



MICROINSURANCE AWARENESS PILOT CAMPAIGN | FINDINGS AND RECOMMENDATIONS

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... insurance may be good for you!!



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On behalf of the German Federal Ministry of Economic Cooperation and Development (BMZ), the GIZ project for Promoting Insurance in Ghana (PromIGH) supports the National Insurance Commission (NIC) to enhance the access to and the usage of insurance services for micro, small and medium enterprises and low-income households. PromIGH is an area of intervention of the GIZ Programme for Sustainable Economic Development in Ghana.

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ACRONYMS

ANOVA	Analysis of Variance
BMZ	German Federal Ministry of Economic Cooperation and Development
ELAC	Enterprise Life Assurance Company Limited
FE	Financial Education
FGD	Focus Group Discussion
GHABA	Ghana Hairdressers and Beauticians Association
GIA	Ghana Insurers Association
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GUA	Ghana Union Assurance
IDI	In-depth Interview
M&E	Monitoring and Evaluation
MFI	Micro Finance Institution
MFO	Microfinance Opportunities
MSME	Micro, small and medium-sized enterprise
NHIS	National Health Insurance Scheme
NIC	National Insurance Commission
PROMIGH	Promoting Insurance in Ghana
PSED	Programme for Sustainable Economic Development in Ghana
SMS	Short Messaging Service

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It is our hope that this report will provide a useful insight into documenting the design, implementation and impact of the (micro) insurance awareness campaign, and that it will serve as a guide for expanded insurance awareness and financial literacy efforts in Ghana and beyond.

Any errors and/or omissions remain solely our own.

EXECUTIVE SUMMARY

A substantial challenge facing the insurance industry in Ghana is the lack of understanding and knowledge of the purpose, function and benefits of insurance, especially in the low-income/informal market, where there is a vulnerability to various kinds of risks that cannot be fully covered by social insurance or informal risk-sharing arrangements. Unfortunately, this general lack of awareness contributes to low insurance uptake. As a result, only 4.1% of the total population held any insurance policy in 2010 excluding public health insurance (PromIGH factsheet).

Efforts to change this condition by developing the insurance market are being led by the National Insurance Commission (NIC), Ghana's insurance regulatory and supervisory authority. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, on behalf of the German Federal Ministry of Economic Cooperation and Development (BMZ), supports NIC in promoting access to insurance nationwide. As part of its Programme for Sustainable Economic Development in Ghana (PSED), GIZ partners with NIC to promote the development of the sector in Ghana through a special area of activity, known as, Promoting Insurance in Ghana (PromIGH).

In the light of the challenges that microinsurance faces nationally on the demand (client) side in Ghana, PromIGH decided to develop a public awareness campaign to address the misconceptions, the lack of knowledge and understanding of insurance, particularly microinsurance. A pilot campaign was conducted in 2013 and ran through 2014 in order to test the feasibility and potential effects of a public awareness campaign.

This report summarises the activities of the campaign, the research undertaken to evaluate it, and the results of that research. The goal was to assess the campaign's effectiveness in raising awareness and knowledge of insurance and improving attitudes towards insurance companies and their products. The report also presents recommendations for scaling future campaigns in order to sensitise the public in Ghana on microinsurance.

Campaign Objectives and Description

PromIGH, together with the Ghana Insurers Association (GIA), planned and implemented a multi-channel insurance awareness campaign in four selected pilot districts (Tamale, Techiman, Aowin and Ho). The overall objective of the campaign was to raise awareness of insurance in four pilot districts in Ghana and to measure the impact on insurance knowledge, attitude and behaviour. The impact and effectiveness of the campaign was monitored and documented, to serve as a basis for future scaling-up of the awareness campaign.

Several principles guided the campaign:

- The campaign was broadly targeted at low-income persons working in the informal sector.
- The campaign focused on education rather than marketing.
- The campaign used multiple channels, testing options to maximise impact.
- The campaign involved diverse stakeholders to sensitise them about the importance of insurance education and consumer protection.
- The campaign focused on addressing the knowledge gaps about microinsurance.
- Insurance sector representatives were invited to take part in the campaign.
- A focus was placed on evaluating the impact of the overall campaign on knowledge and attitude, as well as its individual elements or channels.

Key Messages

Key educational messages were developed to guide the creation of content for the various channels of the campaign. The messages were crafted through analysis of two studies which covered all four of the pilot districts and identified shortcomings in insurance knowledge and attitudes. As a result of this analysis, four key messages were developed:

- Insurance may be good for you.
- Insurance may be affordable for you.
- Know your responsibilities.
- Know your rights.

Campaign Activities and Locations

A successful pilot microinsurance education roadshow in 2012 proved the potential efficacy of the roadshow as an awareness measure. PromIGH aimed to increase exposure to the Microinsurance Awareness Pilot Campaign messages in 2013 and 2014 by using multiple channels. The campaign therefore disseminated its key messages through three main channels: radio (drama and jingles), roadshow and community advocates.

The campaign was conducted in four districts across four different regions in Ghana: the Aowin district in the Western region, Ho Municipality in the Volta region, Techiman Municipality in the Brong-Ahafo region and the Tamale Metropolis in the Northern region.

Community Advocates

A total of sixty-six local stakeholders were trained in advocate sensitisation workshops to serve as local resource persons on microinsurance education in their districts. Advocates were encouraged to plan and implement educational activities in their districts to support the campaign.

Radio Drama

A radio drama was produced in Dagbani (a Ghanaian language) and aired by Radio Savannah in the Northern region (Tamale). Five episodes were broadcast over five weeks on Saturday evenings from July 13th to August 10th 2013 and reached parts of all three Northern regions.

Radio Jingles

Four key radio messages recorded in three Ghanaian languages were incorporated into jingles that were broadcast by seven radio stations across the four districts in three rounds between August 2013 and April 2014.

Roadshows

The centrepiece of each roadshow was the screening of a movie on the topic of microinsurance. Other entertainment activities were also incorporated in order to inform, entertain and accentuate or reinforce the messages of the movies. The full round of roadshow was implemented in all districts in June and July of 2014.

Research Methodology

The purpose of the monitoring and evaluation research was to collect data for the evaluation of the educational measures of the awareness campaign, assessing to what extent the respondent was exposed to the campaign and whether this exposure has resulted in a different level of knowledge, attitude and/or behaviour. Campaign measures were based largely, on previous research that PromIGH conducted in 2011 and 2012.

Research Objectives

The monitoring and evaluation research had multiple objectives, but the key goal was to use a quantitative baseline and endline survey to measure insurance awareness

levels in the general populations of target districts. In addition to gathering socio-economic and demographic data, the survey also measured participants' knowledge of and attitudes towards insurance, as well as, risk management behaviour.

The baseline research activities sought to collect not only awareness indicators, but also subjective perceptions through a quantitative survey and qualitative FGDs.

Mid-term monitoring activities were to assess the state of the implementation and provide recommendations for improvements to the campaign prior to completion, but results were also included as part of the final assessment of the campaign implementation.

The final evaluation activities were implemented in order to gather both quantitative and qualitative responses on insurance awareness levels among the district populations, for comparison to baseline results, as well as data on the response to the campaign.

Methods Used

The key methods used in the campaign evaluation were the same at baseline and endline, with a slight difference to maximise the value of the data captured for the planning and evaluation of the campaign. Before the start of the campaign activities, baseline evaluation research consisted of two main elements:

- A questionnaire of over 300 individuals in each selected district.
- A Focus Group Discussion (FGD) in each district.

After campaign activities had been completed, endline research consisted of two main elements:

- A follow-up questionnaire with baseline participants in each district.
- An FGD in each district, including opinions about the campaign.

The questionnaire was based on the Insurance Awareness Index Toolkit and intended to establish the overall level of insurance knowledge and attitude. FGDs were used to capture more qualitative issues related to the perception of insurance and risk exposure in the community.

Activity monitoring research from FGDs and interviews with advocates, radio station personnel, and radio listeners is also included in this report to permit analysis of the campaign implementation.

Analysis Methodology

The level of insurance knowledge and insurance attitude was measured using an index toolkit developed by the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana, as part of a previous research project. It provides a quantitative measure of a person's knowledge of and attitude towards insurance and insurance companies. Insurance knowledge is defined as the objective knowledge of insurance concepts and companies, as well as the familiarity with available products and providers. The knowledge index consists of three sub-indices, which were combined to create the overall index. Insurance attitude is defined as the subjective perception and valuation of attitude towards the concept of insurance and insurance companies. After the calculation of the indices, the mean change between the baseline and endline knowledge and attitude index scores of the respondents were tested, for the various measures employed by the study. For the purpose of testing the five measures used in the study (Radio, Roadshow, Radio and Roadshow, No Exposure and Other Exposure), a one way Analysis of Variance (ANOVA) was run.

Conceptually, ANOVA fits the experimental design of this study in comparing the responses to different campaign measures and asking the question, "have these changes in indices been caused by the campaign's measures and are they comparable?" Or conversely, "are any of the campaign measures responsible for a significantly higher increase in knowledge or attitude (based on the indices)?"

The analysis was based on the null hypothesis that the mean index changes for all measures are equal. The null hypothesis is tested using what is called an 'F-statistic', which compares the changes within each treatment group to the changes between treatment groups. The larger the value of the F-statistic, the more likely it is, that the null hypothesis can be rejected, that means that, the larger the value of the F-statistic, the more likely it is that one or more implemented campaign measures had a mean index change that was different from the others. The test for this study was conducted at the 5% level of significance.

Study Locations and Sampling

In each of the four districts, six communities were pre-selected for sampling, including five which were targeted by the awareness campaign, and one which was not. Within each community, participants were selected randomly for the baseline. The endline was then conducted with baseline respondents.

Results

The monitoring and evaluation research suggests that the PromIGH microinsurance awareness campaign was successful in increasing insurance awareness.

While many conclusions can be drawn from the campaign by PromIGH and its partners, main points from the evaluation research include the following:

- The results of the quantitative research showed marginal positive changes in both knowledge and attitude indices;
 - Knowledge: The analysis showed that all of the measures, but the roadshow, resulted in positive changes in the mean of the knowledge index. The overall change is 0.0282. However, the ANOVA run to test if there are differences between the effects of the measures, did not yield statistically significant results, to reject the null hypothesis. Thus, it cannot be concluded by the quantitative analysis that one measure was superior to another in increasing knowledge.
 - Attitudes: All the measures yielded positive changes in the mean in the attitude index. The overall change was 0.0408. However, as with the knowledge index, the ANOVA did not identify significant differences between the effects of the measures.
 - Other external influences outside the scope of the campaign measures, e.g. Information from TV, insurance agents and relations, might have also had an impact on the levels of improvements for these indices.
- The qualitative data suggested that participants who heard the radio drama or participated in the roadshow, showed a greater range of knowledge about and a more positive attitude towards microinsurance and insurance companies than participants who just heard the radio jingles;
 - It was also evident from the qualitative data that participants appreciated the movie and were sensitised even to the point of advising others on the importance of microinsurance.
 - The qualitative data also suggested that the radio jingles had a larger effect on participants' attitude than knowledge levels.
 - Nearly half of the twenty-one advocates who participated in monitoring activities conducted awareness activities in their communities. They cited their PromIGH training as the source of their information on how to provide members of their communities with consumer protection skills around insurance.
 - Radio broadcasters were positive about the quality of the programming and generally felt that the messages were well-received by the audience, though most did not use systematic audience monitoring measures. However, radio broadcasters also argued that the campaign ought to have run more consistently and for a longer period of time in order to have a greater impact.

These results suggest that the effect of the radio programming on increasing knowledge and enhancing attitude may exceed that of the roadshow, as the radio programming yielded positive results on both knowledge and attitude, although effects were not statistically significant. However, when combined, the two measures yielded more positive results.

The main conclusions from the monitoring data include the following:

- Most stakeholders are positive about increasing the airtime given to the radio portions of the campaign although radio broadcasters have self-interested reasons to make this recommendation, the opinions of listeners indicate support from the public for quality informational and entertainment campaigns.
- Investments in training advocates result in positive changes in attitudes among certain community members, though further monitoring is required to track their community dissemination effort.
- Efforts to localise campaign materials, particularly radio programming, were valuable in increasing the clarity and positive reception of the messages in spite of few criticism from broadcast specialists.
- Coordination of campaign messages across channels (radio, roadshow, advocates) and exposure timing could not be systematically tested due to the increased effort that would have been required to do so.
- Advocates were positive about the knowledge they received and were eager to use their knowledge to increase the level of trust in the communities towards insurance and legitimate insurance companies.

Recommendations

Scale-up of the campaign should consider how to ensure that insurance knowledge is enhanced as the attitude towards insurance is also being improved. The recommendations include:

- More investigation is needed: how people within various communities (where insurance awareness is aimed at) learn and acquire knowledge about technical topics like insurance and which channels are best to communicate, needs to be investigated further.
- Time radio messages carefully: this will ensure the fewest conflicts with local events or other exposure and the maximum exposure of the listening public.

- Leverage gains made by the campaign by increasing microinsurance distribution channels (MFIs, associations, rural banks, insurance agents) into those districts to increase uptake of microinsurance.
- Focus campaign efforts in areas where insurance products are available and agents are in place.
- Link the campaign to consumer action: provide information at the end of each outreach activity on where, when and how they can sign up for insurance in their communities or obtain additional information.
- Continued use of radio dramas: dramas should be part of future campaigns with additional information about insurance products available in the respective communities.
- Roadshow: messages communicated in the roadshow should be closely linked with the radio programme so as to be a more clarifying medium of awareness creation.
- Explore use of alternate channels: an insurance awareness campaign is advised to revisit the option of showing movies on national or regional TV instead of using roadshow to reach more people, reduce costs of outreach per person, and eliminate the high level of coordination associated with arranging roadshow. SMS messaging may also be used to reinforce the four key messages of insurance campaign in the future.
- Advocates: the research highlighted the importance of word-of-mouth and the use of local networks in influencing attitudes of consumers;
 - Based on findings, develop a profile of the most active advocates to guide future efforts to recruit the most appropriate and motivated advocates.
 - Consider requesting that advocates conduct at least one activity that involves training additional people to act as advocates in order to multiply outreach.
 - Involve advocates as much as possible in the rollout of the campaign's activities.
 - Develop illustrated tools or posters that advocates can show to consumers and that serve as a reference tool for advocates as they carry out their roles as microinsurance advocates.

- Develop monitoring and evaluation mechanisms to determine the effectiveness of the advocates' activities, such as brief regular calls to advocates to record their reports on engagement activities and provide advice or other support.
- Identify ways to encourage advocates to remain active in their communities.
- Cross-promotion: link jingles to other sources where listeners can receive more information about insurance for instance from the radio drama or advocates.
- Partner with other stakeholders and financial education initiatives to leverage: partnership with industry bodies such as the Ghana Insurers Association (GIA) can have a wider outreach and impact.
- Monitoring and evaluation: a scaled campaign will pose greater implementation challenges and should be accompanied by increased monitoring activities.
- Data collection activities should also take place as soon as possible after campaign activities to ensure the highest degree of recall from respondents about their exposure to and knowledge of campaign content.
- FGDs would be useful to test learning techniques of target group and should therefore be conducted before designing the campaign and also after the quantitative analysis is finalised, to shed light on the unclear findings.

CHAPTER 1: INTRODUCTION

Research has shown that one of the substantial challenges facing the insurance industry in Ghana, is the lack of knowledge and understanding of the purpose, function, and benefits of insurance nationally. This is especially in the low-income/informal market, which could benefit from appropriate microinsurance products tailored to their needs and means. Background research showed that the “lack of understanding and appreciation of the benefits of insurance is a major challenge for microinsurance providers in Ghana” (PromIGH factsheet). Furthermore, “Access to insurance services in Ghana is very limited, especially amongst the low-income population. Only 4.1% of the total population held any insurance policy in 2010 (excluding public health insurance)” (PromIGH based on the Finscope 2010 survey by FinMark Trust).

The National Insurance Commission (NIC), as the regulatory and supervisory authority of the insurance sector in Ghana, is actively spearheading the development of the insurance market. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, on behalf of the German Federal Ministry of Economic Cooperation and Development (BMZ), seeks to support NIC in its endeavours to promote access to demand-oriented and tailor-made insurance products. As part of its, ‘Programme for Sustainable Economic Development in Ghana (PSED)’, GIZ has dedicated a component to promote the development of insurance in Ghana (PromIGH).

In light of these challenges, PromIGH (Promoting Insurance in Ghana) - a partnership between GIZ and the NIC - decided to explore the development of a public awareness campaign measures to address the misconceptions, lack of understanding and knowledge of insurance, and particularly microinsurance, in Ghana. A pilot campaign was begun in 2013 and ran through 2014.

This report will summarise the activities of the campaign, the research undertaken to evaluate it, and the results of that research. The goal is to assess the campaign's effectiveness in raising awareness and knowledge of insurance and improving attitudes towards insurance companies and their products. The report also presents recommendations for scaling future campaigns in order to sensitise the public in Ghana to microinsurance.

BACKGROUND ON PROMIGH

Appropriately designed insurance products provide an indispensable tool to manage the risk of sudden financial shocks, especially those that cannot be fully covered by social insurance or informal risk-sharing arrangements. Low income households are typically excluded from the insurance market, even though they are particularly

vulnerable to various kinds of risks. Increased access to insurance is therefore a key tenet of financial inclusion and social protection policy.

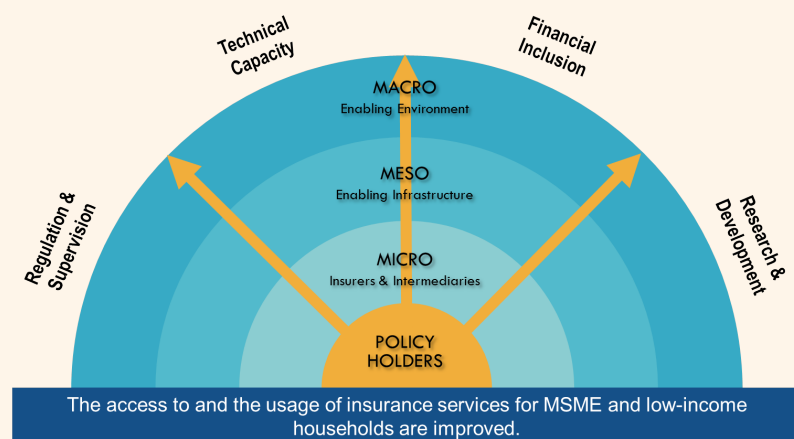
The insurance market in Ghana nowadays comprises forty-seven companies, whose combined gross premiums amounted to 1.24% of Gross Domestic Product in 2013. Nonetheless, the market for microinsurance is rapidly developing with more and more commercial insurers and intermediaries seeking to expand their services to the informal sector.

NIC and GIZ identified four key areas of cooperation that shall support the development of insurance in Ghana: a) Regulation & Supervision, b) Technical Capacity Building, c) Research & Development and d) Financial Inclusion. PromIGH activities are distributed throughout these four areas of cooperation and they form the structure of its cooperation approach.

PromIGH promotes capacity development of stakeholders at the macro, meso and micro level of the Ghanaian insurance sector by providing tailor-made and process-oriented advisory services. Acting as an honest broker between different market actors, it mobilises national and international resources and expertise in order to improve the sustainable outreach of insurance services and to raise awareness of insurance. NIC and GIZ are following a holistic approach of capacity development geared towards strengthening people, organisations as well as institutions.

Through PromIGH, NIC and GIZ cooperate closely with major stakeholders in the Ghanaian insurance sector to promote microinsurance. The main objective of PromIGH is as follows: 'access to and the usage of insurance services for micro, small and medium enterprises and low-income households are improved'.

Figure 1: PromIGH's Capacity Development Model



CHAPTER 2: CAMPAIGN DESCRIPTION AND IMPLEMENTATION

An Insurance Awareness survey conducted by PromIGH and the University of Ghana in 2011-2012 showed that the lack of understanding and appreciation of the benefits of insurance is a major challenge for microinsurance providers in Ghana. Customers might have a negative perception of insurance, or fail to distinguish between insurance and other financial products such as savings and loans. It was observed that policyholders often do not know the basic terms and conditions of their policy, and sometimes buy products that do not benefit them.

Based on these results, the regulator, industry representatives and GIZ concluded that it was necessary to increase the insurance awareness of clients and non-clients alike through a public campaign.

CAMPAIGN OBJECTIVES

PromIGH, together with the Ghana Insurers Association (GIA), planned and implemented a multi-channel Insurance Awareness Campaign in four selected pilot districts (Tamale, Techiman, Aowin and Ho). The impact and effectiveness of the campaign was monitored and documented, to serve as a basis for future scaling up of the awareness campaign. The current evaluation serves as one element of the documentation of the campaign.

The overall objective of the campaign was to raise awareness of insurance in four pilot districts in Ghana, and to assess the impact of the various campaign measures on insurance knowledge, attitude and behaviour.

The following principles served to guide the overall setup of the campaign:

- The campaign was broadly targeted at low-income persons working in the informal sector. It was designed to reach out to illiterate and non-English speaking persons, and to take regional and cultural differences into account.
- Focusing on education rather than marketing: the goal of the campaign was to enable consumers to make informed decisions about financial risk management, not to sell insurance.
- To maximise impact, the campaign was committed to using various channels (radio, roadshow, and community advocates).

- As much as possible, the campaign was to involve diverse stakeholders, both on the national and the district level, and to sensitise them about the importance of insurance education and consumer protection.
- The campaign focused on addressing the knowledge gaps that were identified in the insurance awareness surveys.
- Representatives from the insurance sector were invited to take part in the campaign, not to market their products but to interact with the target group, learn about their demands and address their concerns. An emphasis was placed on distinguishing the educative message of the campaign from the commercial interests of insurance companies.
- Impact and Evaluation: A focus was placed on evaluating the impact of the overall campaign, as well as of its individual elements/channels.

KEY MESSAGES OF THE AWARENESS CAMPAIGN

Key educational messages were developed to guide the creation of content for the various channels of the campaign. The messages were crafted through analysis of the predominant outcomes of the Insurance Awareness Index Pilot Study and the 'Market Survey-Demand Side' conducted by the project in August, 2011 and April, 2012 respectively. The studies, which covered all four of the pilot districts, identified a number of shortcomings in insurance knowledge, as well as attitudes that negatively affect insurance uptake. Following up on some of the issues uncovered by these studies, in depth responses were sought from people in over 20 different communities across Ghana using FGDs during the roadshow. The key messages are summarised in Table 1.

Table 1: Key Messages of the Insurance Awareness Campaign

Message	Description / Explanation
Insurance May Be Good For You	Everybody is exposed to various kinds of risks in life. Unforeseen events such as deaths, natural disasters or accidents can result in high costs, and may be a burden for your family to bear, even after using your savings and help from family and friends. Insurance is there to help you deal with such events.
Insurance May Be Affordable For You	Insurance may not be expensive when the cost of not having insurance is weighed against the benefit one could derive from the claim pay-out received, if an insured risk occurs.
Know Your Responsibilities	As an insurance client, there are certain things you need to do. If you do not fulfill these responsibilities, you may not receive your claim in case the insured event occurs.
Know Your Rights	If you have bought insurance, you have the right to make a claim whenever the insured event occurs (as per the terms and conditions of the policy).

INITIAL CAMPAIGN PLANS

The initial campaign was intended to raise awareness of insurance, and particularly microinsurance, by using multiple channels to positively impact levels of insurance knowledge and attitudes among populations in the target districts. The campaign was to consist of the following elements:

- Road Campaign: including a public viewing of a movie and educative videos, explanations by resource persons, question and answer session, entertainment.
- Radio Campaign: including news items by special trained journalists, radio jingles, coverage and announcement of other activities (e.g. roadshow).
- TV Campaign: the possibility of showing one or more of the movies on national and/or regional TV was considered.
- Advocates Campaign: respected community members would be trained to become 'microinsurance advocates' who can organise information sessions on microinsurance and provide advice on claims procedures etc.

The different elements of the campaign would be linked together by the key educational messages as well as uniform branding (logo, slogan and design).

IMPLEMENTED CAMPAIGN ACTIVITIES

In order to provide a wide range of contact points with the public at large, the campaign included several different channels through which the key messages were disseminated. These are outlined in Table 2. Note that the main activities originally planned as part of the campaign – roadshow, radio programming, and advocate sensitisation – were included, but television broadcasting did not prove to be a feasible option and so was not implemented. Reconnaissance visits, noted in the table, were a preparatory step and so were not noted separately above as an initial campaign activity.

Table 2: PromlGH Insurance Awareness Campaign Activities

Activity	Purpose	Location	Dates
Reconnaissance visits	To identify campaign partners and plan the campaign within each district	All (Ho, Tamale, Techiman, Aowin)	January – March 2013
Advocate sensitisation workshops	To train local advocates to serve as local resource persons on microinsurance education	All	June – August 2013
Radio drama	To provide microinsurance education through a highly accessible channel using a popular and entertaining format	Tamale	July-August 2013
Radio jingles	To disseminate essential microinsurance education through a highly accessible channel	All	August 2013, February and April 2014
Radio talk show	To offer an interactive forum for community discussion about microinsurance	Aowin	September-October 2013
Roadshow phase 1	To deliver microinsurance education using a community event through multiple channels to inform, entertain, and activate local audiences	Aowin	November 2013
Roadshow phase 2	To deliver microinsurance education using a community event through multiple channels to inform, entertain, and activate local audiences	All	July – August 2014

Reconnaissance Visits

Reconnaissance visits were planned and executed in each of the four pilot districts. These visits were intended to gather information about district resources and to identify key stakeholders and gauge their interest in partnering with the campaign in their communities. Stakeholders contacted in each district included local authorities, insurance companies, interest groups, radio stations and journalists.

The specific objectives of the reconnaissance visits included:

- To make appropriate community entry and introductions in the district.
- To establish first contacts with key stakeholders and identifiable groups within the district.
- To seek any necessary permissions with local authorities.
- To obtain information that can be used in planning and to fine-tune the campaign.
- To understand the local microinsurance landscape (insurers, coverage, activities and offerings).
- To visit community radio stations to explore interest in campaign participation.
- To identify potential communities that will form the five campaign pilot sites per district.
- To seek candidate nominations for the Awareness Campaign Community Advocates Initiative.
- To identify eligible participants for the Radio Journalist Capacity Development Program.

The reconnaissance visits were undertaken between January and March 2013. Reconnaissance visits were in the four districts on the following days: (Ho) 23rd-25th January; (Tamale) 11th-13th March; (Techiman) 13th-15th March and (Aowin) 18th-21st March.

Advocate Sensitisation Workshops

Advocates sensitisation workshops were conducted to train local advocates and also to empower the advocates to have a sense of ownership and serve as local resource persons on microinsurance education in the identified districts. Workshops occurred in Aowin from 17th-21st June; Techiman from 23rd-26th June; Tamale from 26th-28th June and Ho from 7th-9th August. Advocates were a representation of local

authorities, insurance agents, district health workers, microfinance institutions, interest groups and media personnel. A total of sixty-six advocates were trained, including nine members of local radio stations.

Radio Drama

A radio drama in a Ghanaian local language (Dagbani) was produced and aired by Radio Savannah, one of the radio stations contracted by GIZ in the microinsurance awareness campaign in the Northern region (Tamale). Airings included radio quizzes offering mobile phone credit recharge cards as prizes for callers. In total, five episodes were broadcast over five weeks on Saturday evenings from July 13 to August 10 2013. This broadcast reached various parts of all the three Northern regions.

Radio Jingles

Four key radio messages recorded in three Ghanaian languages were incorporated into jingles. A professional radio production company called Opanemma Productions won the bid to produce and record the jingles in the various languages. The lead consultant worked together with the PromIGH team to draft the messages, the consultant then worked with a team of translators from the Department of Linguistics at the University of Ghana. The final versions were then reviewed by GIZ staff who were fluent in the languages, and suggested further edits.

The jingles were broadcast by seven radio stations across the four districts. There were two stations in Tamale (Radio Justice and North Star FM); two in Techiman (Classic FM and Adepa FM); two in Aowin (Brossaman FM and Trickie FM) and one in Ho (Volta Star FM).

The first round of broadcasts was done in August/September of 2013 (with the exception of Ho, in October 2013), the second round in February 2014 (with the exception of Aowin, in November-December 2013), and the final round in April 2014.

Radio Talk Show

Although this was a part of the initial plan for the implementation of the campaign, it was not possible to include it in the pilot when it was rolled out. However, in the Aowin district, one of the trained microinsurance advocates took the initiative to conduct talk shows on the subject of microinsurance.

Roadshow

The roadshow was conducted to deliver microinsurance education using a community event through multiple channels to inform, entertain, and activate local audiences. Roadshow was chosen as a dissemination channel based on the familiarity of these among the Ghanaian population (e.g. for programmes educating around HIV/AIDS) and after successful piloting by PromIGH in 2012. The roadshow was always planned

in collaboration with local leaders in order to help identify the local's preferences and availability when choosing a suitable time and date. The centrepiece of each roadshow was the screening of a movie on the topic of microfinance, but other entertainment activities were incorporated in order to increase the audience's appreciation and, if possible, accentuate or reinforce the messages of the movies. An initial roadshow was conducted in November 2013 in Aowin District when funds became available under a gender initiative that allowed the project to run a gender-focused program, but the full round of roadshow was implemented in all districts in June and July of 2014 (Tamale from June 30 to July 4; Techiman from July 7 to 11; Ho from July 14 to 18; Aowin from July 21 to 25).

CHAPTER 3: M&E RESEARCH METHODOLOGY

The monitoring and evaluation research, particularly the quantitative survey, was based on two existing data sources. These included the Ghana 2010 census, which provided data on the number of inhabitants, number of adults, average household size, gender distribution and the rural-urban distribution for each district. A microinsurance market survey conducted by GIZ in 2012 covered more than fifty microinsurance clients in each of the pilot districts of Ho, Aowin and Techiman. The questionnaire survey covered their socio-economic status, insurance knowledge, insurance attitude and product satisfaction. Moreover, a focus group discussion was conducted with insurance clients in each of the three districts covering risk exposure, risk management and the general perception of insurance in the community. Overall, the study found that “large knowledge deficits were apparent in the questionnaire survey, as well as a high degree of mistrust towards insurance companies” (Ackah & Owusu, 2011).

While the microinsurance market survey of clients gathered a great deal of information on the awareness and knowledge levels of insurance clients, more information was needed on the insurance awareness of non-clients. The campaign presented an opportunity to gather that information.

The impact and effectiveness of this pilot campaign was monitored and documented to serve as a basis for future scaling up. The purpose of the research was to collect data for the evaluation of the educational measures of the awareness campaign, assessing to what extent the respondent was exposed to the campaign and whether this exposure has resulted in a different level of knowledge, attitude and/or behaviour. This section of the study describes the outcomes of the impact evaluation research in terms of insurance knowledge, attitude, behaviour, and risk exposure of low income households in the four districts where the pilot microinsurance campaign took place.

The bulk of the research was conducted in two phases. The first phase of research prior to implementation comprised of a series of activities intended to set the baseline through quantitative and qualitative survey methods. The second phase of research, which occurred after implementation, comprised of the endline quantitative survey and FGDs. Additional FGDs were conducted after each roadshow before the endline survey and FGDs.

RESEARCH OBJECTIVES

The monitoring and evaluation research had multiple objectives. The original research program was intended to assess the success of the implementation and to evaluate the impact of the pilot implementation measures in improving knowledge and attitudes among the populations through baseline and endline research and to track the implementation of the campaign across the four districts through mid-term monitoring.

The baseline research activities sought to collect not only awareness indicators, but also subjective perceptions. For that reason a mix of quantitative (questionnaire-based survey) and qualitative methods (guided FGDs) were employed.

Mid-term monitoring activities were to assess the state of the implementation and provide recommendations for improvements to the campaign prior to completion. However, due to the staff changes within the project during the course of the campaign, the mid-term research activities could not be implemented in the course of the campaign but rather at the end. Roadshow monitoring FGDs implemented were included as part of the second phase of research and final assessment of the campaign implementation.

The final evaluation activities were implemented in order to gather endline data on insurance awareness levels among the district populations for comparison to baseline results.

Structure of the Quantitative Survey Instrument

At the baseline, data was collected on people’s radio listening behaviour to determine the most popular radio stations in the various districts, as radio was one of the main channels of the campaign. At the endline, data were collected on the response of participants to the roadshow and radio activities of the pilot campaign.

The following information was gathered from participants during both the baseline and endline:

Socio-economic and demographic information

This refers to variables such as household demographic characteristics, income and educational level, occupational status and use of financial and insurance products. In addition, the names and contact numbers of the respondents were noted down and questions about their favourite radio station were posed.

Knowledge of insurance

This refers to the knowledge level of insurance concepts, types and companies as well as the knowledge about microinsurance in particular.

Attitude towards insurance

This refers to the respondent's perception of the concept of insurance and insurance companies.

Risk management behaviour

This refers to the respondent's exposure to risk and preferences for insurance as compared to alternative or informal risk management mechanisms.

METHODS USED

Before the start of the campaign activities, a baseline research was conducted consisting of four elements:

- A questionnaire of 317 individuals on average in each selected district (51 per treatment community and 61 per control, on average, randomly selected within each community).
- An FGD in each district, focusing on the perception of risk, risk exposure, and insurance in the district.
- Interviews with key stakeholders.
- Stocktaking of insurance companies and product data (availability, distribution and outreach) in each district.

After campaign activities had been completed, endline research was conducted consisting of two elements:

- A follow-up questionnaire with the same individuals in each selected district (51 per district on average) who participated in the baseline study, minus those who refused to participate.
- An FGD in each district, focusing on the perception of risk and insurance in the district.

In addition to these impact evaluation methodologies, activity monitoring research has been included in this report in order to extend the assessment of this study to cover not just pilot results but the implementation procedures of the campaign.

Survey Questionnaire

The questionnaire survey made use of the Insurance Awareness Index Tool, which was developed by the Institute of Statistical, Social and Economic Research (ISSER) and

GIZ, as part of the microinsurance market survey of clients in 2011 (refer to Analysis Methodology).

The survey was implemented by carefully selected field interviewers (two groups of five interviewers, guided by one supervisor). The baseline research was conducted in March 2013, and the endline research was conducted in August 2014.

Focus Group Discussions

The qualitative outcomes are based on FGDs with groups of six to eleven participants in the campaign, which were conducted in each of the four pilot districts. All FGDs investigated on risk management behaviour and the respondents' perception of the concept of insurance and insurance companies. The composition of participants in the FGD groups was heterogeneous, cutting across various occupational sectors. The overall aim of the FGDs was to acquire a broader understanding of the (financial) risk management measures used by respondents and the attitude towards insurance based on local experience and beliefs.

The consumer FGD guide that structured the baseline and endline discussion aimed at the following issues:

- General opinion on or attitude towards insurance in the district.
- Reputation of insurance companies in the district.
- (Perceived) barriers to insurance uptake (e.g. knowledge and attitude, cultural, practical, monetary).
- Availability of insurance/knowledge of distribution points.
- Awareness of microinsurance products.

The baseline FGD guide also gathered information on the channels used by the low-income population (radio, community leaders, church etc.) which was used to inform the structure of the pilot campaign. The endline FGD guide replaced questions on informational channels with questions about participants' response to the roadshow and radio campaign activities in order to understand how the campaign was perceived subjectively in the pilot districts.

Activity Monitoring

In addition to the impact evaluation, individual activities were monitored using various feedback methodologies. The following methods were used by PromIGH to obtain feedback on project activities:

- FGDs with advocates: focus groups were held with advocates to assess their response to the training they received and their interest in continuing to promote microinsurance awareness, as well as to record what, if any, awareness activities they had engaged in.
- Interviews with radio station personnel: IDIs (in-depth interviews) were conducted with radio station personnel to assess their knowledge of microinsurance as a result of the training, the response of the audience to the radio jingles or radio dramas that were played on their station, and their suggestions for further use of radio as an awareness-building tool.
- FGDs with radio listeners: two focus groups were organised with radio listeners in Aowin and Techiman to gauge their response to the radio jingles that aired in all four districts. Two FGDs (all male, all female) were held in Tamale to discuss the radio drama that aired on Savannah FM.

These activity monitoring tools were implemented during the roadshow visits in July and August of 2014. The results were incorporated into the assessment of the implementation of the awareness campaign.

ANALYSIS METHODOLOGY

Calculation Method of Insurance Knowledge and Attitude Index

The level of insurance knowledge and insurance attitude was measured using an index toolkit developed by the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana, as part of a previous research project. It provides a quantitative measure of a person's knowledge of and attitude towards insurance and insurance companies. Insurance knowledge is defined as the objective knowledge of insurance concepts and companies, as well as the familiarity with available products and providers. The knowledge index consists of three sub-indices which are combined to create the overall index. The indices are:

- X: Types of insurances known to the respondent.
- Y: Insurance companies known to the respondent.
- Z: True or false statements about the concept of insurance.

The index scale developed identifies two scoring stages, having a range from 0 to 1, which is defined as follows:

- 0 – Lowest possible score.
- 1 – Highest possible score.

For the X index, the score 1 means “seven or more types of insurance are known to respondent” and score 0 means “no type of insurance is known to respondent”. To find the index, the sum of the correct answers was scaled, with one correct answer = 1/7; two correct answers = 2/7; three correct answers = 3/7; four correct answers = 4/7; five correct answers = 5/7; six correct answers = 6/7 and finally 7 or more correct answers = 7/7. The index is estimated by the sum of all these answers:

$$X = \Sigma \text{ of all scores}$$

For the Y index the score 1 means “four insurance companies have been heard of” and score 0 means “no insurance companies have been heard of”. Meaning if four companies have been mentioned by the respondents, it was scored with 1. Zero companies scored with 0, one company scored with 0.25, two companies scored with 0.5, three companies scored with 0.75, which equals this equation:

$$Y = \Sigma \text{ of all scores}$$

The Z index contains eight “true” or “false” questions/statements. The score of the index is 1 or 0, which means that if the respondent answers correctly 1 was scored, if the answer was wrong it was scored with 0. In the case where the respondent refused to answer or chose “don't know” the answer was counted as false. The calculation of Z is:

$$Z = \Sigma \text{ of all scores} / 8$$

The combined calculation of the insurance knowledge index is computed as follows:

$$\text{Overall Insurance Knowledge Index} = 0.4 * X + 0.2 * Y + 0.4 * Z$$

The coefficients of the sub-indices reflect the impact of the questions of the respective category. It is assumed that stating different types of insurances shows a deeper knowledge than naming insurance companies. The same holds for the eight true or false statements. A correspondent who is able to distinguish between right and wrong statements shows a good insight of insurance knowledge. Thus, the sub-indices X and Z are double weighted in the analysis. The single weighting of Y reflects the minimal awareness required to answer the question.

Insurance attitude refers to the subjective perception and valuation of the attitude towards the concept of insurance (e.g. importance of being insured) and insurance companies (e.g. level of trust in insurance companies). The index is made up of nine statements concerning the attitude towards the concept of insurance and five statements concerning the attitude towards insurance companies.

To create the attitude index all 14 statements are combined and the scores are defined as:

- 0 – Poorest attitude.
- 1 – Best attitude.

The statements are phrased in a way that if the respondent chooses "strongly disagree" he or she yields the highest score 1, while "disagree" scores 0.75, "undecided" 0.5, "agree" 0.25 and "strongly agree" 0. For statements 4, 6, 10, 12 and 13 the ranking is vice versa. In case the respondent "refused" to comment on a statement it was counted as "undecided" to not bias the results. Thus, the equation for the attitude index is:

$$\text{Insurance Attitude Index} = \Sigma \text{ of all scores} / 14$$

Analysis of Variance

After the calculation of the indices, the mean change between the baseline and endline knowledge and attitude index scores of the respondents were tested, for the various measures employed by the study. For the purpose of testing the mean index change for the five measures (Radio, Roadshow, Radio and Roadshow, No Exposure and Other Exposure), a one way Analysis of Variance (ANOVA) was run.

Conceptually, ANOVA fits the experimental design of this study in comparing the responses to different campaign measures and asking the question, have these changes in indices been caused by the campaign's measures and are they comparable? Or conversely, are any of the campaign measures responsible for a significantly higher increase in knowledge or attitude (based on the indices)?

The analysis was based on the null hypothesis that the mean index changes for all measures are equal. The null hypothesis is tested using what is called an 'F-statistic', which compares the changes within each treatment group to the changes between treatment groups. The larger the value of the F-statistic, the more likely it is, that the null hypothesis can be rejected, that means that, the larger the value of the F-statistic, the more likely it is that an implemented campaign measure influenced the mean index change. The test for this study was conducted at the 5% level of significance.

Focus Group Analysis Method

Focus group data were analysed in two ways. First, demographic data were entered into a spreadsheet to generate descriptive statistics on the composition of the groups. Second, focus group responses were uploaded into NVivo (a software for organising and analysing unstructured data such as that which is gathered in an FGD) qualitative analysis software in order to facilitate comparison of answers across groups, identify patterns, and determine whether themes were general or unique.

STUDY LOCATIONS AND SAMPLING

The study was conducted in twenty-four communities across four districts in four different regions in Ghana (see Table 3). These are the same regions where the PromIGH awareness campaign was implemented.

Table 3: Study Districts and Communities

District	Community	Type of Community
Aowin District	Jema	Rural
	Boinso	Rural
	Kwawu	Rural
	Yakase	Rural
	Enchi	Sub-urban
	Sewum (comparison)	Rural
Ho Municipality	Ho-Bankoe	Urban
	Ho-Fiave	Urban
	Nyive	Sub-urban
	Sokode	Sub-urban
	Shia	Rural
	Kpedze (Comparison)	Urban
Techiman Municipality	Dwomo	Urban
	Aworowa	Urban
	Abanim (central market area)	Urban
	Tako- Fiano	Urban
	Twimia-Nkwanta (timber market area)	Urban
	Tanoso (comparison)	Sub-urban
Tamale Metropolis	Sakasaka	Urban
	Lamashegu	Urban
	Jakarayili/Kukuo	Urban
	Tamale Central (Aboabo taxi rank)	Urban
	Kalariga	Sub-urban
	Dungu	Sub-urban

In each district the survey was conducted in six communities. One of the six communities was intended to serve as a comparison community. This community consisted of people who were not expected to be exposed directly to most of the campaign measures. This was intended to help determine the impact of the campaign measures in the event that the sampled respondents were overwhelmingly exposed. While roadshow exposure could be limited by PromIGH through its community selection criteria, the range of radio broadcasts could not. Therefore some participants within the comparison communities were exposed to the campaign activities, but the final analysis accounted for this by comparing participants based on different levels of exposure rather than on their geographic location. The survey questionnaire was pre-tested in Accra with approximately twenty respondents at both baseline and endline.

Survey Sampling

For the baseline survey, supervisors selected geographic landmarks within communities as central locations to orient enumerators. Supervisors then randomly selected the cardinal direction (north, south, east and west) that each enumerator would travel to select participants, stopping at every third house or business. At each household or business, enumerators interviewed the oldest income earner.

Participants were asked three filter questions before enumerators implemented the survey, which resulted in a sample of participants who were over eighteen years, had an awareness of the term “insurance” (but not necessarily “microinsurance”), who lived in or earned their income in the community in which enumerators encountered them.

For the endline survey, baseline participants were contacted by telephone or in person and asked to take part in the endline. Those who assented were interviewed using the endline survey instrument.

There were 1,260 respondents interviewed for the baseline survey and 1,008 respondents interviewed during the endline. Quality control checks could not confirm whether five of the endline respondents were in the original baseline data. These respondents were subsequently dropped, leaving an endline sample of 1,003 respondents shows a breakdown of attrition by geographic location and gender.¹ Comparisons between the baseline and endline period are made with these respondents (see Table 4).

¹ Note that the total number of respondents in the endline survey total 1,003. Two respondents did not have identifying gender information and thus were omitted from Table 4.

Table 4: Comparison between Baseline and Endline Quantitative Sample Distribution

Row Labels	Male				Female			
	Baseline	Endline	Respondents Lost	Original Sample Remaining	Baseline	Endline	Respondents Lost	Original Sample Remaining
Aowin	146	112	34	77%	167	133	34	80%
Boinso	23	19	4	83%	28	24	4	86%
Enchi	21	18	3	86%	27	24	3	89%
Jema	30	22	8	73%	22	18	4	82%
Kwawu	23	16	7	70%	27	19	8	70%
Sewum	26	22	4	85%	35	28	7	80%
Yakase	23	15	8	65%	28	20	8	71%
HO	165	140	25	85%	147	114	33	78%
Ho-Bankoe	24	22	2	92%	26	19	7	73%
Ho-Fiave	28	25	3	89%	22	19	3	86%
Kpedze	33	28	5	85%	27	22	5	81%
Nyive	28	20	8	71%	21	12	9	57%
Shia	29	24	5	83%	23	19	4	83%
Sokode	23	21	2	91%	28	23	5	82%

Row Labels	Male				Female			
	Baseline	Endline	Respondents Lost	Original Sample Remaining	Baseline	Endline	Respondents Lost	Original Sample Remaining
Tamale	157	134	23	85%	158	121	37	77%
Dungu	29	27	2	93%	31	20	11	65%
Jakarayili/ Kukuo	27	26	1	96%	25	18	7	72%
Kalariga	22	18	4	82%	29	24	5	83%
Lamashegu	28	22	6	79%	23	19	4	83%
Sakasaka	22	18	4	82%	28	23	5	82%
Tamale Central	29	23	6	79%	22	17	5	77%
Techiman	165	125	40	76%	154	122	32	79%
Abanim	25	16	9	64%	24	21	3	88%
Aworowa	29	21	8	72%	27	23	4	85%
Dwomo	26	22	4	85%	24	18	6	75%
Tako-Fiano	23	15	8	65%	27	17	10	63%
Tanoso	27	23	4	85%	34	28	6	82%
Twimia- Nkwanta	35	28	7	80%	18	15	3	83%
Grand Total	633	511	122	81%	626	490	136	78%

Qualitative Sampling

Participants' focus groups

Participants for the baseline focus groups were recruited using the sampling methodology described for the survey in order to ensure that all participants were over 18, lived and worked in the district, and were aware of the term "insurance." At the endline, participants were drawn from among attendees at the roadshow to ensure an adequate representation of individuals who were familiar with at least one aspect of the campaign and could provide opinions regarding its effectiveness in delivering awareness messages about microinsurance.

Advocates' focus groups

Advocates who had participated in the 2013 workshop in their district were considered. Among these, participants were selected based on their availability and willingness to be interviewed. A table with the interviewed advocates can be found in Annex 8: Advocates' Training Participants.

Radio station staff interviews

Radio staff members were selected for interviews based on two criteria: availability and exposure to the jingles. Radio broadcasters, who had listened to the jingles but who had not participated in the advocates' training, were included in the monitoring interviews in order to understand their professional response to the radio campaign. A complete list of staff interviewed for the monitoring research can be found in Annex 7: Monitoring Research Participant Rosters.

Radio Listener FGDs

Participants were selected from among avid listeners by the cooperating stations. Participants in radio jingle FGDs listened to the radio pieces in order to ensure 100% exposure and ready recall of the programming before the FGDs began. Participants in radio drama FGDs were listeners of Savannah FM who heard the drama and responded to a call by the station for discussion participants.

LIMITATIONS

Limitations of the Campaign Design

The reader should consider several factors while assessing the evaluation report.

First, the scope of the evaluation did not call for an assessment of the quality of the final campaign materials, such as the radio and movie scripts, advocate training sessions, or live roadshow events, though these materials were vetted through various methods by PromIGH prior to implementation. Without such assessments of the individual components of the campaign, the evaluation results can only be of limited use in making specific recommendations on campaign content and delivery.

Second, the delivery of content via mass media channels made having a pure control group that was not influenced by any of the campaign's measures less likely within the limited geographic areas of the study. While the study did allow for the comparison of different levels of exposure (e.g. radio, roadshow and to both radio and roadshow), it also had to rely on participants recalling to determine exposure levels. This is not inherently problematic except there was limited tracking of other insurance-related campaigns going on in the same area. This meant that some people, who were exposed to the PromIGH campaign might also have been exposed to additional information. The survey method applied provided only limited ability to track such likely exposures.

Third, it was not possible to fully and comprehensively monitor the aspect of advocates' outreach activities due to no documentation on their part. Thus, data is not available on the attendance, content and quality of advocates' outreach programmes.

Limitations to the Statistical Analysis

It is also worth noting that a larger sub-sample size (the number of persons who were exposed to specific campaign measures) was necessary to conclusively separate the performance of the different measures. For example, only thirty-eight respondents participated in roadshow without having other exposure, while 'Radio and Roadshow' had only sixty-nine respondents being exposed to it. In general, the quantitative analysis showed that, due to the number and distribution of respondents in the sub-samples, especially those who participated in the roadshow, a conclusion on the superior impact of an applied measure or a combination of measures on insurance awareness compared to other measures cannot be derived with a certainty.

As the FGDs were conducted in the same period as the collection of the quantitative data, unclear issues that arose during the quantitative analysis could not be tested or investigated during the FGDs.

CHAPTER 4: M&E RESULTS

Results from the analysis of the quantitative survey data are presented below, followed by results from the qualitative research.

QUANTITATIVE SURVEY RESULTS

Socio-economic profile of sample

The endline respondents remained reasonably balanced among the four districts. On aggregate, the sample was balanced by gender but this masks variation by district with Aowin having a higher proportion of females while the other three districts have a higher proportion of males in each respective sample. These imbalances are reflective of the baseline sample and not the result of attrition.

Table 5: Quantitative Sample Distribution by District

District	Count	Percent of Sample
Aowin	246	24.53%
Ho	254	25.32%
Tamale	255	25.42%
Techiman	248	24.73%
Grand Total	1003	100.00%

Table 6: Quantitative Sample Gender Distribution by District in Percent

Gender	Aowin	Ho	Tamale	Techiman	Total
Male	45.53	55.12	52.55	50.81	51.05
Female	54.47	44.88	47.45	49.19	48.95

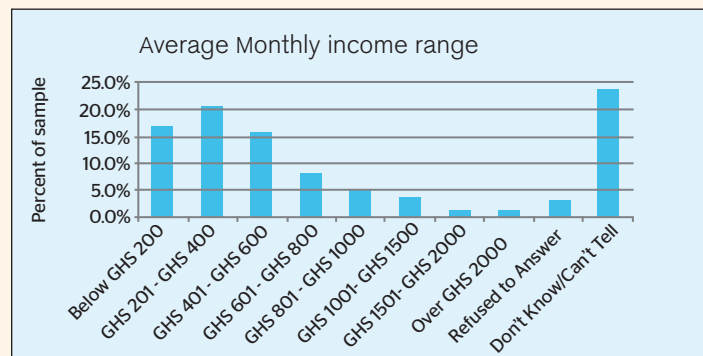
Majority of the sample have received some education. While roughly 62 percent of the sample reported receiving education between the primary and secondary level, most of the respondents in this range had completed middle school (35 percent of the total sample). Of the roughly 10 percent of the sample that reported at least some tertiary level of education, roughly half had pursued a certification program rather than university. Average household size was noticeably larger in Tamale and Techiman than Aowin and Ho and was consistent with what had been measured at the baseline. In terms of earnings, more than half the sample earns less than GHS 600 per month.

Table 7: Quantitative Sample Education Levels

Education Level	Percent of Sample
No formal schooling	17.95%
Up to primary level	10.37%
Up to secondary Level	61.91%
Up to tertiary level	9.77%
Grand Total	100.00%

Table 8: Quantitative Sample Average Household Size by District

District	Average Household Size
Aowin	5.67
Ho	4.54
Tamale	7.68
Techiman	7.35
Grand Total	6.31

Figure 2: Quantitative Sample Monthly Income Range

There was an increase in the percentage of respondents from the pre to post period that reported using one of four financial services (banks, susu-collectors, microfinance institutions, or insurance products). There were particularly large increases in the number of respondents reporting using susu-collectors and those who purchased insurance.

Given the focus of this project, the 18 percent increase in the number of respondents who reported buying insurance is of special interest. Further analysis showed that almost all the growth in this figure resulted in people registering for that National Health Insurance Scheme (NHIS).

Table 9: Quantitative Sample Financial Service Use

Financial Service Used in Past 12 Months	Pre	Post
Bank Account	48.80%	49.05%
Susu	36.29%	46.11%
MFI (Micro Finance Institution)	10.18%	13.01%
Insurance	59.52%	77.57%

Table 10: Quantitative Sample Insurance Purchasing Behaviour

Insurance Purchased in the Past 12 Months	Pre	Post
NHIS	57.33%	75.07%
Pension	1.69%	1.50%
Funeral	4.49%	5.88%
Fire Property	0.90%	0.60%
Motorcycle	2.19%	3.69%

Knowledge of Insurance

Descriptive Statistics

Out of the total 1003 endline respondents, 402 listened to only the radio elements, either jingles and/or radio drama, of the campaign. 38 participated in the roadshow, while 69 were exposed to both the radio and roadshow. Of the total endline respondents, 107 did not experience campaign measures but stated having received insurance information from other sources, mainly, insurance agents, TV and relatives. 387 respondents did not receive any insurance information during the study period (see Table 11).

Table 11: Quantitative Sample Level of Campaign Exposure

Level of Exposure	Count	Percent of Sample
Radio	402	40.09%
Roadshow	38	3.78%
Radio and Roadshow	69	6.88%
Other Exposure	107	10.67%
No Exposure	387	38.58%
Grand Total	1003	100.00%

To quantitatively assess the impact of the campaign on level of insurance knowledge of the participants, multiple analytical measures were applied.²

After calculating the baseline and endline knowledge indices, a marginal positive change of 0.0282 as the mean of all KI changes was observed. The change in the KI ranged in its extremes between -0.41 and 0.57, which means that, one respondent showed a reduction of 0.41 in their knowledge index, while one respondent showed an increase of 0.57 in their knowledge index (as shown in Table 12). Thus, on the average, a strong positive trend of knowledge increase cannot be stated.

Table 12: Descriptive Statistic for Knowledge Index

	N	Minimum	Maximum	Mean	Std. Deviation
Delta_knowledge index	1003	-.41	.57	.0282	.16126

Table 13 shows the distribution of negative and positive changes in the knowledge index from baseline to endline.

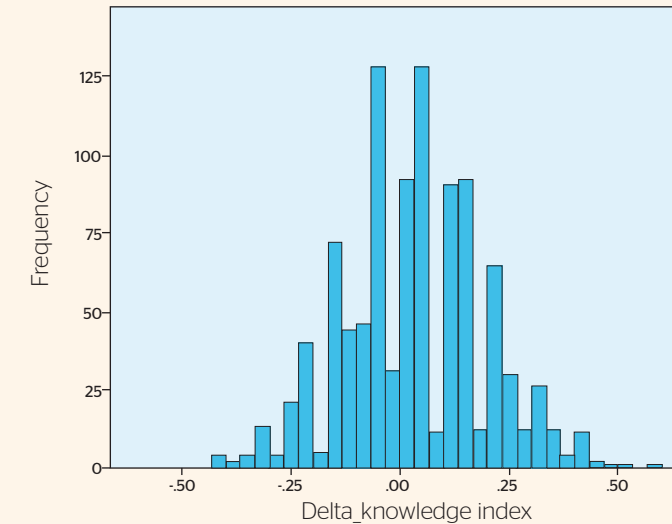
Table 13: Change in Knowledge Index

Delta	Frequency	Percent	Cumulative Percent
Negative	414	41.3	41.3
Positive	538	53.6	94.9
Neutral	51	5.1	100.0
Total	1003	100.0	

The table above shows that the distribution of negative and positive signs is almost symmetric. From the results, 41.3% of the respondents had a lower knowledge index for the endline compared to their baseline index values while 53.6% had a higher knowledge index for the endline compared to their corresponding baseline index values. This shows that, the positive changes in the knowledge index were almost offset by the negative changes; leaving a relatively small overall change in the knowledge index.

The histogram below gives a pictorial view of this distribution

Figure 3: Distribution of Knowledge Change



Analysis of Variance

Running the ANOVA for the knowledge indices, shows that all the measures had a positive mean change in the knowledge index with the exception of the 'Roadshow'. The measure 'Radio and Roadshow' recorded the highest mean change of 0.0591. This may be an indication of an additive effect in measures. The second highest mean change was observed in 'Radio' being 0.0326. In contrast, the change in mean for the 'Roadshow' is negative. However, it is comparatively small and could be due to the small size of the sub-sample and thus be just a statistical effect of sampling (see Table 14).

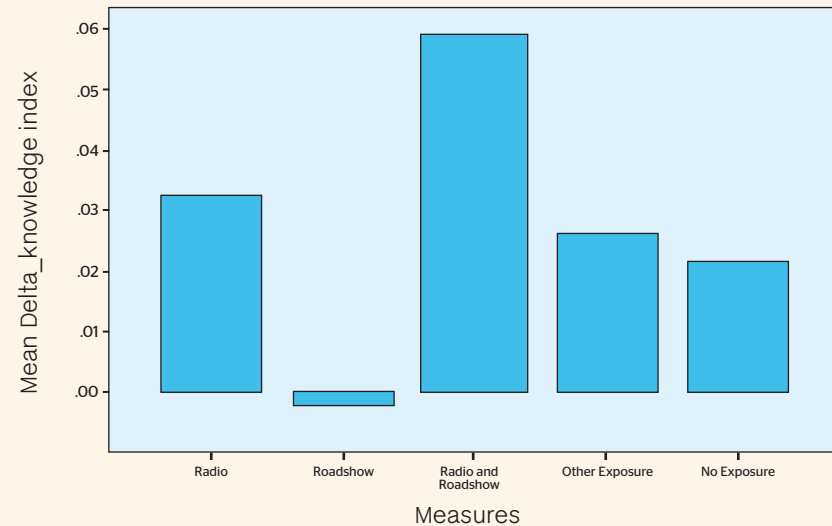
Table 14: Knowledge Mean Change for the Various Measures

Measure	Mean	N	Std. Deviation
Radio	.0326	402	.16605
Roadshow	-.0021	38	.14389
Radio and Roadshow	.0591	69	.14820
Other Exposure	.0259	107	.16635
No Exposure	.0216	387	.15836
Total	.0282	1003	.16126

² Index calculations, descriptive statistics and ANOVA

A graphical illustration of the mean change is shown in the figure below.

Figure 4: Knowledge Mean Change for Various Measures



In the ANOVA model used, the null hypothesis assumes that the mean index change for all measures is equal. The null hypothesis is tested using an 'F-statistic', which compares the variability within each treatment group to the variability between treatment groups. The larger the value of the F-statistic, the more likely it is, that the null hypothesis can be rejected. The analysis shows that on a 5% significance level the null hypothesis cannot be rejected, which means that, statistically, there is not enough evidence to conclude that one of the measures applied is reliably more effective, to positively influence insurance knowledge than another measure (for ANOVA test results see Annex 1 and for the multiple comparison see Annex 2).

Conclusion

The results of the analysis of the knowledge index found little quantitative evidence to show that the campaign had a consistent, positive impact on insurance knowledge, as the overall mean changed by 0.282, only. This is due to the rather symmetrical distribution of knowledge changes amongst the sample, in which strong gains are neutralised by severe losses. The loss of knowledge, is of course puzzling, taking into consideration that knowledge is usually not lost when an individual obtains more information but may rather be confused. 41.3% of the respondents showed a negative mean change in the knowledge index, which is inconclusive and cannot be explained statistically with the applied analysis.³ It can be assumed that important external

³ To identify the possible items that influenced the negative mean change, an item analysis of the sub-indices for the knowledge index was carried out. The analysis revealed that the loss of knowledge even occurred with respondents in the communities who were not exposed to any measure (see Annex 3).

factors (e.g. other awareness or promotion related measures, coincidentally running at the same time among some representatives of the target group) have not been incorporated into the statistical model, which must be subject to further investigation.

It must be noted that the small size of the sub-samples (e.g. only 38 roadshow participants) limits the validity of the analysis, thus stated results and interpretations should be extrapolated with care.

Notwithstanding the data integrity issues that have been uncovered with the negative knowledge indices changes, there is a positive, albeit small, aggregate increase in the knowledge indices scores for each measure or campaign exposure except for the measure 'Roadshow'.

Attitude towards Insurance

Using the same approach as in the knowledge indices calculation, comparing endline to baseline indices, a positive change in the mean was observed. Across the overall sample, the mean change was 0.0408. The attitude index ranged between -0.32 and 0.45 (see Table 15). The standard deviation is 0.12847.

Table 15: Descriptive Statistics for Attitude Index

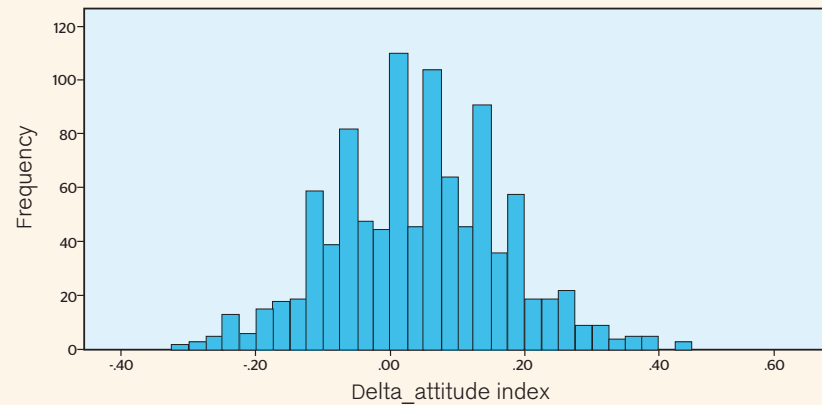
	N	Minimum	Maximum	Mean	Std. Deviation
Delta_attitude index	1003	-.32	.45	.0408	.12847

Table 16 shows a distribution of negative and positive changes in the attitude index from baseline to endline.

Table 16: Change in Attitude Index

Delta	Frequency	Percent	Cumulative Percent
Negative	354	35.3	35.3
Positive	594	59.2	94.5
Neutral	55	5.5	100.0
Total	1003	100.0	

As previously observed with the knowledge index, the distribution is almost symmetric. 35.3% of the respondents had a lower attitude index for the endline compared to their baseline index values while 59.2% had a higher attitude index for the endline compared to their corresponding baseline index values.

Figure 5: Distribution of Attitude Change

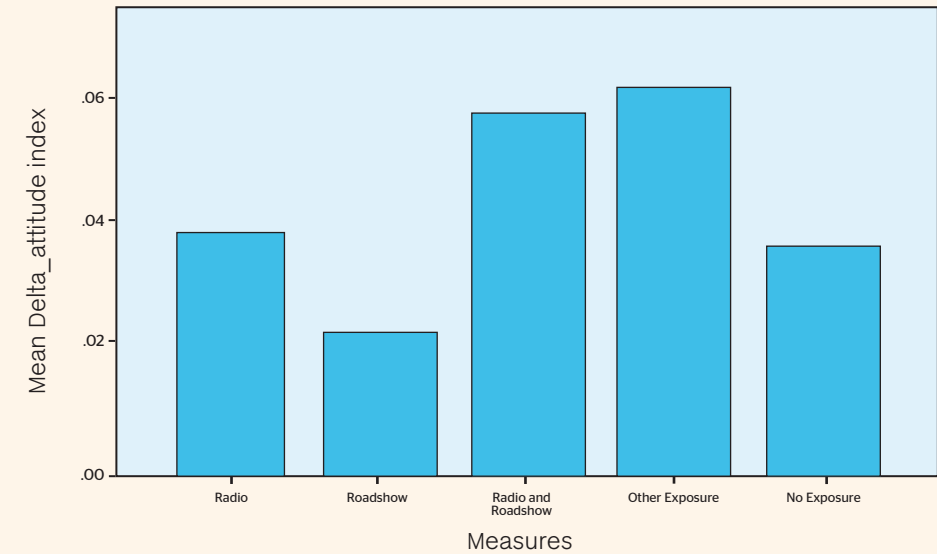
Analysis of Variance

Table 17 shows that all factors had a positive mean change in the attitude index. Interestingly, the measure 'Other Exposure' recorded the highest mean change of 0.0612, this was followed by 'Radio and Roadshow' recording a mean change of 0.0572, then 'Radio', 'No Exposure' and 'Roadshow'. The category "Other Exposure" has not been specified more precisely in the context of the enumeration; however results from the FGDs revealed that word-of-mouth in the community and from family members, as well as experience with other insurance services might have had an impact on attitudes as well.

Table 17: Attitude Mean Change for Various Measures

Measure	Mean	N	Std. Deviation
Radio	.0386	402	.12561
Roadshow	.0226	38	.14187
Radio and Roadshow	.0572	69	.13756
Other Exposure	.0612	107	.12438
No Exposure	.0362	387	.12931
Total	.0408	1003	.12847

To graphically highlight the attitude mean changes of the campaign measures, the figure below was plotted.

Figure 6: Attitude Mean Change for Various Measures

The ANOVA, as in the case of the knowledge index, could not separate the mean levels. There is no significant difference between any two measures. That means one cannot conclude that one campaign measure is superior to another (for ANOVA test results see Annex 4).

Conclusion

Multiple quantitative indicators suggested that respondents' attitudes towards insurance did improve by 0.0408. The story is similar to that of the knowledge index: a small increase across all groups, with the differences too small to conclude that one measure is superior to another.

QUALITATIVE RESEARCH RESULTS

Focus Group Discussions (FGDs)

The qualitative outcomes are based on FGDs with groups of six to ten respondents, which were conducted in five communities across the four pilot districts (Table 18 and Table 19). The composition of participants in the FGD was heterogeneous, cutting across various occupational sectors. The overall aim of the FGDs was to acquire a broader understanding of the (financial) risks management measures used by respondents and the attitude towards insurance.

Objective of the qualitative analysis was to triangulate information received from the quantitative analysis and to confirm conclusion. However, it has to be underlined that

FGDs were conducted before finalising and concluding on the quantitative findings from the survey. Thus, certain questions coming up during the quantitative analysis could not be tested or investigated during the FGDs.

Table 18: Structure of the Baseline FGDs

District (Community)	No. of Participants	No. of Males	No. of Females
Aowin District (Boinso)	9	7	2
Ho Municipality (Ho-Bankoe)	9	5	4
Tamale Metropolis (Lamashegu)	6	6	0
Tamale Metropolis (Comparison Group: Dungu)	6	0	6
Techiman Municipality (Aworowa)	10	5	5
Total	40	23	17

Table 19: Structure of the Endline FGDs

District (Community)	No. of Participants	No. of Males	No. of Females
Aowin District (Jema)	7	2	5
Ho Municipality (Shia)	7	1	6
Tamale Metropolis (Lamashegu)	10	10	0
Tamale Metropolis (Lamashegu)	10	0	10
Techiman Municipality (Aworowa)	11	5	6
Total	45	27	18

Table 20: Age and Gender of Baseline and Endline FGDs

Phase	Average Age	Gender	
		Female	Male
Baseline	37.8	42.5%	57.5%
Endline	35.6	40.0%	60.0%
Total	36.6	41.2%	58.8%

Money and Risk Management Behavior

In the baseline, participants emphasised that their big financial decisions concerned the future of children (education and school fees) as well as housing, utilities, and feeding the family. The endline participants did not address their priorities with as

much precision as the baseline group, but their concerns focused on contributing to social gatherings, the future of children, and the health of family members. More endline participants commented on how decisions were made in their households.

While discussing large financial decisions, very few participants suggested that they took any steps to manage risk, though one participant in Aowin had this to say:

I divide the money I get at the end of the year into three parts. I use one part for investment for that I can get money from it. The second part is used for 'day to day activities'. The other part is used to solve unforeseen events like accidents, but I do not discuss it with anyone. - Male, 27, teacher.

The Tamale groups agreed in the endline that most decisions are taken by the head of household rather than jointly, while views in the Ho group were more mixed, as this commenter illustrates:

Since the men are the head of the family, they make the decisions. But in some places, women make the decisions on behalf of their husbands. So we may say both men and women make the decisions in the family. - Male, 54, farmer.

The view that men and women shared in decision-making was more common during the baseline and in districts outside of Tamale and Ho during the endline.

Understanding of and Attitude towards Insurance and Insurance Companies

Participants in all endline FGDs had some understanding or a good understanding of insurance, while the best knowledge overall was shown by participants in Techiman, and less knowledge among Tamale females and in Ho-Shia. This excerpt from the discussion in Techiman shows the level of knowledge that the participants displayed. The responses below are taken directly from the discussion in the order they were made:

Insurance is about getting reimbursement based on the money (premium) you pay to the insurance company. - Male, 36, farmer;

Insurance is important because if my shop is destroyed by fire and I have insurance, they will rebuild my shop for me. - Female, 27, seamstress;

You can always withdraw all of your savings for whatever purpose but your insurance premiums are not withdrawn but used in helping you when you have encountered a difficulty. - Male, 53, farmer.

There were no groups at the endline which thought that insurance was difficult to understand or which confused insurance and savings. In the baseline, these attitudes were recorded in Tamale. However, Tamale females favoured the ideas of minimizing risk and preparing for risk more than men, saying that they would purchase insurance to minimise risks that they faced.

Attitudes towards insurance were more positive in the endline than the baseline, and those who were positive were generally more enthusiastic about it. Moreover, more participants in the endline than the baseline insisted that insurance is appropriate and important for poor people:

It is very necessary for us who do not have money; those of us who have lost our father and have no one. Female, 27, unemployed.

Even Tamale females who lacked insurance knowledge at the endline were very positive about health insurance. Significantly, fewer people at the endline felt that insurance procedures were difficult.

However, attitudes about insurance companies remained mixed. Participants in Techiman and Ho were critical of insurance companies based on experiences with NHIS, however, while participants in other FGDs did not. For example, in Aowin, clients agreed that insurance companies were helpful:

They are a group that helps. The Bible says that "cast your bread upon the waters and you would reap one day." - Male, 60, farmer.

One thing that did not change from baseline to endline was the influence of word-of-mouth and the importance of interactions that people had about insurance with others in their networks. The negative response to NHIS in Techiman and Ho reflects this. By contrast, in Aowin the overwhelmingly positive attitudes about insurance and about insurance companies seem to be the result of interactions with a local insurance agent:⁴

With Disco, it is not difficult because he often comes here. We have not participated in his (insurance scheme) because we do not have enough knowledge of what he offers. - Male, 30, businessman.

In fact, while participants at the endline were still critical of insurance companies for opaque claims procedures, they were as critical of their lack of efforts to raise awareness:

All the insurance companies that are around here did no engagement with the community, we have no idea how they came in, the policies they offer, [or] what they intend to do. We are not stakeholders... - Male, 35, NGO officer.

In the majority of FGDs, respondents could name multiple insurance companies active in their communities. The exceptions were in Ho, where respondents claimed that no companies were active, and in Aowin, where participants knew of a very active agent or broker but could not name an active company. In fact, some thought that "life insurance" was a company name.

⁴ Ghana Union Assurance (GUA) conducted a product launch in Aowin in late February to mid-March, 2014, which included information sessions and a product brief. According to the FGD participants, the agent may work for GUA.

As in the baseline, many respondents at the endline reported owning insurance policies. The participants reporting ownership of the most policies were the Tamale male group and the Techiman group. The most popular policies were NHIS, life, motor, and educational. Unfortunately, it was not possible to verify the reports given by the participants.

Responses to the PromIGH Campaign

The movie received a very strong positive response from respondents who were exposed to it, namely those in every FGD except the Tamale female group, who were nonetheless very enthusiastic about purchasing insurance. The strongest positive response was in Aowin, and there were no negative views about it:

The insurance that (one would) buy for children's education is really a helpful one, if the man wasn't having that policy, the future of her young child would have been diverted to a wrong path. - Male, 20, trader.

I will recommend the movie to everyone to help them understand how insurance works. - Female, 27, seamstress.

The radio content, by contrast, seemed to reach considerably fewer FGD participants, and many were unaware of the programming. This may in part be because the jingles were short and the radio drama aired only in Tamale and only in July to August of 2013. However, participants in Ho felt that the radio programming was very helpful in understanding insurance, as shown by the comments of one participant who showed an understanding of the issue of fraud by insurance clients:

I have seen a trend where there are some [customers] with insurance companies that are not truthful or regular with their contributions. That is, they pay today and do not pay the next time but when an accident occurs they try to force the companies to help them. - Male, 54, farmer.

While the endline FGD respondents showed a more positive attitude towards insurance than those in the baseline, many were reluctant to comment on whether the PromIGH campaign had impacted their awareness. The evidence elsewhere in the FGDs suggests that the campaign had, in fact, improved attitudes towards insurance and insurance companies and changed behaviour. The most significant comment probably came from a participant in Ho:

Please, the movie we watched the last time helped me to win one soul for insurance, because my mother's health insurance expired and she wasn't going to renew it again because she has never [gone] to the hospital after registering. But I explained the movie to her... She had a change of mind and hence renewed it. - Female, 43, trader.

It is not expected that every road show attendee would have a similar response. However, the overall positive reaction to the movie and the qualitative change in

knowledge and attitudes from the baseline to the endline suggests that the PromIGH campaign, and particularly the radio programming, had a positive impact on insurance awareness of its audience.

Conclusions

The qualitative FGDs showed that participants at the endline did not show different approaches to household money management and general risk management behaviour. Endline participants also did not necessarily know more about the variety of insurance products available. However, endline participants were more knowledgeable about insurance processes as a whole, and their overall attitudes towards insurance were more positive. Endline participants also viewed insurance as something that low-income people could use, while baseline participants tended to view it as a financial service for rich people. Endline participants were also able to name more insurance companies in their area, though they were just as susceptible to word-of-mouth in shaping their opinions of companies and tended to have low levels of trust towards insurance companies. An important component of their criticism of companies was the lack of outreach performed to inform the public about insurance. Significantly, the most positive views about insurance were found in Aowin, where an active GUA agent was repeatedly mentioned without prompting by participants. Overall, it appears that the PromIGH campaign had a positive impact on the knowledge and particularly the attitudes from baseline to endline, but that further educational efforts coordinated with product promotions are required to ensure the uptake of risk management behaviours.

Advocates FGDs

The advocates who participated in FGDs and interviews about the campaign were generally positive about the experience, though there were some variations in their response to the training and especially in their subsequent community outreach efforts. Most advocates admitted that their knowledge was low in two key areas prior to the training: knowledge of the types of insurance, and knowledge of the difference between insurance and microinsurance:

Microinsurance is insurance for poor and common people whereas general insurance is for the big and rich people in the cities with big, big companies. – Aowin FGD.

In the training we were exposed to the diversity of insurance policies. Initially some of us thought that insurance was a one policy-item. But during the training we got to know that insurance comes in many policy forms. – Aowin FGD.

The two most empowering pieces of knowledge, however, were that a regulatory body existed to receive complaints about the industry, and that it is possible for citizens to distinguish between real and fraudulent insurance companies:

We learned about how to assess the genuineness of an insurance company, whether licensed by government or not; whether the agents are certified and accredited agents or not. – Aowin FGD.

The final learning was the most powerful because it helped build the capacity of advocates in a critical way. It allowed them to directly address the biggest barrier to insurance awareness that they faced personally and in educating their constituencies, which is lack of trust:

We can now distinguish between fake insurance companies and genuine ones. In sum the most useful part to me was the awareness created... we've acquired knowledge – that is power to monitor and guide our communities against fraudsters. – Aowin FGD.

Knowing how to distinguish between genuine insurance companies and fraudulent ones gave advocates confidence in responding to sceptical community members, who were then more open to receiving knowledge about how insurance works, what types are available, and who can benefit from it. In effect, it empowered advocates to change community attitudes about insurance companies.

An assemblyman from Aowin illustrated the power of this knowledge with a brief story about how he put it into action, demonstrating his increased capacities to intercede in defence of his community's interests:

Just recently ELAC [Enterprise Life Assurance Company Ltd] agents came around to sell insurance policies. I summoned the agents to my office, sat them down, and I engaged them intensely... They encouraged me to continue the good work as a community leader, since by so doing I could prevent fraudsters from coming to dupe the local communities as insurance workers. They were surprised, and encouraged that a local, rural folk would subject them to critical questioning, in a way that even relatively more enlightened city dwellers wouldn't. – Aowin IDI.

This story shows that assemblymen trained as microinsurance advocates have great potential to help reduce fraud and change attitudes in their community. The significance of this finding must be considered in light of the fact that a) most participants who felt this to be important came from Aowin, and b) an insurance agent was part of the training and FGD in Aowin, which may have affected respondents' willingness to discuss the perceived shortcomings on insurance companies.

Few advocates had complaints about topics they did not understand after the training, but an advocate in Ho stated that he needed further information about the difference between insurance and microinsurance, which seems to be an isolated instance given the number who stated that this was important knowledge that they had gained during the training.

Advocates also discussed the advantages and disadvantages of the microinsurance awareness training. The main advantages they discussed involved the knowledge they

gained about insurance, though some advocates also felt that making an action plan and learning how to sensitise the public was important.

Advocates had more to say about what could be improved in the training. Their main suggestions were to make the training longer to allow for more in-depth coverage of the issues, to provide them with the resources to screen the movies in their communities, and to increase the compensation that they received to make up for their lost income generation while they were at the training.

The monitoring activities provided the best opportunity to gather information about how advocates followed up on their training with educational activities in their communities. Based on their self-reporting, advocates in Ho and Aowin were the most active, while Tamale advocates did the least, which is interesting given that no microinsurance products were available in Ho at the time of the monitoring activities. Nonetheless, advocates used a variety of methods to spread awareness. Radio was one of the most popular channels, with broadcasters and assemblymen in particular taking to the airwaves to spread information about microinsurance. Community meetings were also popular, and assemblymen, broadcasters, and interest group leaders all led meetings for their constituents about the topic:

First, I started with the women's groups in my area. They have their regular meeting days. So I put in a request to join them for a platform to talk to them... I think I met them thrice. – Tamale FGD.

The reality of our unplanned future was also vividly captured during the movies. It had such an impact on me that when I got home I went to my pastor to arrange for me to talk to the women's fellowship of our church... He allowed me to lecture them as you did to me on three occasions. Someone even composed a catchy but simple local song on microinsurance in the second and third meetings. – Ho FGD.

While most advocates chose to disseminate the education broadly in their communities, one Aowin advocate was more targeted in approach:

I've been targeting key personalities for education, so that in my absence, if insurance agents come around for sales, or if our community opts for any insurance company these individuals I've taught about microinsurance could police the peoples' interests... It (is) these privileged few of educated people who could, excuse my language, teach our mothers and fathers who didn't get the opportunity to go to school. – Aowin FGD.

In effect, this advocate chose to train other, local advocates rather than teaching communities directly. There is no evidence as to whether or not this approach was effective, however, or how the two methods compared in terms of impact.

When asked for final thoughts, many advocates requested further resources from GIZ. However, two advocates had particularly substantive ideas. One felt that GIZ should approach schools rather than going to adult community members, perhaps

not understanding the challenges that are involved in including any type of financial education in the school curriculum. The other substantive comment regarded GIZ's role as an intermediary between the community and insurance companies:

It is difficult to reach the insurance companies. So you have to help with the linkage between the local communities and the insurance companies. If you don't do that bridging, nobody will wake (up) and say I'm going to the insurance companies. – Tamale FGD.

This appeal was only expressed in Tamale, but it suggests that insurance companies continue to be perceived as distant and removed from the communities they could be reaching, and work remains to bridge that gap.

Conclusions

Advocates gained information from their training about the types of insurance and the difference between regular insurance and microinsurance. They were more excited, however, about the increased capabilities to distinguish between genuine and fraudulent companies, and their ability to appeal company decisions to the NIC. They identified these capabilities as ones they could apply and share in their communities more readily than the other information they learned in the training, because they perceived a lack of trust of companies in their communities and a need to protect their constituencies from insurance fraud. Most advocates claimed to have disseminated information about risk management in their communities, using a variety of channels to educate their communities about insurance, including group meetings, radio, and training other local advocates. They perceived a continued need for an intermediary to communicate with insurance companies, suggesting that there is a continued need for education until companies are able to establish agents with quality microinsurance products in the field.

Jingle Listener FGDs

The majority of listeners in the FGDs in Techiman and Aowin had a low knowledge of insurance prior to the airing of the jingles, and almost none knew about microinsurance, even those that could list 4-5 types of insurance. Listeners did gain some information about insurance from the jingles especially that it is a risk management tool, and that it is accessible to everyone:

Disaster can happen, and if you don't have anybody to fall on [to help you], you can be miserable. However, if you have insurance, the insurance people will come and help you. – Aowin FGD.

This finding suggests that the jingles did raise awareness about the purpose of insurance in the communities where they aired. Most of the jingle listeners in the FGDs also understood that there are now insurance products that they can afford:

Micro focuses on poor people and those who earn small, small income, and are not working with the government. – Aowin FGD.

However, many were still confused about the difference between insurance and microinsurance, and about how to purchase it:

I heard the words insurance and microinsurance, and “microinsurance” was very new to me. Please what’s it? – Aowin FGD.

Please is the government going to run this new microinsurance like NHIS? – Techiman FGD.

Given the duration of the jingles and the limited information that they could provide, this is not surprising, and points to the need for either further educational efforts or follow-up on behalf of insurance companies.

The jingle listeners in the FGDs had positive views about the jingles in terms of content and entertainment value. For instance, in Techiman, one listener’s children even took a liking to them:

The kids in my house became used to the lines. So when they played them, the children recited after them. This is an example to show that the jingles went down well, even among children. – Techiman FGD.

More importantly, most listeners felt that the information provided by in the jingles was useful, and helped to change their minds about insurance:

Insurance is good despite some inefficiencies on the part of insurance companies. It will also be exciting to join the new version in Ghana – microinsurance – to protect our future. – Techiman FGD.

I was at the station when a GUA guy [an agent named “Disco”] came and ask me to tune into Trikkie for some jingles, then after listening to it a couple of times, I realised that my interest in insurance was coming up so I called them... Disco and his boys came around one market day and explained everything to me. They also gave me some of the brochures donated by GIZ. – Aowin FGD.

Several jingle listeners also spread word in their communities about what they had learned. Some shared the information with their families and with church groups. One listener in Aowin amplified the message through his child’s school:

In fact I later got a photocopy of the NIC brochure. I gave it to my elder son, who is a student. He also gave it to his teacher. The teacher came to ask me where I got it from, saying if he knew [about the NIC] and the role they play he would have brought them here to arrest lots of bad insurance agents who come here during the major cocoa season to dupe innocent people. Later I was told that the school has made extra copies

and they have since explained insurance and the role of NIC to most of the kids to also explain to their parents, especially illiterate ones. – Aowin FGD.

A number of jingle listeners said that they planned to purchase insurance, but it is not possible to follow up in order to know whether they did so or not.

Jingle listeners had recommendations for changes to the programming, but their feedback is synthesised with the feedback of radio drama listeners and radio broadcasters.

Conclusions

Jingle listeners in FGDs showed some knowledge of insurance and understood that there were types of insurance that were appropriate for low-income people, but some did not understand the term “microinsurance”. Listeners seemed to have generally positive views about insurance, but remained wary of companies because of negative word-of-mouth. Some of the participants reported that they shared the jingles or the information from the jingles with friends or family, suggesting that an effective educational campaign can spread positive attitudes about insurance. Overall, the jingles appear to have increased the overall superficial awareness of and openness to insurance, but further informational efforts are required to significantly change levels of knowledge and attitudes about insurance.

Drama Listener FGDs

FGDs with radio drama listeners were held in Tamale, where the drama was broadcast by Radio Savannah. Drama listeners were better able to articulate the purpose of microinsurance than jingle listeners:

I don’t know much about it, but from the drama it appears to me to be a new type of insurance for common people? People who are into petty trading - mechanics, tailors, traders, butchers, and so on and so forth. – Radio drama male FGD.

Insurance is saving towards the future. You can do it for your children, husband, or even your friends. – Radio drama female FGD.

I think micro is for small traders, sellers, and simple, simple businesses. No matter your business engagement anybody could afford microinsurance. – Radio drama female FGD.

The drama listeners also had positive things to say about the quality of the drama. They praised the actors but also the fact that the use of the local language made the drama more effective:

It was interesting because the characters in the presentation used local, indigenous expression so the message came clear. The humour also made the message not boring (and) then the message carried too was crucial. – Radio drama male FGD.

The feedback from listeners about language in the dramas contrasts with that of broadcasters, who were more critical.

The fact that the drama was accessible and clear to listeners made the messages more effective. Listeners were able to articulate the lessons they learned from the drama during the focus groups:

Accidents are part of human life, although we all don't want it. It could happen to anybody including me. So the message the drama gave was highly useful. – Radio drama female FGD.

As I listened to the drama, I realised that I was making serious mistakes. I can die right now, though God forbid. Also fire and water can do me much harm. These people are here to help and yet most of us didn't even bother to find (out what they do). – Radio drama female FGD.

There were drama listeners who said they were motivated to act on its messages, but they tended to be female. The most significant example comes from a woman who engaged her husband in a discussion about insurance after hearing the drama:

After listening together with my husband we have decided that today, today if an insurance company comes to this place we will [purchase] some. My husband is cargo truck driver. He never knew anything about microinsurance. So after listening to the radio drama... he developed interest, and together we've decided to [purchase] some for the sake of the children's education. – Radio drama female FGD.

The drama listeners had suggestions for improvement to the programming, which is consolidated with the feedback from radio broadcasters.

Conclusions

Drama listeners showed higher levels of knowledge and better attitudes towards insurance than jingle listeners, and a higher knowledge of the difference between insurance and microinsurance. Female drama listeners tended to be more open to messages about protecting their families from risk, and more interested in health insurance in particular. Several listeners claimed that they were going to purchase insurance, though it is not possible to confirm that. Finally, the listeners had positive responses to the presentation of the programming, affirming that the use of local language actors made the drama accessible and clear to them.

Radio Staff Interviews

Radio broadcasters were interviewed as part of the monitoring activities, and they had different levels of interaction with the programming. Most were staff members of stations that aired the jingles and drama, some were trained as advocates, and one was part of the team that recorded the drama. Because of this, and because they

worked in different regions and with different types of stations, their responses varied to the radio campaign.

Being radio professionals, they were articulate advocates of using the medium to communicate with the Ghanaian public, and especially with the rural populace:

Listening by the eye is only for the educated because they can read. But there are people who can't read; they have to listen by the ear – and that is radio, or where radio comes in. – Radio Savannah IDI.

Most of the farmers go to farm with their portable sets (which normally use two or three dry cell batteries); these are fairly affordable (for) even the poorest farmer. – Trickie FM IDI.

First, radio reaches far and near. Secondly, radio can help you disseminate information quickly. – North Star Radio IDI.

People identify with radio – especially those broadcasting in the local languages. – Adepa FM IDI.

It is not surprising that radio professionals would endorse their medium as a way to reach the populace, of course. But for an awareness campaign, they must also be reasonably well informed about its purpose and content to be effective. Overall, this was the case, as demonstrated by the interview with a broadcaster from Volta Star Radio:

With microinsurance, I see that those in the informal sector can also contribute on small basis; because one of your jingles likens it to a calabash of palm wine. The palm wine you buy every day if save it (that money) every day you can undertake a policy. It actually opened my mind that, when it comes to microinsurance, you really don't need to be formally employed before you can contribute. – Volta Star Radio IDI.

There was one exception, a broadcaster in Tamale, who was not a trained advocate, and who felt that he was not familiar with microinsurance beyond the content of the jingles.

Broadcasters generally had a positive assessment of the overall quality of the jingles, particularly their entertainment value:

I give credit to those who did it: they were entertaining. – Volta Star IDI.

Your jingles were apt, catchy, and well professionally made. – Adepa FM IDI.

You perfectly blended information, education with entertainment. – Trickie FM.

Again, while these comments were positive, they should be taken with a grain of salt. In fact, their suggestions for improvement, discussed in the next section, tended to focus on increased airing of the jingles.

It is important for broadcasters to understand the content of a campaign because this allows them to effectively explain its purpose and objectives on-air and off-air, as broadcasters are seen as sources of knowledge in the community, whom people turn to for advice on a variety of issues. In IDIs, most broadcasters were able to articulate the benefits of microinsurance and had increased confidence to explain all aspects of insurance to listeners:

Initially I also had very negative perception about insurance because of how others testified bitterly about it. But coming into contact with this GIZ insurance campaign, my understanding and appreciation about insurance has improved tremendously. Now we sit on radio with confidence to talk about insurance and also microinsurance. – Trickie FM IDI.

Broadcasters had various methods of assessing the feedback of listeners to the radio programming, but most relied on personal contact with listeners via phone or face-to-face at the station or in the community. Not all of the feedback was initially positive due to audience members' ignorance of insurance or past experience with unscrupulous agents:

There is phone-in, then walk-in... then for the third option we have a suggestion box that allows people to put in their personal or individual concerns. – Radio Justice IDI.

Lots of people phoned in to make inquiries, including police officers and government workers. Fortunately I had the list of licensed companies by NIC, so I mentioned them on air to our listeners. – Adepa FM IDI.

What I even used to measure was instances where we were hosting health or sports program, the callers asked about the microinsurance information. For me that tells me something. Isn't it? – Trickie FM IDI.

People called us on phone, wanting to enter into microinsurance because the drama made it very appealing to their conscience. So it really helped them, and they are now interested in microinsurance. – Radio Savannah IDI.

There was one important exception to this, which was Volta Star. In the IDI, the broadcaster reported no inquiries by phone about the program:

I must be frank, we haven't. Usually for this if there is an information and people want more expatiation or where to go, then they fall on us. We could have also prompted the Programs Department to track; but as at now I haven't received any. – Volta Star Radio IDI.

Because of the variability of the responses and the subjective nature of most listener measurement, it is unclear what the actual audience response was because it was in the self-interest of broadcasters to report a positive and robust response to demonstrate the effectiveness of their stations.

Another measure of the impact of the radio programming was its effect on the broadcasters themselves. Some mentioned that they intended to find out more about insurance, while others went so far as to conduct awareness-raising activities on their own both on- and off-air:

The radio program I host has a segment called "Northern Connection." It focuses on development issues concerning Northern Ghana, so I intend to factor microinsurance aspects into it. That program has a wider appeal, especially among rural folks and those working in the informal sector.⁵ – Tunteeya Drama Troupe IDI.

Around September, we started a late slot on microinsurance, as a part of our social contribution. It was on the late afternoon drive. On this we give education, do some quick quizzes and gave out prizes. We had to stop around early November because we needed funds... to buy prizes for the winners. – Trickie FM IDI.

These activities suggest that broadcasters feel that the information on microinsurance provided through the PromiGH campaign has a real value for listeners, and that listeners are interested in it.

Overall, the feedback from broadcasters was positive.

Conclusions

Broadcasters were positive about the appropriateness of using radio to spread insurance awareness and about the overall quality of the PromiGH campaign. Broadcasters generally showed a good level of basic knowledge about insurance, as well. Most of their information about audience feedback was anecdotal, though overall it was positive. Several broadcasters reported that they felt the need to change their own risk management behaviour by purchasing insurance, and some reported engaging in awareness-raising activities on and off the air. Positive feedback from broadcasters tends to suggest that the campaign was a success from their point of view, but it should also be remembered that their organisations are paid to air programming and it is in their interest to encourage future airings.

⁵ This was the producer of the radio drama, who was interviewed in his capacity as director of the Tunteeya Drama Troupe, not in his function as presenter on Radio Savannah.

Participant Suggestions for Improvements to Radio Jingles and Drama

Suggested improvements from both listener FGDs and radio broadcasters covered a wide range of topics, including the airtime used, the timing of the broadcasts, the language of the broadcasts, and the diversity of messages used.

Radio jingles

The Techiman FGD participants did not offer any suggestions for improvements to the radio jingles, but the Aowin FGD participants had a variety of ideas. These included several comments about the timing of the spots, such as: broadcasting the jingles more times during the day; broadcasting them for a longer period; broadcasting in the evening when farmers are more likely to hear. Other comments suggested increasing the number of languages used in the jingles to reach more people and to diversify the jingles by presenting jingles with different messages:

They could have varied the story line, such that this month the jingles talk about fire insurance, next month death, and another month child education. In that case the jingle will cover a lot of issues that we need to know. – Aowin jingle FGD.

One listener objected to the perceived emphasis on death in the jingle, complaining “Is funeral the only thing we know in Ghana?”

Finally, some listeners argued that interactive programming would be more effective in drawing and maintaining listener attention, and in increasing the amount of information that could be conveyed, which suggests that listeners in Aowin would be open to the use of a drama.

Radio broadcasters by contrast, argued almost exclusively that more airtime was required to improve the campaign, either by intensifying the number of broadcasts per day or by extending the broadcast period. Broadcasters also argued that a more consistent schedule would be more effective:

You need to be consistent. If it's a three month's airing be consistent! But to do one month, break, come again the next two months and, so on and so forth, does not help at all! – Volta Star Radio IDI.

This participant also argued repeatedly that the jingles, while educational, need to encourage listeners to purchase microinsurance:

That's why as a radio expert, and a marketing executive, I sincerely feel there should have been a very compelling conclusion urging people to take microinsurance policies actively after listening to the jingles and your other interventions. – Volta Star Radio IDI.

This suggests that this broadcaster did not fully grasp the role of the jingles in the overall microinsurance promotion strategy. However, even after the interviewer explained PromIGH's role, he did not change his position on this point.

Finally, the North Star Radio participant felt that the actors in the Dagbani version of the jingle sounded like they were not locals, and had some difficulty with their lines:

In my assessment, I think the Twi version of the jingle was more educative than the Dagbani version. What I get from the clip was that those who translated the English version into Dagbani... you could see that they were finding it difficult to speak pure Dagbani as we speak it in Tamale here. – North Star Radio IDI.

Participants outside of Tamale made no comments on the linguistic features of the jingles.

Radio drama

Male radio drama FGD participants in Tamale had two main suggestions similar to those of the jingle FGD participants. They thought that the drama should have aired for a longer period of time and that the timing was poor given that the broadcast occurred during the Ramadan fast:

My wife and I accused each other of “breaking the Ramadan” because we were happily and noisily laughing when other were praying and concentrating. The airing kind of interfered with the long chain prayers fare-welling the Ramadan, so next time, check it carefully. The Radio Program Manager should have told you, since he is a Moslem and a deputy imam. – Tamale male radio drama FGD participant.

In spite of the problem that the timing posed, this participant's family was clearly entertained by the drama. This says positive things about the content.

Radio broadcasters' comments about the drama were similar to those about the jingles, and focused primarily on the idea that more broadcast time would improve the campaign's impact.

More interestingly, the Radio Savannah broadcaster suggested contracting with several stations at once for simultaneous broadcast of the drama:

We have radio stations that can work together. For instance, Radio Savannah can team up with Filla FM and Diamond FM. So if we decide to broadcast on microinsurance, say at 8.30 am, then we can do so from Radio Savannah and link the feed to both radio Filla and Diamond to broadcast at the same time for wider listenership and impact. – Radio Savannah IDI.

This strategy could be effective in achieving more breadth of coverage, but like increasing airtime, it would also require a bigger investment from the campaign.

Conclusions

Comments by listeners and broadcasters suggest that there is a desire for more airtime for the microinsurance campaigns from both stakeholder groups, though for different reasons. Timing was another issue that was brought up, and increased effort should be made in the future to avoid conflicts with religious holidays such as Ramadan. Coordination among radio stations in a district could also help to ensure the capture of a large audience during future broadcast campaigns.

CHAPTER 5: CONCLUSIONS

The monitoring and evaluation research suggests that the PromIGH microinsurance awareness campaign was successful in the districts in which it was implemented, in increasing insurance awareness among people who were exposed to it.

While many conclusions can be drawn from the campaign by PromIGH and its partners, main points from the evaluation research include the following:

- The results of the quantitative research showed marginal positive changes in both knowledge and attitude indices;
 - Knowledge: The analysis showed that all of the measures, but roadshow, resulted in positive changes in the mean of the knowledge index. The overall change is 0.0282. However, the ANOVA run to test if there are differences between the effects of the measures, did not yield statistically significant results. As the null hypothesis could not be rejected it cannot be concluded that one measure was superior to another in increasing knowledge.
 - Attitudes: All the measures yielded positive changes in the mean in the attitude index. The overall change was 0.0408. However, as with the knowledge index, the ANOVA did not identify significant differences between the effects of the measures.
 - Other external influences outside the scope of the campaign measures, e.g. information from TV, insurance agents and relations, might have also had an impact on the levels of improvements for these indices.
- The qualitative data suggested that participants who heard the radio drama or participated in the roadshow, showed a greater range of knowledge about and a more positive attitude towards microinsurance and insurance companies than participants who just heard the radio jingles;
 - It was observed that the radio jingles had a larger effect on participants' attitude than knowledge levels.
 - Advocates were enthusiastic in qualitative interviews about the campaign and their training.

- They cited their PromIGH training as the source of their information on how to provide members of their communities with consumer protection skills around insurance.
- Nearly half of the twenty-one advocates who participated in monitoring activities conducted awareness activities in their communities.
- However, some advocates were concerned that their active participation in training impacted their ability to engage in their normal income-generating activities.
- Radio broadcasters were positive about the quality of the programming and generally felt that the messages were well-received by the audience, though most did not use systematic audience monitoring measures; However, radio broadcasters also argued that the campaign ought to have run more consistently and for a longer period of time in order to have a greater impact.

These results suggest that the effect of the radio programming on increasing knowledge and enhancing attitude may exceed that of the roadshow, as the radio programming yielded positive results on both knowledge and attitude, although effects were not statistically significant. However, when combined, the two measures yielded more positive results on the attitude of participants rather than their knowledge.

The main conclusions from the monitoring data include the following:

- Most stakeholders are positive about increasing the airtime given to the radio portions of the campaign but radio broadcasters have self-interested reasons to make this recommendation, the opinions of listeners indicate support from the public for quality informational and entertainment campaigns.
- Investments in training advocates result in positive changes in attitudes among certain community members, though further monitoring is required to track their community dissemination effort.
- Efforts to localise campaign materials, particularly radio programming, were valuable in increasing the clarity and positive reception of the messages in spite of few criticism from broadcast specialists.
- Coordination of campaign messages across channels (radio, roadshow, advocates) and exposure timing could not be systematically tested due to the increased effort that would have been required to do so.
- Advocates were positive about the knowledge they received and were eager to use their knowledge to increase the level of trust in the communities towards insurance and legitimate insurance companies.

CHAPTER 6: RECOMMENDATIONS

Scale-up of the campaign should consider how to ensure that insurance knowledge is enhanced as the attitude towards insurance is also being improved. The recommendations include:

- Investigate how people within various communities (where insurance awareness is aimed at) learn and acquire knowledge about technical topics like insurance and which channels are best to communicate. This would be useful to understand the negative changes in the knowledge index over the duration of the campaign.
- Time radio messages carefully to ensure the fewest conflicts with local events or other exposure and the maximum exposure of the listening public.
- Involve insurance agents within the campaign; leverage good feelings from roadshow by facilitating interaction with agents from microinsurance distribution channels (MFIs, associations, rural banks, insurance agents) to clarify points of confusion about specific types of insurance.
- Focus campaign efforts in areas where insurance products are available and agents are in place: agents can answer questions and provide consumers with the products and services that the campaign has discussed. Increasing the availability of products and agents will minimise the lag time between the consumer's decision to act and when they are actually able to act on that decision. In addition, the campaign will be able to leverage existing microinsurance distribution channels, so that PromIGH's awareness raising activities are integrated with other structures such as insurance agents within MFIs and rural banks in the various communities.
- Link the campaign to consumer action: provide information at the end of each outreach activity on where, when and how they can sign up for insurance in their communities or obtain additional information. For example, directing them to follow up with the microinsurance advocates in their communities and providing them a list of their local insurance providers, organised by the products that they offer, and their contact information. Agents in NHIS district offices could also be leveraged as resources regarding health insurance.⁶ This will build on the interest and momentum from the roadshow and radio

⁶ Qualitative research results with FGDs revealed that NHIS enjoys high awareness amongst the sample of the survey. However, experience is mixed amongst the target group and negative experience and attitudes have an impact on insurance perception in general.

programming and provide consumers with the opportunity to immediately apply what they learned.

- Continued use of radio dramas: qualitative evaluation results indicate that radio dramas increased knowledge about insurance and improved attitudes towards insurance. Although the radio dramas aired only in Tamale, the results from the radio drama are promising, and the channel should continue to be part of the insurance awareness campaign as it is scaled up. Listeners should be directed to where they can get more information about insurance and the products available in their communities.
- Roadshow: roadshow also demonstrated impact on knowledge and more specifically on attitudes. The roadshow provided an opportunity for face-to-face engagement with consumers and to create buzz within communities that can then be followed up by advocates. Messages communicated in the roadshow should be closely linked with the radio programme so as to be a more clarifying medium of awareness creation.
- Explore use of alternate channels: an insurance awareness campaign shall be advised to revisit the option of showing movies on national or regional TV instead of using roadshow to scale up campaign. As the centrepiece of the roadshow were the movies, TV could broadcast such, reach more people, reduce costs of outreach per person, and eliminate the high level of coordination associated with arranging roadshow. TV can be used in conjunction with radio programming (other exposure proved to have yielded results in increasing knowledge). In addition, as SMS messaging grows in use as a communication mechanism, the campaign can explore how to leverage this channel to reinforce the four key messages of insurance campaign in the future.
- Advocates: while the evaluation research did not assess impact of insurance education delivered by advocates, the research does highlight the importance of word-of-mouth and the use of local networks in influencing attitudes of consumers.⁷ Advocates also present opportunities for consumers to engage them as local resources in which to direct their questions and provide additional information that otherwise might not be covered in other delivery channels. A future insurance awareness campaign may wish to examine the impact of the advocates' outreach to their communities more closely to determine whether to scale up the advocates training program. Should results from the advocates' outreach indicate positive changes in consumers' knowledge and attitudes of insurance, the campaign should examine the following issues with regards to scaling up the programme;

- Based on findings, develop a profile of the most active advocates to guide future efforts to recruit the most appropriate and motivated advocates for the campaign. Focus recruitment and support activities on these advocates.
- As part of their action plans at the end of the training, consider requesting the advocates include one activity that involves training for a certain number of additional people to act as advocates in order to increase the outreach within their communities. These advocates, ideally associated with organised groups, e.g. Susu, MFI loan groups, religious groups, can then spread the word within their own networks in their communities. Those multipliers who train other advocates could earn further distinction in their certificates as trainers of advocates.
- Involve advocates as much as possible in the rollout of the campaign's activities, including the promotion of the radio and road show events in advance within their communities.
- In order to make it as easy as possible for advocates to incorporate educational activities into their daily jobs after the one-day training, develop illustrated tools or posters that advocates can show to consumers. These illustrated materials will help facilitate discussions during their awareness raising activities in community meetings. The materials would also serve as a reference tool for advocates but can be used to show people with limited literacy outside of video screenings and radio programming. Those material would reinforce the four key messages of the campaign and perhaps illustrate general processes such as how to sign up for insurance or how to make a claim.
- Develop monitoring and evaluation mechanisms to determine the effectiveness of the advocates' activities, such as brief regular calls to advocates to record their reports on engagement activities and provide advice or other support.
- Identify ways to encourage advocates to remain active in their communities. This includes the additional follow-up and support that PromIGH provides advocates as they execute their action plans and if possible, keeping them informed or updated with new information regarding insurance, particularly regarding consumer protection as many advocates in the FGDs indicated their interest in this role of community watch dog against fraud.
- Cross-promotion: as the data suggests, jingles alone will not significantly increase knowledge of insurance, so it is important to link jingles to other

⁷ Advocates who conducted insurance education activities did not document the attendance, messages and results, accordingly, making it difficult to assess the impact of those activities.

sources where listeners can receive more information about insurance. Delivery channels can be used to cross-promote the financial education from the other channels. For example, jingles can refer listeners to the radio dramas for more information. Broadcasting of jingles can be more closely linked in terms of timing with the broadcast of the radio dramas, rather than as a stand-alone channel staggering the broadcast of jingles in three separate rounds. Likewise, advocates can also use the jingles during their training with community groups. Consider initiating contests for creating new jingles for each key message; prizes could be that the winning jingles are aired on the radio.

- Explore other stakeholders and financial education initiatives to leverage: industry bodies such as the Ghana Insurers Association (GIA) can take a larger role in supporting the PromIGH insurance awareness campaign through funding of activities, dissemination of the four key messages of the campaign through its existing channels or events such as “Insurance Awareness Month” and encourage its member institutions to also disseminate the messages or support the campaign.
- Monitoring and evaluation: a scaled campaign will pose greater implementation challenges and should be accompanied by increased monitoring activities. This will help implementers to identify and diagnose challenges to the campaign and to formulate solutions that are integrated geographically and across campaign channels. Monitoring results will also be helpful in documenting the increased outreach and impact of the scaled campaign.
- Data collection activities should also take place as soon as possible after campaign activities to ensure the highest degree of recall from respondents about their exposure to and knowledge of campaign content. The usage of FGDs together with the questionnaire during the evaluation led to clear interpretation of the qualitative data but left parts of the qualitative results which could not be explained. For future campaigns, it is advised to have FGDs before the baseline quantitative study to test learning techniques and the appropriate measures to facilitate learning among the target group. Another FGD shall then be done after the analysis of the quantitative data to bring insight into parts of the result that may be unclear.

DOCUMENTS REFERENCED

PromIGH Background Documents

GIZ. (February 2011). *Evaluation of Microinsurance Pilot Movie “Sika Wo Ataban”*.

GIZ. (n.d.). *GIZ “Promoting Microinsurance in Ghana” Thematic Study*.

GIZ. (January 2013). *Press Release: Ghana Microinsurance Day*.

Nyomi, S. (April 2012). *Report on Koro Wo Daakye Road Show Held in the Central and Western Region in March 2012*.

GIZ. (n.d.). *Roadshow Movie Summary: Koro wo Daakye (Protect Your Future)*.

Insurance Awareness Index Documents

Ackah, C., & Owusu, A. (December 2011). *Insurance Awareness Index: Assessing the Knowledge of and Attitude Towards Insurance in Ghana - A Pilot Study*.

GIZ. (n.d.). *Focus Group Discussion Guide Insurance Policyholders*.

GIZ. (n.d.). *Microinsurance in Ghana Questionnaire for Microinsurance Policyholders*.

PromIGH Project Documents

GIZ. (September 2013). *Advocates Sensitisation Report*.

GIZ. (February 2014). *An Update of Activities Conducted During the Microinsurance Awareness Campaign*.

GIZ. (October 2012). *PromIGH Concept Note (Draft): Insurance Awareness Campaign in 4 Pilot Districts*.

GIZ. (May 2012). *PromIGH Factsheet*.

GIZ. (February 2014). *PromIGH Timeline*.

GIZ. (October 2013). *PromIGH Update*.

GIZ. (June 2014). *PromIGH Work Plan*.

Microfinance Opportunities. (January 2013). *Microinsurance Awareness Campaign Recognizance Visit Guide*.

Microfinance Opportunities. (February 2013). *Microinsurance Awareness Campaign: Insights Gained from the Reconnaissance Visit, Ho District, Volta Region.*

Evaluation Documents

Kohl, K. (July 2013). *Insurance Awareness and Risk Management in Ghana: Summary of Results of Baseline Survey as a Preparatory Measure for a Consumer Education Campaign.*

Microfinance Opportunities. (March 2013). *Microinsurance in Ghana Focus Group Guide on Microinsurance: Baseline.*

Microfinance Opportunities. (July 2014). *Microinsurance in Ghana Focus Group Guide on Microinsurance: Endline.*

Microfinance Opportunities. (March 2013). *Microinsurance in Ghana Questionnaire on Microinsurance: Baseline.*

Microfinance Opportunities. (July 2014). *Microinsurance in Ghana Questionnaire on Microinsurance: Endline.*

Further References

Finmark Trust. (March 2010). *FinScope Ghana 2010, Topline Findings.*

Ghana Statistical Service. (May 2012). *2010 Population and Housing Census: Summary Report of Final Results.*

Whaites, N. (2005). *Tuning In: An Inventory of Rural FM Radio in Ghana. Master's Thesis, University of Guelph.*

ANNEXES

ANNEX 1: KNOWLEDGE ANOVA TEST RESULTS

	Sum of Squares	Degrees of Freedom	Mean Square	F	Sig.
Between Groups	.126	4	.031	1.212	.304
Within Groups	25.929	998	.026		
Total	26.055	1002			

ANNEX 2: MULTIPLE COMPARISON OF MEAN DIFFERENCE IN KNOWLEDGE INDEX

Factors (I)	Factors (J)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Radio	Roadshow	.03469	.02736	.205	-.0190	.0884
	Radio and Roadshow	-.02649	.02100	.208	-.0677	.0147
	Other Exposure	.00672	.01753	.702	-.0277	.0411
	No Exposure	.01101	.01148	.338	-.0115	.0335
Roadshow	Radio	-.03469	.02736	.205	-.0884	.0190
	Radio and Roadshow	-.06118	.03256	.061	-.1251	.0027
	Other Exposure	-.02797	.03044	.358	-.0877	.0318
	No Exposure	-.02368	.02740	.388	-.0775	.0301

Factors (i)	Factors (j)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Radio and Roadshow	Roadshow	.06118	.03256	.061	-.0027	.1251
	Radio	.02649	.02100	.208	-.0147	.0677
Radio and Roadshow	Other Exposure	.03321	.02489	.182	-.0156	.0820
	No Exposure	.03750	.02106	.075	-.0038	.0788
Other Exposure	Roadshow	.02797	.03044	.358	-.0318	.0877
	Radio	-.00672	.01753	.702	-.0411	.0277
	Radio and Roadshow	-.03321	.02489	.182	-.0820	.0156
	No Exposure	.00429	.01761	.808	-.0303	.0388
No Exposure	Roadshow	.02368	.02740	.388	-.0301	.0775
	Radio	-.01101	.01148	.338	-.0335	.0115
	Radio and Roadshow	-.03750	.02106	.075	-.0788	.0038
	Other Exposure	-.00429	.01761	.808	-.0388	.0303

ANNEX 3: ANALYSIS OF SUB-INDICIES VARIABLES

To investigate the observed loss of knowledge an item analysis was carried out. As the qualitative research results with FGDs revealed that NHIS enjoys high awareness amongst the respondents. Thus, an item analysis investigating the changes in the knowledge of this particular insurance type was performed.

Four different cases are possible:

- Respondents who knew about NHIS at the pre-test but did not know about it at the post test (1-0 change).
- Respondents who did not know about NHIS and still did not know after the intervention (0-0 change).

- Respondents who knew about NHIS and still knew of it after the intervention (1-1 change).
- Respondents who did not know about NHIS but got to know about it after the interventions (0-1 change).

The table below shows that, the highest percentage was recorded for those that knew about NHIS and still knew about it after the intervention. The overall knowledge loss in this particular category cuts across all measures independent of any treatment received.

Measures	Change	Frequency	Percentage
Radio	1-0 change	69	17.2
	0-0 change	29	7.2
	1-1 change	277	68.9
	0-1 change	27	6.7
	Total	402	100.0
Roadshow	1-0 change	8	21.1
	0-0 change	9	23.7
	1-1 change	17	44.7
	0-1 change	4	10.5
	Total	38	100.0
Radio and Roadshow	1-0 change	10	14.5
	0-0 change	2	2.9
	1-1 change	53	76.8
	0-1 change	4	5.8
	Total	69	100.0
Other Exposure	1-0 change	12	11.2
	0-0 change	10	9.3
	1-1 change	78	72.9
	0-1 change	7	6.5
	Total	107	100.0
No Exposure	1-0 change	67	17.3
	0-0 change	41	10.6
	1-1 change	250	64.6
	0-1 change	29	7.5
	Total	387	100.0

ANNEX 4: ATTITUDE ANOVA TEST RESULTS

	Sum of Squares	Degrees of Freedom	Mean Square	F	Sig.
Between Groups	.086	4	.022	1.305	.266
Within Groups	16.452	998	.016		
Total	16.538	1002			

ANNEX 5: DEMOGRAPHICS OF EVALUATION FGD PARTICIPANTS

Educational Level of Baseline and Endline FGD Participants

Phase	Highest Level of Education					
	None	Primary	Some Secondary	Secondary	Post-Secondary	Tertiary
Baseline	22.5%	7.5%	30.0%	25.0%	10.0%	5.0%
Endline	11.1%	17.8%	26.7%	20.0%	17.8%	6.7%
Total	16.5%	12.9%	28.2%	22.4%	14.1%	5.9%

Occupational Field of Baseline and Endline FGD Participants

Phase	Occupational Field				
	Agriculture	Business/Trade	Community/Social Services	Craft and Services	Unemployed
Baseline	22.5%	50.0%	7.5%	17.5%	2.5%
Endline	31.1%	15.6%	22.2%	28.9%	2.2%
Total	27.1%	31.8%	15.3%	23.5%	2.4%

ANNEX 6: ADVOCATES' TRAINING PARTICIPANTS

Advocates' Training Locations, Dates, and Attendance

District	Training Venue	Dates	No. of Participants
Aowin	Boinso (Methodist Chapel)	June 17-19, 2013	7
	Enchi (Bachus Hotel)	June 19-21, 2013	13
Techiman	Techiman (Emcom Hotel)	June 23-26, 2013	15
Tamale	Tamale (GILLBT Centre)	June 26-28, 2013	16
Ho	Ho (Skyplus Hotel)	August 7-9, 2013	15
Total			66

Sectors Represented in Advocates' Training Workshops

District	Advocates Trained	Occupation/Background of Advocates
Aowin (Boinso Zone)	6	Assemblyman – 1 Unit Committee member – 1 Local information officer – 1 Clergyman – 1 NHIS local agent - 2
Aowin (Enchi Zone)	14	Assemblymen – 6 Market queen – 1 Local garages association – 1 Broadcast journalists – 2 NADMO – 1 NHIS – 1

District	Advocates Trained	Occupation/Background of Advocates
Techiman	14	Assemblymen – 7 Market queens – 3 Broadcast journalists – 2 NADMO – 1 NHIS – 1
Tamale	15	Assemblymen – 7 Market queens – 2 Broadcast journalists – 2 Hairdressers and Beauticians Association of Tamale (GHABA) - 1 Tailors & Seamstresses – 1 National Insurance Commission staff – 1 Tamale Metro Planning staff - 1
Ho	15	Assemblymen – 6 Market queens – 2 Broadcast journalists – 2 NADMO - 1 PROTOA – 1 Volta Association of Small Scale Industries (ASSI) – 1 Ho Municipal Budget office staff – 1 Ho GHABA representative - 1

Radio Broadcasters who Participated in Advocate Training Workshops

Name	Radio Station	Radio Broadcast Responsibilities
Osei Tutu Buju	Trickie FM (Enchi)	Station manager; drive time host; and Akan news editor
Mercy Cudjoe	Brosaman Radio (Enchi)	Akan newscaster; and mid-afternoon talk show host
Afia Kaakyire	Classic FM (Techiman)	Talk show host
Akosua Ansah (DJ Nakosa)	Adepa FM (Techiman)	Akan news editor; drive time host; and talk show host
Mohammad Ibn Abdallah	Diamond FM (Tamale)	Marketing manager; Dagbani news editor/caster; prime time host; and talk show host
Mama Rash	North Star Radio (Tamale)	Women's talk show host
Paul Senyo (Apostle)	Volta Premier Radio (Ho)	Ewe newscaster; drive time host; and talk show host
Kwame Senyo	Volta Star Radio (GBC)	Ewe news editor/caster; drive time host; and talk show host
Joseph Tuffour	Boinso Information Centre (Boinso)	Manager and community information dissemination officer

ANNEX 7: MONITORING RESEARCH
PARTICIPANT ROSTERS

Advocate FGD Participants

District	Name	Advocate Occupation	Electoral Area (if appropriate)
Tamale	Hon. Issahaku Hamdaway	Assemblyman	Moshi Zongo/Taxi Rank/Tamale Central
Tamale	Mr. Osman Abdul-Fasit	Unit Committee chairman	Sakasaka/Choggu
Tamale	Hon. Abu SM	Assemblyman	Lamashegu
Tamale	Hon. Alhassan Nurideen	Assemblyman	Kalariga

District	Name	Advocate Occupation	Electoral Area (if appropriate)
Tamale	Muhammad Alhassan	GHABA (Ghana Hairdressers and Beauticians) Representative	
Tamale	Mohammed Ibn Abdallah	Broadcaster Diamond FM	
Ho	Hon. Martin Alakpa Portuphy	Assemblyman	Shia
Ho	Hon. Vincent Segbedzi	Assemblyman	Ho-Bankoe
Ho	Hon. Eric Gagogoe	Assemblyman	Ho-Fiave
Ho	Daavi Ama	Cloth sellers' deputy market queen	
Ho	Efo Linus	Municipal Non-formal Education Unit	Ho
Ho	Lucy Akpene	GHABA Representative	
Ho	Martin Senyo	Broadcaster Volta Star Radio	
Ho	Mad. Agatha Mensah	Ho Central Market	
Aowin	Kwasi Gyamfi	Chairman, Enchi Garages Association	
Aowin	Hon. Damoa Ayensu	Assemblyman	Boinso
Aowin	Hon. Charles Ebbah	Assemblyman	Adumline/Kokoase Area, Enchi
Aowin	Hon. Ibrahim Assumana	Assemblyman	Enchi Zongo & Nakaba Area
Aowin	Owusu Appah	Ghana Union Assurance (GUA) LIFE	
Aowin	Patrick Fome	NHIS Local Agent	
Aowin	Samuel Damoa Ebbah	Assemblyman	Old Yakase

Radio Broadcaster IDI Participants

Broadcaster Name	Position	Station Name	Location
Alhaji Ahmed Hamidu Damba	Programs Director	Radio Savannah	Tamale
Alhassan Mashud Damba	Marketing Manager	Radio Justice	Tamale
Abubakar Abdul Kadiri	Sports Editor	North Star Radio	Tamale
John Gadawusu	Marketing Manager	Volta Star Radio	Ho
Nana Akosua Ansah	Akan News Editor	Adepa FM	Techiman
Kwabena Buju	Station Manager	Trickie FM	Aowin

ANNEX 8: RADIO LISTENER FGD DEMOGRAPHICS

Demographics of Jingle Listener FGDs

District	No. of participants	Avg Age	Occupational Field				
			Agriculture	Community /Social Services	Craft and Services	Student	Business and Trade
Aowin	8	33.8	12.5%	37.5%	37.5%	0.0%	12.5%
Techiman	8	38.9	12.5%	12.5%	37.5%	12.5%	25.0%
Total	16	36.3	12.5%	25.0%	37.5%	6.3%	18.8%

Demographics of Drama Listener FGDs in Tamale District

Gender	No. of participants	Avg Age	Occupational Field				
			Agriculture	Community /Social Services	Craft and Services	Student	Business and Trade
Female	10	35.5	10.0%	0.0%	20.0%	10.0%	60.0%
Male	8	34.0	12.5%	12.5%	62.5%	0.0%	12.5%
Total	18	34.8	11.1%	5.6%	38.9%	5.6%	38.9%