

Participation Leads to Ownership and Sustainability of a Radio Program: A Case Study of Local Women's Groups' Sponsorship of Phukusi la Moyo (a bag of life) Radio Program in Malawi.



A compilation of reports of activities done by Gladson Makowa and Charles Simbi with the Phukusi La Moyo Core Team through MaiMwana Project with funding from Commonwealth of Learning in 2012, in Mchinji, Malawi.

Compiled by Gladson Makowa, January 2013.

Introduction

This is a compilation of reports of some of the activities, successes, strengths, and challenges of Phukusi la Moyo project. The project was mainly funded by commonwealth of learning from 2009 to 2012. After going through two phases of trying to make the project sustainable with local funding, it finally got funding from MaiMwana project main funding. The project is an inspiration worthy replicating and scaling up as it shows reality of things as they happen in Africa and specifically Malawi. What lessons do we take from this project?

Maternal health status indicators in Malawi

Malawi has an infant mortality rate (IMR) of 66 per 1000 live births and an under-five mortality rate of 112 per 1000 live births according to Demographic and Health Survey (DHS), 2011. Malawi has a maternal mortality ratio of 507 per 100,000 live births (DHS, 2011). These rates are amongst the highest in the world. In the past a great deal of work of trying to reduce those high mortality rates has been carried out through building of health centres and training of staff to improving quality of services and through provision of more resources. This was not enough because most of the problems come from lack of knowledge, bad beliefs, and poor attitudes toward health services and bad practices. The effort by government could hardly tackle these problems which are more behavioural than lack of services. Therefore, more funding was necessary in behaviour change initiatives that could combine civic education, utilizing community based communication with mobilization. This fact is informed by the Social Learning theory of Albert Bandura (1977) who argued that individuals human beings learn by observing, considering the consequences encountered by their role models, practicing the acquired behaviour and reaching a point of self-efficacy where they are confident and in control of outcomes of their actions. Malawi therefore will easily reach and achieve the Millennium Development Goals (MDGs) 4 and 5 for maternal and child mortality respectively if all the people are taken on board. People need to know causes and effects of their behaviour concerning their dairy family health. Then need to know positive behaviour and benefits and negative behaviours and consequences. However, the coming in of the female president in Malawi, her Excellency Joyce Banda with her extra attention on safe motherhood issues promises a better future to Malawi.

Overview of *Phukusi La Moyo* (A Bag of Life)

MaiMwana project was a researching institution and had 200 woman's group for the purposes of training and research on consequences, causes and effects of some treatments and behaviours. Women noted some good changes in their health through these trainings hence demanded a platform where they can share the benefits of their new attained behaviour and consequences of some of their belief and practices. The demand and the use of radio in sharing experiences by women's groups called for a participatory learning format. However, Radio came out the number one channel which women wanted to use to share knowledge as Mchinji, their district had a community radio already. This was a departure from Maimwana's expertise. Therefore with a one year funding from Commonwealth of Learning from March 2009 to April 2010 the MaiMwana, engaged the services Story workshop the experts in development communication then to help develop the a participatory radio communication strategy.

The project as a Collaboration

The project is collaboration between women groups and their communities, Mchinji District Hospital, Mudzi Wathu Community Radio Station, MaiMwana Project and later Mchinji district Assembly through the representation of the District Information Officer. The Commonwealth of Learning (COL) has been the major funder. These collaborators are known as theCcore Team. Their roles are as follows: The communities are responsible but not limited to listening to the radio programmes, breaking down the messages into locally feasible actions that they can implement, support, encourage, inform and providing interview and songs to the programme; The Mchinji District Hospital give expert knowledge and interviews about mother and child illnesses and solutions; Mudzi Wathu Communicity Radio produces and broadcast the health radio programmes; while MaiMwana coordinates the project and all collaborators and mobilizes community groups to listen to the health programmes and facilitate discussions about the issues raised. The role of Commonwealth Of Learning has been to providing funding and technical advice to build the capacities necessary for sound open learning through the consultants which are engaged time to time, like story workshop and later Gladon Makowa and Charles Simbi.

Phase one *Phukusi la Moyo*

The phase the following activities done:

1. Came up with a team of collaborators and name them a Core team. The collaborators are listed above.
2. Identified and explored the issues that the program need to addressed. These were based on the research finding of MaiMwana and the ministry of health as causes of the poor health and safe motherhood in Mchinji. The health status of Mchinji, bad attitudes and practices that are generally making the status to be like that were briefed to the core team.
3. Developed a messages matrix which the programme followed. The messages matrix identified bad attitudes, beliefs and practices (behaviours) that are perpetuating the isolated health issues and their status. It also came up with a list of the desired behaviours, attitudes and belief that can influence the community toward change. These benefits of such good behaviour were listed too for positive characters to showcase and model in the society to induce social learning.
4. Develop a programmes guide also known as Programme matrix were developed: this isolated a number of issues from the messages matrix which will be tackled. We decided best formats, source of information and target group of a programme to achieve the desired change of the situation. The short measurable accurate researchable and time bound communication objectives and indicators attributable to the programme were listed.
5. Training producers and presenters in scriptwriting, interviewing skill, editing and mixing for radio and updating all the documents mentioned above. Therefore 52 programmes with a variety of issues in them were produced.
6. Naming the programme through participatory ways and came up with the name Phukusi La Moyo. This came from a list of names coming from all people present thus including the womens group members. Then some chosen names were modified and vote to come

up with the best which is phukusi la moyo (abag of life) shortened from a local proverb a bag of life you keep on your own.

Assessment of Phase I by Partners Using (Swot Analysis) Strength, Weaknesses, Opportunities and Treats and Coming in of Phase II

The assessment was done in January and February 2012 with the second transitional money from the Commonwealth of learning. This came about after a number of researches by a number of people of which the major one was for the thesis of Ian Pringle (2010) entitled, Learning dialogues: The role of participation in community-based educational media programming. The thesis like other follow up studies established many of the success points of the phukusi la Moyo to the communities and people in Mchinji. The results one of which was increase in people utilizing and seeking medical services prompted Mchinji District hospital to promise to take over funding of *Phukusi la Moyo* at the end of the initial funding by COL in April 2010. After funding for a month Mchinji District hospital failed to continue funding due to what they called lack of sufficient funds to run the hospital at that moment. The women groups thought could manage to contribute but the contributions were not enough to sustain the project. Hence the questions came in like, why is it failing to be sustainable if the project is indeed supporting the communities and ministry of health? Therefore, COL funded a transitional programming and development of fundraising and programming strategy.

The two major approaches were developed, to write specific proposal for the project to a number of international, national and local donors to continue funding the project and to allow individual communities to contribute money enough to enable recording of a full programme in their village so that they are heard.

Results

Both strategies worked as some village contributed enough to call the producer to come and record them, however before this was fully established the MaiMwana through other core funding identified a funds to fund this program.

Findings of the SWOT analysis.

Programme Strengths

- Core team meetings were done consistently
- Managed to develop message and programme matrix which were followed during programme production.
- Core team members were able to identify right people for issues.
- The team managed to design PLM t-shirt and logo and also run a competition without favour.
- Managed to produce and air 52 programmes on maternal and child health issues.
- Managed to feedback to COL on programme progress through monthly reports
- Listening groups ably gave feedback on programme impact through report writing to core team.
- Increased hospital attendance
- Right information was given to listeners as it was delivered by hospital programme coordinators
- Communities were fully involved from design throughout implementation.
- Managed to catch new listener ship – Audience.
- Implementation of Phukusi La Moyo strengthened relationship among programme partners as well as community members.
- Skills learnt during the design workshop were also applied to other programmes at the radio station i.e. matrix development, participatory programming e.t.c.
- Communities learnt more on maternal and child health issues e.i. cholera , importance of taking patients early to hospital
- Rights of patients and health workers were learnt through the programme and it improved relationship between the two parties.
- Continual airing of the programmes from 1 to 45 now.
- Relevance of issues discussed and community participation encouraged many to listen to the programme

Weaknesses

- The failure to sustain the programme due to lack of funding was the major weakness
- Frequent transmission interruptions
- Staffs turn over from partner organisations.
- Other areas were not visited for recording.
- Tapes were not sustained due to break down of a CD player.
- Other areas especially those behind Mchinji Mountain do not get the radio signal.

Opportunities

- Listeners still interested to listen to the programme as they continue writing letters asking why programmes are being repeated
- Listening groups continue send in reports on what they learnt from the programme.
- Core team members have diverse back grounds which can help in with much information on running the programme as well as look for funding
- Listening groups (Maimwana Women’s groups) still existing.
- Frontline software is available at the radio station giving in an opportunity for listeners to send SMS

Threats

Lack of funding

PHASE TWO DESIGN WORKSHOP AND STRATEGIES USED

Training issues in phase II

Topic	Target Audience
Recording skills	Community members, Reporters / producers
Interviewing skills	Community members, Reporters / Producers
Production skills	All core team members
Sms / sending	Community members
Management of media (listening / report writing	Core team members and other stakeholders

Message matrix	Communities before design Core team during design workshop
Programme matrix	Producers , communities and all stakeholders

Due to the problem of high staff turn-over identified during the SWOT analysis there was a need to strengthen the program by diversifying production styles. Therefore there was a shift from using solely the Mudziwathu reporters to involving the community representative as reporters who can collect radio materials within their communities. This meant radio materials recording, interviewing skills and other basic radio production skills training had to take place again. The Phukusi La moyo Phase II program development training workshop was hence held at Kayesa Inn from the 20th of February to the 24th of February 2012. The Workshop was facilitated by Charles Simbi and Gladson Makowa.

Objectives of the meeting of the Phase II

The key objectives of the workshop were:

- To develop the messages and programme matrix for the Phukusi La Moyo Phase II.
- To impart recording and interviewing skills to selected community producers/reporters
- To explore and develop various ways to mobilise resources for program sustainability of the project.

Participants

There was a diversity of participants that included, Five Community members, two radio producers, two medical personnel from the DHO office, and a media practitioner from the Ministry of Information during this training.

Assessment of target groups and messages development

It was agreed that most of the targeted audiences had moved from the pre-knowledge, knowledge and approval levels to intention levels. The challenge is now to take the three sets of audience to practice and advocacy levels. There were some topics in which most of the targeted audiences were at the pre-knowledge level like the newly introduced PMTCT regimen. Therefore, the new

phase of the Phukusi la Moyo program will have to target particular behaviours and promote the benefits of adopting particular positive behaviours so that the audience practice and advocate for these particular positive behaviours.

The case studies both Positive and Negative was used too in this phase to lobby community leaders and hospital towards change, upward movement on the steps to behaviour change. Cases considered during programming included:

1. A very good nursing sister at Kaigwazanga Health Centre
2. The case of Traditional Chief, T/A A Mkanda who strict rules encouraging women to go to hospitals. The health centre has the female nurse who is very bad and a male nurse who is very caring to women.
3. T.A. Mduwa encourages women to go to hospital and has three years without maternal death in his area. The health centre which they use is Mikundi health centre.
4. TA Mavwere encourages people to deliver at the hospital but the medical personnel at the hospital are not friendly.

Results of the messages development and training phase II

1. Development of the messages matrix with the following as key issues:
 - a. Prevention of Mother to Child transmission of HIV
 - b. Non Communicable diseases that impact on maternal health-like breast and cervical cancer, BP, Diabetes.
 - c. Danger signs in Child health
 - d. Child/Infant nutrition
 - e. Preparing for Childbirth
 - f. Negative beliefs/misconceptions and myths
 - g. Openness between spouses
 - h. Contraceptives and family planning
 - i. Hospital personnel ill-treating pregnant women
 - j. Gender based violence
 - k. Sexual and reproductive health rights
 - l. Lack of adherence to treatment given to children

- m. Child abuse
2. Program matrix development
3. Community reporters' orientation on program making. The community reporters were orientated on the rudiments of program making. They were taken through the duties and roles of a community reporter, qualities of good interviewer, preparing for an interview, tools needed for conducting field interviews, interviewing techniques, possible programme formats, types, the differences between magazine and feature. The community producers had practical sessions on:
 - a. How to handle a recorder
 - b. Handling the microphone for optimum sound recording and noise reduction
 - c. Listening skills for an interviewer, asking open ended questions.
 - d. How to follow up on the questions which were not answered very clearly or have just been triggered by the interviewee's responses.
 - e. Practical involved the community reporters to go into the nearby villages to record programmes using the program matrix with the messages matrix being used as a reference point. One complete program on family planning was produced using the material that the community producers collected. The program was reviewed and comments made.
4. Program Management: A Core team was set given specific duties to do some of which are as follows:
 - a. **MaiMwana**
 - Monitoring of listener groups
 - Fundraising for the program
 - Convening Core team meetings
 - Monitoring and Evaluation of program outcomes
 - Mobilising communities for recordings
 - Collecting reports from women groups
 - Delivering recorded Materials Mudziwathu
 - Linking Mudziwathu Producers to communities
 - b. **District Health Office**

- Content advisory
 - Identifying experts to feature in the program
 - Fundraising for the program
 - Co-management of the program
 - Monitoring and evaluation of outcomes
- c. Mudziwathu**
- Ensuring that program content is in line with the message matrix and program Matrix
 - Program Production
 - Program Airing
 - Recording content of the program
 - Collecting recorded content from community reporters
 - Mentoring community reporters
- d. District Information Office**
- Co-management of the program activities
 - Program Visibility and networking
 - Linking the program with various donors and organisations
 - Fundraising for the program

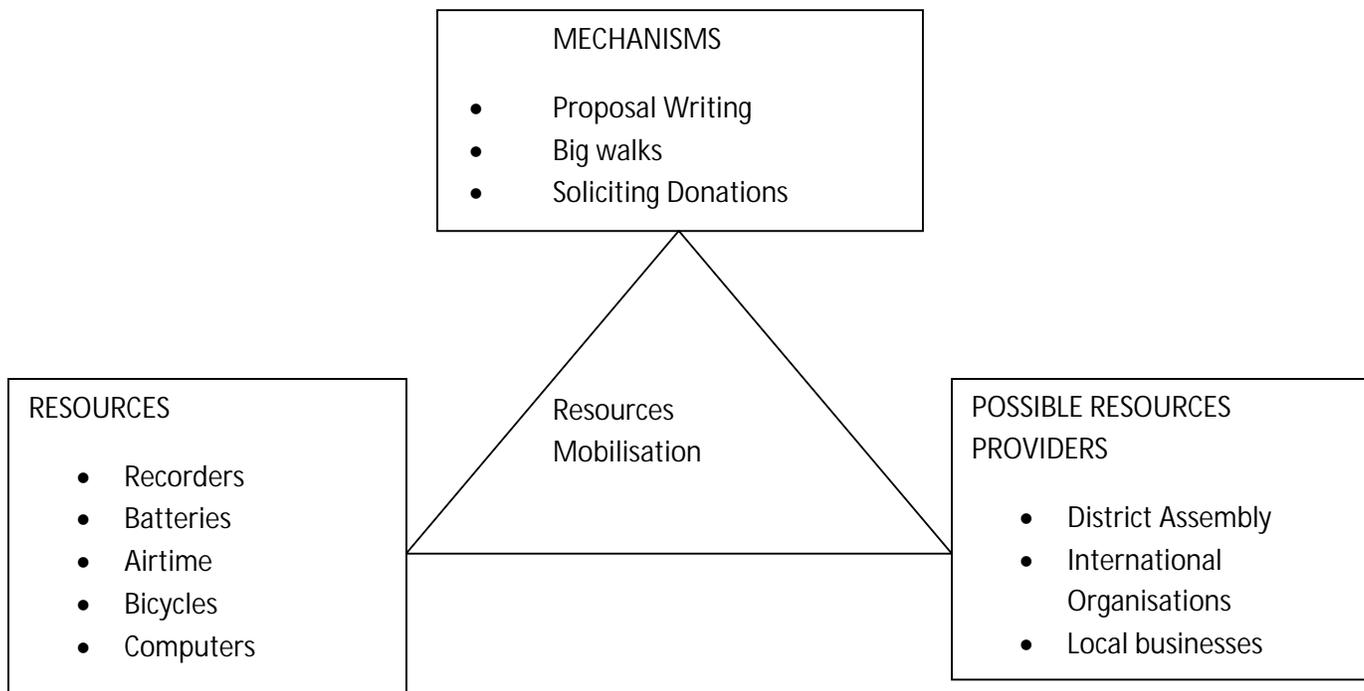
Fundraising and program sustainability

Several activities were done during this session on Fundraising and program sustainability. The first one was an open discussion on why the various stakeholders felt the program needed sustaining. The good impact of the first phase of the program had on child and maternal health in Mchinji came out as the main reason. The district health office appreciated the role *Phukusi la Moyo* in changing people's behaviour as regards maternal and Child health, with increased number of people accessing various services from the hospital and a general improvement in the health seeking behaviour among the general populace. The community members observed that the program gave them various tips that helped them with various mother and child health issues as well as fostering increased family discussion on maternal and child health issues. It was observed from the various contributions from the community members and the women groups,

the District health office and Mudziwathu radio that the need to sustain the program needed not be overemphasised.

The participants were then introduced to the resource mobilisation Framework which they used to identify resources that are required to sustain the program, the means to mobilise the resources and the possible resource providers. The mechanisms (Means of resource mobilisation identity) were also scrutinised to assess the viability of each mechanism. Finally the groups put together a resource mobilisation plan.

Resource Mobilisation Framework



Conclusion and Lessons learnt

Some of the lessons and conclusion from the project are as follows

1. Patience pays: Although the programme was proving to be of great importance to all stakeholders still it was found difficult to find other donors who could carry on the programme. COL did not give up but continued patiently to give seed money until when other sources of money are found to sustain the project.

2. A need of exit strategy and collaboration from a start of participatory projects like these. It was good that all stakeholders including the women groups were aware of what was happening as they were taken on board from the start of the project. They tried to give out of their poverty some funds to sustain their child but struggled to continue this. In other societies where there are a number of well to do people, who appreciate such programmes too, the experience of *Phukusi la Moyo* shows a big possibility of local funding of programmes of this nature from local people. On the other hand the stakeholders have a possibility of giving turns to one another of funding or sourcing the funding for the programme, as we have seen that it was possible for district hospital to fund the programme for a month though.
3. Staff turnover and sustainability of these projects. It is good and proper to involve all the people present at the messages development workshop in radio programming and some basic skill of recording and editing. This is because the community radios are always run by the volunteers who are free to leave and pick another job anytime they want. For sustainability and continuity of such projects, it is necessary to give some basic skills to all people present at the messages development workshops. The participants are often enthusiastic about learning how to collect interviews and how to use a recorder. The recommendation however is to have cheaper recorders available or mobile phones those capable of recording in mp3 format for training and use after the training.
4. There is a need to combine messages development workshops with some basic resources mobilisation skills to make sure that from the word go the safety nets are in place for the projects sustainability.

Reference

1. Bandura, Albert, 1977. **Social Learning Theory**, New Jersey: Prentice-Hall.
2. National Statistical Office (NSO) and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro
3. Pringle, Ian, 2010: **Learning dialogues: The role of participation in community-based educational media programming**. Master of Arts Commucation.