered by the ophthalmologists are consultations, treatment of simple eye diseases and cataract operations when these are required.

On each occasion the hospital had an announcement read out on the radio about the ophthalmologists' visits and services they offered, approximately 10 days before their arrival.

The only other communication undertaken by the hospital was to make an announcement in the Lutheran Church of Ejeda two weeks before the Ophthalmologists visit, which was likely to only affect urban dwellers, and thus almost all patients coming to the hospital were the direct result of the use of radio.

**Table 5: Number of patients coming to hospital**

	Number of patients	Number of men	Number of women	Number of Cataract operations
2005	118	77	41	44
2006	158	111	47	45

These results show a big impact attributable to radio:

- In 2005 the Ophthalmologists' use of radio brought **118 patients in, 44 of who had cataracts operations**, in the space of one week.
- In 2006 the Ophthalmologists' use radio brought **158 patients in, 45 of who had cataracts operations**, in the space of one week.

As this data was collected *a posteriori* from the hospital, thus no questions could be asked to the patients to confirm their attendance being dependent on radio. However, as explained above, apart from the announcements in church, all other communication was dependent on the radio.

### 3.3 Malaria Specialists

Malaria Specialists from the Institute Pasteur of Madagascar, based in Antananarivo, visited the Lutheran Hospital in Ejeda. They offer malaria treatment and are presently financed by the Global Fund.

In Ejeda they were offering diagnosis and consequent treatment, at no cost, to patients visiting the hospital. In fact, patients who were diagnosed with malaria were given 1000 ariary (£0.30) for each day of treatment, for a period of 10 days.

The Institute Pasteur staff remained in Ejeda for 6 months, from February to July 2006.

**Table 6: Broadcasts made by the Malaria Specialists**

Type of Format	Brief description of the messages	Length (min)	Frequency of broadcasts	Date of first broadcast	Time of day
Announcement	Information to the population inviting them to come have a diagnostic at the centre, giving information on the payments that would be received.	5	2 times during the first week	05/02/06	Morning and evening
Debate	Debate about the importance of seeing a doctor when one suspects one has malaria.	10	Daily for 1 week, then twice a day for 6 months	15/02/06	Morning, lunchtime, or evening

#### Results

- In 2006 the programmes on malaria treatment broadcast by the Institute Pasteur brought **960 patients to the hospital** for malaria diagnosis, **with 200 of these being diagnosed with malaria and hence being treated**
- According to the Institute Pasteur staff, the patients started to come in **the day after the first broadcast**.

According to hospital staff the radio has also been used to great affect during various vaccination campaigns; however no data was available on this.

## 4) Mother and Child Health Services

### KEY FINDINGS:

The exit interviews showed

- ❖ 70 exit interviews were done, 59% turned out to be with pregnant women, 36% were with women whose child was sick.
- ❖ 19% gave radio as that which had advised them to go the hospital; versus 69% who came in based on 'it was my idea', and 14% who came in on friends/neighbours advice, both of which could equally have been the indirect result by radio.
- ❖ Indeed of those 69% who said they came based on it being 'their idea', it is likely radio may have played a role, as 69% of all women gave the radio as one of their sources of information on health; versus 51% giving friend/neighbour, 39% giving local authority, 33% giving the hospital, 19% giving word of mouth and 3% giving the market.
- ❖ 70% of the women at the hospital for prenatal consultations mentioned radio as a source of information on health, thus suggesting that programmes on this topic may be having their effect.

### 4.1 Introduction

RFL radio broadcasting on health included many programmes encouraging women to visit the hospital: - for family planning methods, - if they are pregnant for prenatal examinations, - if they have young children for vaccination, - or if their children are sick in order to have them cured.

It was decided that exit interviews would be used to examine whether the people visiting the hospital came because of the radio.

**Research question:** *Can the attendance of pregnant women and women with children under 5 to the SALFA Hospital and Government Clinic in Ejeda be attributed to the radio?*

**Research Method:** Exit interviews with women leaving the hospital. All responses were spontaneous (No possible answers were read out and researchers took care to avoiding asking the questions in a leading way)

*Please see Annexe 1 for the exit interview sheet used (in French)*

**Targeted population:** The research decided to focus on women of reproductive age who are visibly pregnant or have a child with them who appears to be under 5 years of age. These women were approached at the exit of the SALFA Hospital as well as the government *Clinic de Santé de Base II* (CSBII) in Ejeda.

It was decided to do interviews at the exit of the CSBII as well, given that the programmes encouraged listeners to attend clinics and hospitals in general when ill, or for pre-natal consultations, rather than the SALFA Hospital in particular. The exit interview research was undertaken whenever ALT staff in Ejeda had free time, with no particular pattern.

At the exit of the CSBII only births and external consultations are taken, there are no intern patients, if a person is seriously ill; they are sent to the SALFA hospital. The CBSII has no electricity and hardly any medicines (The only electricity in Ejeda is provided by the SALFA Hospital's Generator).

The SALFA hospital has a few houses outside where families of patients can rest during, before or after having been seen. These houses were for people with no families in Ejeda, provided at the cost of 1000

ariary (£0.30) a day; and provided a location where researchers could approach women leaving the hospital.

## 4.2 Exit Interviews Results

Answers were in all cases spontaneous, i.e. pre-coded answers were included on the researcher's sheet, but were not read out, and the researchers were trained to not assist the participants in any way, staying clear of leading questions.

**Table 7. Demographic characteristics of participants**

N=70	Number	Percentage
Number of women	70	100
Women interviewed at the CSBII	49	70
Women from rural area	55	79
Women from urban area (Ejeda)	13	19
Women belonging to an ALT listening group	6	9
Average age of woman	18	NA
Average number of children	4	NA
Number of women with no schooling at all	45	64.3
Women at hospital for prenatal consultation	41	59
Women at hospital as she or her husband is sick	0	0
Women at hospital as her child is sick	26	36
In case of an illness, it is: Malaria	4	6
In case of an illness, it is: Diarrhoea	3	4

70 women were interviewed in total, 70% of these were interviewed at the CSBII. This was because it was easier to identify women leaving the CSBII than the hospital, and because the CSBII had more visits due to consultation being free.

**Table 8. Radio ownership and Literacy**

N=70	Number who own a radio	Percentage
Of total	26	37
Of urban	9	69
Of rural	8	15
Of women with no schooling	10	22

Ownership of radios is very much concentrated in the urban areas, with 69% of women in urban areas owning radios, versus only 15% in the rural areas. Also, only 22% of women with no schooling own radios.

**Table 9: Answers to the question: "Who advised you to go to the doctor?"**

N=70	Number	Percentage
'It was my idea'	48	69
Radio	13	19
Friend/Neighbour	10	14
Notables <sup>3</sup>	1	1

<sup>3</sup> Distinguished or important men in the community

19% gave radio as that which had advised them to go the hospital, versus 69% who came in based on 'it was my idea', and 14% who came in on the advice of a friend's or neighbour.

Also, 69% of those responding 'it was my idea', mentioned radio as a source of information on health in the next question and in those cases radio may indeed have played a role in convincing these women to go to the hospital.

Interestingly, out of the out of 13 women who said radio, 7 were there for prenatal consultations, thus indicating that programmes advising prenatal consultations may be successful.

This is supported by the fact that 70% of the 41 women at the hospital for prenatal consultations mentioned radio as a source of information. (The table below shows that 70% of all 70 women mentioned radio as a source of information; while it is not indicated in a table, 70% of all 41 women who were there for prenatal consultation also mentioned radio).

**Table 10: Answers to the question: "How do you receive information on health?"**

N=70	Number	Percentage
Radio	49	70
Friend/Neighbour	36	51
Local authority	27	39
Hospital	23	33
Word of mouth	13	19
Market	2	3

70% gave radio as one of their sources of information on health which made it the most quoted source, versus 51% giving friend/neighbour, 39% giving local authority, 33% giving the hospital, 19% giving word of mouth and 3% giving the market.

Radio's importance over the hospitals reveals the higher frequency of contact between the women and the radio than with the hospital.

It is also important to note that radio may play a role in informing the friends/neighbours, or local authorities, or indeed any of the other responses apart from 'hospital' on health matters.

**Table 11: Answers to the question: "Which sources gives you the most information?"**

N=70	Number	Percentage
Radio	33	47
Friend/Neighbour	20	29
Local authority	11	16
Hospital	5	7
Ombiasy (Traditional healers)	1	1
Health agent	1	1

47% gave the radio as the most important source of information, once again putting it ahead of all other sources. Interestingly the hospital was only given by 7% of participants, once again this is most probably an indication of the infrequent contact the women have with the hospital, compared to their contact with the radio (47%), their friends or neighbours (29%), or the local authority representative (16%).

**Table 12: Answers to the question: "If radio is considered the source that gives the most information, why is this?"**

N=49	Number	Percentage
Easily accessible	25	51
Reliable	11	22
Is easy to understand	8	16
Gives practical advice	1	2

This question went to those women who had mentioned radio as the most important source, and was an attempt to examine why radio was appreciated as a source of information on health. The most popular answer answered by 51% of women, was because it was 'easily accessible', this was followed by 22% of women answering that the radio and information it gave were 'reliable', and finally 16% answering that it was 'easy to understand', and 2% saying because it gave practical advice.

**Table 13: Answers to the question: "Which radio do you listen to?"**

N=49	Number	Percentage
RFL	43	88
Radio Fanilo	1	2
Radio Sakoatovo	1	2

This table shows that RFL is really the only FM radio available to women in the region surrounding Ejeda. Indeed Radio Fanilo and Radio Sakoatovo were both mentioned by the same woman, who did not mention RFL and must have been visiting the area, or have come from very far in order to get to the hospital.

**Table 14: Answers to the question: "How often do you listen to the radio?"**

N=49	Number	Percentage
Daily	33	67
Weekly	8	16
Almost never	1	2

67% of the participating women listen to the radio daily, while 16% listen to it weekly.

**Table 15: Answers to the question: "Who does the radio belong to that you listen to?"**

N=49	Number	Percentage
To me	26	53
To a friend/neighbour	14	29
To an ALT Listening Group	2	4
To a notable	1	2

53% of the women who listen to radios answered that they listen to a radio belonging to their extended family, 29% said they listened to a radio belonging to a friend or neighbour, finally 4% revealed listening to a Freeplay radio belonging to an ALT listening group.<sup>4</sup>

**Table 16: Answers to the question: “Do you belong to an ALT listening group?”**

N=70	Number	Percentage
yes	6	9
no	64	91

9% of women revealed belonging to an ALT listening group.

## 5) Case study on Radio purchases

### KEY FINDINGS:

Investigations on radio purchases showed that:

- ❖ In the village of Anamanta, out of the 19 radio that exist, 13 were purchased after 2004, the date RFL was set up. Most radio owners therefore purchased their radios once the hospital RFL station was set up.
- ❖ Radio purchases in Ejeda went up markedly between 2004 and 2005, from 1792 to 2736, which can also be attributed to the installation of RFL and hence popularity of radio listening, given no other radio is available in the region
- ❖ The total number of radios sold between 2004 and 2006 is also impressive, with 5694 sold in 3 years. (There are however no available figures for the population of the Mahafaly region to compare this to).

### 5.1 Introduction

As part of the research around Ejeda Information Source Maps and individual interviews on health with people from villages with/without radios were undertaken.

This research was abandoned however, mainly because of the misunderstanding among the researchers as to how to identify such villages (as well as how to note-take on the Information source mappings), but also because even the villages they expected would have no radios in the end were revealed to have too many radios to be considered ‘control’ villages.

This in itself was a good result, giving an indication that radios are widely available in the region, which is likely to be the result of the creation of RFL.

There had been no radio in Ejeda for approximately 3 or 4 decades before the launch of RFL, also, the Radio National Malagasy (RNM) has poor broadcasting in the region. It is thus assumed that the radios purchased before 2004 are likely to be radio brought back by migrant workers, indeed the region is known for men becoming economic migrants.

A large household survey on radio purchasing was not deemed possible given time constraints; however a case study with one village was undertaken.

<sup>4</sup> Freeplay radios are distributed by ALT’s partners, to listening groups of an average of 12 people, in exchange for a contract stipulating they will listen to the PCID produced programmes. Over 1500 listening groups were created across the Province of Tulear between 1999 and December 2005. For more details on Listening Groups see (Orengo: 2007)

**Research Question:** *Did villagers in the Mahafaly region purchase radios after the creation of RFL in order to listen to its broadcasting?*

**Research Methods:**

- Interviews with all radio owners in the village of Anamanta (Gogogogo Commune) Lightfoot, an ALT researcher went to Anamanta to undertake this research. Three questions were asked:
  1. Does your radio work well?
  2. Do you have working batteries at this moment?
  3. When did you buy your radio?
  
- Sellers of radios in Ejeda were approached, to examine their records of the sales of radios over the years before and after RFL's establishment.

**5.2 Results**

**Anamanta**

The extended village of Anamanta, based on a very vague guess given by the researchers, had about 1500 people.

There were 19 radios in the (extended) village of Anamanta, 2 of which didn't work, while all the others according to the owners worked and had batteries.

**Table 17: Numbers of radios purchased per year in Anamanta village**

	1989	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Number of radios purchased	1	1	1	1	1	1	0	4	8	1	19

Only 6 of the 19 radios had been owned previous to 2004 (when the RFL was set up). It was therefore clear that most radio owners had purchased their radios once the hospital RFL station was set up, this even given the poor rains and hence harvest of 2004.

**Radio sales in Ejeda**

Investigations were also undertaken with the 5 shopkeepers who sell radios in Ejeda, detailing the number of radios sold from their stores in the past few years (Small Chinese made radios sell for 5000 ariary or £1.5). Here are the results

**Table 18. Radio suppliers' sales in Ejeda**

Radio Suppliers	2004	2005	2006	TOTAL
Mr PIARO	640	960	400	2000
Mr DOULA	100	624	280	1304
Mr MARTIN	320	480	200	1000
Mme LALAO	400	624	240	1264
Mme ROSEMINE	32	48	46	126
<b>TOTAL</b>	<b>1792</b>	<b>2736</b>	<b>1166</b>	<b>5694</b>

Alas no figures were available for any of the years preceding 2004, thus making it difficult to show an increase in the sales of radios since the set up of Radio Feon' Linta.

If one compares 2004 and 2005 however, there is a marked increase in Radio purchases, from 1792 to 2736, which can be attributable to the installation of RFL and hence popularity of radio listening, given no other radio is available in the region.

The total number of radios sold between 2004 and 2006 is also impressive, with 5694 sold in 3 years. There are however no available figures for the population of the Mahafaly region to compare this to.

## 7) Conclusion

This research has shown that the SALFA hospital in Ejeda has benefited from the installation of Radio Feony Linta (RFL).

Unfortunately, persistent droughts over the past few years have lowered the purchasing power of population in the area, thus actually decreasing rather than augmenting the number of patients visiting the hospital.

However, when services are available for free, such as when Ophthalmologists or Malaria Specialists visited the hospital, then the reach and impact of the radio becomes very apparent, with crowds of people flocking to the hospital at very short notice based on programmes inviting them to come for treatment.

Exit interviews with pregnant women and women with children under the age of five years old showed that radio had often played a part in their coming to the hospital, and this especially in the case of prenatal consultations, where 70% of the women at the hospital for this mentioned radio as a source of information on health, thus suggesting that programmes on this topic may be having their effect.

Investigations on radio purchases in the village of Anamanta showed that out of the 19 radio that exist, 13 were purchased after 2004, the date RFL was set up. Most radio owners therefore purchased their radios once the hospital RFL station was set up.

This was backed up by figures on radio purchases in Ejeda which went up markedly between 2004 and 2005, from 1792 to 2736, again attributable to the installation of RFL, suggesting its popularity, given no other radio is available in the region.

These various studies therefore show that the installation and subsequent broadcasting on health by RFL is having a definite impact, notwithstanding the exacerbated poverty caused by drought, and therefore supports the evidence on the RFL's impact on knowledge on health matters amongst the rural population demonstrated in S. Johansson's Ejeda Evaluation Study,

## 7) Bibliography

Johansson, S., 2005 Ejeda Evaluation Study ALT: London & Madagascar

Orengo, Y., 2007 Institutional Review of Andrew Lees Trust Projet Radio ALT: London & Madagascar

Peterson, Andriamandimby (Dr.) 2005. 2004 Activity report for the Technical Commission of the SALFA Hospital, SALFA Hospital: Ejeda, Madagascar

**ANNEXE 1 (In French)**

**INTERVIEW DE SORTIE EJEDA** (Cible : femme enceinte ou avec enfant de moins de 5 ans) Lieu de provenance \_\_\_\_\_ Urbain / Rural

Hopital SALFA CSBII Ejeda

Age de la mère \_\_\_ Age de l'enfant \_\_\_

Niveau d'éducation: \_\_\_\_\_

Evaluateur

Date

Nbre d'enfant : ( \_\_\_\_\_ sont vivant)

No.	Question	Réponses : (Plus d'une réponse possible : ne montrez pas les réponses !)	Autres Réponses
1.	Pourquoi êtes-vous à l'hôpital?	<input type="checkbox"/> Mère est malade <input type="checkbox"/> Mari est malade <input type="checkbox"/> Enfant est malade <input type="checkbox"/> Vaccin <input type="checkbox"/> Consultation Prénatale <input type="checkbox"/> IST	
2.	Quelle est la maladie en question ?	<input type="checkbox"/> Palu <input type="checkbox"/> Diarrhée <input type="checkbox"/> Hevo	
3.	Qui vous à conseille d'aller voir un médecin ?	<input type="checkbox"/> Radio <input type="checkbox"/> Ami / Voisin <input type="checkbox"/> Eglise <input type="checkbox"/> Notables <input type="checkbox"/> Ombiasy <input type="checkbox"/> Nous-mêmes	
4.	Par quel moyen recevez-vous des informations sur la santé?	<input type="checkbox"/> Radio <input type="checkbox"/> Ami / Voisin <input type="checkbox"/> Église <input type="checkbox"/> Hôpital <input type="checkbox"/> Marché <input type="checkbox"/> Ombiasy  <input type="checkbox"/> Notables <input type="checkbox"/> Bouche à l'oreille <input type="checkbox"/> Instituteur <input type="checkbox"/> Autorité locale Fkt	<input type="checkbox"/> Autorité locale Commune <input type="checkbox"/> Agent de sante rencontré en brousse
5.	(a) Qui vous a fournit le <b>plus</b> d'information à ce sujet?	<input type="checkbox"/> Radio <input type="checkbox"/> Ami / Voisin <input type="checkbox"/> Église <input type="checkbox"/> Hôpital <input type="checkbox"/> Marché <input type="checkbox"/> Ombiasy  <input type="checkbox"/> Notables <input type="checkbox"/> Bouche à l'oreille <input type="checkbox"/> Instituteur <input type="checkbox"/> Autorité locale Fkt <input type="checkbox"/> Autorité locale Commune <input type="checkbox"/> Agent de santé	(b) Si Radio, pourquoi ? <input type="checkbox"/> Fiable <input type="checkbox"/> Accessible / disponible <input type="checkbox"/> Donne conseils pratiques <input type="checkbox"/> Facile à comprendre <input type="checkbox"/> Autres _____
6.	(a) Quelle radio ? <input type="checkbox"/> RFL <input type="checkbox"/> Bekily <input type="checkbox"/> Fanilo <input type="checkbox"/> Sakoatovo <input type="checkbox"/> RNM	(b) Combien de fois l'écoutez par jour ou par semaine ? ___ par jour    ___ par semaine <input type="checkbox"/> presque jamais <input type="checkbox"/> jamais	(c) A qui appartient le poste que vous écoutez ? <input type="checkbox"/> A moi <input type="checkbox"/> Ami / Voisin <input type="checkbox"/> Notable <input type="checkbox"/> Chef de quartier - <input type="checkbox"/> GE
7.	Est-ce que vous êtes un membre de GE d'ALT ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non	Projet : _____