

# CAN THESE FINDINGS BE GENERALISED TO OTHER COUNTRIES?

DMI has conducted [multiple randomised controlled trials](#) (RCTs) to generate gold-standard evidence of the impact *Saturation+* campaigns have on behaviours. But can these findings be extrapolated to other low-income countries?

The below table, based on an article we published in [The Lancet in 2015](#), summarises evidence of impact from *Saturation+* campaigns conducted across Africa, Asia and South America. All these projects were delivered by DMI or overseen by DMI's CEO while Director of Health at the BBC World Service Trust. They used a variety of quasi-experimental and other evaluation techniques.

The evidence from every project points in the same direction: these campaigns change behaviours.

Project ref. number	Country	Year	Campaign	Behavioural indicator	Measurement	Baseline	Endline
1	India	2009	MCH	Women planning to give birth in a health facility	Reported	47%	27%
	India	2009	MCH	Baby breastfed within an hour of birth	Reported	77%	91%
2	Brazil	2006	Tuberculosis	Laboratory tests for TB (nationwide over three months)	Observed	248,464	312,781
3	Cambodia	2003-2006	MCH	Pregnant women using iron supplements	Reported	10%	44%
	Cambodia	2003-2006	MCH	Pregnant women attending ante-natal check-ups	Reported	63%	76%
4	Brazil	2003	Leprosy	Calls to leprosy hotline	Observed	6 per day	477 per day
5	Ethiopia	2002-2005	Trachoma	Children observed with clean hands	Observed	26%	74%
	Ethiopia	2002-2005	Trachoma	Trachoma prevalence (in areas receiving no antibiotics)	Observed	*70%	52%
6	Nepal	2002-2003	Trachoma	Children observed with clean hands	Observed	67%	90%
	Nepal	2002-2003	Trachoma	Households reporting eye problems within last year	Reported	64%	29%
7	India	1999-2000	Leprosy	People unwilling to sit beside person with leprosy.	Reported	47%	27%

\* The figure presented in the Lancet article is inaccurate

# 1. MATERNAL, NEWBORN AND CHILD HEALTH CAMPAIGN IN ORISSA, INDIA (2008-09)

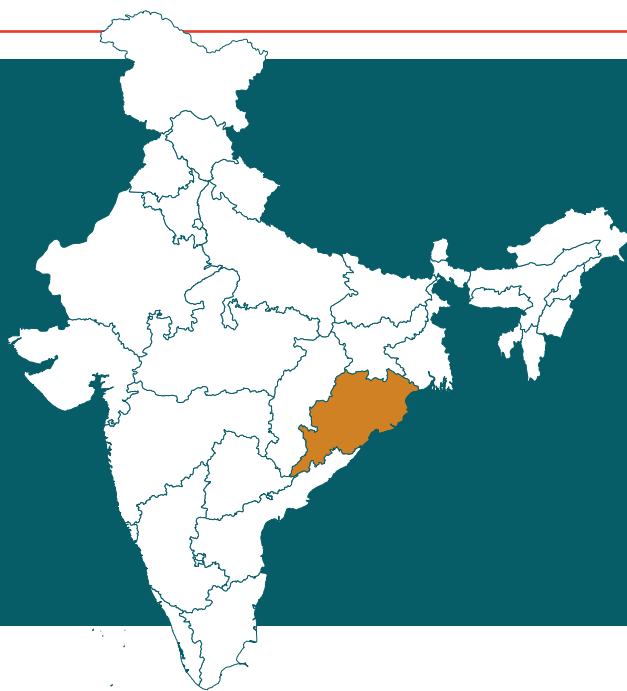
**Location:** Orissa, India

**Themes:** Maternal and child health - breastfeeding, postpartum care, malaria, newborn hyperthermia, and preparing for childbirth

**Formats:** Radio and TV spots

**Scope:** 5 month radio and TV campaign delivered between July 2008 and June 2009

**Partners:** London School of Hygiene & Tropical Medicine (LSHTM), Orissa's State Institute for Health and Family Welfare



## Results

Targeted belief/intention/behaviour	Impact	
	Baseline	Endline
Belief that it is necessary to prepare for postpartum emergency	54%	98%
Intention to sleep under insecticide-treated bed nets during next pregnancy	10%	28%
Intention to continue feeding during next bout of diarrhoea	14%	27%
Last baby wiped dry, without being bathed, after birth	75%	84%
Mothers who breastfed baby within one hour of birth	77%	91%
Women planning to give birth in a health facility	76%	91%

The evaluation used a before-after cross-sectional survey design, with the baseline (n=1,300) completed before the launch of the campaign and the endline (n=2,940) conducted immediately following the end of the television broadcasting. The survey questionnaires were based on the DHS framework but modified to explicitly measure beliefs, knowledge, intentions and practices targeted through the campaign. The endline had an extended section on exposure to the television clips and on the intention to act as the featured characters in the spots.

Full evaluation report available [here](#).



## 2. HELPING TO ELIMINATE TB IN BRAZIL (2006)

**Location:** Brazil

**Themes:** Tuberculosis (TB) - promoting TB testing among people with symptoms

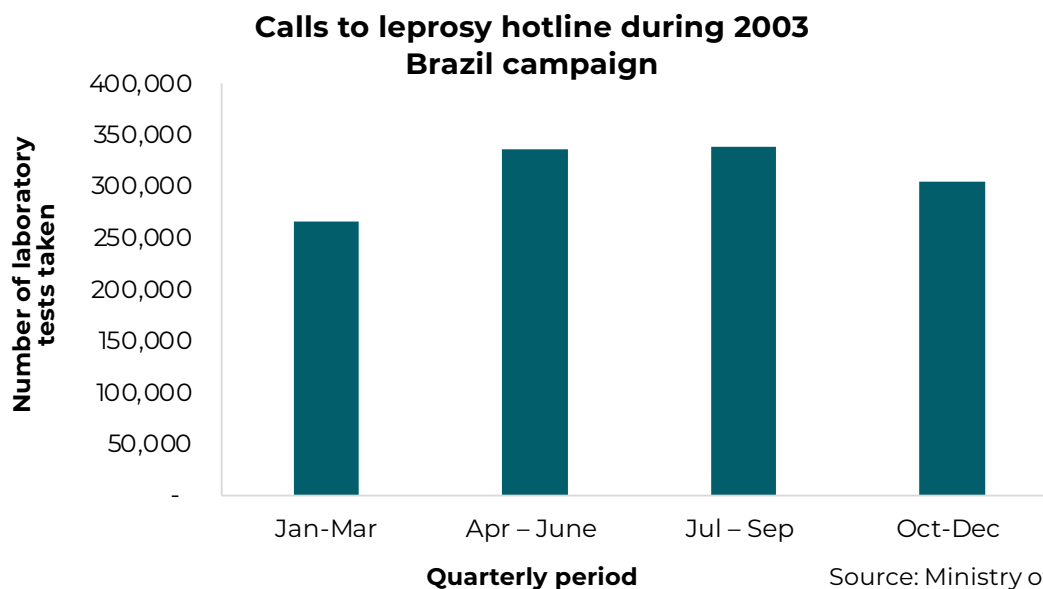
**Formats:** Radio and TV spots

**Scope:** 30-day national campaign in April 2006: over 8,000 TV broadcasts and daily broadcasts on over 2300 radio stations

**Partners:** Brazil Ministry of Health, World Health Organisation, Fundação Ataulpho Paiva, United States Agency for International Development, Instituto Ethos de Pesquisa Aplicada Ltda, Globo



**Results:** 26% increase in tests for TB from the first quarter of the year (266,016) to the second (335,991).



DMI also commissioned Instituto Ethos de Pesquisa Aplicada Ltda to conduct a quantitative evaluation of knowledge and attitudes. [The evaluation](#) showed that DMI's campaign reached 43% of the target population (males and females aged 20-50, in socio-economic classes C, D and E).

The evaluation also showed improvements in knowledge and beliefs about TB, including:

- TB still exists & is not unusual (74% among those exposed versus 60% among those not exposed);
- A persistent cough may be a symptom of TB (78% vs 60%);
- The duration of the treatment is 6 months (66% vs 49%);
- Tuberculosis is curable (98% vs 91%);
- The treatment is free of charge (95% vs 89%).



# 3. CAMBODIA HIV AND MATERNAL AND CHILD HEALTH CAMPAIGNS (2003-2006)

**Location:** Cambodia

**Themes:** HIV prevention, and maternal and child health – antenatal and postnatal care attendance, handwashing, diarrhoea treatment, nutrition, safe sex

**Formats:** 22 radio spots, a radio call-in discussion programme, 23 TV spots and 1 TV drama

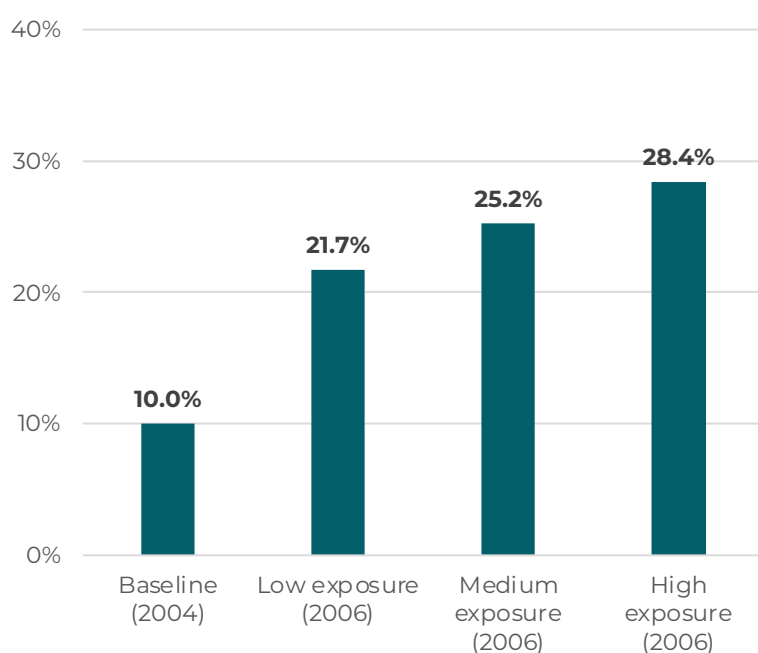
**Scope:** 3 year campaign running from July 2003 to June 2006



## Results:

Behaviour	Before campaign	After campaign
Women attending post-natal check-ups	62%	76%
Pregnant women attending ante-natal check-ups	49%	68%
Parents who treated child with ORS ("Oralit") last time it had diarrhoea	25%	31%
Pregnant women using iron supplements	10%	44%
Condom usage since last sexual intercourse (males, have used condoms at least once)	56%	65%
Parents of children showing signs of ARI who took children for treatment	51%	70%
Parents reporting washing children's hands to prevent diarrhoea	10%	25%
Parents reporting washing own hands to protect children	12%	24%
Pregnant women planning to use midwives	49%	63%

## Parents reporting washing their children's hands to prevent diarrhoea



The table above shows significant impact on a variety of target behaviours. Many of these results showed a dose response with impact increasing as exposure to the campaign increases. An example of such a dose response is shown for handwashing, left. This graph outlines reported increases in parents washing their children's hands to prevent diarrhoea, broken down by exposure to the campaign.

Final endline evaluation report available [here](#).

## 4. ELIMINATING LEPROSY IN BRAZIL (2002-2003)

**Location:** Brazil

**Themes:** Leprosy symptom recognition

**Formats:** Radio and TV spots

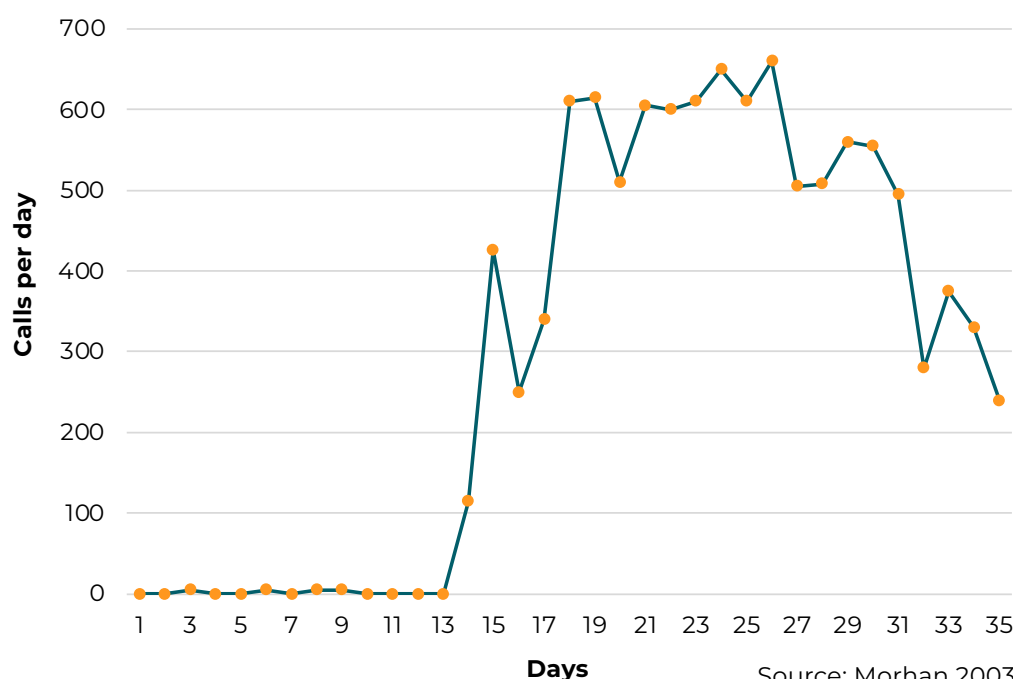
**Scope:** 30-day national campaign, broadcast from January to February 2003: over 7,000 television broadcasts and daily broadcasts on over 2,800 radio stations.

**Partners:** World Health Organisation, Instituto Ethos de Pesquisa Aplicada Ltda, the Brazilian Ministry of Health, Pastoral da Criança and Morhan

**Results:** The campaign led to an immediate surge in calls to a telephone hotline (Telehansen) which had been created for the purpose by Morhan, an organisation for people with leprosy. The number of calls per day rose from 6 prior to the campaign to a peak of over 600 calls per day: some 10,500 calls in all.



**Calls to leprosy hotline during 2003  
Brazil campaign**



Instituto Ethos conducted a survey of 1,000 people to evaluate the campaign during March 2003. Results showed that the campaign reached 64% of the adults surveyed and it increased awareness and knowledge of specific leprosy symptoms. The campaign also had a positive effect on perceptions about leprosy treatment, with tolerance for people being treated being approximately 30 percentage points higher among those exposed to the campaign compared to those not exposed.

Final endline evaluation report available [here](#).

# 5. MASS MEDIA CAMPAIGN TO HELP ELIMINATE TRACHOMA FROM ETHIOPIA (2001-2005) dmi<sup>(\*)</sup>

**Location:** Ethiopia

**Themes:** Trachoma prevention – facial, hand and environmental hygiene

**Formats:** Radio alone in some areas; in other areas, radio, video vans, and print materials

**Scope:** 3-year campaign in the Amhara region, up to 14 broadcasts per day



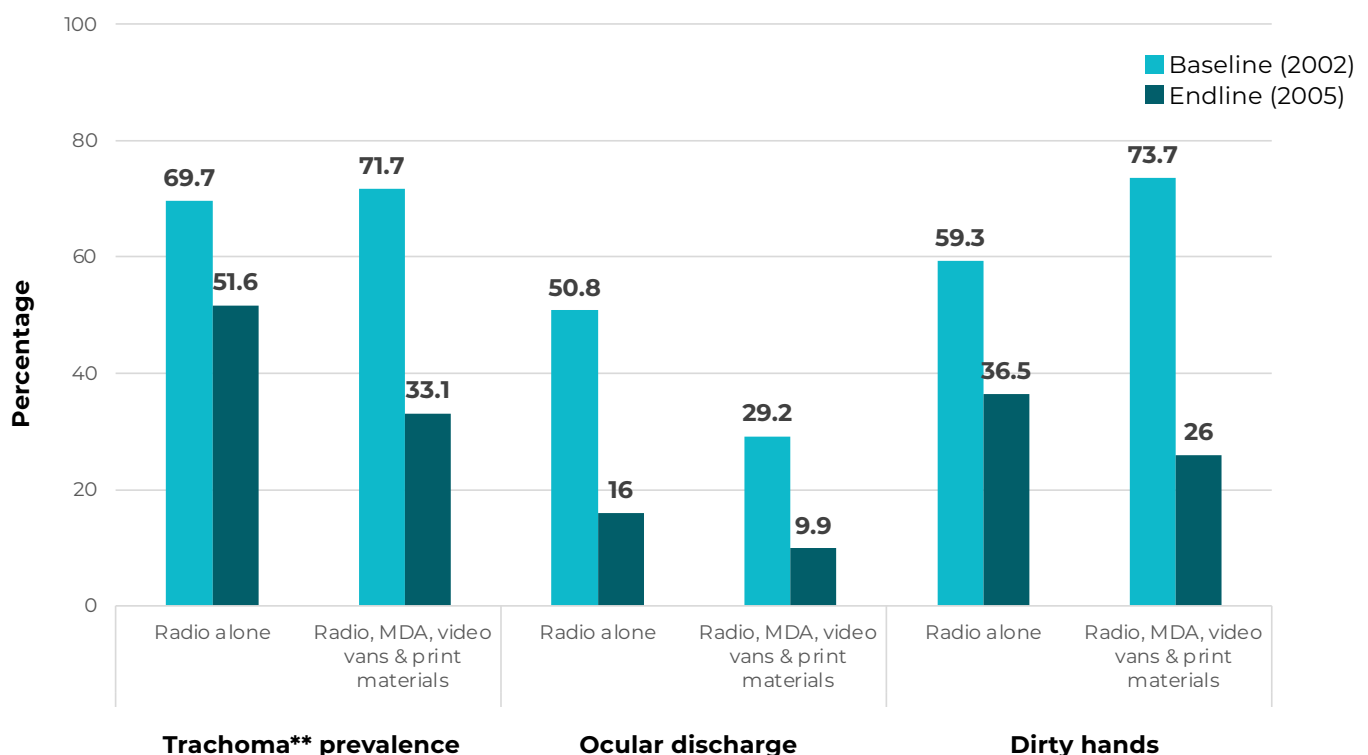
## Results

LSHTM's independent evaluation was based on an observational before and after study design, making over 1,700 observations of children and families' eye health and hygiene practices. While there was an antibiotic Mass Drug Administration (MDA) campaign happening concurrently, the study showed an 18 percentage point (pp) decrease in trachoma prevalence from baseline (69.7%) to endline (51.6%) in areas that did not receive antibiotics, nor other community media interventions, and were only exposed to the radio intervention.

The Ethiopia campaign also showed significant decreases in children observed with dirty scalps or dirty hair as well as decreases in trachoma prevalence, ocular discharge and nasal discharge.

The main paper evaluating the campaign is published in [Edwards et al, 2008](#) with baseline levels of trachoma published in an [earlier paper](#).

### Observed data from 3-year trachoma campaign 2002-2005\*



\* Edwards et al, Tropical Medicine and International Health, April 2008, Vol.13, no.4 pp556-565, Table I

\*\*Baseline levels of trachoma taken from Edwards et al, Ophthalmology. 2006 Apr;113(4):548-55

# 6. MASS MEDIA CAMPAIGN TO HELP ELIMINATE TRACHOMA FROM NEPAL (2002-2003) <sup>(10)</sup> dmi

**Location:** Nepal

**Themes:** Trachoma prevention – facial, hand and environmental hygiene

**Formats:** Radio alone in some areas; in other areas, radio, video vans, and print materials

**Partners:** International Trachoma Initiative, Radio Nepal, National Trachoma Control Programme, and the Nepal Red Cross Society. The evaluation was conducted by the Valley Research Group.

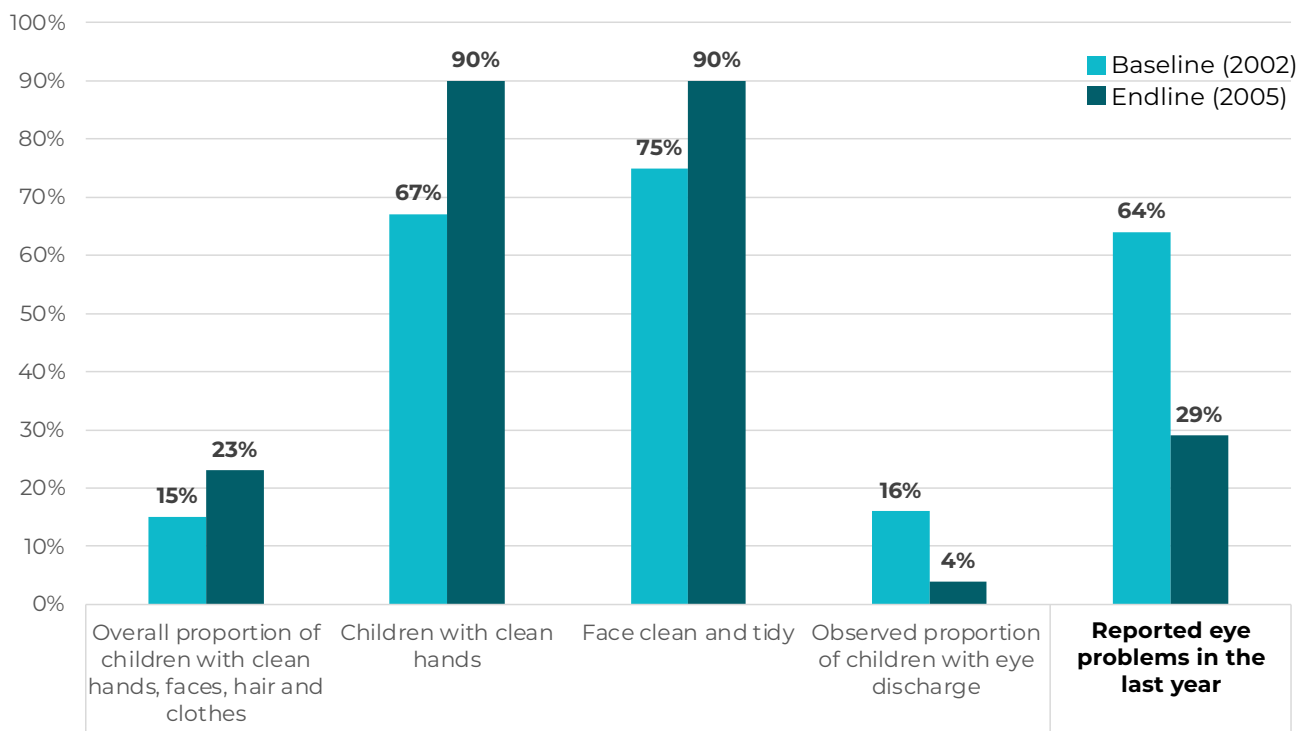
**Scope:** 12-month campaign



## Results

The evaluation was a simple before-after cross-sectional design, with 3,198 households interviewed before the campaign and 3,124 interviewed after. It showed a 23 percentage point (pp) increase in children observed with clean hands, a 12pp decrease in children observed with eye discharge and a 35pp decrease in households reporting eye problems within the last year. Some of these observations are noted in the below graph.

**Observed and reported eye problems**



**Observed hygiene practices among children aged under 5**

n=1,376





## 7. CAMPAIGN TO ELIMINATE LEPROSY IN INDIA (1999-2000) dmi<sup>(\*)</sup>

**Location:** India

**Themes:** Leprosy

**Formats:** Radio, TV spots and short dramas

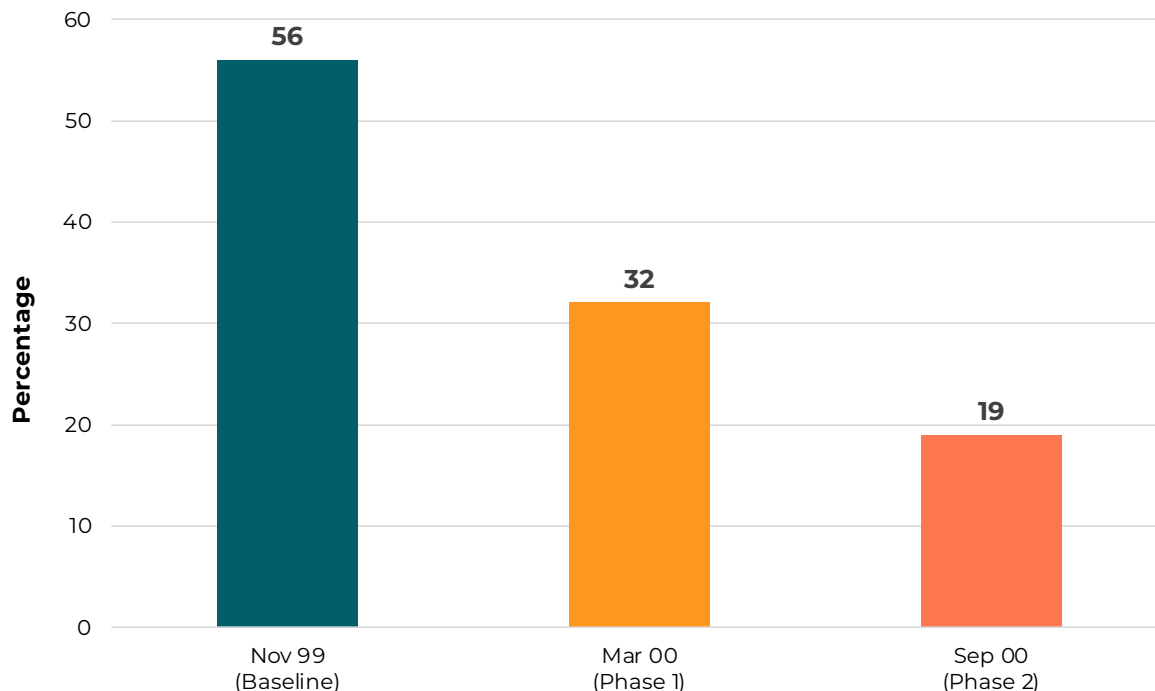
**Scope:** 12-month mass media campaign delivered as part of a project running from August 1999 to April 2001. Spots and short dramas were broadcast some 800 times on TV and 5,500 times on radio.

**Partners:** Doordarshan and All-India Radio

### Results

The results of the project were that **at least 200,000 people were treated for leprosy**. It also led to large shifts in attitudes and behaviour, including stigma which is the strongest barrier to leprosy treatment in India. As a result of two waves of campaigning, the number of people believing leprosy was hereditary fell dramatically. The evaluation was conducted by the ORG Centre for Social Research.

**Belief that leprosy is hereditary**



*Source: ORG Centre for Social Research (AC Nielsen) based on 3 surveys each of 1,000 sample size between November 1999 and September 2000, published by BBC World Service Trust 2001*

A short summary of the project is presented [here](#). The WHO now considers leprosy to be largely eliminated as a public health problem in India.

