

2011

Is the message getting across?

An assessment report of media advocacy campaign carried out by CARE International in Tanzania 2010-2011

December 2011

Nyanda J. Shuli
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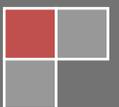


Table of content

TABLE OF CONTENT	1
EXECUTIVE SUMMARY	3
SECTION ONE	4
1.0 Introduction	4
1.1 General introduction	4
1.2 Background	4
1.3 Media mix.....	6
1.4 Rationale for campaign assessment.....	6
1.5 Assessment objective.....	6
1.6 Methodology.....	7
1.6.1 Research area, Sampling and Sample size	7
1.6.2 Data collection process	8
SECTION TWO	9
2.0 Theoretical framework of media advocacy	9
2.1 General introduction.....	9
2.2 Theoretical framework of media advocacy.....	9
SECTION THREE	11
3.0 Analysis of campaign messages	11
3.1 General introduction.....	11
3.2 Characteristics of powerful advocacy messages.....	11
3.3 Analysis of the messages and scores provided for each attribute. Each attribute has a maximum of 1 point.	12
SECTION FOUR	17
4.0 Findings and discussion	17
4.1 General introduction.....	17
4.2 Findings and discussion	17
SECTION FIVE	24
5.0 Conclusions and Recommendations	24
5.1 General introduction.....	24
5.2 Conclusions	24

5.3	General conclusion	25
5.4	Recommendations	26
REFERENCES.....		27
ANNEXURE 1.....		28

Executive Summary

Since 2010, CARE International in Tanzania through Health Equity Project and AIM program initiatives has been implementing a strategic media advocacy campaign. The campaign was organized in order to increase public awareness on maternal health policies, incite the community, especially women, to begin demanding for their right to free maternal health services, build public will to influence policy, as well as hold the government to account for obligations and promises in the policy commitments. The organization had not done much media advocacy campaigns before this one, and it was therefore imperative to assess the effectiveness of media channels used, and identify immediate results that have come about in various communities.

The assessment was undertaken through field survey and documentary analysis. 428 respondents participated in the assessment, bringing in adequate representation of women and men, service providers, policy makers and community members.

The campaign appeared to be a good strategy in getting the attention of policy makers, especially on policy commitments they have pledged. Besides, the campaign was an effective tool in expanding public awareness and promoting public participation in community development initiatives. The findings can prove that community awareness, engagement and participation about maternal health has increased in communities; and that is one of the reasons towards current slight improvement of maternal health services in the country. CARE International in Tanzania can consider documenting the case studies of success stories in 2012, to capture the contribution of this campaign; and for other organizations to learn from this experience. It is also important to note that most respondents were aware of the messages that were communicated through TV and radio spots compared to publications and billboards. Although limited placement and distribution of publications and billboards were a hindrance, but channels lacked the credibility to reach the masses of people in different communities.

Several recommendations have been made. One, combination of media channels can be more effective through using media channels such as regional radio stations that could reach women, and especially people in the rural areas. This approach is cost effective considering the community attention to local media, and likelihood to spend less than 15% of the cost payable to national-wide radio stations. Such a combination can allow for more broadcast frequency of messages at prime times. A campaign like this can be made more comprehensive through use of other TV and radio programs or talk shows that would provide adequate depth and additional information that cannot be found in the creative campaign messages. It is also advisable to consider placing messages on posters in dispensaries and village notice boards in future in order to promote for specific interventions from community members and service providers.

Section One

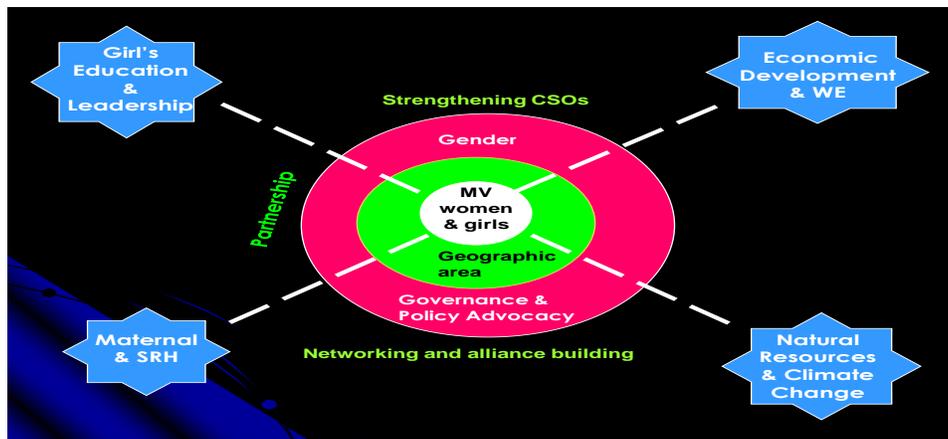
1.0 Introduction

1.1 General introduction

The assessment of a media advocacy campaign undertaken by CARE International in Tanzania was carried out in order to establish the reach and use of information that was communicated using various media channels. This report therefore, provides an analysis and findings of the information generated. Section One provides an introduction, covering the background, rationale for the campaign assessment, objectives and methodology. The information in section one provides a basis through which the entire report is linked to it. Section Two covers the theoretical framework of media advocacy. An analysis of campaign messages is provided in Section Three, followed by presentation of findings and discussion in Section Four. The report ends with conclusions and recommendations in Section Five. Read on!

1.2 Background

CARE International envisions a world of hope, tolerance and social justice where poverty has been overcome. In realizing the vision, CARE International in Tanzania is implementing a 10 year strategic plan that was developed in order to address needs of marginalized and vulnerable women and girls living in rural underserved and environmentally restricted areas at critical life stages. Below is a graphical representation of the Impact Group that CARE International in Tanzania is focusing on.



Since 2010, CARE International in Tanzania through Health Equity Project and AIM program initiatives, has been implementing a strategic media advocacy campaign to increase public awareness on maternal health policies, incite the community, especially women, to begin demanding for their right to free maternal health services, build public

will to influence policy, as well as hold the government to account for obligations and promises in the policy commitments.

In harnessing support and collaboration with other organizations, CARE's Health Equity Project partnered with Sikika, TGNP and Women's Dignity. These organizations, were implementing more or less similar work, and therefore it was reasonable to consolidate efforts and resources of the organizations towards the same campaign. In the course of the campaign, the organizations appealed to the government to provide the following policy demands.

- allocate 15% of the national budget to health,
- expand emergency obstetric care,
- ensure all women deliver with a skilled attendant, and
- ensure free services for all pregnant women and girls

The policy demands above were considered as very key, if the government wants to reduce mortality rate, consistent with MDG 3 commitments, and MKUKUTA Cluster 2, Goal 2 that require to realize Improved Survival, Health and Well-being of All Children and Women and Especially Vulnerable Groups.

The first demand that requires the government to allocate 15% of its national budget to health is virtually a reminder. Considering the challenges in delivering and accessing health services, the government ratified the Abuja Declaration in 2001 committing to set up such a percentage of its national budget to health. Therefore, it is imperative to hold the authorities accountable for the promises they make, one of key interventions in promoting good governance.

The second demand, requiring the government to expand Emergency Obstetric Care¹ is a response to the current situation where, according to CARE-Tanzania reports, only 1 out of 7 women in Tanzania receive this service. This shows that expecting mothers are at risk, considering the acute shortage of such services in about 94.5 of health centers and dispensaries available countrywide.

The third demand, requiring the government to ensure that all women deliver with a skilled attendant should be one of the top priorities. There is acute shortage of health centers and health care providers in Tanzania. It is estimated that only one-third of health posts are filled in Tanzania, and the shortage is more severe in rural areas. It is because of such shortages, just over 80% of urban women deliver in a health facility, compared with

¹ This care responds to unexpected complications such as hemorrhage and obstructed labour with blood transfusion, anesthesia and surgery.

39% of rural women. Those who deliver without a skilled attendant are forced to take a big risk that may cost life.

The fourth demand, seeking to ensure that free services for all pregnant women and girls is a policy obligation. Such a commitment was made in response to an alarming maternal mortality rate, which was partly a result of unaffordable services, especially to poor women living in rural areas.

1.3 Media mix

A range of media channels were used to take the messages across. In order to advocate for the 4 policy demands above, CARE International in Tanzania produced messages in various formats, such as TV and radio spots, billboards and publications. The messages were complementing one another, such that the intended audiences: the government, policy makers and citizens could be exposed to them and feel the need to do their part in improving maternal health services.

1.4 Rationale for campaign assessment

The media advocacy campaign on maternal health policies was undertaken from 2010 to early 2011, and therefore it is high time to assess the effectiveness of media channels used, and identify immediate results that have taken place in various communities. This is common practice in communication and development fields for the purpose of capturing evidences of the work done, challenges and lessons. This is an important exercise for CARE International in Tanzania as it will generate input for future work. Additionally, the organization may conduct another exercise in future to identify impact that has come about as a result of this campaign, considering the fact that impact sometimes takes long time to be realized, and it would not have been feasible to establish it during this assessment.

1.5 Assessment objective

The general objective of this assessment is to assess the effectiveness of media channels used, capture immediate results and progress in maternal health as a result of CARE's Health Equity and AIM media advocacy campaigns; and through that, draw lessons and recommendations.

1.5.1 Specific objectives

- To determine the level of public awareness regarding maternal health policies in selected communities To capture contribution of the media advocacy campaign through responses and actions of the target audience (community members, policy makers and health care providers)

- To make recommendations that would inform future media advocacy campaigns, and other advocacy initiatives at CARE International in Tanzania

1.6 Methodology

This assessment was undertaken through field survey and documentary analysis. Surveys are often used to examine and record what community members think and feel, and so can be used to assess changes in knowledge, attitudes, practice and behavior. Documentary analysis was mainly desk research, where an analysis of existing information such as reports, publications and theories was made. Methods that were used to collect data in the field survey included: interviews, Focus Group Discussions (FGDs), and observations. Separate interview guides were developed to capture views of people in the communities, policy makers and service providers. FGDs, capturing views of community members allowed for interaction and discussions from small group of members, not exceeding 10 in each.

1.6.1 Research area, Sampling and Sample size

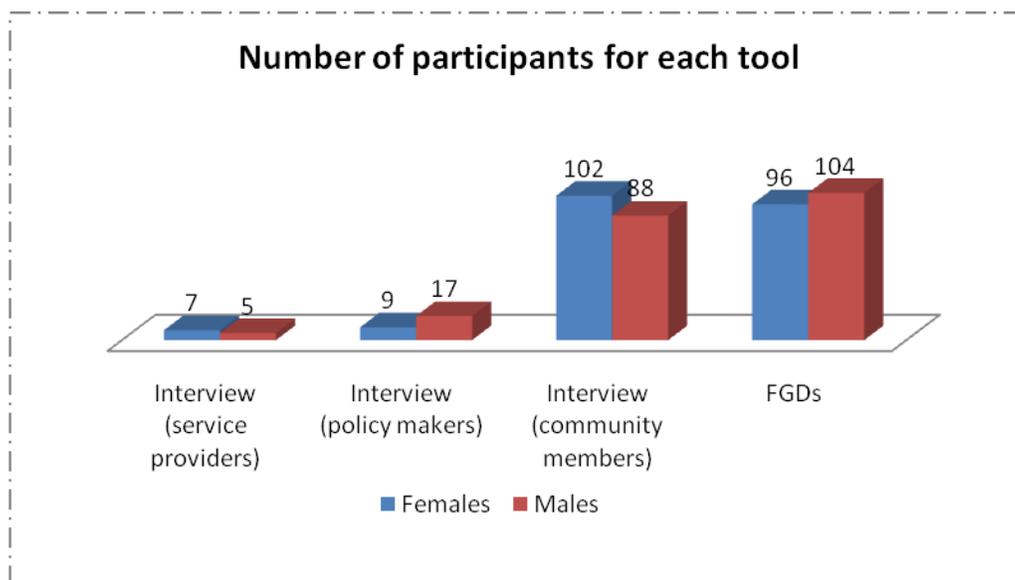
Considering the countrywide and regional reach of the messages in various media, sampling techniques were obligatory to arrive at a reasonable sample size that would represent the characteristics of the population. Data were collected in five districts from Mwanza and Dar es Salaam districts. Mwanza was represented by Sengerema, Nyamagana and Ilemela districts; while Kinondoni and Ilala represented Dar es Salaam. In each district, two wards were selected as indicated in the matrix here-below.

Sengerema	Nyamagana	Ilemela	Ilala	Kinondoni
<ul style="list-style-type: none"> •Mwabaluhi •Busisi 	<ul style="list-style-type: none"> •Pamba •Nyamagana 	<ul style="list-style-type: none"> •Pasiansi •Bugogwa 	<ul style="list-style-type: none"> •Tabata •Kiwalani 	<ul style="list-style-type: none"> •Mburahati •Bunju

Districts in Mwanza and Dar es Salaam were selected because CARE International in Tanzania has undertaken other community projects in the same districts for some years now. It was therefore reasonable for this assessment to be undertaken in those districts because of the ease to get research assistants and community members to participate in this assessment. The public nature of the messages that were featured in the campaign was distinguished from other organizational initiatives, providing a comprehensive analysis of reach and use of the messages. A small caution to note here is the fact that some people would have been aware of CARE's initiatives in their communities, other than this campaign, and would have used that knowledge in providing information for this assessment. However, the sampling techniques used minimized such instances to emerge.

The sampling techniques that were used are: purposive and convenience. *Purposive sampling* enables the researcher to use judgment in selecting cases that will best provide information needed. This technique was used to pick policy makers and service providers that were needed to provide information about policy decisions and priorities on health sector. The service providers were approached in order to tell their experiences of provision of maternal health services. *Convenience sampling* was used in order to select haphazardly the community members, based on ease of getting them. This technique was obligatory considering limited time in gathering information.

Using the above sampling techniques, 12 service providers, 26 policy makers and 190 community members were interviewed individually, of which females were 52% and males were 48%. Also, 22 FGDs were administered in five districts, collecting views from 96 females and 104 males. Therefore, 428 respondents participated in the assessment, as indicated in the figure below.



1.6.2 Data collection process

The methodology developed for this assessment allowed for collection of adequate amount of information from all the key target groups, and the analysis presented in this report reveals an accurate scenario of the actual situation in other communities in relation to this campaign. Data for this assessment was collected by the consultant and research assistants from 2nd to 17th November 2011. The Research Assistants were trained for them to get familiar with the research tools and data collection process. The consultant also collected data from CARE International in Tanzania offices, and did the documentary analysis.

Section Two

"If you don't exist in the media, for all practical purposes, you don't exist"- Daniel Schorr

2.0 Theoretical framework of media advocacy

2.1 General introduction

Most social advocates use media advocacy to convey message to their target audience. Some of the questions are very important to discuss here; what is media advocacy? How is it used as an advocacy tool? And what are its limitations? And what is the place of CARE Tanzania's media advocacy campaign? These are some of the questions this section will try to answer.

2.2 Theoretical framework of media advocacy

To most people, media advocacy would mean the use of media in undertaking advocacy work. Such a view is not quiet far from what the concept stands for. Jernigan, D. H and Wright, P.A (1996) define the concept as the strategic use of mass media and community organizing as a resource for advancing a social or public policy initiative.

Renowned media experts, Wallack, L and Dorfman, L (1996) assert that media advocacy addresses the power gap rather than just the information gap. Therefore, it is not just like any work that is expected to produce information or news stories. It is by far not close to Public Relations. In most cases, the experts have a view that media advocacy focuses on public policy rather than personal behavior.

The proponents of media advocacy argue that it can lead to larger victories when used as a complement to community organizing in the context of a larger strategic vision for policy change. Like policy advocacy, media advocacy is best done in the context of clear long-term goals; conscious framing, guiding the choice of spokespeople, visuals, and messages, can alter media coverage and public debate of policies.

Jernigan, D. H and Wright, P.A (1996) provide a caution that advocates need to respect the media but also remember that they have power in relation to the media; and media advocacy is often controversial and not suited to every situation. This caution reminds advocates to be mindful of the message they want to communicate, how to pitch it, in which media, and by when. These are key questions that call for preparation of an advocacy strategy and a media plan, if one wants to be successful in undertaking a powerful media advocacy campaign.

In undertaking media advocacy, one of the direct outputs is media coverage, and according to American Public Health Association, media coverage is one of the best ways to gain the attention of decision-makers. This is also true in Tanzania because of the power of the media to influence public opinion and a platform in itself for people to speak out and be heard. It is in the same vein; CARE International in Tanzania organized the media advocacy campaign about maternal health services in order to get the attention of community members, policy makers and the government at large. Because media channels provide an advantage of reaching a wide audience, the organization anticipated that the message would reach many people, and in turn increase public awareness of policy demands elaborated in subsection 1.2.

It was expected that out of increased public awareness, people would create pressure to policy makers, service providers and the government by demanding quality maternal health services. Considering that the policy makers, service providers and the government are part of the general public, they would have gone ahead to fix the situation, although this does not work in the same way all the time. Therefore, the use of media advocacy was meant to work in two ways: that decision makers would address the challenges on their own, upon receiving the information; and on the other hand feel the anticipation and demands of the people, and therefore address the challenges out of public pressure. However, it is imperative to note that social and policy changes do not come abruptly. It is sometimes a process that may take long time. It was therefore expected from the beginning that the changes advocated in this campaign may not be realized in such a short period of time; although indicators for positive results would be in place. These are:

- People are discussing about maternal health
- There is public and government attention to maternal health
- There are discussions in the parliament on maternal health services
- People are demanding for their right to quality, accessible and affordable maternal health services
- The government is affirming its commitments and promises on improving maternal health services

The next three chapters provide an assessment of campaign messages, the findings, conclusions and recommendations.

Section Three

3.0 *Analysis of campaign messages*

3.1 General introduction

The messages that were developed and communicated in this campaign meant to advocate for the four policy demands indicated in subsection 1.2. It is therefore imperative to provide an analysis of the messages, to ascertain their potentials in advocating for the policy demands. The analysis would provide a clue on what we can expect in the findings, in terms of reach and use of the messages.

3.2 Characteristics of powerful advocacy messages

The characteristics used in the analysis were developed from social psychology, social communication, social marketing, advertising, persuasion and social exchange theories. The theories reveal a complex process involved in behavioral or social change on the side of the target audience. There is an intrinsic power in a powerful message; and therefore, the nature of the message may determine in the first place whether the campaign may be successful or not. In view of this, a powerful advocacy message should have the following attributes:

- (Visually) appealing
- Simple, short and clear
- Ability to spark one's attention, just on the first hearing, viewing, reading
- Demonstrates accurate understanding of the problem
- Presents information objectively, no exaggeration
- Creativity in presenting the information in a way the target audience can easily identify with
- Suggests clear and doable actions on the side of the target audience
- Presented in a language that the target audience can comprehend
- Placed in places where target audience can easily see, hear, read, etc

Various communication materials were produced for this campaign, and the matrix below presents the analysis of selected materials along the attributes stated above.

3.3 Analysis of the messages and scores provided for each attribute. Each attribute has a maximum of 1 point.

Message codes ²	Type/format	Target audience	Characteristics of messages								
			<i>Appeal</i>	<i>Length</i>	<i>Potential to spark attention</i>	<i>Understanding of the problem</i>	<i>Objectivity</i>	<i>Creativity</i>	<i>Clarity of actions suggested</i>	<i>Language</i>	<i>Placement</i>
1	TV/Radio spot	General public	Clear images/voices/sound effects and attractive colours, depicting natural environment <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	Relatively short, about 1 minute. <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	An expecting mother carried on a bicycle was a powerful entry-point <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The issues of poor transport linked powerfully with shortage of health centers <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	Use of accurate data and appropriate scenarios <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	Presentation of the message in a typical rural setting <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The message was clear, appealing to the government to construct a health centre in each ward <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The message was in Swahili, a familiar language to the target the audience <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	One spot was placed each day at prime time on TBC1, ITV Star TV, RFA, Clouds FM and Radio One; offering national coverage. However, the frequency of message broadcast on radio, especially RFA and Radio One was not adequate, considering that radio reaches more to people in
2	TV/Radio spot	General public	Clear images/voices/sound effects and attractive colours <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	Relatively short, about 1 minute <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	A requirement to take delivery kits, which people experience it more often <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The practice reveals that maternal health services are not for free, especially in some of health centers and dispensaries <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	Policy requirement for free maternal health services <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The nurse represent typical nurses available in most dispensaries and health centers <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	The message was too ambitious. It would have focused on service providers as well, and not to the government alone <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">0.8</div>	The message was in Swahili, a familiar language to the target the audience <div style="text-align: right; border: 1px solid black; width: 20px; margin: 0 auto;">1</div>	

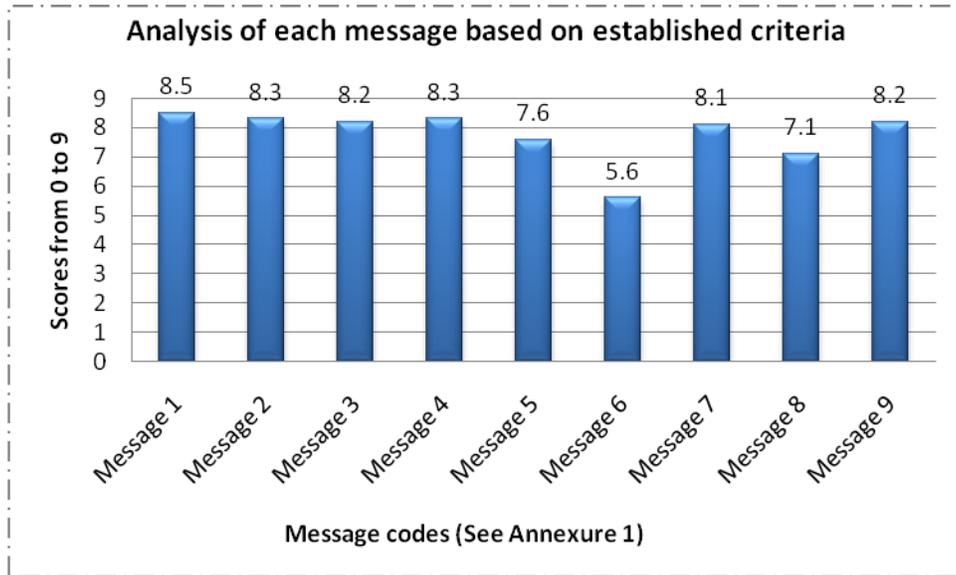
² See Annexure 1

3	TV/Radio spot	General public	Clear images/voices/sound effects and attractive colours	Relatively short, about 1 minute	The information from the Doctor that the center has no capacity to handle the case	Besides shortage of EmOC services, most health centers do not have sufficient transport facility in emergency situations	Use of accurate data and appropriate scenarios	Husband's frustration, following, lack of urgent transport	It was a general statement, not concrete. Often times the government provides excuse that it has no adequate funds	The message was in Swahili, a familiar language to the target the audience	the villages more than TV.
			1	1	1	1	1	1	0.7	1	
4	TV/Radio spot	General public	Clear images/voices/sound effects and attractive colours	Relatively short, about 1 minute	The scenario that there is only one nurse, and an expecting mother does not get an immediate attention is quiet moving	Service providers may be willing to help, but fail because of big number of patients	Use of accurate data and appropriate scenarios	An expecting mother in pain	The action suggested is clear and valid	The message was in Swahili, a familiar language to the target the audience	
			1	1	1	0.8	1	1	1	1	0.5 each
5	Billboard	General public	Clear visuals and graphics	Relatively short, and less text	The pictorial representation that 1 doctor attends 33,333 patients	The current status of shortage of health care workers was well captured	Use of official data from the government is commendable	A pictorial representing one doctor in a clutter of many people was a	Although the message offers powerful reflections and imaginatio	Presented in Swahili, a familiar language to the target audience	Only one message was placed along Nyerere road in Mwanza, near

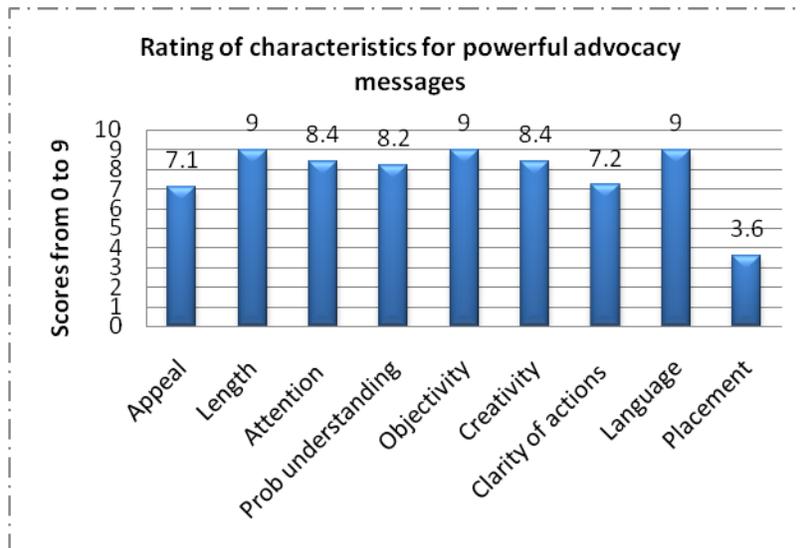
			1	1	inTanzania 1	1	1	1	powerful design 1	ns, but it does not suggest any action 0.4	1	Mlango Mmoja open market. 0.2
6	Billboard	General public	Not attractive 0.2	Short, but powerful text 1	The information that 24 women die in Tanzania everyday was a great entry point! 1	No direct information is provided, other than the message that 90% of the deaths could be avoided 0.4	Use of official data from the government is commendable 1	The message was presented as text on a notice board, no much creativity 0.4	There is no action suggested, other than imaginat ions and sympathy 0.4	Presented in Swahili, a familiar language to the target audience 1	Only one message was placed along Mwanza-Shinyanga road near Nyegezi-corner to Malimber 0.2	
7	Publication	Community members and, service providers and policy makers	Nice cartoon showing people participating in construction of a health centre. However, there are no other images inside the publication. 0.7	The publication is relatively short. One can read it in 20 minutes 1	The topic attracts attention 1	The publication was written based on the reality that many people do not know their responsibilities. Therefore, it is essential in promoting public accountability 1	The publication is a simplification of policy documents and principles of public participation 1	There is much creativity, especially in terms of simplifying technical information to a level that ordinary people can comprehend 1	Actions and responsibilities suggested are very clear 1	Written in Swahili, a familiar language to the target audience 1	Distributed to people and leaders in various communities, but the copies were few	

8	Publication	General public	The picture on the publication is not clear, low resolution	The publication is relatively short. One can read it in 20 minutes	Little attention on the topic, considering political affiliation and disaggregation of the target audience	The publication was written out of the premise that many people are not aware of election manifestos of various political parties	The publication presents accurate information entailed in election manifestos of various political parties	Creativity is seen in terms of simplifying the information, but not much on the image selected for the cover	The publication offers clear action to be taken by citizens, who were potential voters	Written in Swahili, a familiar language to the target audience	
			0.4	1	0.4	1	1	1	0.9	1	
9	Leaflet	Policy makers, the government and the general public	Powerful images	The leaflet is relatively short, could be read in 15 minutes	The urge for to invest for the health of women and children was presented in an interesting way	The publication presents a comprehensive understanding of the problem, that poor health conditions for women and children is contributed by little budget	There is accurate analysis of budget information	Creativity is well put in linking analysis, images and the text	The action suggested is stated right from the beginning of the leaflet, towards the end	Written in Swahili, a familiar language to the target audience	
			0.8	1	1	1	1	1	1	1	0.4 each

The scores provided on each attribute reveal that most messages were packaged professionally. Except for Message 6 (see Annexure 1), the scores of the other messages range from 7.1 to 8.5, out of 9, and therefore they are highly rated. The figure below presents the scores for each message.



Preparing a good message is very important but not sufficient. Messages need to be taken to the target audiences through carefully identified channels. Based on the scores in the matrix, placement of the messages was not adequate enough, collecting only 3.6 scores out of 9. This shows that the message was did not reach to some of the target audience as expected. The scores in other attributes range from 7.1 to 9, out of 9; which is commendable, as indicated in the figure below:



Section Four

4.0 Findings and discussion

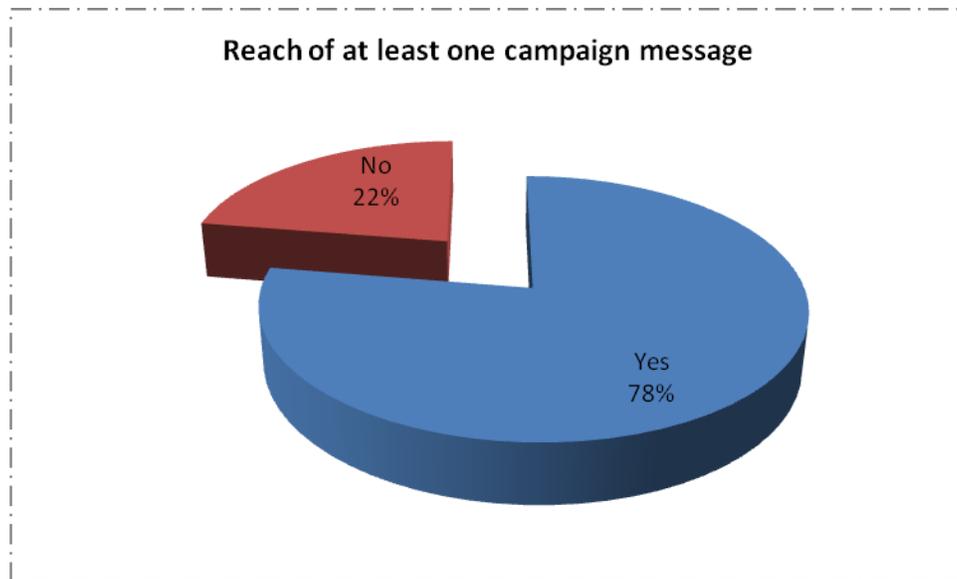
4.1 General introduction

The objective of this assessment was to gauge the effectiveness of media channels used, capture immediate results and progress in maternal health as a result of CARE's Health Equity and AIM media advocacy campaigns. This chapter presents the findings that have come about as a result of this campaign. A further analysis is provided linking the findings and campaign indicators in relation to existing situation in provision of maternal health services in Tanzania and media trends. Find out!

4.2 Findings and discussion

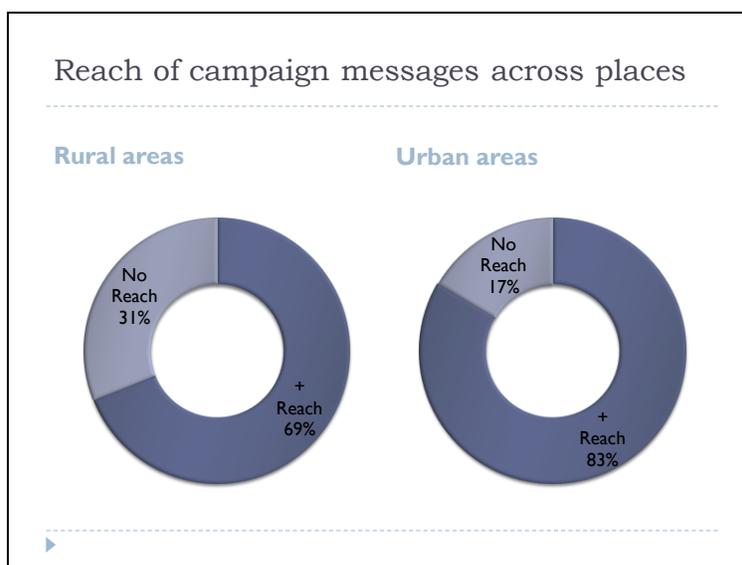
4.2.1 Exposure to campaign messages

The messages were meant to reach out to the general public, especially to the following groups: community members, policy makers and the government. The findings reveal that 166 people out of 214 have seen, read or viewed at least one campaign message from CARE International in Tanzania. That is a significant proportion considering that the messages communicated across media were consistent in most cases. This can further be interpreted that most respondents were exposed to the campaign messages as indicated in the chart below



The level of awareness varied across people and places. Service providers and policy makers were much more aware of the messages compared to community members. Although there is a marked pattern that more people have consumed at least one message,

the trend is slightly different between and among respondents from rural and urban areas. More people in urban areas had accessed the messages compared to people in rural areas. People in urban areas had a significant advantage of 14% of being exposed to campaign messages. This also conforms to the fact that people in urban areas access more media than people in rural areas, as indicated in the charts below.



Equally important to note, awareness of the messages was more to men than to women, and this is related to reach and access to media by both men and women. In the FDGs and during interviews, it was noted that men are more aware of the campaign messages, and most women could relate the campaign with family planning messages, which were not part of this campaign. Over time, men have had more access to the media than women in Tanzania. Data in the Tanzania Demographic and Health Survey report 2010 (TDHS) reveal that only 9% of women are exposed to mass media compared to 20% of men in Tanzania.

During the assessment, it was necessary to determine the interpretation that the respondents had in their minds about the messages³. The objective was to establish the connection between the messages and the meanings they communicate. Such information is very useful in establishing the use of the messages or the impact as a result of the campaign. The meaning people get out of campaign messages can be summarized as follows:

- *There is poor maternal health services in Tanzania*
- *Although the government say maternal health care is for free, but in reality it is not*
- *There is shortage of health care workers in dispensaries and health centers, and this is a reason for increasing maternal mortality*

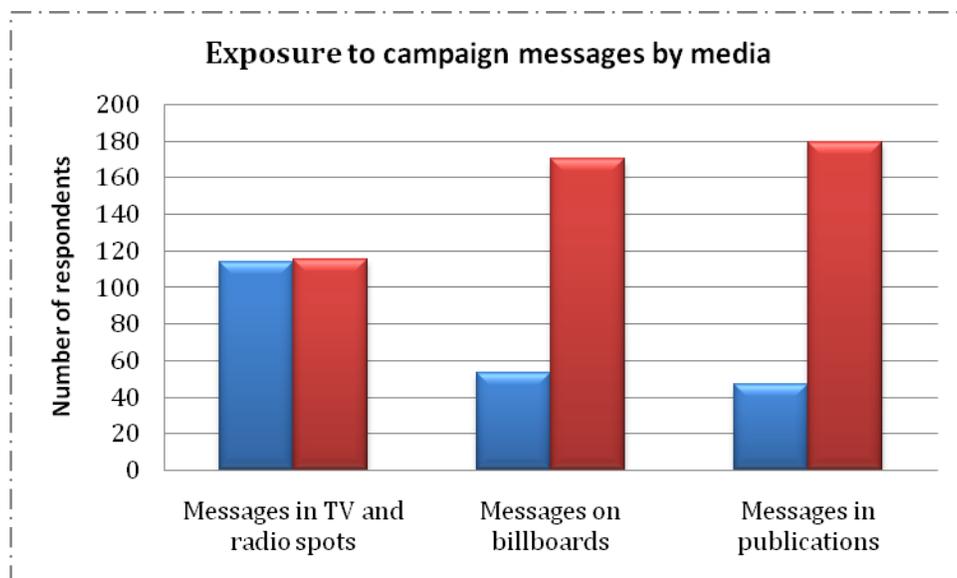
³ The question was asked to all respondents. All the messages were pretested to the respondents once again

- *An expecting woman should not stay in the village; instead, it is advisable that she relocates near a health center*
- *Pregnant women need to get free and better services*
- *People should know that their government is sloppy. The only reason for the failure to improve maternal health is that their priority is on other things*
- *It is necessary for men to support their wives in accessing and improving maternal health services*
- *Everyone needs to do their part, other than expecting the government to do everything for them.*

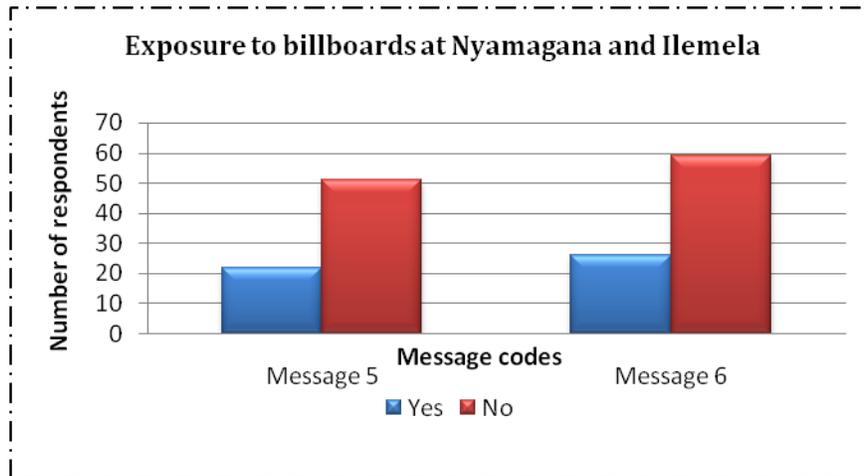
Looking at the messages, such meanings are a true representation of what was communicated in the campaign. Basing on the same messages, community members, policy makers and the government could use them differently in view of the responsibilities and obligations they have.

4.2.2 Public awareness of campaign messages

The above part provides the basic information that most respondents have been exposed to at least one campaign message. The assessment further reveals that the respondents were more exposed to messages in media spots than other media. It is also important to note that media spots were communicated through TV and radio stations, which collectively have a national-wide coverage. The placement of the messages on media was strategic, one media spot each at prime time on TBC1, ITV, Star TV, RFA, Clouds FM and Radio One for three months. Billboards were placed in Mwanza alone, and publications were distributed to a limited number of people, and this could be one of the reasons of recording little response. Further explanation about placement of the message is provided in subsection 3.3.



Considering that billboards were placed in Nyamagana and Ilemela districts only, the expectation was that most people in the two districts would have seen the messages on billboards. However, the trend is similar to the earlier findings presented above. The findings in the figure below can reveal that the placement of two billboards was not adequate to guarantee higher exposure.



A probing question was asked to confirm whether respondents have a memory of any campaign messages they have been exposed. The following are the specific messages that people could easily remember: Message 1, Message 2, Message 3, Message 4 and Message 5⁴. Some of the respondents mistakenly mentioned messages that were not part of this campaign such as HIV testing, family planning, and risk of teenage pregnancy. Ability to remember a message is a powerful indicator of catchy elements that were in the messages. And this places a requirement to campaigners to always look for a catchy angle that would stick into the minds of the respondents. Messages that have little or no catchy elements do not permeate into the long-term memory; and therefore are easily forgotten.

Responses from each respondents in relation to exposure to each message are presented in the figure below:

⁴ See Annexure 1



The information presented in this graph, also confirm that the respondents were more exposed to messages 1-4, which were media spots (TV and radio); and the respondents were more exposed to Message 1⁵ compared to others, and this the message that was highly rated in the analysis presented at sub-section 3.3.

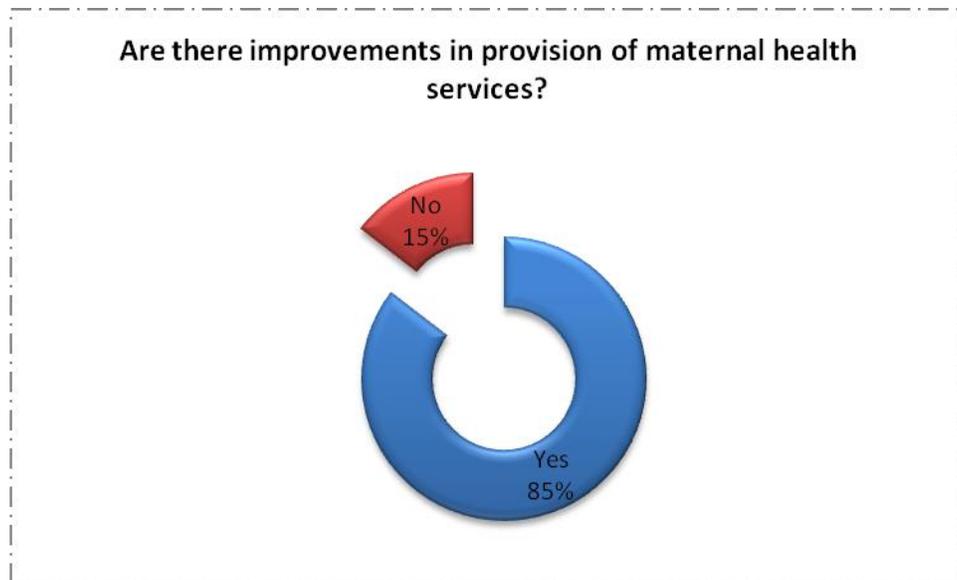
4.2.3 Usefulness of the messages

Most respondents acknowledged that the messages have been useful in their communities. Linking on the feedback about meaning of the messages indicated in subsection 4.2.1, the messages were applauded for their potential to remind each stakeholder to do their part in addressing challenges in provision of maternal health services.

Several actions were reported by respondents as evidences of message use. The areas that reveal direct use of messages were related to: purchase of ambulance, building of new health centers, recognition of pregnant women and supporting them and the importance of antenatal care.

Regarding public transport for patients, a significant proportion of respondents said that they had raised this concern to ward and district leadership and demanded for a reliable transport facility in order to help the patients, pregnant women among them. In other places, the respondents said they managed to organize themselves and managed to build health center(s). Most respondents have used the messages to encourage and promote for antenatal care, an attempt to make sure that all women deliver in safe hands of skilled birth attendants. One of them noted that he decided to identify all pregnant women in his community and share the information with officials for follow up. He said that the follow up was very necessary in order to promote antenatal care for all pregnant women. The public opinion on improvement of health services is positive. 85 percent the respondents agreed that there is improvement in access and provision of maternal health services in their communities compared to two years ago as indicated in the chart below:

⁵ See Annexure 1



Such a significant positive feedback indicates that the public is appreciating some positive results from the government, the main implementer of public policy and other stakeholders. This also means, the people are ready to collaborate with the government and other stakeholders in improving maternal health services, if they are given the right support. Specifically, the respondents pointed out the improvements that they see in their communities such as:

- More health centers have been built in communities
- More women are opting for antenatal care, reducing number of those who deliver in their homes
- Men are increasingly accompanying their wives to hospital
- There is an increase of health centers that are offering maternal health services
- More health care workers have been employed
- Care and handling of patients has improved in most hospitals-less use of provocative language to patients
- There is improvement of maternal health services
- More facilities and medicines are available
- There is an increase of couples who are opting for family planning measures
- Maternal health receive priority next to diseases such Malaria, HIV and TB.

These statements are showing a general indication that there has been marked changes in the provision of maternal health services in the country, but most importantly in the communities where people actively engage and demand for better services. Such improvements have come about from intervention of multiple stakeholders, government being one of them. Health, policy and community development organizations also have a significant contribution. However, respondents mentioned specific contribution of CARE International in Tanzania in influencing health policies, organizing people in communities and in providing awareness and education that has enlightened more people about government commitments and existing policies. Campaign's messages from CARE

International in Tanzania were also acknowledged for encouraging people and the government to take initiatives in improving maternal health services.

Besides service providers and people in the communities, the ministry of health also recognized the messages, and invited staff from CARE International in Tanzania to a roundtable discussion. The discussion ended up with deliberations on how CARE and the government can work together towards achieving better results. Following this meeting, CARE International in Tanzania was invited by the government to share experiences and opinion during the joint annual health sector review.

Section Five

5.0 *Conclusions and Recommendations*

5.1 **General introduction**

This chapter pulls the findings from the entire report into conclusions. The conclusions will also capture the campaign indicators that are presented in subsection 2.2 and provide recommendations in the end.

5.2 **Conclusions**

5.2.1 Most of the campaign messages were properly developed

Most messages were professionally prepared, except for Message 6⁶. Also important to note, there was a challenge in message placement (see subsection 3.3), and because of this, the message did not reach to some of the target audience, especially women in the rural areas. A good message does not guarantee reach, until it is taken to the target audience through targeted channels. Therefore, it is very important to consider channels that could reach the target audience in the best way possible.

5.2.2 The use of multiple channels was helpful

The assessment has revealed that no a single communication channel is adequate. Subsection 4.2.1 shows that many respondents were exposed to at least one message, although subsection 4.2.2 reveals that some of the messages, especially on TV and radio spots reached many respondents compared to the rest. The same applies that some respondents must have not been exposed to the media spots, but they would have received the information through other media. The good thing that came out of this campaign is that the messages in different formats and media channels were complementing one another, communicating similar and consistent information to target audience.

5.2.3 There has been an inadequate exposure to messages especially on billboards and publications

Respondents were less familiar with messages on billboards and publications, compared to the messages in TV and radio spots. Such a scenario was partly contributed by inadequate distribution channels. The exposure to billboards even at Ilemela and Nyamagana was not convincing, and it is likely that the placement of only 2 billboards for the entire campaign was not adequate. There is potential that Messages in TV and radio spots would have received more positive feedback had they been broadcasted for a longer period of time, or if there was more frequency on radio.

⁶ See Annexure 6

5.2.4 *People in the rural areas and women had little exposure to campaign messages*

There was little reach, recognition and use of campaign messages in rural areas and among women. A careful selection of media and communication channels is needed when disseminating messages to the people in rural areas. Women were an important target group for this campaign, and therefore, it is difficult to improve maternal health care if women are being left behind.

5.2.5 *CARE International in Tanzania has had a contribution in improving maternal health services in Tanzania*

The contribution of the organization is hugely recognized especially in the area of promoting public awareness and education on health policies and in influencing the implementation of health policies in Tanzania. There are evidences of people using the information to get organized and demand for better services and condemn corruption in hospitals.

5.2.6 *The campaign has started to record positive results*

The assessment revealed positive strides in realizing the envisaged immediate results of the campaign. While executing this campaign, CARE International in Tanzania wanted to see the following immediate results: *people are discussing about maternal health, there is public and government attention to maternal health, there are discussions in the parliament about maternal health services, people are demanding for their right to quality, accessible and affordable maternal health services and that the government is affirming its commitments and promises on improving maternal health services.* There is a marked progress in all these indicators, although a separate exercise would be necessary to document the positive changes into case studies.

5.3 General conclusion

The analysis and information presented in Section Three and Four reveal that the media advocacy campaign was a good strategy, especially in terms of getting the attention of policy makers on policy demands. The ministry of health got the information; the same to the public. Consequently, there has been an increase of public awareness, and participation of people in taking up their responsibilities, and demanding for better services increased as well.

The campaign recorded positive immediate results, and there was a possibility of recording even higher results if dissemination of billboards and publications would have been made to a wider audience and carefully chosen places. It is important to appreciate that media advocacy is a crucial tool or strategy to influence policy changes, but it suffers some limitations, and therefore it is imperative that media advocacy complements other community engagement initiatives (as explained in subsection 2.2). This would guarantee local presence and recognition of organizational interventions, also increase the likelihood

of attaining positive changes at the right time, or a little later. Specific alternative approaches are presented in the recommendations.

5.4 Recommendations

5.4.1 Effective combination of media channels can bring about better results

Media advocacy campaigns may not be effective if the selection of channels does not consider the best combination and integration of the channels. In order to reach out to the women in rural areas, more use of radio would have been advisable. TDHS 2010 reveal that 58% of women and 77% of men listen to the radio, at least once a week, and this makes radio the most common type of mass media in Tanzania. Therefore more use of radio (also regional radio stations), plus little use of TV would have made a cost effective combination, with potential to reaching many people.

5.4.2 Placement of messages

In this campaign, the placement of messages was not quite effective. It is advisable to have more frequency (at least two each day during the campaign period) of messages on radio at prime time, basically in the morning between 0600hrs-0800hrs; and 1730hrs-1930hrs. It is also advisable to expand the number of items carrying messages on billboards and in publications in order to reach more people. It is also advisable to develop posters that can be put in village/community notice boards and in hospitals advocating for free maternal health services in Tanzania.

5.4.3 Interactivity and integration of communication channels

Although campaign messages communicated consistent information, it would have been more appropriate to integrate all the campaign messages into a campaign website, blog or any form of social media. This would have increased interactivity and feedback between and among people. It is very effective if people find a platform to register their concerns or share information about maternal health provision in their area. Messages like these would have been pooled to other media network for broader advocacy. For instance, people's opinions and concerns would have been sent to mainstream media as letters to the editor; or in other online platforms. Some of them would have been shared with DMOs or with the health ministry for follow up and intervention. All billboards, publications or media spots would have had a link for feedback and comments. In this way it would have been possible to integrate the campaign and increase the likelihood of scoring more results.

5.4.4 Use of other media and platforms

For a big campaign like this, it is advisable to consider other media channels, such as TV or radio programs. These are platforms which CARE International in Tanzania could use to give depth and extra information on the issues beyond what was covered by media spots and other media channels. The audience would have had a better understanding of campaign objectives, and most importantly about their responsibilities and place in bringing about the desired changes.

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Annexure 1

Message code	Message descriptions
1	A TV/Radio spot portraying a pregnant woman in a rural setting carried on a bicycle to a dispensary. This spot showed that the paucity of dispensaries and health centers is the major cause of women delivering at homes or in absence of healthcare attendants, unfortunately leading to escalating number of maternal deaths.
2	A TV/Radio spot portraying a nurse who was instructing a pregnant woman with her husband that they were supposed to bring with them delivery kits (gloves, razor blades, etc) for them to be attended. This spot clearly states that asking for delivery kits is against the National Health Policy which provides for free maternal services.
3	A TV/Radio spot which shows a pregnant woman who is already at a dispensary, unfortunately she was not able to be attended on time due to shortage of health maternal health attendants (doctors, midwives and nurses). This spot portrayed a shortage of health personnel in the health sector as a reason behind poor environment for maternal health provision in Tanzania.
4	A TV/Radio spot which shows a medical doctor delivering services to a pregnant woman explaining that the pregnant woman needed an urgent operation and therefore, she should be rushed to a district hospital. This spot portrayed the scarcity of necessary facilities such a ambulances, and this is a mess.
5	Billboard 1: Shows an acute shortage of medical doctors in Tanzania to an extent that one medical doctor needs to attend 33,333 patients on average
6	Billboard 2: Shows a severe mortality rate in Tanzania, to an extent that one woman dies in every hour. The message stressed the fact that most of these deaths can be avoided if necessary intervention is introduced.
7	Publication 1: Community responsibilities in health sector reforms.
8	Publication 2: Parties' election manifestos about health. This was a collection of parties' commitments and policies about health prior to the 2010 general elections in Tanzania.
9	Publication 3: No recognition of public budget for women and children (Invest Now)