Topline Take-Away

The impact of mass media interventions (including radio) is mixed. Systematic review evidence points to small to medium impacts on knowledge outcomes and reduction of a limited set of high-risk behaviors. The systematic literature focuses on health multi-component interventions often implemented in low to middle-income settings. The few studies within each review, which are relevant to IRC’s contexts, were conducted in more stable countries such as Tanzania, Uganda and Bangladesh. The quality of the systematic reviews is questionable since the reviews did not include an assessment of the quality of the studies or the evidence of the risk of bias. Impact evaluations of radio programming in humanitarian contexts (Rwanda, DRC) focus on improving intergroup attitudinal and behavioral outcomes. The results are also mixed as improvements in some norms and intergroup behaviors are observed but attitudes and beliefs either do not change or become more negative, especially when radio programming is followed by discussion activities. Overall, the literature focuses on short-term effects (e.g. 1 year after the intervention) and many studies are unable to parse out the impact of radio programming alone. A qualitative synthetic review provides insights to the conditions under which clients are more likely to value and benefit from radio broadcasting in humanitarian settings. While radio programming may show some promise, it is important to reflect carefully on the outcome of focus (knowledge vs. attitudes vs. behaviors), the preferences and experiences of the specific target population as well as the norms, institutions and other initiatives occurring within the given environment.

Systematic Reviews

[Bertrand, J. T., O'Reilly, K., Denison, J., Anhang, R., & Sweat, M. (2006). Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviors in developing countries. *Health education research*, *21*(4), 567-597](https://academic.oup.com/her/article/21/4/567/575866).

The purpose of this paper is to review and synthesize the data from developing countries on the effectiveness of mass media interventions in changing HIV-related knowledge, attitudes and behaviors.

*Intervention description*

Mass media interventions are any programs or other planned efforts that disseminate messages to produce awareness or behavior change among an intended population through channels that reach a broad audience. ***These channels include radio, television (TV), video, print and the Internet, and can take different forms such as radio variety shows, songs, spots, soap operas, music videos, films, pamphlets, billboards, posters and interactive Web sites***. In the analysis, we have distinguished between ‘broadcast’ interventions, which include radio and/or TV, thus having the potential to reach a national audience, and ‘small media’ with more local reach (e.g. posters, pamphlets, audio programming, dramas and puppet shows).

*Underlying theory of change*

Social, cultural, political, legal and economic factors often serve as obstacles to behavior change, though context can also facilitate change in certain circumstances. Within this context, the mass media are expected to affect a series of psychosocial factors, including knowledge, attitudes and self-efficacy. Changes in these factors are hypothesized to influence specific behaviors or practices, the most common of which are abstinence, reduction in number of sexual partners and condom use.

*Outcomes*

The seven categories of outcomes examined were, knowledge of HIV transmission; perceived personal risk of contracting HIV/AIDS; self-efficacy to negotiate condom use or protect oneself; discussion with others about HIV/AIDS or condom use; abstinence from sexual relations; reduction in high-risk sexual behavior and condom use.

*Results*

Of the 24 studies, five used TV (with supporting media or alone), seven employed radio (with supporting media or alone) and the remaining 12 used ‘small media’ (with or without interpersonal communication, such as a group meeting or counseling). Twenty-one of the 24 citations reported findings based on pre- and post-intervention data; nine of the 24 citations compared results from treatment versus control or comparison groups and nine analyzed post-intervention only data comparing outcomes by level of exposure.

***The current review yielded mixed results on the effectiveness of the mass media to change HIV-related behaviors in developing countries. On most of the outcomes examined across studies, we found no statistically significant impact. Among those that did show significant impacts***, ***the effect sizes***—while often statistically significant—were ***typically small to moderate in size***. However, on two of the seven outcomes, ***at least half of the studies did show a positive impact of the mass media: knowledge of HIV transmission and reduction in high-risk sexual behavior***. By contrast, the predominance of evidence for the remaining five outcomes—perceived risk of HIV, self-efficacy, interpersonal communication with partner/spouse, abstinence and condom use—showed mixed results or no effect.

*Limitations*

The authors note that several of the included studies were poorly designed, reducing the reliability of the findings of the report. They also emphasise the importance of developing new methodologies suitable for evaluating recent full-coverage nationwide media campaigns, as these cannot be assessed using randomized controlled trials.

[LaCroix, J. M., Snyder, L. B., Huedo-Medina, T. B., & Johnson, B. T. (2014). Effectiveness of mass media interventions for HIV prevention, 1986–2013: a meta-analysis. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *66*, S329-S340](https://journals.lww.com/jaids/Fulltext/2014/08151/Effectiveness_of_Mass_Media_Interventions_for_HIV.13.aspx).

This meta-analysis was conducted to synthesize evaluations of mass media–delivered HIV prevention interventions, assess the effectiveness of interventions in improving condom use and HIV-related knowledge, and identify moderators of effectiveness.

*Intervention description*

Mass media–delivered interventions are defined as ***those wherein the intervention message is delivered in a natural setting through a mass media channel to which individuals may or may not attend (eg, radio, television, newspaper, magazine, or mass distribution or mailing of printed materials)***. In addition to testing the role of campaign duration and number of channels, we also explored whether date of data collection, country of campaign, level of country development, and message and sample characteristics predicted effect size magnitude.

*Results*

In total, 433 reports were obtained and screened; 54 reports containing evaluations of 72 separate interventions met the selection criteria and were included. Interventions were evaluated at pre-/post-campaign using a total of 93 separate sample comparisons drawn from the target populations. Overall, ***analyses indicate significant increases in condom use*** (d+ = 0.25, 95% CI = 0.18 to 0.21, k = 57) ***and significant improvements in HIV-related transmission knowledge*** (d+ = 0.30, 95% CI = 0.18 to 0.41, k = 47) ***and prevention knowledge*** (d+= 0.39, 95% CI = 0.25 to 0.52, k = 65) ***following mass media interventions compared with pre-campaign assessments***. Greater increases in condom use occurred following interventions conducted in African nations, in countries with lower HDI scores, following longer campaigns, when message content was reportedly matched to the target audience, and when refusal rates were low. Condom use also increased to the extent that campaigns increased knowledge of transmission and prevention. Increases in HIV/AIDS transmission and prevention knowledge were largest in Asian nations. Improvement in transmission knowledge was greater to the extent that the nation had a lower HDI and a larger proportion of the sample reported exposure to the campaign. Increases in prevention knowledge were larger following longer campaigns.

*Limitations*

Because most interventions included in this meta-analysis used multiple communication channels, ***it was impossible to tease apart the effects of different channels used in the interventions. Interventions often use as many communication channels as they can afford, consistent with studies that show reach and impact increasing as numbers of media and interpersonal channels increase. We found no evidence that number of channels was related to greater impact in the present meta-analysis.*** Unfortunately, studies tend to show the combined impact of all channels and messages; the way in which the media are used within an intervention may differ, and it would inform future interventions to know which types of media approaches work under what conditions.

***The database generally focused on short-term effects of the interventions***, when media effects are most likely to be at their peak. ***In media research, effects tend to dissipate over time***, and analysis of the rate of decay of HIV media interventions is best addressed in a meta-analysis designed to examine such effects.

Impact Evaluations

[Rogers, E. M., Vaughan, P. W., Swalehe, R. M., Rao, N., Svenkerud, P., & Sood, S. (1999). Effects of an entertainment‐education radio soap opera on family planning behavior in Tanzania. *Studies in family planning*, *30*(3), 193-211](https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1728-4465.1999.00193.x).

A large-scale field experiment in Tanzania evaluated the effects of an entertainment-education radio soap opera, "Twende na Wakati" (Let's Go with the Times), on the adoption of family planning methods. The experimental design compared the effects of the soap opera in a treatment and a comparison area.

*Intervention description*

Beginning in July 1993, Radio Tanzania broadcast "Twende na Wakati" in Swahili, the national language, twice weekly during early prime time (at 6:30 P.M.) for 30 minutes. An epilogue of 30 seconds or less summarizes the major educational issues in each episode, and discusses their implications for listeners. The "Twende na Wakati" epilogues relate each episode to the daily lives of individual listeners and promote discussion by posing rhetorical question. The radio station at Dodoma instead broadcast locally produced programs at this time, and this region served as the comparison area in the field experiment. The Dodoma area received all other elements of the national family planning program, including several other radio programs. Ideally, the effects of all other communication influences that occurred contemporaneously in Tanzania were controlled for by the study's quasi-experimental design. Changes in listeners knowledge, attitudes, and practices that occurred in the treatment area, but not in the comparison area, were due, presumably, to exposure to the soap

*Results*

Did the soap opera broadcast play a role in this early period of fertility transition in Tanzania? The survey data provide support for the hypotheses that "Twende na Wakati" increased the listeners' sense of self-efficacy with respect to family-size determination, increased the ideal age at marriage for women, increased approval of contraceptive use, increased inter-spousal communication about family planning, and increased current practice of family planning. The clinic data support the hypothesis that "Twende na Wakati" increased both new and continuing family planning visits to Ministry of Health clinics, and provide direct evidence that the soap opera was the source of referral for approximately 25 percent of all new clients.

*Limitations*

The study results could have also been influenced by the 1992 population policy and the expansion of women’s family planning clinics.

[Paluck, E. L., & Green, D. P. (2009). Deference, dissent, and dispute resolution: An experimental intervention using mass media to change norms and behavior in Rwanda. *American political Science review*, *103*(4), 622-644](https://isps.yale.edu/sites/default/files/publication/2012/12/ISPS09-024.pdf).

This study, situated in post-genocide Rwanda, reports a qualitative and quantitative assessment of one such attempt, a radio program aimed at discouraging blind obedience and reliance on direction from authorities and promoting independent thought and collective action in problem solving.

*Intervention description*

Following the 1994 Rwandan genocide, the government officially endorsed policies aimed at reducing intergroup divisions and replacing a “culture of passive obedience.” In 2004, Radio La Benevolencija, a Dutch NGO, began broadcasting a radio soap opera called “Musekeweya” (New Dawn) in Rwanda. The program used appealing, archetypal rural Rwandan characters to act out familiar scenes depicting intercommunity tensions involving power-hungry authority figures. It was meant to teach listeners about the roots of violence, the importance of independent thought, and the dangers of excessive deference to authority, as well as to encourage local problem solving and dispute resolution. Over the course of one year, this radio program or a comparable program dealing with HIV was randomly presented to pairs of communities, including communities of genocide survivors, Twa people, and imprisoned genocidaires. Each month for a year, Rwandan research assistants visited communities and played that month’s four 20-minute episodes on a portable stereo for the listener group. At the end of the study, communities in each group received the portable stereo and a set of 14 cassette tapes of the reconciliation radio program.

*Results*

***While this intervention had little impact on beliefs or attitudes about interaction with members of other groups***, the radio program had a substantial impact on several social norms and behaviors. ***It increased listeners’ willingness to express dissent, and improved the way they resolved communal problems by increasing active negotiation, open expression about sensitive topics, and cooperation.*** This study suggests that some social norms about dissent, difference, and dispute resolution can be shifted in the short run by media interventions.

*Limitations*

These results suggest that new perceptions of norms and new patterns of political conduct can develop without institutions, but the next question is whether they can endure without institutional backing. The different patterns of dissent we found in communities that are favored or mistrusted by Rwanda’s current regime are consistent with other micro-level research showing how institutional authority can channel media messages in Rwanda, with important behavioral consequences. Also, we lack systematic evidence with which to gauge long-term change in Rwandan political culture. Recall that our experiment concluded after one year, at which point we provided the reconciliation program to the health group, and follow-up research showed the expected convergence in survey responses across the two experimental groups a year later.

[Paluck, E. L. (2010). Is it better not to talk? Group polarization, extended contact, and perspective taking in eastern Democratic Republic of Congo. Personality and Social Psychology Bulletin, 36(9), 1170-1185.](http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.935.9818&rep=rep1&type=pdf)

Mass media are often used to generate discussion for the purpose of conflict reduction. A yearlong field experiment in eastern Democratic Republic of Congo (DRC) tested the impact of one such media program, a talk show designed to promote listener discussion about intergroup conflict and cooperation. The study measures whether mass media can actually encourage interpersonal discussion about community conflict. It also examines the effects of such discussion—whether theoretical predictions about the expression of multiple opinions, intergroup contact, and perspective taking hold in an everyday, unsupervised setting of social conflict.

*Intervention description*

Baseline radio soap opera. ***The radio soap opera*** Kumbuka Kesho (Think of Tomorrow) is set in a fictional town called Bugo that is plagued by political corruption, income inequality, and conflict among the many ethnic groups who live there. The soap opera opens as Bugo’s market is taken over by a politician who practices ethnic favoritism. The politician withholds public funds that could stem the tide of a cholera outbreak, and violence breaks out as the situation deteriorates. As an answer to Bugo’s problems, the soap opera emphasizes conflict reduction through community cooperation, epitomized in the love story of Sisilia and Akili, two youth of different ethnic backgrounds who build a peace coalition. ***The talk show encouraged listener discussions about characters and events on all sides of Bugo’s allegorical conflict, and in doing so the show encouraged perspective taking and consideration of a range of tolerant views***. Because of infrastructure challenges in DRC, the talk show host posed questions about topics from the soap opera episode and invited letters (rather than phone calls) describing the listeners’ ensuing discussions. A new episode aired every week and was broadcast twice during the week. All programming was in Swahili, the lingua franca of eastern DRC.

*Results*

A radio talk show in eastern DRC that encouraged discussion marked by a range of tolerant views, extended intergroup contact, and perspective taking had significant and unintended effects. ***The show did increase interpersonal discussion among listeners.*** ***However***, relative to baseline listeners who were exposed to the same subjects but not encouraged to discuss, ***talk show listeners demonstrated more negative attitudes and fewer helping behaviors toward disliked groups***. The experiences of talk show listeners and baseline listeners were equivalent in many respects. Key to the interpretation of the findings, both reported the same level of human rights violations and reported discussing actual situations in eastern DRC following the soap opera or soap opera plus talk show. However, ***talk show listeners described their discussions as more contentious, and their intolerance of disliked groups was stronger across a variety of indicators, including interview responses about group intolerance, offers of food aid to disliked groups, and spontaneous comments about personal and group-based grievances***.

*Limitations*

The study raises theoretical and empirical puzzles that the design cannot address: Why did the increased discussion lead to less tolerant attitudes and behaviors? What mediating process was responsible? The study requires replication. The show had significant counterintuitive and unintended negative effects. The research team suggests that this demonstrates the need to be sensitive to the context when applying psychological theory, especially on topics as important as conflict.

[Creel, A. H., Rimal, R. N., Mkandawire, G., Böse, K., & Brown, J. W. (2011). Effects of a mass media intervention on HIV-related stigma:‘Radio Diaries’ program in Malawi. Health education research, 26(3), 456-465.](https://academic.oup.com/her/article/26/3/456/742626)

Large-scale mass media campaigns have been used widely in HIV prevention but have not generally focused on stigma reduction as a primary outcome. Several recent reviews have pointed to the need for more stigma-reduction interventions in developing countries and more involvement of PLHA in designing and implementing interventions. The current study examines the effects of a radio program featuring real men and women with HIV in Malawi

*Intervention description*

To address HIV-related stigma in Malawi, the Malawi BRIDGE Project created the ‘Radio Diaries’ (RD) program as a component of a broader HIV prevention communication campaign. Each of six radio stations, covering a variety of audiences, produced a weekly episode featuring two HIV-positive diarists, one male and one female. The diarists narrated 10-min segments in their own words (in their native language, Chichewa) about issues and key events in their lives, such as interpersonal relationships, experiences with health services and coming to terms with their condition. Each radio station tailored the program to its needs by supplementing the diary segments with call-in shows, expert panels or segments on nutrition and AIDS. A three-group between-subjects post-test-only experimental design was used to assess the impact of the RD program on HIV-related stigma and to assess whether group discussion strengthened those effects. In the RD arm, participants listened to 20 min of diary segments from one diarist. In the RD-discussion (RD + D) arm, participants listened to the segments followed by 20–30 min of group discussion. In the control arm, participants listened to an unrelated radio program of equivalent length on child labor.

*Results*

This study indicates that radio programs featuring men and women with HIV show promise as a means of reducing some types of HIV-related stigma in the general population, such as fear of casual contact with PLHA and shame related to having HIV. Shame was reduced by the radio program, but only for those reporting prior exposure to the radio program and for those who did not have a close friend or relative with HIV. Shame was not reduced when the radio program was followed by discussion. The intervention reduced blame for men and not women and for younger participants but not older participants. ***Fear of casual contact and shame—arguably responses to the health and social threats represented by HIV—were more impacted by the radio program than blame/judgment and willingness to disclose HIV status***. Effects on blame may not have been detectable due to the poor reliability of the measure. ***It is also possible, however, that blame reflects morals and values that should be countered through other means, such as direct promotion of competing values such as empathy, equality and fairness. Willingness to disclose is likely impacted by perceived stigma from society, which may only change over a longer time.*** If people expect that the attitudes of others are changing in response to ongoing mass media programs — a phenomenon known as the influence of perceived influence —then willingness to disclose may increase.

The findings indicate that ***informally moderated discussion groups may not enhance the effects on stigma of exposure to the program and, in the case of shame, may actually reverse the effects. While discussion has the potential to reinforce intervention messages, it also has the potential to stir group polarization on a potentially contentious issue.*** We should be cautious, however, in concluding that radio listening groups may be an unhelpful part of a stigma-reduction interventions. Unlike the discussion groups in this study, the radio listening groups formally associated with the RD program were led by local PLHA groups. Additionally, HIV action committees have used the RD as a way to facilitate discussion about what HIV awareness and prevention activities the community should undertake.

*Limitations*

A significant limitation is that the listening experience in the study is artificial and short-term. Participants heard several diary segments in a row at one time, without intervening weeks or the other program segments that would usually accompany the diary segments. Participants were volunteers, who may be more pro-social than the general population and may show a greater response to this kind of intervention. Future studies should evaluate this intervention in new populations, particularly assessing long-term effects and using group-randomized designs that increase generalizability.

[Sarrassat, S., Meda, N., Ouedraogo, M., Some, H., Bambara, R., Head, R., ... & Cousens, S. (2015). Behavior change after 20 months of a radio campaign addressing key lifesaving family behaviors for child survival: midline results from a cluster randomized trial in rural Burkina Faso. *Global Health: Science and Practice*, *3*(4), 557-576](https://www.ghspjournal.org/content/3/4/557.long).

A number of interventions are known to be effective in preventing under-5 child deaths. At present, however, many effective interventions do not reach the children who need them, and none of the 75 countries which account for 95% of child deaths has yet achieved anything close to full population coverage for even a minimum set of essential interventions.Poor coverage has been attributed to weaknesses in both provision of and demand for services. Mass media campaigns have the potential to reach a large audience at relatively low cost compared with other behavior change approaches.

*Intervention description*

In Burkina Faso, Development Media International (DMI) implemented a 35-month community radio campaign, using the “*Saturation*+ methodology,” to address key family behaviors for improving under-5 child survival. Briefly, short spots of 1-minute duration were broadcast in the predominant local language approximately 10 times per day, and interactive long-format programs of 2-hours’ duration were broadcast 5 days per week. The spots were designed to be entertaining and informative and were developed and pretested based on qualitative formative research. Behaviors covered by spots changed weekly, while the long-format program changed daily, covering 2 behaviors a day.

The campaign was evaluated using a repeated cross-sectional, cluster randomized design. Community radio stations were chosen as the delivery channel for the campaign as they are widely listened to in those rural areas where child mortality is highest and because, with their limited transmission range, a randomized design was possible.

*Results*

After 20 months, the radio campaign in Burkina Faso appears to have reached a high proportion of the primary target population, with 75% of mothers in intervention areas reporting recognizing spots played at the end of the interview. However, a relatively high proportion of women reported recognizing spots in the control arm, too (25%). ***Our findings are mixed with respect to the campaign’s effects on behavior. Some reported episodic behaviors such as care seeking for diarrhea and obtaining treatment for fast/difficult breathing improved more in intervention than control areas, but there was little or no difference between areas in reported habitual behaviors, such as exclusive breastfeeding, complementary feeding, hand washing with soap, and use of bed nets.***

A possible explanation for the mixed results may lie in the nature of the behaviors themselves. ***Changes may be difficult to achieve when they face habitual or normative practices that bear the weight of tradition and strong cultural beliefs.*** Such traditions and cultural beliefs are likely to vary from one setting to another. ***Perhaps more importantly, many preventive behaviors must be performed on a daily basis, with no immediately obvious benefit. Nutrition and hygiene-related behaviors, for example, share these characteristics and changing them may require more time and effort***.

*Limitations*

***The “physical opportunity” component of behaviors, defined as the external conditions that make behavior change possible, was unaffected by the campaign*** and this needs to be considered when interpreting results. In 2010, Burkina Faso ranked 161 of 169 countries in UNDP’s Human Development Index with 44% of the population living below the poverty line and 77% living in rural areas.

***It should also be borne in mind that in this campaign exposure is largely passive, although the long-format programs did give listeners the opportunity to phone in. Other behavior change interventions have often used interpersonal communication that involves face-to-face interaction between health promoters and caregivers***. Face-to-face encounters provide some opportunity to tailor information to caregivers’ needs and to use persuasion and social influence.***It has been suggested that programs in which mass media is part of a multifaceted intervention strategy are more likely to be successful than mass media alone***.However, such programs are generally far more costly to implement effectively on a large scale.

[Fink, G., Karlan, D., Udry, C., Osei, R., Bonargent, A., & Torres, N. Communication for development to improve health behaviors in Ghana](https://www.3ieimpact.org/sites/default/files/2019-01/gfr-OW4.1122-health-behaviour-ghana.pdf).

In 2012, Ghana Health Services (GHS), with funding from the United Nations Children’s Fund (UNICEF), launched a Communication for Development (C4D) programme in 12 districts of the four poorest regions of Ghana. The main objective of this programme was to encourage families to adopt and consistently practice five health behaviors which are critical for preventing under-five mortality: sleeping under an insecticide-treated mosquito net (ITN), utilization of oral rehydration solution (ORS) for the treatment of diarrhea, hand-washing with soap, exclusive breastfeeding and delivery with a skilled birth attendant. The main objective of the evaluation was to determine the impact of the C4D and M4D programs on the practice of these five key behaviors.

*Intervention description*

The C4D intervention package tried to achieve behavioral change through four main activities: Home visits and counseling by Community-Based Agents (CBAs) affiliated with GHS; Ghana Community Radio Network (GCRN) community radio broadcasts of focus group discussions and jingles; theatre dramas supported by the Center for National Culture (CNC) and video screening of recorded drama supported by the CNC. Additionally, a mobile messaging intervention (Mobile for development or M4D) was developed to complement the ongoing C4D activities. The M4D program targeted the same behaviors as the C4D program. Rather than relying on home visits, drama or radio programming, the program relied on voice messages directly delivered to female respondents through their cell phones. In order to allow for a rigorous evaluation of these programs, the C4D program was randomly rolled out at the community level, while the M4D program was randomized at the individual level. To capture changes in behavior, three survey rounds were conducted: A baseline survey in 2012, a midline survey in 2014 and an endline survey in 2016.

*Results*

*The results presented in this report suggest that remarkable progress with respect to all five health behaviors has been made:* ITN utilization increased from 22% at baseline in 2012 to 77% at endline in 2016, the proportion of diarrhea cases treated with ORS or brought to a clinic increased from 85% to 98%, exclusive breastfeeding in the first six months increased from 78% to 90%, regular utilization of soap for handwashing increased from 31% to 46% and skilled birth attendant coverage increased for 58% to 73%. No additional changes in health behavior were found for the randomly assigned community activities. One of the most likely reasons was intervention targeting, with only a minority of targeted caregivers participated in these programs. ***Overall, the difference in self-reported exposure to key C4D interventions between treated and control areas was less than 15 percentage points, making larger outcome differentials rather unlikely ex-ante. Even those exposed appear to have participated in very few events with many communities reporting less than a single radio or drama show in a given year. We also detected widespread exposure to other behavior change interventions in all communities. Most subjects reported high exposure to radio programs and home visits by community-based agents, which likely contributed to the overall change in behavior, but may also have lowered the potential impact of the complementary interventions.*** Results are slightly more positive for mobile messaging, which seems to have increased ITN utilization and the presence of soap in households by 5 and 9 percentage points, respectively.

Other syntheses (qualitative, not systematic)

[Research Report: Humanitarian broadcasting in emergencies – A synthesis of evaluation findings 2015](https://rescue.box.com/s/382uj6l1t8ldw61tczxuieafqz0dzhpj) also [here](https://www.bbc.co.uk/mediaaction/publications-and-resources/research/reports/Humanitarian-broadcasting-in-emergencies-synthesis-report-2015)

Since 1994, when a new Kinyarwanda-language service was set up in response to the Rwanda genocide, the BBC World Service and (since it was established in 1999) BBC Media Action have responded to 28 emergencies providing critical information to meet the needs of people affected.

Some more robust assessments have been made, particularly by Ella Romo Murphy of Finland’s University of Jyväskyla among a significant body of work on the use of communication in disasters, especially in disaster preparedness and building community resilience, Murphy has also examined the effectiveness of the communication processes in place in Banda Aceh during and after the 2004 tsunami (rather than specific interventions, or sector level communication activities). It suggests that communication information strategies in crisis would be strengthened by an emphasis on personal and community communication, particularly through local places (prayer halls and coffee shops) in relation to information exchange and decision-making.

However, there is still little systematic learning around what does and does not work in using communication to help people respond to and recover from disaster. This research report is designed as a contribution to address this gap, using insights from BBC Media Action’s own monitoring and evaluations of four specific case studies: responses to the 2015 Nepal earthquakes, the Ebola crisis, the Syrian refugee crisis and the 2014 conflict in Gaza.

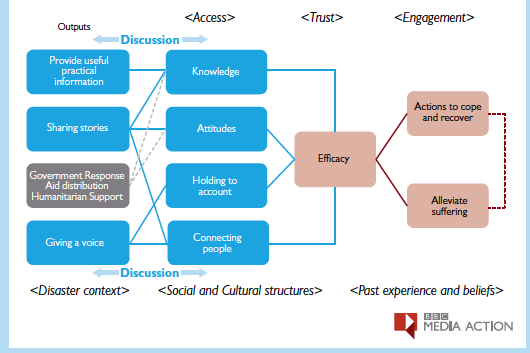
This report focuses mainly on mass communication programming – broadcasting that can reach millions of people when disaster strikes – informing them about what has happened, what to do, how to find missing loved ones and how to protect themselves and their families during the crisis.

*Results and Insights*

An overall finding is that issues of engagement, access and trust are key to achieving outcomes. Even when people are desperate for any information in the crisis and might be expected to have lower standards around the quality, relevance and engagement of that information, findings across cases do not support this. ***Crisis exacerbates and heightens existing issues and people make choices about where to get their information based on access, quality, trust and relevance of content.***

* Listener engagement with the programs related closely to their empathizing with the content and feeling that the presenters and guests on the programs were empathetic to their situation and needs.
* Listeners trusted programs that they believed to be accurate and consistent with other information they had heard and knew. In a rapidly changing and uncertain environment, trust is fluid and heavily dependent on the accuracy of the information given. Content that accurately reflected current issues was trusted.
* The identified outcomes (of mass communication) common to each case are giving people a voice, motivation, confidence, discussion, knowledge, attitudes and actions.
* ***Sharing knowledge through information provision is perhaps the most frequently referred to benefit of media in crisis.*** It is referenced both as a prerequisite to action and in terms of meeting psychosocial needs in itself, and it is part of the recommended minimum requirements of emergency psychosocial aid.
* The evaluation findings suggest that media can influence attitudes in crisis, particularly in relation to people’s feelings about the situation. ***Evidence suggests that programs made listeners feel more hopeful in and about their situation, largely by connecting them with others through shared experiences, making them aware that they were not alone and that their situation and needs were known***.

*Proposed theory of change for the role of mass media in humanitarian emergencies*

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*Limitations*

Evaluations of interventions that do exist, including those that form the case studies of this paper, tend to rely on non-representative self-reported attributions of change and are therefore limited in the evidence they supply (the attempt made in this paper to carry out a more rigorous synthesis of findings is designed to help ameliorate this weakness).