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Effectiveness of Street Theatre in Improving Home Diarrhea Management Practices

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Abt

Abt Associates Inc. in partnership with:
Data Management Services Inc.
Dillon Allman and Partners, LLC
Family Health International
Forum One Communications
Global Microenterprise Initiatives
IntraHealth International
London School of Hygiene and Tropical Medicine
O'Hanlon Consulting
Population Services International
Tulane University School of Public Health and Tropical Medicine



“I know that half of my advertising budget is wasted...

...I just don't know which half.”

- John Wanamaker

Scenario in 2001-02

- * Childhood diarrhea #2 cause of >5 deaths
- * ORS widely available and affordable
- * High awareness (62%)** but low use – 27% nationally (20% in North India)**
- * Only 18% doctors prescribed ORS for childhood diarrhea*

*Source: *ORG, **NFHS 2*

Evolution of Program Objectives

2002	2003	2004	2005	2006	2007
Promote increased use of ORS in childhood diarrhea					
Make WHO ORS the first line of treatment					
Promote correct mixing and use of ORS					
			Encourage shift to reduced-osmolarity ORS with Manufacturers, Docs and Chemists		
				Promote CHDM (focus on most vulnerable population) <ul style="list-style-type: none"> ➤ exclusive breast feeding ➤ continued feeding ➤ hand washing ➤ recognition of critical signs of illness 	

Program Evolution



2006



Saathi Bachpan Ke

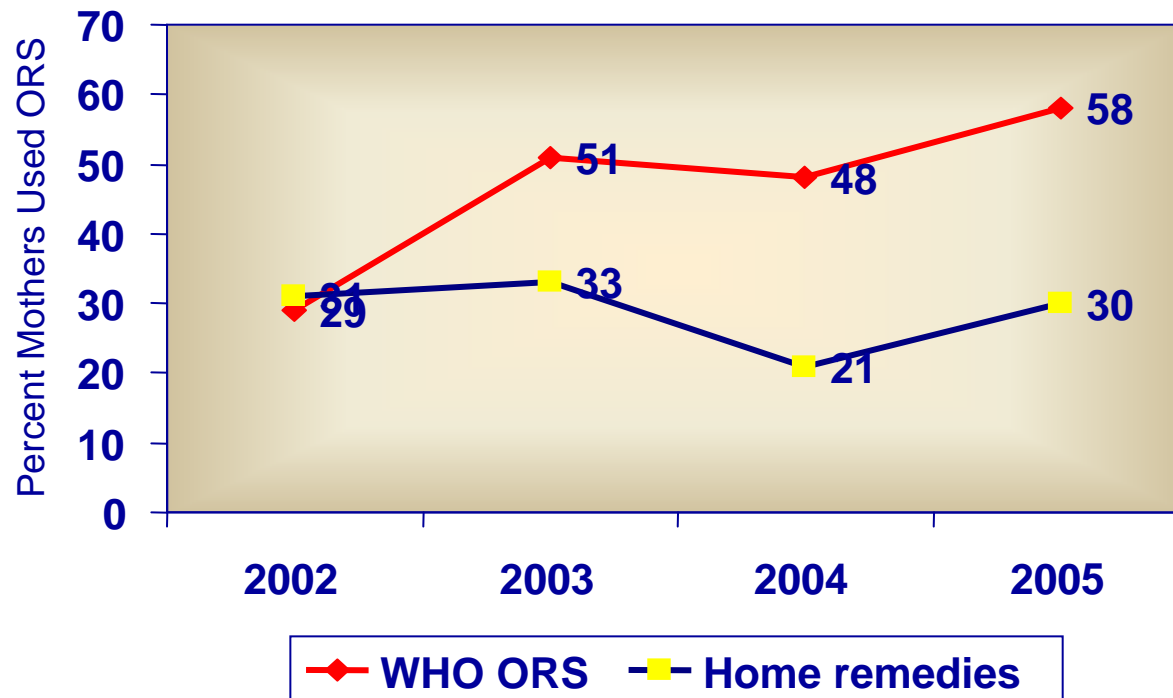
Program Elements



Urban areas of eight states
of North India

Achievements till 2006

Objective: Increase ORS use during last episode of diarrhea from the existing base figure of 48% to at least 60% by 2006



Base: Child had Diarrhea in the last 6 months

Source: Campaign Tracking Study, 2005

ORS Use Increased Mostly in Higher Socio-Economic Groups

- Achieved the two year target of ORS use in one year
- ORS use increased
 - However, SEC C & D still at significantly lower levels

	SEC A	SEC B	SEC C	SEC D
<i>n=base</i>	115 %	168 %	192 %	201 %
ORS use in diarrhea cases in past 6 months	70	65	54	50

Source: Campaign Tracking Survey 2005

A Large SEC Group Still Not Addressed

<i>SEC Grade</i>	<i>% Hhlds</i>	<i>Criteria Met/ Targeted</i>
SEC A	18%	This group has contributed most to the results achieved
SEC B	19%	
SEC C	17%	
SEC D	18%	Remain to be converted
SEC E	27%	

% figures calculated basis total no. of households in the program area

Source: NRS 2004

What's the best way to reach these SEC groups?

Source: NRS

	Press	TV	Radio	Cinema
A	76	88	48	34
B	64	79	29	22
C	9	42	14	9
D	6	13	16	3
E	3	8	8	2

- Using any conventional mass media would be inefficient
- Community outreach essential for communication

Nukkad Nataks: Intervention Logistics

- 710 shows across 17 cities and towns in five states in July-Aug '06
- Script incorporating key messages developed and pre-tested
- Local KOLs briefed on activity for their buy-in and participation
- Slum ISMP doctors trained on diarrhea management
- ISMPs volunteered to conduct free health camps for growth monitoring
- Nataks promoted by means of banners, posters and miking Commercial
- ORS manufacturing partners ensured stocking at Pharmacies

Each of the 20 slums across 17 cities were mapped.
KOLs were identified, ISMPs & Pharmacists were trained

KOL briefing –
Patna



Nukkad Natak was announced for two days prior to the show to build audiences

Rickshaw Miking
- Baneras



A traditional dance was performed while promoters went house to house inviting Caregivers

Chou Dance
- Lucknow



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Each Nukkad Natak performance attracted an audience of about 200 people

Nukkad Natak Show - Agra



Instant prizes for winners to a quiz after the Nukkad Natak built interest & participation

A prize winner
- Bareilly



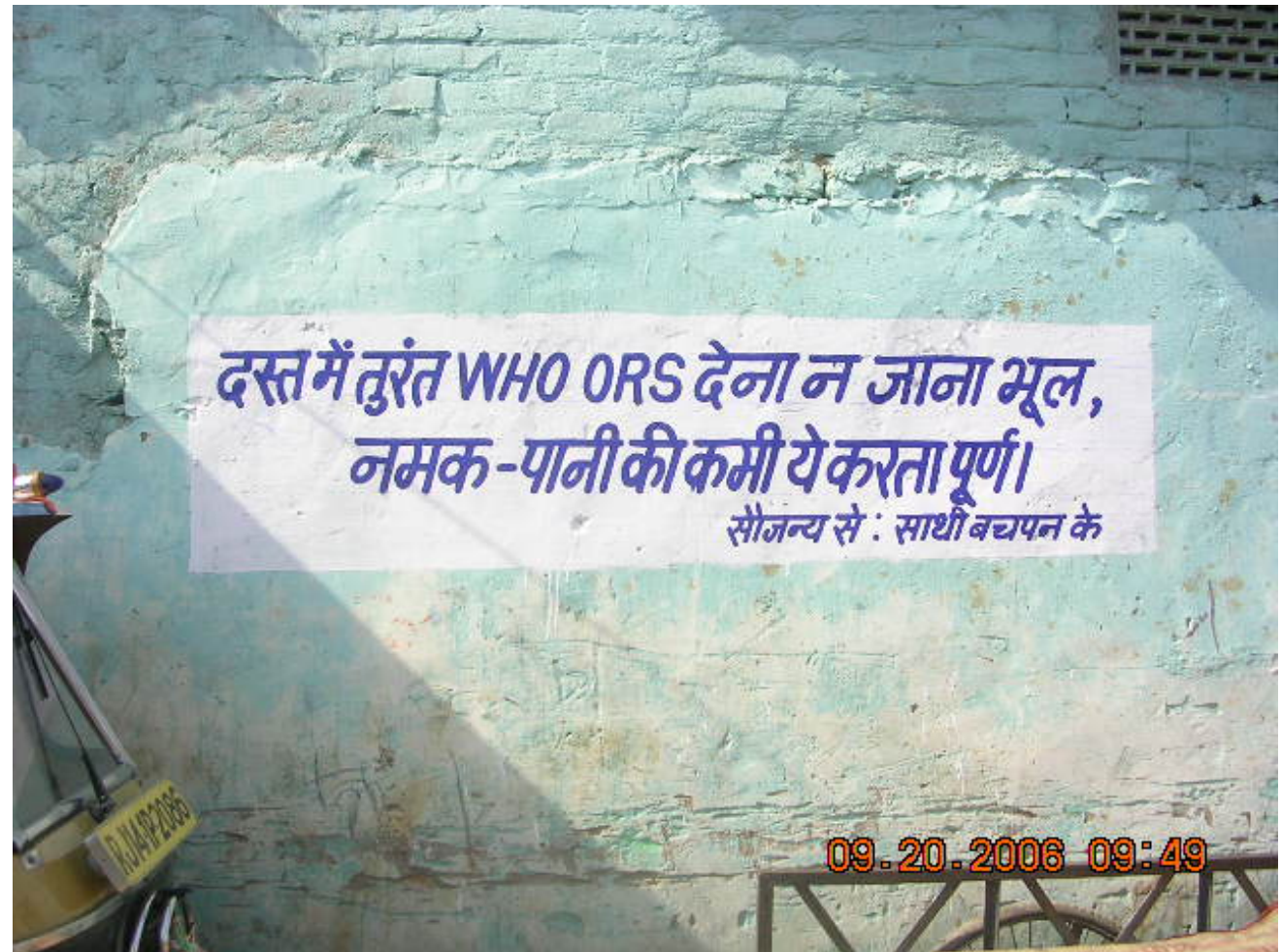
Trained Slum ISMP doctors volunteered to conduct free Growth Monitoring Camps

Mothers & Children
at a Health Camp
- Dehradun



Wall Paintings of Key CHDM Messages in an Urban Slum

Wall Painting
- Dehradun



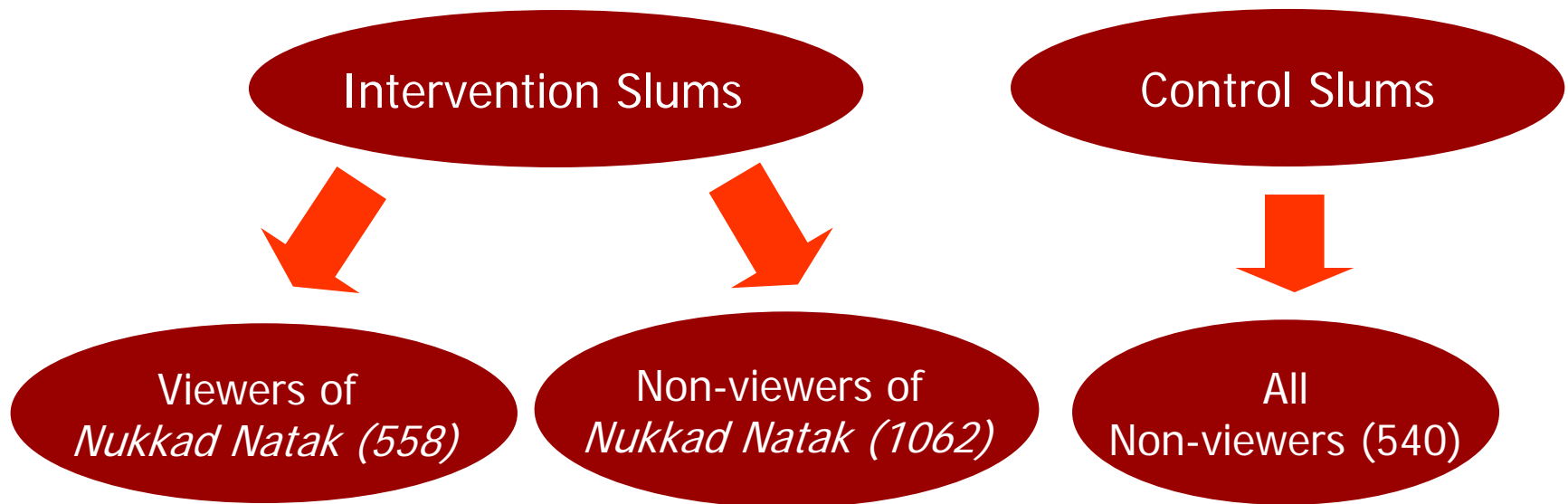




**Evaluation Study:
Street Theatre (*Nukkad Natak*) Initiative for
Complete Home Diarrhea Management Program**

Research Design and Sampling

- Quasi-Experimental Design
- Comparison of Nukkad Natak Viewers Vs. Non-Viewers in same areas and in control Area



- Total Nukkad Natak performances - 710

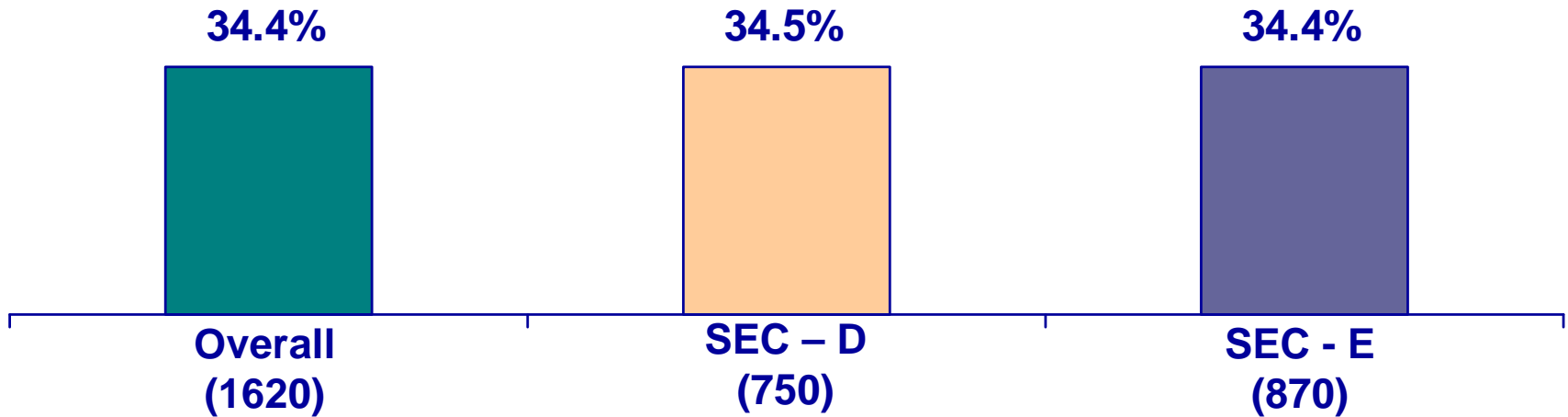
Comparable Socio-economic, Educational Profile of all Respondents

<i>Figures are in percentages</i>	Performance Slums Viewers	Performance Slums Non-viewers	Control Slums All non-viewers
SEC D	46.4	46.2	45.0
SED E	53.6	53.8	55.0
Illiterate	59.5	62.8	61.5
Up to Class 5	24.2	18.0	22.0
Above Class 5	16.3	19.2	16.5

- **Distribution of SEC-D & SEC-E respondents within all three respondent groups is almost equal**
- **Educational distribution of the respondents in the three groups is quite comparable**

Reach and Coverage over 34%

Respondents (%) who saw *Nukkad Natak*

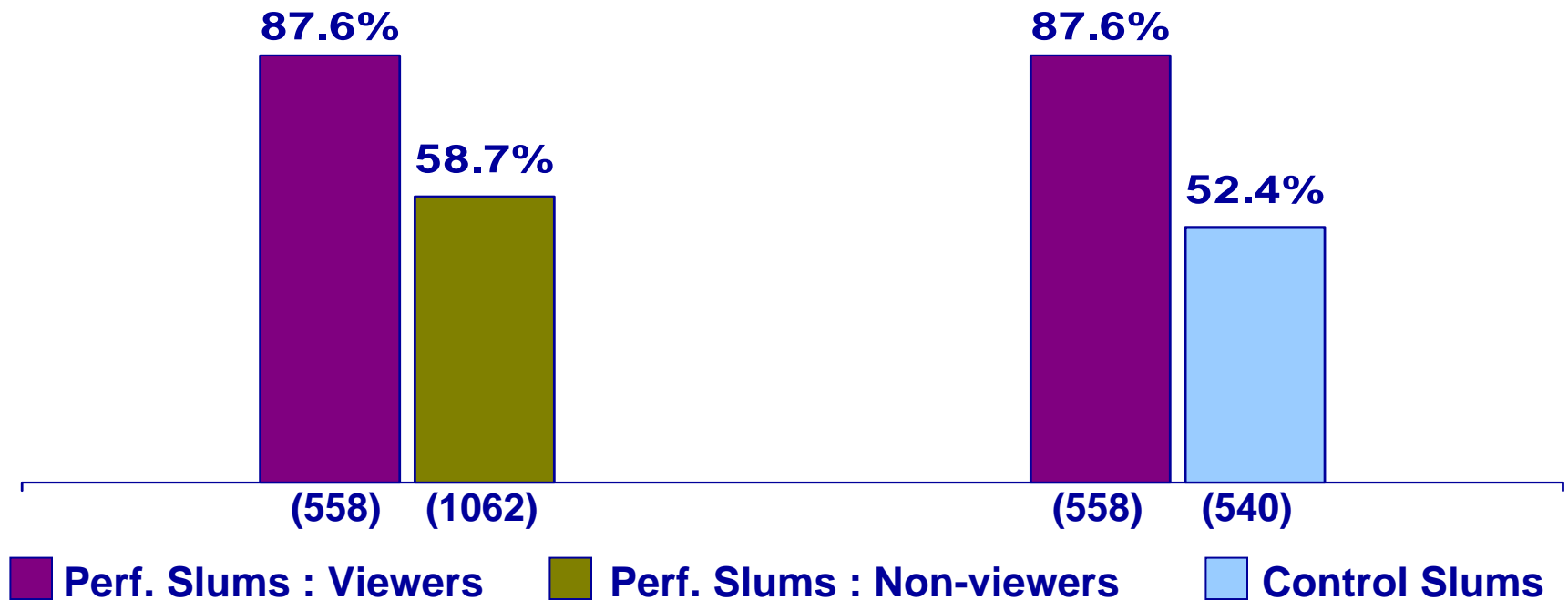


- 1 out of every 3 respondents in the performance slums was found to have seen the *Nukkad Natak*
- Exposure almost equal in both target segments – SEC-D & SEC-E



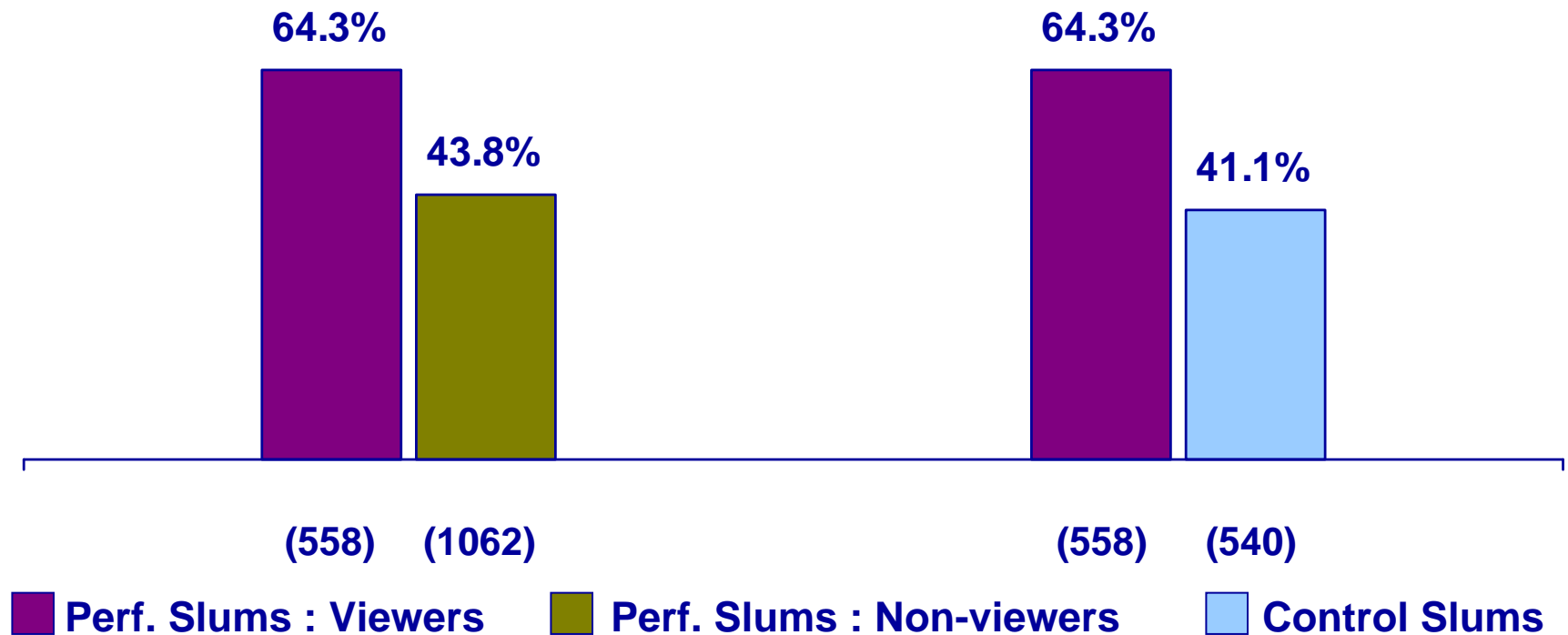
Knowledge & Attitude Regarding Management of Childhood Diarrhea

Knowledge about ORS



- Knowledge about ORS is significantly greater amongst the Nukkad Natak viewers as compared to non-viewers ($p < .01$)

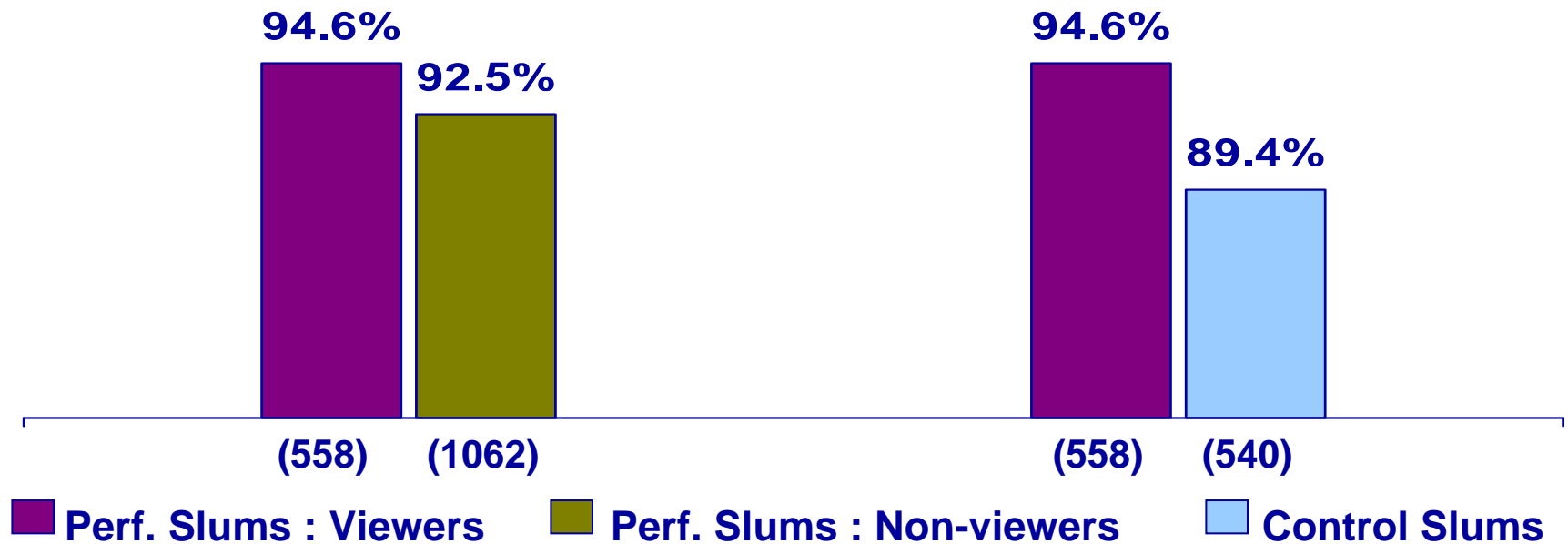
Knowledge about Exclusive Breastfeeding up to 6 Months



- Knowledge about exclusive breastfeeding is significantly greater amongst the Nukkad Natak viewers as compared to non-viewers ($p < .01$)

Claim to Wash Hands with Soap

(% who reported washing hands with soap)



- The proportion of respondents who report using soap to wash hands is significantly greater amongst *Nukkad Natak* viewers as compared to respondents from control slums

Significant spill-over effect in performance slums in this regard

Scores on other critical *Knowledge* indicators

Knowledge Indicator	Performance Slums Viewers	Performance Slums Non-viewers	Control Slums
Continued Breastfeeding during Diarrhea	89.6	76.6	76.9
Continued Breastfeeding after Diarrhea	97.8	94.4	93.3
Not Reducing the Amount of Fluids offered to the Child during Diarrhea	73.5	52.0	50.2
Knowing at least 2 Critical Signs during Diarrhea to take the Child to a Doctor	80.0	70.5	73.0
Knowledge about Continued Feeding during Diarrhea	85.3	74.2	74.8
Knowledge about Not Reducing the Quantity of Food Offered during Diarrhea	54.9	42.1	39.1
Knowledge about Giving Additional Quantity of Food after Diarrhea	10.4	10.2	5.2

Figures are in percentages



**Actual Practices regarding Management of
Childhood Diarrhea**
*(Base : Those Who Reported an Episode
during Last Three Months)*

Gave ORS or Sugar and Salt Solution (at the onset of diarrhea)



- The practice of giving ORS or '*namak-chini ka ghol*' (Sugar & Salt Solution) at the onset of diarrhea is found to be significantly greater amongst the *Nukkad Natak* viewers as compared to non-viewers

Scores on other critical *Practice* indicators

Practice Indicator	Performance Slums Viewers	Performance Slums Non-viewers	Control Slums
Gave More or Same-as-Usual Amount of Fluids to the Child during Diarrhea	66.5	53.7	57.6
Gave More or Same-as-Usual Quantity of Food to the Child <i>during</i> Diarrhea	32.7	29.3	32.2
Gave Additional Quantity of Food to the Child <i>after</i> Diarrhea	10.3	8.3	6.3

Figures are in percentages

Key Learning's

- Reach of *Nukkad Natak* in urban slums was 34% compared to between 16 to 2% reach of TV, Radio, Press and Cinema
- *Nukkad Natak* led to significant change in knowledge among caregivers
- There is large gap between the knowledge and practice, however behavior is significantly better among *Nukkad Natak* viewers as compared to non-viewers
- The medium of *Nukkad Natak* offers high reach, and results in improved knowledge and practice on key indicators
- The cost per contact of Nukkad Natak is just Rs. 6 (6.6 cents) as compared to the much higher costs for advertising in above-the-line media such as TV, Radio or Press



Thank you!