

**Phukusi La Moyo**  
**A participatory educational radio programme about maternal and child health**

**Commonwealth of Learning Monitoring & Evaluation Report**  
**Cathryn E Wood**

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## **1. Executive Summary**

### **1.1 Project description**

Phukusi la Moyo (literally Bag of Life) is a radio programme that has arisen as a result of a collaborative effort between the MaiMwana Project, Mudzi Wathu Community Radio Station, the District Health Office, and women's groups (established by MaiMwana in 2005), that aims to improve maternal and child health. Key characteristics of the programme are:

- A collaborative approach, covering both design and operation, among subject experts (MaiMwana and the health office) and media;
- The combination of on-air programming (learning content) with off air learner support, through an extensive network of women's groups or radio listening clubs;
- A high degree of participation in the programme, both from learners (pregnant women and mothers) and health care providers;
- Local support for the programme, in particular the District Health Office, but also the MaiMwana project and Mudzi Wathu Community Radio.

### **1.2 Intended Outputs and Outcomes for the Activity**

The intended outputs of this project are:

- A maternal health radio programme produced with community participation
- Community members gathering to listen and discuss the programme at Radio Listening Clubs
- The Core Team of Partners meeting regularly to drive the activity

The intended outcomes of this project are:

- To increase knowledge about maternal health issues amongst communities in Mchinji by educating women about maternal health
- To change attitudes about maternal health amongst communities in Mchinji
- To improve care and care-seeking behaviour of women in Mchinji

### **1.3 M&E purpose**

The purpose of the monitoring and evaluation of this project is to:

- Assess project results: to find out if and how objectives are being met
- Reflect on the successes of the project
- Consider learning points
- Consider the barriers to success
- Identify changes that might be necessary to improve the project
- Understand different stakeholders perspectives

### **1.4 Findings – expected & unexpected**

The project was successfully managed and implemented and the coverage of the programme is high, with a reach of over 3000 learners. The intended outputs have been achieved and there is qualitative evidence that the programme is achieving the intended outcomes. The project has resulted in a large number of positive unexpected outputs and outcomes.

### **1.5 Conclusions**

- There is a need to focus on financial sustainability when initially designing and developing these sorts of projects, alongside its implementation and delivery.
- It is important that projects are managed and delivered by the right group of partners, which - for community health projects such as this - should include members of the District Health Authority, the relevant Community Radio Station and the listeners.

### **1.6 Limitations**

The main limitation of this evaluation is the fact that the project does not currently receive sufficient funding to deliver all three of the project outputs and has not been able to do so for the past 14 months.

## 2 Project Context

In 2005, *MaiMwana* established 200 Women's Groups, each with approximately 20-30 members. The groups were supported to identify and prioritise their problems and then to identify and implement solutions. One of the problems that the Women's Groups identified was the need to increase their knowledge about maternal health issues. The Women's Groups asked *MaiMwana* if they could help to provide this mass communication across the district. This request led to the development of the *Phukusi La Moyo* radio programme.

### 2.1 Intended Outputs and Outcomes

The intended outputs of this project are:

- A maternal health radio programme produced with community participation
- Community members gathering to listen and discuss the programme and maternal health issues at Radio Listening Clubs
- The Core Team of Partners meeting regularly to drive the activity

The intended outcomes of this project are:

- To increase knowledge about maternal health issues amongst communities in Mchinji by educating women about maternal health
- To change attitudes about maternal health amongst communities in Mchinji
- To improve care and care-seeking behaviour of women in Mchinji

Success indicators for the outputs include:

- The production of radio programmes that are reliably transmitted on a weekly basis
- Large numbers of Radio Listening Clubs meeting weekly to listen to the programme
- Large number of people attending Radio Listening Clubs
- The completion of the Radio Listening Club Reports and the collection of these reports at *MaiMwana* Offices
- Regular meetings of the Core Team of Partners and good attendance by all the partners

Success indicators for the outcomes include:

- Increased knowledge of maternal health issues (subjects covered in *Phukusi La Moyo*) amongst communities that listen to the radio programme
- Greater awareness of maternal health issues amongst communities that listen to *Phukusi La Moyo*
- Increased discussion of maternal health issues amongst communities that listen to *Phukusi La Moyo*
- Changes in the care and care-seeking behaviour of women in Mchinji:
- Care behaviours
  - Increase in family planning
  - Increase in use of ITNs
  - Early and exclusive breastfeeding
  - Use of malaria prophylaxis in pregnancy
- Care-seeking behaviours
  - Increased delivery at a health facility
  - Increased delivery with a skilled birth attendant
- Non-specific care behaviours
  - Role of husband during pregnancy, childbirth and childrearing
  - Child protection (from abuse, trafficking and accidents)

### 2.2 Activities implemented to achieve Outputs/Outcomes

In order to achieve the Outputs and Outcomes of this project, the following activities were implemented:

#### 2.2.1 The Training Workshop

A 5-day training session was delivered and facilitated by Story Workshop staff who are very experienced in radio production and community mobilisation. The clinical issues that were to be discussed on the programme were complex and so it was important to consider how to communicate the information in a way that the community would understand.

The core team attended the meeting:

- Two representatives from Mudzi Wathu Community Radio Station: Steve Chimutu (Radio Producer) and Martha Sguzo Dzanja (Radio Producer)
- Two representatives from *MaiMwana*: Mikey Rosato (Technical Adviser) and Florida Malamba (*MaiMwana* Senior Women's Group Supervisor)
- Two representatives from the District Health Office: Mrs Mittochi (Senior Clinical Officer) and Mr Semu (Information and Education Co-ordinator).
- Three representatives from the Community who had been selected by the District Management Committee: Stella Mbwana, Cecelia Sumanjue and Colium Kwama.

The training workshop enabled the core team to learn skills in message delivery alongside some radio production skills and also developed the relationships between the partners.

### **2.2.2 Programme Production involving the participation of the communities**

In order to produce the radio programme involving the participation of the communities, the producer would visit one zone in order to interview approximately 8 Women's Groups in one recording day. The producer might record 100 minutes of audio in the field before editing it down to a 30-minute programme. Over 100 women's groups featured in the first 23 programmes.

### **2.2.3 Training of Radio Listening Clubs**

Mudzi Wathu and MaiMwana ran a training day in each of the 24 zones that explained to the Women's Group members how they would also become Radio Listening Clubs and what this would involve. Approximately 3 members of each of the 200 Women's Groups attended the training and in total, 591 women received training. Radio Listening Clubs meet weekly to listen to the radio programmes, to discuss what they've learnt and to fill in a report about the discussion and the actions that they have agreed to undertake as a result of listening to the programme.

### **2.3 Partners involved**

This activity is a collaborative effort between the MiaMwana Project, Mudzi Wathu Community Radio Station, the District Health Office, and the community of women's groups.

### **2.4 Limitations of the Evaluation**

The main limitation of this evaluation is the fact that the project does not currently receive sufficient funding to deliver all three of the project outputs and has not been able to do so for the past 14 months. Although the community members are still meeting up as radio listening clubs to listen to repeated episodes of *Phukusi La Moyo* broadcast on *Mudzi Wathu*, no new radio programmes have been produced since June 2010 and so the core team of partners have not been meeting regularly to discuss programme production. These current challenges to the intended activities have made it difficult to do a full evaluation of the project.

### **2.5 Acknowledgements**

I would like to thank all the people I met and interviewed as part of this research:

George Jobe, CRECCOM (Creative Center for Community Mobilization)

Members of the Radio Listening Club, Mavwere, Mchinji

Pilirani Chimutu, Station Supervisor, Mudzi Wathu

Steve Chimutu and Martha Sguzo Dzanja, Producers at Mudzi Wathu

Mikey Rosato and Florida Malamba, MaiMwana

Mrs Mittochi, Senior Clinical Officer, Mchinji District Health Office

Mr Semu, Information and Education Co-ordinator, Mchinji District Health Office

Mr Chimbezi, Information and Education Co-ordinator, Mchinji District Health Office

Ian Pringle, Education Specialist, Community Media, Commonwealth of Learning

George Kalungwe, Zodiak Broadcasting Station

Smith Likongwe the Director of Programs, Story workshop

Kent Mphepo, Executive Director, Story Workshop

## **3. Monitoring & Evaluation Purposes**

The purpose of the monitoring and evaluation of this project is to:

- Assess project results: to find out if and how objectives are being met
- Reflect on the successes of the project
- Consider learning points
- Consider the barriers to success
- Identify changes that might be necessary to improve the project
- Understand different stakeholders perspectives

The key audiences for the monitoring and evaluation are:

- The four partners on the core team:
  - the MaiMwana Project
  - Mudzi Wathu Community Radio Station
  - the District Health Office
  - MaiMwana Women's Groups
- Commonwealth of Learning
- Ian Pringle, Education Specialist, Community Media, Commonwealth of Learning
- Story Workshop

## **4. Monitoring & Evaluation Design & Implementation**

### **4.1 Data collection strategies**

I examined the experience and perceptions of groups and individuals involved in the design and implementation of this project, focusing on the following discussion areas:

- Collaboration between local groups;
- The reach of the programme among target populations in Mchinji;
- The approach to production of the radio content, including the use of paid producers and a field-based approach to content gathering;
- The approach to education and learning in evidence in the programme, including the combination of on-air and off-air learning strategies, specifically the use of radio combined with community-based learning groups;
- The role of participation by the primary target beneficiaries in the programme;
- Gender considerations in the programme, including both the role of women and men and the degree to which gender analysis has been involved;
- Programme quality, both in terms of a media production (including the appropriateness of media used) and a health education programme, and measures taken for quality assurance;
- Strategies for monitoring and evaluation of programme processes, outputs and outcomes;
- Track record with and prospects for sustainable operations, including a comparison with other health promotion strategies employed by the DHO;
- Evidence of learning achievements and or changes to health seeking behaviours and maternal health outcomes; and
- Any unintended outcomes, e.g. changes in the way the radio station or the community health project operates.

At three points in the project (October 2009, October 2010 and August 2011), I conducted and wrote detailed notes on semi-structured interviews with representatives from each of the four organisations involved in this project. The interviews followed a standard set of questions which I explored to different degrees with interviewees depending on their knowledge and experience of given areas. The list of interviewees and the interview schedule is included in annex 1. The interviews were transcribed and these transcriptions were used to inform this report.

In order to gather further input from the community members themselves, I reviewed a cross-section of Radio Listening Club Reports completed between May 2009 and May 2010 and also reviewed the evaluation reports completed by the Radio Listening Clubs in September 2010 (a summary report of these evaluation reports is appended in Annex 5).

### **4.2 Issues arising during implementation**

During implementation of the monitoring and evaluation, the following issues and limitations became apparent:

- When interviewing Women's Group members in Chichewa, it was necessary to rely on translators to translate the Women's responses. It is acknowledged that this translation process added an additional layer of subjective interpretation to the process. There is a risk that these translations were not faithful or that the translator paraphrased the words of the Women's Group members in a way that changed the meaning of the response. There are a number of phrases that came up repeatedly and some of the changes perceived by the Women's Groups could be 'received wisdom' rather than real insight and observations. It is also conceivable that Women's Group members might give the answers that they feel are expected, rather than answers they believe in.
- The qualitative evidence indicating changes in knowledge and attitudes amongst the community is more valuable than qualitative evidence suggesting changes in behaviour. Community members often report that (for example) the radio programme has increased the number of people going to a health facility for childbirth. This does not necessarily indicate that there has been an increase in the number of people attending the health facility and we would need data to substantiate this perception. However, in the absence of that data, a perception that care and care-seeking behaviours are changing is a positive indicator.
- For those interviews conducted in English, English was a second language for all but one of the interviewees.

The quality of the evaluation is limited by the following factors:

- Perceived changes in behaviour change are difficult to substantiate
- There is likely to be a self-reporting bias
- The evaluation is limited to qualitative evidence only
- There is limited quantitative evidence at this stage (although a larger piece of research that will draw from quantitative data has been planned and will start later in 2011).
- Although the interviews carried out in October 2009 and October 2010 were carried out in Malawi and involved face-to-face meetings with the interviewees, the third stage of the evaluation in August 2011 was largely completed remotely by telephone and email (with the exception of a face-to-face interview with Mikey Rosato, MailMwana). This creates obvious challenges to the interviewing process and the quality and interpretation of the responses.

It is important to recognise that despite my remit as an independent consultant, COL have contract me as a paid consultant to evaluate this project. It is important to acknowledge that the individuals interviewed as part of this evaluation recognise me as a representative of COL, an organisation that provides the project with funding and other resources. This could create a power imbalance and a bias within the interviewees' answers. I am also white and from the North, which could exacerbate the power imbalance.

## 5. Findings

### 5.1. Management and Implementation of the Activities

#### • Management

The activities are managed by the core team, which operates as a genuine partnership. When the project was initiated, MaiMwana was the lead partner and there was some concern that it would become a MaiMwana-led project. In fact, the members of the Core Team are all motivated and work together to deliver the project. During the first 12 months of the project, the partnership was also successful because there was clarity about the roles and responsibilities of the partners.

#### • Implementation

The implementation of the project was both smooth and successful. The radio programmes that were aired were faithful to what was planned and so fidelity was high. This was - in some part - because the radio producer responsible for producing the programme was very talented, motivated and conscientious.

The implementation was also considered to be a success because it had no negative impact on the activities of the *MaiMwana* Project which runs a large community mobilisation intervention and the associated surveillance.

#### • Coverage

The radio programme has a wide reach within the Mchinji District, but some areas are unable to receive *Mudzi Wathu* Community Radio Station, which means that at least a quarter of the Women's Groups have been unable to listen to *Phukusi La Moyo*. The partners were aware of this challenge and so, since October 2010, have endeavoured to provide cassette tapes of the programme to the communities with poor or no reception.

Mchinji District has a population of approximately 380,000<sup>i</sup>, but the District Health Office serves approximately 600,000 people in the broadcasting region for *Mudzi Wathu*. A recent study found that 80% of the population have radios, which would suggest that there are 480,000 possible listeners. However, the *Mudzi Wathu* transmitter reaches 75% of these listeners, which suggests a listenership of 360,000 people.

MaiMwana have 200 women's groups each with approximately 20-25 members. 50 groups don't receive reception for *Mudzi Wathu* because the mountain restricts transmission. Surveys suggest that most of the 150 women's groups who do have reception listen to *Phukusi la Moyo* as a group once a week, which gives an estimate of over 3000 active learners. The reports completed by Radio Listening Clubs back up these figures. The Women's Groups who don't receive reception for *Mudzi Wathu* have been provided with cassette tapes of the *Phukusi La Moyo* programme.

### 5.2 The Achievement of intended Outputs and Outcomes

The project has achieved the intended outputs of the activity through:

- The production of radio programmes that are reliably transmitted on a weekly basis (when funding available)
- Large numbers of Radio Listening Clubs meet weekly to listen to the programme
- Large number of people attending the Radio Listening Clubs
- The completion of the Radio Listening Club Reports and the collection of these reports at MaiMwana Offices
- Regular meetings of the Core Team of Partners and good attendance by all the partners (when funding available)

#### • Qualitative evidence that the programme is achieving the intended outcomes

Qualitative evaluation of the *Phukusi La Moyo* programme suggests that the programme's target audience (women in the Mchinji District of Malawi) perceive that the radio programme has achieved the intended outcomes for the project:

- To increase knowledge about maternal health issues amongst communities in Mchinji
- To change attitudes about maternal health amongst communities in Mchinji
- To improve care and care-seeking behaviour of women in Mchinji

*"We learnt a lot from the programmes which we did not know before, the programmes have increased our knowledge and changed our behaviours and beliefs about pregnancy and childcare"*

Comment from the evaluation reports completed by WGs in September 2010

*"By just listening, the women may hear the messages, but this is not enough. The women may discuss the programme, but it is not enough just to learn, the women need to act on what they've learnt."*

Florida Malamba Banda, MaiMwana

Interviews with *Phukusi la Moyo* listeners suggest that the programme is contributing to improved maternal health outcomes, or at least there is a common perception that changes in behaviours (actions) that have been prompted by listening to *Phukusi la Moyo* are improving mother and child health.

The WG representatives, Collium Kwauma and Richard Mtopola believe that the WGs have learnt a lot from *Phukusi la Moyo*.

*"They learnt that when a baby is sick, they should go to hospital rather than to the traditional doctors."*

*"They learnt that they should practice family planning in order to have 3 or 4 children rather than 8 or 9."*

*"Women have learnt that breastfeeding is very important. In the past, women were breast-feeding just twice a day, but now they are breastfeeding eight times per day."*

*"WGs benefited a lot from the Phukusi la Moyo programme because women weren't delivering in hospitals but were going to the traditional birth attendant, so with introduction of programme, this has reduced the number of deaths."*

*"We have also learnt that we should go for voluntary blood testing to learn our HIV status. If positive, then we have learned how to take care of ourselves. If negative, then we know how to abstain."*

*"Pregnant women go to the hospital when they are 8 months pregnant to wait in case labour arrives early."*

*"Because of Phukusi la Moyo, there are reduced deaths in Mchinji and reduced malaria outbreaks, because of mosquito net usage."*

Richard Mtopola, WG representative

*"We like the programme because we have learnt things that we didn't know before, for example how to avoid outbreaks of diarrhoea. We have also learnt about maternal and child health and how to avoid maternal and child deaths."*

Members of Kacheje A,B,C Women's Groups

*"In past we used to drink unsafe water, now we drink safe water because Phukusi la Moyo told us to do so. This means we have less cholera and malaria."*

PLM listener and non-WG member, Godfrey Frank

In August 2010, MaiMwana asked 48 Women's Groups (2 from each zone) to complete an evaluation report about *Phukusi La Moyo*. The findings from these reports are detailed in Annex 5. Two-thirds of the evaluation reports completed in September 2010 cited that the women's groups had learnt that it was important to go to the health clinic early in order to deliver their babies. In addition, 7 of the 32 reports said that the women's group had learnt that they should not give birth with the Traditional Birth Attendants.

The following comments were written by the Women's Groups when they were asked why they liked the *Phukusi La Moyo* programmes:

*"The messages in the programmes have changed peoples' attitudes, e.g. on prevention of cholera, most people have dug pit latrines in their homes"*

*"The programmes teach real issues in daily life, have increased and equipped people's knowledge, ideas and changed behaviours and attitudes."*

*"The programmes were good, interesting, educative and have added/ increased our knowledge on safe motherhood issues, HIV/AIDS, orphan care, child abuse and childcare. It was a learning ground for us."*

Further research is needed to validate these findings and a research project is planned for later 2011 in order to address collect and analyse this data.

### 5.3 Unexpected Outputs and Outcomes of the project

- **The broadcast of *Phukusi la Moyo* on ZBS revealed wider demand for this type of programme.**

After the first two programmes of *Phukusi la Moyo* were broadcast on ZBS, they received feedback from listeners outside the district. Listeners thought that the programme had an innovative and unique format and included many interesting and powerful stories.

- **The radio programme helped to introduce men to the women's groups.**

When the women's groups were set up, men weren't involved because *MaiMwana* wanted women to determine and define their problems. *MaiMwana* wanted men to join in the next cycle of the project, but were unsure how to manage this integration. However, the introduction of *Phukusi la Moyo* and the radio listening clubs facilitated this integration because the men were able to participate with the Radio Listening Clubs.

- **The Partners have benefited through working together on other projects**

Both *MaiMwana* and the District Health Office partners feel they have benefited from the partnership with *Mudzi Wathu* and now use the radio station more frequently. The project has also increased the profile of *MaiMwana* and *Mudzi Wathu* within the community. *Mudzi Wathu* in particular, believe that the radio station has benefited from the introduction of *Phukusi la Moyo* because:

- It's improved the relationship between *Mudzi Wathu* and the community and increased their listenership;
- It's improved the relationship between *Mudzi Wathu* and NGOs and other the non-state actors such as *MaiMwana* who now also seek to involve *Mudzi Wathu* in their other activities and always remember that *Mudzi Wathu* could be involved.

- It's improved the relationship between the District Health Office and *Mudzi Wathu*. The District Health Office will now involve *Mudzi Wathu* with other campaigns e.g. Child Health Day or to highlight a measles outbreak. *Mudzi Wathu* hope that if *MaiMwana* and the District Health Office use the community radio station more frequently, then this will encourage other non-state-actors to use *Mudzi Wathu* to communicate their messages to the public.

*MaiMwana* feel that they played a role in ensuring that *Mudzi Wathu* went back on air in May 2009. Pressure from the partners also helped to ensure that *Mudzi Wathu* resolved the technical issues and started broadcasting in October 2010 after 4 months off air. COL's commitment to the project also played an important role in ensuring that the radio station has resolved technical problems in order to continue broadcasting.

Over the last 9 months, there has been a shift in attitudes amongst the partners to work to support *Mudzi Wathu* Community Radio Station more generally.

- **Improved networking between women's groups**

The women's groups requested that they would like to create a network between women's groups. The radio programme makes the women's groups feel part of a much bigger network and allows networking between different women's groups without the cost of travel.

- **Capacity-building**

The project has been led and delivered by a Malawian team and has developed local capacity in project management and fundraising.

- **Improved relations between healthcare workers and community members**

Health facility personnel are interviewed on the radio programmes and this means that the community are able to hear the names and voices of health workers. This is breaking down some of the barriers that prevent many women going to hospital, particularly the fear of being ill-treated by doctors and nurses. If community members hear healthcare providers speaking on the radio, they realise that the doctors and nurses are human. They also learn that doctors and nurses are under pressure and are busy and so might sometimes be abrupt with them.

- **Encouraging the use of more open language about health issues, plus greater understanding between health care workers and community members.**

*"In the past, people were not open to express feelings, so when they got tested, they didn't tell doctors how they were feeling and weren't able to be free about their feelings. They now know about their rights and not to violate the rights of others."*

Collium Kwauma, WG representative

- **Stimulating a discussion about local funding provision for the radio programme** and promoting the concept of sustainable local funding models that are not reliant on international funding.

## 6. Conclusions

### 6.1. The intended Outputs and Outcomes

The intended outcomes are appropriate because the outcomes are relevant to local needs and priorities. The need to improve maternal health in Malawi is illustrated by the available evidence; the national figure for maternal deaths is 984 per 100,000 live births<sup>ii</sup>, with neonatal deaths at 27 per 1000 live births<sup>iii</sup>. The outputs are appropriately chosen in that it is feasible that they may bring about the desired outcomes.

It is also important to recognise unintended peripheral outputs and outcomes of the project e.g. community empowerment and the increased role of men in maternal health issues. The partners and COL do recognise the importance of these outcomes. It is necessary to gather data that might illustrate these outcomes in order to convince potential funders of the wider benefits of the project.

### 6.2. The Activities

The activities are appropriate in order to bring about the outputs and the outcome because of the following characteristics:

- **Professional production of the programme**

*Phukusi la Moyo* is currently produced by professional radio producers who record interviews with the women's group members, the experts and edit the radio programme. In this context, 'professional production' refers to the fact that the programme's producers work for *Mudzi Wathu* Community Radio Station as their main occupation, have received some radio production training (usually locally and hands-on 'on-the-job' training) and receive honoraria/ payment for this occupation. These producers tend to come from the local district and have been completed secondary school education. The partners are all interested in the concept of fully participatory production (whereby all the content has been recorded by the women's group members and the programme has been edited by the women's group members).

Florida Banda commented that her impression was that the women's groups liked the professional production of the programme. Professional production has meant that the radio programme is a high-quality output that gives the radio programme credibility and is also more likely to engage listeners and bring about the desired outcomes.

- **A field based approach to content gathering** ensures that the communities are able to participate in programme production, which leads to an increased sense of ownership of the programme amongst the communities it is trying to reach. Hearing community voices on the radio programme also means that the target audience are more likely to engage with the content of the programme because they will consider the content to be relevant to them.
- **The approach to education and learning in evidence in the programme** – including the combination of on-air and off-air learning strategies, specifically the use of radio combined with community based learning groups.

- **The educational orientation of the programme**

The programme was established because the WGs asked for mass education about maternal health and so the primary goal of *Phukusi la Moyo* is to educate WGs about maternal health.

*“Phukusi la Moyo programmes are mostly educative and entertaining at the same time. They [the listeners] like them to be both educative and entertaining.”*

Florida Malamba Banda, MaiMwana

The Women's group reps consider the programme to primarily education (rather than entertainment) and feel this is the correct balance, with education being the priority. The DHO consider that they play an important quality control role in ensuring that the radio programme content is accurate and on-message.

*“The partners ensure that the programmes contain the right message and so has the correct impact on communities.”*

Anderson Chimbezi, DHO

Mikey Rosato gave an example of WGs mentioning messages they've heard on *Phukusi la Moyo*, many months after hearing the programme, for example, saying: “We know we need family planning because we heard it on *Phukusi la Moyo*.”

It is important to note that there are other educational influences in Mchinji such as Health Surveillance Assistants (HSAs) and the activities of MaiMwana.

*Interviewer: What have you learnt from the programme?*

*“I have learnt ways of avoiding malaria, by sleeping under protective nets, cleaning my house and by having toilets. I also have learned how to reduce maternal and child deaths and how to avoid HIV-AIDS.”*

Godfrey Frank, *Phukusi la Moyo* listener

*“We have learnt a lot that we didn't know before.*

*Men now accompany women to anti-natal clinic.*

*We have learned the causes of diseases.*

*We have learned the importance of attending the under five clinics, PMTCT, exclusive breastfeeding.*

*We know to take the full course of LA for malaria treatment.*

*We know the importance of hospital delivery.*

*We know not to start out too late for hospital, we know to leave early.”*

Members of Kacheje A,B,C Women's Groups

*“We learnt a lot from the programmes which we did not know before, the programmes have increased our knowledge and changed our behaviours and beliefs about pregnancy and childcare”*

*“In our village, most mothers were reluctant to start antenatal clinic early; to deliver at hospital; to exclusively breastfeed their babies and to go for HIV testing and were still practicing traditional practices. So it was a learning time for us to listen to the programme.”*

*“The programmes were educative.”*

*“We learn something from every programme.”*

*“[The programmes] have improved our lives; increased our knowledge and changed communities; behaviours on pregnancy and childcare; and attitudes on HIV/AIDs.*

Comments from the evaluation reports completed by WGs in September 2010

- **A Combination of on-air and off-air learning strategies**
  - **On-air learning strategies improve access to knowledge**

The women learn through listening to the programme which contains people's experiences, so this is an example of peer-learning and uses a similar strategy to the women's groups. The women's groups have 30 members who share their maternal health experiences. The radio allows them to share a wider range of experiences with a larger number

of women and also to hear from health experts. The women's groups say that since the introduction of Phukusi la Moyo the "knowledge is nearer to the community" because before Phukusi la Moyo started broadcasting, they would have had to travel to get the information that they are now able to get on the radio.

- **Off-air learning strategies are vital to facilitate learning and bring about behaviour change**

The radio listening club members also discuss what actions they will take as a result of listening to the programme. This element of group support is fundamental to learning and to bringing about behaviour change. Pask suggests that learning can occur through conversations about subject matter, which leads to knowledge becoming explicit<sup>IV</sup>. Mercer and Littleton argue that conversation exposes subject matter and that discussion can illuminate and heighten understanding<sup>V</sup>.

The partners were unanimous in their assertion that the off-air discussion that takes place after the radio programme at radio listening clubs is vital to consolidate learning and to generate actions that can lead to changes in care and care-seeking behaviours.

*"The discussion is important for the RLC to broaden understanding of the programme content."*

Anderson Chimbezi, DHO

*"Some of the WG members don't get all the information when they listen to the programme, so when they discuss the programme, they gain a common understanding."*

Florida Malamba Banda, MaiMwana

*"The RLC discussion after the programme is vital. When the women are listening to the radio, what one has heard is not the same as another. They often ask: what does it mean? If you don't get a point clearly, there is no one to correct you if you are listening alone."*

Pilirani Chimutu, Mudzi Wathu

*"When the WGs listen to Phukusi la Moyo, they share ideas and assist each other. They learn about the actions they should take, they discuss the actions. Without the discussion, there would be no actions."*

Collium Kwauma, WG rep

*"It is very important that every member participates in discussion. Then, after a women's group meeting, we take away and share what we have learnt with other community members."*

Kacheje A,B,C WGs

- **The role of participation by the primary target beneficiaries in the programme:**

- **The participatory aspects of the programme**

As highlighted by Pringle<sup>VI</sup>, a participatory approach to communication "enables people to go from being recipients of external development to being generators of their own development"<sup>VII</sup> by empowering people to be generators of their own content and programming rather than recipients of one-way, top-down messages.

- **Participation in decision-making**

The Women's Group's elected representatives play a crucial role in ensuring that the WGs can participate in the decision making process. It would be impossible to involve 3,000 listeners in the decision-making process, so the representatives do so by visiting different WGs to gather feedback and suggestions and contributing to the core-team meetings on behalf of the WGs.

However, the community of Women's Groups is such a large partner that it is very difficult to ensure that it is adequately represented. Each of the 200 women's groups elects 3 people to sit on the Zone Committee. Each of the 24 Zone Committees elects 3 people to sit on the 4 Nodal Committees. Each Nodal Committee elects 3 members to sit on the District Committee which nominates three members to represent the Women's Groups on the Core Team of Partners. As nominees of the District Committee, the 3 representatives work hard to be the voice of the wider community, but it is not possible for these three individuals to fully represent over 3000 community members. Therefore, the communities are underserved as a partner and it is important to enhance their representation.

One mechanism which could allow greater numbers of the wider community to participate in the programme and to put their ideas forward would be to hold phone-in programmes. The partners are also considering the use of a suggestion box in the community where community members can ask questions and suggest changes. It is important to note that the RLC reports do give the communities an opportunity to input into the project and feedback their suggestions and ideas. However, currently, no one is reading these reports and the producers of the programme do not even receive a copy of the report, so this feedback loop is unsuccessful.

- **Participation in the programme design and content**

When the Producers go to the field they ask the WGs whether to include a drama or a song in the programme and endeavour to encourage WGs to play a role in developing the structure of the programme. This step in the process

very much relies on the skills of the producer to involve the WGs in the programme design. With the challenges in staff turnover and availability currently faced by *Mudzi Wathu* with respect to the production of *Phukusi La Moyo*, it is important to ensure that new producers are endeavouring to involve WGs in decision-making associated with the programme structure and design.

The WG members are involved in the programme content in that they are interviewed by the Producer and their voices are a key characteristic of the programme. The inclusion of the community voices means that the community feel that they own the programme, instils a sense of audience loyalty and facilitates learning through peer education.

- **Participation through listening, discussion and constructive feedback**

The process of actively listening to the programme as part of a formal group is an important step in the WGs participation, as is the ensuing discussion that could be viewed as an off-air extension to the programme.

Possibly even more important is the completion of the RLC reports, which provides an opportunity, not only for the WGs to reflect on the learning gained through listening to the programme, but also to comment on the quality of the programme, suggest changes and make any further comments about *Phukusi La Moyo*. This is an important feedback opportunity for the WGs, but the evaluation reports completed by the WGs in September 2010, along with my interviews with the partners suggest that this feedback step might need reinforcing if it is to be fully effective.

*“Zone Facilitators should follow-up on action points in the radio listening reports.”*

*“The office should feedback on these reports in order to reassure the groups that they are being reviewed and motivate the groups to complete the reports.”*

Comments from the evaluation reports completed by WGs in September 2010

The RLC reports are currently received by MaiMwana where the team look at them, if time allows. They are not read by the team at *Mudzi Wathu* which is a key step to ensure that the feedback loop is operating effectively. Sometimes, the WGs representatives will bring RLC reports from the WGs to the core team meeting and may flag up key points arising in the RLC report. However, the main business of the core team meeting is to review *Phukusi la Moyo* programmes for future broadcast and there is limited opportunity to review the RLC reports or reflect on feedback. Mikey Rosato also mentioned that there might be a need to carry out some further training to ensure that the WGs know how to complete the RLC reports effectively.

### **6.3 The role of the partners**

The partners have been the essential driving force behind this project, and motivation and commitment amongst the partners has been high throughout the project.

In October 2009<sup>viii</sup>, effective collaboration between the partners was identified as one of the key success factors of the radio programme. Although the partners have remained very committed to the programme, this collaboration has been particularly strained by:

- the technical problems at *Mudzi Wathu* resulting in *Phukusi la Moyo* being off air for a prolonged period;
- the uncertainty about the long-term funding of *Phukusi la Moyo*.

The combined problems of *Mudzi Wathu* being off air and the uncertainty regarding funding have led to the following challenges to the partnership:

- The momentum and dynamic of the group has been damaged by the cessation of the fortnightly meetings (while *Phukusi la Moyo* is off-air, there are no programmes to review and no funding is available to support their meetings). The core team are therefore interacting less and so collaboration has suffered. With this in mind, Florida Banda has tried to maintain the group dynamic by bringing the partners together for a review meeting in August 2010 that was very successful.

In October 2009, one of the reasons why the partners were working so well together was because there was clarity regarding the roles and responsibilities of partners. As a result of the current funding and technical challenges, this understanding has become less clear. For example, the responsibility for securing long-term funding for the initiative should be shared by all the partners. In October 2010, there was a concern that this responsibility appeared to fall to MaiMwana, however recent developments suggest that the partners are all committed and motivated to working together to seek funding for the programme, for example the Women’s Groups are going to start contributing small amounts to ensure that the project continues and radio programme is produced and broadcast. In October 2010, the core team were concerned that their responsibility should not extend to securing funding for *Mudzi Wathu* more generally and should be focussed on *Phukusi La Moyo* only. However, over the last 9 months, there has been a shift in the attitude of the core team and they are now working together to develop additional funding streams for *Mudzi Wathu* Community Radio Station. This is due to the realisation that the sustainability of the Community Radio Station is crucial to the success of the *Phukusi La Moyo* radio programme.

- **Choice of partners**

The inclusion of elected women’s group representatives in the core team creates a sense of ownership of the programme amongst the community. The inclusion of District Health Office representatives brings health expertise to

the core team and gives authority to the health messages. The District Health Office partners feel that their input is important in order to ensure that the health messages included in the programme are correct and accurate.

#### **6.4 Gender Issues**

The project's primary audience are rural women in the Mchinji district. The project seeks to address a need for maternal health information and education that was identified by the community of women themselves. The project therefore focuses on women as learners and focuses on issues that have been identified as being important to women.

In Malawi, maternal health issues are considered to be the concern of women only and traditionally, men do not play a key role in maternal health care and infant care. This project has a secondary aim to increase male involvement in maternal health issues by demonstrating that men can play an important role in ensuring that women and babies stay healthy during and after pregnancy. The role of men during pregnancy and childbirth has been addressed directly within the content of the programmes.

When the radio programme was introduced to the Women's Groups, men were invited to become members of the Radio Listening Clubs. It was recognised by the Core Team of Partners that male involvement was essential if the project was going to have a significant impact on maternal health. There was some concern that integration of men might be difficult of that the men might dominate the groups, however the introduction of the radio programme helped to ensure that men were introduced to the project in a way that was both constructive, collaborative and sustainable.

#### **6.5 The quality of the management & implementation of the activities**

The management and implementation of the activities has been very successfully driven and delivered by the core team, but have been challenged by two key factors: a lack of sustainable funding and technical problems at Mudzi Wathu.

#### **6.6 COL's direct and indirect contributions to this project**

COL's direct and indirect contributions to this project have had a significant and positive impact.

*"COL bought a rigour to the project, for example by partnering us with Story Workshop. COL's focus on the quality of the radio programme really had an influence on the whole project."*

Mikey Rosato, MaiMwana

COL's involvement as a funder has been crucial to the project and this support was predicated on the promised support from the DHO. Despite the difficulty in securing more than a few months support from the DHO, the project has been included in their District Implementation Plan (DIP) which indicates that the DHO recognises a value to the approach, even if it has been difficult to mobilise the support. More work should be done to understand what the initial commitment and ongoing promises meant and why the support never materialised on an ongoing basis. The key reasons why the partners have not been able to secure the promised funding from the DHO or the District Authorities are:

- 1) A high turnover of DHOs (7 in 5 years) which means that the partners need to reintroduce the project to a new DHO every 6-9 months and makes it difficult to maintain the project high on the DHO's list of priorities.
- 2) The alternative techniques used by the DHO for health messaging are an important source of income for a wide community, including DHO staff.

Discussions as part of this project emphasised two points: there was also a strong focus on developing a local and sustainable funding solution for the programme from the outset. Although unsuccessful to date, this approach has stimulated a discussion about local funding provision for the radio programme and promoted the concept of sustainable local funding models that are not reliant on international funding. The partners are also still hopeful that funding will be forthcoming.

COL/Ian appreciates the challenges to implementing these projects and has stuck with the project despite a number of technical problems at Mudzi Wathu Community Radio Station that have caused long breaks in the transmission of Phukusi La Moyo. This understanding and belief – demonstrated by COL/Ian – has given the partners motivation to continue to work on and deliver the project, even when faced with technical challenges and funding difficulties.

Also, COL/Ian recognises the benefits of the unintended outputs and outcomes in addition to the process-related outcomes that aren't purely related to learning or behaviour change, for example the women may benefit from the RLCs in more ways than through the health benefits resulting from behaviour change for example empowerment, the interaction between men and women, the role of men in maternal health issues.

COL also believes in supporting Community Radio Stations and this has been really important to the continued collaboration of the four partners involved. Many of the listeners would like the programme to be broadcast on the private national broadcaster, Zodiak Broadcasting Station, but COL and the partners have remained committed to *Mudzi Wathu Community Radio Station*.

COL also believes in gathering evidence and monitoring the project and in developing robust research where possible, hence the research proposal planned for late 2011. The relationship between the partners and COL/Ian has also

introduced the partners to a wider community media network and provided opportunities to the partners to travel to workshops in order to learn and develop these networks.

## 6.7 Lessons learned

### 6.7.1 Regarding the project

- The need to focus on financial sustainability when initially designing and developing the project, alongside its implementation and delivery.
- The importance of the ownership of the Community Radio Station: if accountability with regard to ownership is lacking, then this can create difficulties in securing funding locally.
- Recognise all of the project outcomes, including those that are unintended, and find ways to highlight, report and communicate these outcomes.
- It is necessary to ensure that a representative of the District Commissioner (e.g. the Social Welfare Officer) also joins the core team, in order to create a link to the District Commissioner and develop a sense of ownership over the project within the District Authorities, beyond the DHO.
- The partners on the core team need to have sufficient influence in the organisations that they are representing in order to ensure that the heads of those organisations e.g. the DHO are supportive of the project. This could be achieved by:
  - Higher ranking officers e.g. Tambosi Phiri from MaiMwana should attend a core team meeting every quarter or six-months.
  - The DHO reps meeting with the DHO after each meeting to feedback on progress or at least provide the DHO with the meeting minutes so that the DHO is aware of the project and developments.

### 6.7.2 Regarding the conduct of M&E

- It is important to recognise that this reporting deadline was not well suited to the timescales of the project.
- Where possible, more time should be given for the M&E process.

## 7. Recommendations

### 7.1. Recommendations and considerations for Commonwealth of Learning

- Improve two-way communication between Commonwealth of Learning and MaiMwana regarding the status of the radio programme. This could be achieved by instigating a brief monthly update from MaiMwana to COL that could be set up automatically using a template and an email prompt system from COL to MaiMwana.
- Support research that explores the size and use of communication budgets of District Health Offices and Health Ministries. This research should compare the cost and success of different communication techniques used by the public health sector with the use of radio for health messaging, with a particular focus on community radio (Please see Annex 4 for details).

### 7.2 Recommendations for Policy Makers

- The Government could facilitate the development of community radio stations by encouraging or instructing government offices and officials to use community radio stations as a method of communicating messages to the Malawian public. When they do use radio, government bodies tend to use MBC rather than the CRS, but need to realise that they could reach additional people if they broadcast programmes on both stations. This would build relationships; support a service approach by the radio station, as well as contributing financially to the stations for the services rendered.
- Regional state organisations should be encouraged to use community radio stations to support their objectives through mass messaging campaigns.
- If the Government had a small budget that could give small grants to community radio stations, it would make a huge difference to the sustainability of community radio stations.
- The Government should acknowledge and reward (through investment) the contribution that Community Radio Stations make to human resource development through the training and development of individuals (many of whom are school leavers) who go on to become skilled radio professionals or move onto careers in media and development.

Most of the challenges to this project are closely related to the sustainability of *Mudzi Wathu Community Radio Station*, so through supporting the sustainable development of CRS, this programme would have a greater chance of success.

### 7.3 Suggested steps for creating an enabling environment for community radio stations

#### 7.3.1 Develop partnerships

- Promote the development of **partnerships between community and national radio stations**. The partnership between Zodiak Broadcasting Station and Mudzi Wathu brings benefits to both partners and without this partnership, Mudzi Wathu might still be off air.
  - National radio stations such as MBC should not view community radio stations as their competitors but appreciate that they are important for a healthy broadcasting landscape.

- In Mozambique, all community radio stations opt in to the national radio station for the main news bulletin at 7pm. This could also work in Malawi, where community radio stations could opt in to one of the national radio stations (ZBS/MBC) for the evening news slot. This would benefit the national radio station by increasing their news reach and would benefit the community radio stations because listeners would not tune to the national stations (and away from the community radio stations) for the news.
- Promote the development of a **community radio station network** in Malawi. There are only 5 community radio stations in Malawi and they are isolated by geography and limited communications. A network would reduce the isolation of the community radio stations and would also have other benefits, for example:
  - Facilitate the sharing of radio content;
  - Facilitate the sharing of expertise and experience;
  - Allow community radio stations to pitch for joint sponsorship which would allow funders to reach a larger audience through broadcasting on more than one community radio station;
  - Increase the power of community radio stations to lobby organisations such as the Malawi Communications Regulatory Authority MACRA or to develop strategic partnerships with national radio stations.
- Develop partnerships between community radio stations and **their service providers**. *Mudzi Wathu* has a high number of monthly payments to utility companies. Partnerships could be usefully developed with these companies in a way which would allow community radio stations to pay these organisations in-kind, for example, the tower which houses *Mudzi Wathu's* transmitter belongs to MTL (Malawi Telecoms Limited) and *Mudzi Wathu* has to pay rent. If *Mudzi Wathu* could pay for this service through advertising the services of MTL, it would be a huge benefit to the CRS.

### 7.3.2 Attract NGO/private/government investment in community radio stations through programme sponsorship and advertising

- Raise awareness of the power and impact of community broadcasting as a communication strategy.
  - Support research that will measure and evaluate the success of projects that use community radio to deliver messages to mass audiences.
  - Publicise research findings through research publications and the media.
  - Encourage programme funders to include money to carry out monitoring and evaluation research.
- Raise awareness amongst potential sponsors about the low relative cost of sponsoring radio programmes and the large audiences that can be reached
  - Carry out a comparison of the relative costs and success of different outreach strategies
  - Support research that will measure the audiences of different radio stations.

### 7.3.3 Lobby for recognition of the role that community radio stations plays for public good in Malawi

- 11 Encourage the regulator, MACRA, to appreciate the needs of the community radio stations and to discount the fees that community radio stations have to pay to MACRA. Community radio stations have to pay MACRA over 90,000 Malawian kwacha per year (US\$600) for the broadcast frequency and the STL frequency.
- 12 Membership fees for organisations such as the Media Institute of Southern Africa (MISA) are very high (10,000 Malawian kwacha per year). In order to receive any benefits, community radio station staff also need personal membership at 3,500 Malawian kwacha per year. In addition, the fee for the Media Council of Malawi is 25,000 Malawian kwacha per year. These fees place a cost burden on community radio stations and it would significantly benefit community radio stations if the fees were discounted in recognition of the public service role they play in Malawi.

### 7.3.4 Educate donors about CRS

Create awareness amongst donors that it is very important to build capacity within a CRS. Many donors establish CRS, provide equipment and leave before building capacity and expertise for the station.

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<sup>i</sup> National Statistics Office Malawi (2008) Population and Housing Census: Preliminary Report

<sup>ii</sup> National Statistics Office Malawi, OCR (2004) Malawi demographic and health survey

<sup>iii</sup> Ibid

<sup>iv</sup> Pask, G. (1975) Conversation, cognition and learning: a cybernetic theory and method. New York, Elsevier.

<sup>v</sup> Mercer, N. and Littleton, K. (2007) Dialogue and the Development of Children's Thinking: A socio-cultural approach. Abingdon and New York, Routledge.

<sup>vi</sup> Pringle, I. (2010) Learning dialogues: The role of participation in community-based educational media programming

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<sup>vii</sup> Bessette, G. (1996). Development Communication in West and Central Africa: Toward a Research and Intervention Agenda. In G. Bessette, & C. Rajasunderam (Eds.), *Participatory Development Communication* (pp. 9-36). Penang: Southbound.

<sup>viii</sup> Wood, C. (2009) Review Report: PHUKUSI LA MOYO: A participatory educational radio programme about maternal and child health

## Phukusi La Moyo

### A participatory educational radio programme about maternal and child health

#### Commonwealth of Learning Monitoring & Evaluation Report

Cathryn E Wood

#### Annexes

##### Annex 1: Data collection instruments

###### Interviewees

- Members of the Radio Listening Club, Mavwere, Mchinji (October 2010)
- Pilirani Chimutu, Station Supervisor, Mudzi Wathu Community Radio Station
- Steve Chimutu, Producer, Mudzi Wathu Community Radio Station (October 2009)
- Mikey Rosato, Technical Advisor, MaiMwana
- Florida Malamba, MaiMwana Senior Women's Group Supervisor, MaiMwana
- Mrs Mittochi, Senior Clinical Officer, Mchinji District Health Office
- Mr Semu, Information and Education Co-ordinator, Mchinji District Health Office (Oct 2009)
- Mr Chimbezi, Information and Education Co-ordinator, Mchinji District Health Office (2010 and 2011)
- George Jobe, CRECCOM (Creative Center for Community Mobilization)
- Collium Kwauma and Richard Mtopola, Elected Women's Groups Representatives
- Godfrey Frank, *Phukusi La Moyo* Listener who is not a member of a Women's Group

###### Interview Schedule – Focus Areas:

- collaboration between local groups (e.g. MaiMwana, Mudziwathu, local authorities, community groups and members), including the functioning of the programme design workshop (2009) and the ongoing operations of the programme's Core Team;
- The reach of the programme among target populations in Mchinji;
- The approach to production of the radio content, including the use of paid producers and a field-based approach to content gathering;
- The approach to education and learning in evidence in the programme, including the combination of on-air and off-air learning strategies, specifically the use of radio combined with community-based learning groups;
- The role of participation by the primary target beneficiaries in the programme;
- Gender considerations in the programme, including both the role of women and men and the degree to which gender analysis has been involved;
- Programme quality, both in terms of a media production (including the appropriateness of media used) and a health education programme, and measures taken for quality assurance;
- Strategies for monitoring and evaluation of programme processes, outputs and outcomes;
- Track record with and prospects for sustainable operations, including a comparison with other health promotion strategies employed by the DHO;
- Evidence of learning achievements and or changes to health seeking behaviours and maternal health outcomes; and
- Any unintended outcomes, e.g. changes in the way the radio station or the community health project operates.

##### Annex 2: Evaluator terms of reference

In the context of COL's work using media as part of open and distance learning and a longitudinal study on a significant activity in COL's Healthy Communities initiative, the Consultant carried out qualitative reviews of the programme, *Phukusi la Moyo* in October 2009 and October 2010 resulting in two different reports. The Consultant will carry out a third follow-up review of the *Phukusi la Moyo* programme and, based on the project documents and reviews conducted to-date, evaluate the activity according to COL guidelines in Annex 1.

The Consultant shall be responsible to:

1. Interview representatives of members of the following groups, as possible, in order to gather follow-up information to the 2009 and 2010 reviews and to assess the *Phukusi la Moyo* programme:
  - MaiMwana women's groups;

- MaiMwana Project;
  - Mudzi Wathu Community Radio; and
  - Mchinji District Health Office (DHO).
2. Produce an evaluation report about the *Phukusi la Moyo* programme (2-3000 words) based on investigations and documentation of success factors and barriers, including:
- i. Continued collaboration between local groups (e.g. MaiMwana, Mudziwathu, local authorities, community groups and members), including the functioning of the programme design workshop (2009) and the ongoing operations of the programme's Core Team;
  - ii. The reach of the programme among target populations in Mchinji;
  - iii. The approach to production of the radio content, including the use of paid producers and a field-based approach to content gathering;
  - iv. The approach to education and learning in evidence in the programme, including the combination of on-air and off-air learning strategies, specifically the use of radio combined with community-based learning groups;
  - v. The role of participation by the primary target beneficiaries in the programme;
  - vi. Gender considerations in the programme, including both the role of women and men and the degree to which gender analysis has been involved;
  - vii. Programme quality, both in terms of a media production (including the appropriateness of media used) and a health education programme, and measures taken for quality assurance;
  - viii. Strategies for monitoring and evaluation of programme processes, outputs and outcomes;
  - ix. Track record with and prospects for sustainable operations, including a comparison with other health promotion strategies employed by the DHO;
  - x. Evidence of learning achievements and or changes to health seeking behaviours and maternal health outcomes; and
  - xi. Any unintended outcomes, e.g. changes in the way the radio station or the community health project operates.
3. Identify individuals who are able to support research and translation and engage local translators.

### **Annex 3: Contributors**

**I would like to thank all the people I met and interviewed as part of this research:**

- George Kalungwe, Zodiak Broadcasting Station
- Kent Mphepo, Executive Director, Story Workshop
- Smith Likongwe the Director of Programs, Story workshop
- Mr George Jobe, CRECCOM (Creative Center for Community Mobilization)
- Members of the Radio Listening Club, Mavwere, Mchinji
- Pilirani Chimutu, Station Supervisor, Mudzi Wathu
- Steve Chimutu and Martha Sguzo Dzanja, Producers at Mudzi Wathu
- Mikey Rosato and Florida Malamba, MaiMwana
- Mrs Mittochi, Senior Clinical Officer, Mchinji District Health Office
- Mr Semu, Information and Education Co-ordinator, Mchinji District Health Office
- Mr Chimbezi, Information and Education Co-ordinator, Mchinji District Health Office
- Ian Pringle, Education Specialist, Community Media, Commonwealth of Learning

### **Annex 4: Project Timeline**

April 2009 Training workshop

May 2009 – first two programmes of Phukusi La Moyo are broadcast on Zodiak Broadcasting Station (due to technical problem with Mudzi Wathu CRS)

June 2009 – Third programme of Phukusi La Moyo broadcast on Mudzi Wathu Community Radio Station  
Programmes broadcast weekly

Oct 2009 – First evaluation by Cathryn Wood

June 2010 – Mudzi Wathu Community Radio Station stops broadcasting due to technical problem  
PLM is not broadcast for 4 months, whilst Mudzi Wathu Community Radio Station is off-air

Oct 2010 – second evaluation by Cathryn Wood  
Oct 2010 – Mudzi Wathu Community Radio starts broadcasting again  
Nov 2010 – Mudzi Wathu repeats the broadcast of 52 Phukusi La Moyo programmes  
August 2011 – Third Evaluation by Cathryn Wood

## **Annex 5: Summary of evaluation reports completed by Women's Groups in September 2010**

### **1. Introduction**

PLM evaluation forms were sent to 48 Women's Groups across the district (2 Women's Groups per zone) in September 2010. By 12 October 2010, 32 of the 48 forms have been completed and returned to MaiMwana. It should be noted that as of 12 October 2010, Mudzi Wathu Community Radio Station had been off-air due to technical issues since 19 June 2010 and so Phukusi La Moyo had not been broadcast for nearly 4 months.

### **2. The Phukusi La Moyo evaluation form**

The evaluation form requested the following information from the Women's Groups:

Name of Supervisor

Nodal Office

Group name/ID

Zone ID

Which PLM programmes did you like the most?

Why did you like these particular programme(s)?

Which of the programmes did you not like most?

Why did you not like these particular programme(s)?

What changes can be made to PLM programmes to suit your needs?

What lessons have you learn from Phukusi La Moyo and have brought changes to your lives?

The programmes' funds have phased out. What contributions can you make to keep the programme running?

What are your general comments on the programmes?

### **3. Evaluation Report Headlines**

21 of the 32 completed evaluation forms said that the Women's Group would be able to make small monthly contributions of between MK50 to MK500 to ensure that PLM is able to continue.

19 of the 32 completed evaluation forms requested that the programme should be aired on a station with better and more reliable reception such as Zodiac Broadcasting Station. This result is partly due to the fact that Phukusi la Moyo has not been broadcast since Friday 18 June 2010 due to Mudzi Wathu Radio Station's technical problems. This has resulted in some frustration amongst the Women's Groups who want the programme to return. It is also true that some Women's Groups are not able to receive reception for Mudzi Wathu (when the station is on air) due to their geographical location. This will also have influenced the number of requests for the programme to be broadcast on Zodiac Broadcasting Station rather than Mudzi Wathu.

21 of the 32 completed evaluation reports cited that the women's groups had learnt that it was important to go to the health clinic early in order to deliver their babies. The Phukusi La Moyo programme on this subject was also most regularly cited when the Women's Groups were asked which programme they liked most. In addition, 7 reports said that the women's group had learnt that they should not give birth with the Traditional Birth Attendants.

### **4. Common themes within responses**

#### **4.1 Favourite Phukusi La Moyo programmes**

Popular programmes included: (out of 32)

Importance of hospital/health facility delivery (16)

Reasons cited included:

At health facility, problems can be identified and attended to

The clinic has all the necessary equipment

Lives can be saved if there are complications

The chance of maternal deaths will be reduced

HIV/AIDS management and Prevention of Mother to Child Transmission (PMTCT) (9)

Importance of male involvement in maternal issues and pregnancy (9)

Reasons cited included:

"The message in this programme was very helpful to women as men mostly don't care much during pregnancy"

Importance of early ANC visits (7)

New roles for Traditional Birth Attendants (7)

Childcare from birth to 6 months (6)

Family planning (8)

Rights, roles and responsibilities of doctors, patients and guardians (7)

Reasons cited:

"Because they discussed the bad practices that are happening to women and babies at the clinic e.g. how women are treated"

Vulnerable and orphan care (4)

Protecting children from abuse, violence, accidents and trafficking (4)

Traditional beliefs and practices in pregnancy and new born care (4)

Prevention of cholera and diarrhoea (4)

Birth preparedness (2)

Importance of exclusive breastfeeding (2)

Importance of completing the dose of the anti-malarial, LA (2)

Not taking labour-inducing drugs (5)

Reasons cited included:

The programme told us the danger of using such drugs

Patient rights at hospital (2)

Hygiene and sanitation (2)

Home hygiene

Danger signs in pregnancy (3)

Danger signs in new born babies (2)

Importance of attending under-5 clinics

The signs and care of children with malnutrition

Reasons cited included:

Because they learnt how to prevent malnutrition

Smaller IGAs

#### **4.2 Reasons given for why Women's Groups liked particular programmes**

The following comments were written by the Women's Groups when they were asked why they liked the above Phukusi La Moyo programmes:

##### **On learning, knowledge and changes in attitude and behaviour**

"We learnt a lot from the programmes which we did not know before, the programmes have increased our knowledge and changed our behaviours and beliefs about pregnancy and childcare"

"We learnt new things which we did not know and the community (non-members) learnt more from the programmes, especially on pregnancy issues and childcare, hence people's behaviours have changed and people appreciate the idea of being in the MaiMwana Group."

In our village, most mothers were reluctant to start ante-natal clinic early; to deliver at hospital; to exclusively breastfeed their babies and to go for HIV testing and were still practicing traditional practices. So it was a learning time for us to listen to the programme.

[The programmes] have improved our lives; increased our knowledge and changed communities; behaviours on pregnancy and childcare; and attitudes on HIV/Aids.

"Because they taught us what to do and [what] not to do on maternal issues".

##### **On changing attitudes and behaviour**

"Because the message in the programmes have changed peoples' attitudes, e.g. on prevention of cholera, most people have dug pit latrines in their homes"

The programmes teaches real issues in daily life, have increased and equipped people's knowledge, ideas and changed behaviours and attitudes.

##### **On learning and acquiring knowledge**

We learnt something from every programme.

"They taught us what we didn't know"

The programmes were good, interesting, educative and have added/ increased our knowledge on safe motherhood issues, HIV/AIDS, orphan care, child abuse and childcare. It was like a learning ground for us.

"Because what we in them taught us what safe motherhood is all about"

"The programmes were educative"

"Because they taught us many things"

## On relevance to the experiences of the Women's Groups

"Programmes were practical; they depicted what always happens."

"Because what was being aired in those programmes is exactly what happens"

"We learnt a lot from the programmes. Some of the issues were actually happening in our village, so the programmes have changed our lives."

"The programme teaches real life issues. We always learnt something from the programme".

"Because what was aired in those programmes is what happens"

## Empowerment

**"By knowing the problems it is easy to find their solutions or alternatives"**

**Kavina Women's Group (ID: 3306, Nodal Office Kapiri)**

## 4.2 Disliked programmes and reasons

Only 5 out of the 32 completed evaluation forms included details of a programme that the Women's Groups didn't like. Specifically, these programmes were:

- The programme about delivery, on account of the obscene language used;
- The programme about traditional medicine, on account of the obscene language used which was not suitable for children and the fact that it was not well presented;
- The programme about unwanted cultural beliefs, because the programme 'was not well-aired', the voice was not clear and there was no summary at the end of the programme;
- The panel discussion because during the discussion regarding nurses' negligence during delivery in labour wards and the delays to attending to women with labour pains, the Traditional Authority (the Chief) of Mavwere Community supported the nurses rather than remaining neutral in order to solve the issue;
- The programme on Kuyika mwana ku malo because it was embarrassing.

## 4.3 Suggested changes (in 32 reports)

There were a number of common responses to the question asking what changes should be made to the programme:

The programme should:

be broadcast on another station with more reliable and wider coverage across the district (19/32). 15 of these reports

requested that the programme should be broadcast on Zodiak

be recorded at every group and in all zones (7/20) (2/8) (2/4) = (11)

include more dramas (4), poems (2) and comedies (1)

be aired twice a week (3)

extended to 60 minutes (2)

maintain its 30 minute duration (1)

be broadcast at 2pm (1)

Mudzi Wathu should improve its reception and technical problems (1)

All women's groups should be given radios (2??/20) (5/8) (2/4) = (10+)

Phukusi La Moyo should:

include more competitions and prizes such as radios (3??/20) (0/8) 0/4 = (5+)

include more programmes about child care (1)

include more programmes about domestic violence (1)

include more programmes about HIV/AIDS (1)

Songs should:

be relevant to the programme subject (3)

not be in a languages that we don't understand (e.g. Ngoni) or should be translated (2)

be reduced in number (1)

Radio Listening Reports completed by the Women's Groups

The office should feedback on these reports in order to reassure the groups that they are being reviewed and motivate the groups to complete the reports. (1)

Zone Facilitators should follow-up on action points in the radio listening reports. (1)

HSAs should support communities by reminding and encouraging them to follow what has been discussed and learnt from the programme (1)

## 4.4 Lessons learnt (out of 32 reports)

The evaluation reports cited the below lessons that had been learnt by the women's groups:

To go the health clinic early for delivery (21)  
 "Rushing to hospital when pregnant women experience danger signs"  
 Going to the hospital when pregnant for vaccinations  
 Avoid bad practices and beliefs and traditional medicine during pregnancy (e.g. the use of labour-inducing herbs) (9)  
 Importance of early attendance to antenatal clinic (9)  
 Importance of attending under-5 clinics  
 The dangers of delivering with the Traditional Birth Attendant or at home (7)  
 The new roles of the Traditional Birth Attendants  
 To increase our uptake of health services and health seeking behaviour (4)  
 Good behaviours for safe motherhood  
 Importance of good nutrition for both women and children (4) and eating of all food groups  
 6 months exclusive breastfeeding (3)  
 How to prepare for newborn baby (2) and avoid use of herbs  
 How to care for our new-born babies (3)  
 Importance of male involvement with pregnancy (2)  
 being accompanied by a man when attending antenatal clinic (2)  
 men should help wives to do household chores during pregnancy  
 How to care for our homes and house hygiene (7)  
 Importance of good hygiene and sanitation (2)  
 To sleep under bed nets (2)  
 Malaria prevention (2)  
 Cholera prevention  
 To practice family planning  
 How to care for orphans and vulnerable children (2)  
 To protect children from violence, accidents and trafficking  
 To advise children to walk in groups to protect them from abuse and trafficking  
 Openness with our children about HIV/AIDS issues  
 Tolerance with people infected with HIV/AIDS  
 Increase HIV/AIDS testing and counseling in pregnant women  
 About the prevention of maternal to child transmission (PMTCT)  
 How to behave at the clinic i.e. roles and responsibilities of doctors, patients and guardians  
 We should listen to the radio as a group (2)  
 About the need to strengthen group cohesion

#### **4.5 Contributions**

As detailed above, 21 of the 32 (66%) completed evaluation forms said that the Women's Group would be able to make a small contribution to the programme. The contributions offered varied from MK50/month to MK500/month, with a mean value of MK 255/month and a median value of MK200/month. If 60% of the 250 Women's Groups were able to contribute MK200/month, this would generate MK30,000. This amount would not provide sufficient funding for the programme, however it might meet the funding shortfall that has arisen since the District Health Office began funding the programme. The budget in the first year of the programme was MK120,000 per month, but the District Health Office will only provide MK70,000 per month and so the budget does not include sufficient funding for fortnightly meetings or the involvement of the community representatives. Providing that it can be collected without too much difficulty, a MK30,000 contribution from the Women's Groups could meet this funding shortfall. MaiMwana are confident that it would not be logistically difficult to collect these funds, their only concern is that this approach would only work if ALL Women's Groups were able to contribute. Upon discovering that some Women's Groups were not contributing to the continued broadcasting of Phukusi La Moyo, those Women's Groups who were contributing would cease to provide any funds.

In addition, three Women's Groups said that they'd be able to provide a contribution for the radio producers to travel to their community to record interviews. One women's group offered to travel to Mudzi Wathu to be interviewed for Phukusi La Moyo. Two Women's Group offered to provide food for the radio producers who would be recording interviews with the community (both groups also offered MK300/month).

#### **4.6 Comments (32 reports)**

Some Women's Groups said that Mudzi Wathu should re-open. The overwhelming response to this question was that Phukusi La Moyo should continue. The Women's Groups provided the following reasons why the programme should continue:

The programmes were very educative and interesting, not only to the Women's Groups, but also to all people who were listening to the programme.

We (communities) have benefited from the programmes and it has really changed our lives.

The programme should continue for us to be equipped with more knowledge on maternal and childcare.

Phukusi La Moyo:

has indeed changed people's behaviours.  
has brought changes and improved our lives.  
teaches new behaviours and has increased our knowledge on maternal and childcare issues.  
has changed people's perceptions on maternal and childcare issues, and childcare has improved.  
Provides "good messages to many people and many have learnt what MaiMwana is doing in Mchinji".  
Carries strong messages.  
is helpful.  
It has helped the communities to:  
"understand safe motherhood".  
"change some behaviours"  
"learn many things unknown by our follow groups".

Many of the reports included thanks to MaiMwana for initiating the radio programme. The Matsimbe Women's Group (ID3707, Mkanda Nodal office) requested that the programme should be broadcast in the Khalamba Zone.

#### **Annex 6: Details on alternative communication strategies**

It is recognised that communication is a vital part of public health delivery and the public health sector in Malawi does have small communications budgets that are intended to fund health messaging. Further analysis to establish the size and use of these health communication budgets is necessary. However, a brief analysis of the communication strategies used by the Mchinji District Health Office and their associated costs suggests that the most popular communication technique is to hold "open days" – one day themed events during which people are entertained by local dancers and traditional entertainment. Each open day has a key health message, (e.g. exclusive breast-feeding or how to prevent diarrhoea) which is promoted to the audience. Other outreach activities employed by the District Health Office may involve drama performances by theatre companies.

The use of radio to promote health messages is not widely used by District Health Office Communication teams. This is thought to be due to a number of factors and perceptions:

- Radio is not thought to be 'targeted' enough in reaching particular populations (there is a sense that the radio is more indiscriminate in reaching its audience which may or may not include the target audience);
- There is uncertainty about exactly who is listening to the radio programme (compared with an open day where the audience is visible and present); and,
- There is a perception that radio is more expensive than other health messaging techniques.

If health communication offices were to utilise community radio stations for their health messaging activity, this would create a mutually beneficial sustainable model that would address the goals of the communications officer, provide sustainable funding for community radio stations and reach large audiences with priority health messages.

Communication strategy	Further information	Costs	Duration (intervention period)	Reach (number of people reached)	Impact (as perceived by DHO reps)	Advantages	Disadvantages
<p><b>Open day,</b></p> <p>a one day event which involves entertainment (traditional dancers) and education about key health messages (e.g. exclusive breast-feeding or preventing and managing diarrhoea)</p>	<p>Events are located in a place where people from the surrounding area can congregate.</p>	<p><b>600,000 MK</b></p> <p><b>US\$4,000</b></p> <p>Breakdown:</p> <p>Personnel costs; snacks; refreshments; allowances; incentives for dancers and actors; equipment hire, electricity generator and fuel; operators and transport.</p>	<p>4-5 hours</p> <p>(1 day)</p>	<p>Recent open days in Mchinji reached 720, 450 and 399 people respectively</p>	<p>*Effective method of getting one clear message to a community</p>	<p>* Non-exclusive; anyone can attend</p> <p>* Different focus for each open day e.g. exclusive breast-feeding</p>	<p>* Expensive</p> <p>* Geographically - specific</p>
<p>Radio (Mudzi Wathu)</p> <p>(weekly broadcast)</p>	<p>For example, the <i>Phukusi La Moyo</i> programme.</p>	<p><b>17,000MK</b></p> <p><b>US\$113</b></p> <p>Breakdown:</p> <p>6,000MK (air-time)</p> <p>11,000MK (production)</p>	<p>30 minutes</p>	<p>300,000 + people</p>	<p>* Largest impact</p>	<p>* Reaches large numbers of people</p> <p>* Programme gives listeners lots of information</p> <p>* Can build loyalty to the programme</p>	<p>* Limitations e.g. poverty if people don't own a radio and some areas don't have reception</p> <p>* When radio programme is broadcast, people might be doing other things. Malawi is an agricultural based economy, so families might be busy preparing their land and gardens.</p>
<p>Drama/ theatre for development</p> <p>(Ad-hoc dramatic performances)</p>	<p>Local theatre companies perform plays with key health messages e.g. a play about a pregnant woman getting tested for HIV-AIDS so that she is able to take precautions to protect her unborn child.</p>	<p><b>10,000 MK</b></p> <p><b>US\$67</b></p> <p>Breakdown:</p> <p>500MK payment for each performer (usually about 15-20)</p>	<p>30 minutes</p>	<p>50-100</p>	<p>*Effective method of getting one clear message across</p>	<p>* Tends to be just one message that people do usually engage with.</p> <p>* No additional costs if performed at hospital</p>	<p>* Reaches less people</p> <p>* If drama is performed in the communities, then require a PA system, batteries, etc. which can significantly increase the cost.</p>
<p>Radio (ZBS)</p>		<p><b>45,000MK</b></p> <p><b>US\$300</b></p> <p>Breakdown:</p> <p>30,000MK (air-time)</p> <p>15,000MK (production)</p>	<p>30 minutes</p>	<p>Large national audience</p>	<p>*Effective but 'diluted because not community-specific'</p>	<p>* Reaches a national audience</p>	<p>* Expensive</p> <p>* Message is less relevant to local communities.</p> <p>* Local officers don't see the national audience as an advantage because their objective is to reach local/regional audiences.</p>

## Annex 7: Recommendations for local partners

- If members of the core team are unable to attend the fortnightly meeting, they should be sent a copy of the programme in advance of the meeting so they can listen to the programme and send any feedback to the core team meeting.
- Succession producers should be identified and trained.
- The agenda of the radio programme is currently driven by the community of listeners that it serves. It is important to ensure that this continues, because there is always a danger that the agenda could be driven by *Mudzi Wathu / MaiMwana* or the District Health Office.
- The partners need to be careful to avoid developing parallel systems of community organisations to those already functioning in the communities. Given the funding situation, it is important to get the District Assembly to engage with the *Phukusi la Moyo* programme and support the initiative. This could be achieved by inviting a representative of the District Commissioner to join the core team.
- The RLC reports are not being used to full effect and should be shared with *Phukusi La Moyo* Producers at *Mudzi Wathu*, so that the producers can incorporate the WG's feedback into the programmes.
- Improve communication with funders and stakeholders (e.g. Commonwealth of Learning) to ensure that stakeholders are aware of continuing challenges and progress.
- "*We only listened to two programmes so have not learnt much*". (Comment on a RLC report)
- This suggests WGs need to learn the skills required to listen effectively to the programme, discuss it in a way that aids their learning, as well as identifying actions. In addition, the WGs might need some training in how to complete the RLC form to ensure the discussion is sufficiently focussed, specific and identifies appropriate actions.
- The evaluation reports suggest that the WGs would be willing to visit *Mudzi Wathu* radio station in order for their stories to be recorded. This possibility could be explored during periods when there is insufficient funding for producers to travel to the field.
- If there is another extended period when *Phukusi la Moyo* is off-air, the partners might want to explore one or all of the below options:
- Distribute *Phukusi la Moyo* to WGs using cassette tapes.
- Adopt other maternal health radio programmes to listen to when *Phukusi la Moyo* is off air (as a temporary solution).

## **Appendix 1: Q & A with community representatives on core committee (November 2009)**

### **Q.1. How did the training with Story workshop helped you in the development of the programme**

**Answer:** The training with Story Workshop helped us not only in development of the programmes but also has encouraged us to be courageous enough to speak in public and assist other community members to participate in the programme. The training also helped us to have added knowledge on maternal and child health issues

### **Q.2.What was your contribution during the training?**

**Answer:** Our role during the training was to direct the team on real needs of communities on what issues they would like to learn and hear more on Phukusi la Moyo programme. We also participated in the radio programme production especially on how we can mobilize fellow community members to participate in the programme production through composition of songs, drama, interviews and poems.

### **Q.3. Do the people in the core team take into account of what you said during the training?**

**Answer:** During the training core team members were taking in account of our contributions for example we were given chance to clarify some of the mirth in the community surrounding maternal and child health especially during delivery and soon after delivery. We also contributed to the programme matrix on need for more sensitisation programmes on dangers of using local pitocin during labour and this was taken into account in one of the programs (programme 8).

### **Q.4. How importantly are the fortnightly meetings to the production of Phukusi la Moyo programme**

**Answer:** The fortnight meetings are very important to us because they help us to have a mind of visiting groups regularly and hear listeners' perceptions on the programme which we do report at every meeting. It also help us to have up dated information on developments in the Phukusi la Moyo programme which we feed back to groups after attending the meetings. It also give us an opportunity to provide relevant guide lines on the needs of listeners during matrix development

### **Q.5. At fortnight meetings do you feel the core team listens to your views?**

**Answer:** The core team do listen to our views for example we have been bringing requests from groups to have their songs, poems and to be recorded and being interviewed this has been always been put into account. We have also managed with pressure from groups to pressurize the core team to facilitate the development of T-shirts for the competition which has been done. We are accountable not only core team but also to neighboring groups where we do sport check visits and encourage group members to listens to the programme and help them on how to write listeners report.

### **Q. 6. what impact has the Phukusi la Moyo has on communities?**

**Answer:** Phukusi la Moyo has helped communities in a lot of ways i.e.

- More community members are now taking family planning methods
- More community members are starting early Ant natal visits early during pregnancy.

- It has helped to increase involvement of men in maternal and child issues
- Communities have been helped to teach more on maternal problems its contributing factors as well as preventative and management activities.
- Community members are able to put in practice what they have heard on Phukusi la Moyo and this have helped to reduce deaths among mothers and babies

**Q.7. How could the programme be improved?**

**Answer:** The programme can be improved by encouraging groups to continue writing reports on what they are hearing on the programme and some times we should have a phone in programme where we will be able to get listeners views. As team members we should take into account grievances from listeners which will make them happy with the changes made. We need to continue responding to the listeners' requests positively as this will make them to have confidence in us and therefore continue like the programme

**Q.8. which programmes do you feel were specifically good?**

**Answer:** All programmes were good but specifically we liked most the programme which talked about Phukusi la Moyo programme which was an eye opener to listeners on what will be discussed in the programme (the introductory program), male involvement during pregnancy, the importance of seeking medical help when sick and the dangers of using local pitocin during labour as most women in our communities were fond of doing this.

**Q.9. What feedback do you get from communities?**

**Answer:** Most listening groups are very positive and are encouraging towards the progress of the programme and they say it is good and has come on time. And they say it helps them to be active participating in the production as well as implementing the messages got from the programme through peer education and are hoping for continuity of the programme. They also said the programme is an eye opener to men who previously used to be very blank on maternal and child issues but now are playing an active role.

### **Appendix 3 - Interview with Collium Kwauma and Richard Mtopola, elected representatives of the Women's Groups**

**(9am Friday 8/10/10)**

What have the WGs learnt from PLM?

Richard:

\* WGs benefited a lot from programme because women weren't delivering in hospitals but were going to the traditional birth attendant, so with the introduction of programme, there has been a reduction in the number of deaths.

\* The women have also learnt that breastfeeding is very important. In the past, women were breast feeding just twice per day, but now they are breastfeeding 8 times per day.

\* They learnt that when a baby is sick. They should go to hospital rather than to the traditional doctors. This means that they need more hospitals.

\* They learnt that as a family, they should be practicing family planning in order to have 3 or 4 children rather than 8 or 9.

\* They also learnt that they should go for voluntary blood testing to learn their HIV status. If positive, we have learned how to take care of ourselves. If negative, then we know how to abstain.

\* The WGs have learnt that – as a family – we need to trust and love each other so we can improve our living standards.

\* When pregnant women are 8 months pregnant, they go to the hospital to wait in case labour arrives early.

Q – They represent the WGs, who have partnered with MM, MW, and the DHO. How well does the partnership operate and are they listened to?

Collium:

\* The partnership is very good. There are some challenges. E.g. some villages are a very long distance from the health centre. It is very difficult to get to the health centre.

\* After discussions with the WGs, they [Collium and Richard] take worries to MM/DHO and so can get assistance or the issues can go on PLM

Q – The WGs listen to PLM and then discuss the programme. How important is the discussion (c.f. the radio programme) in helping the women understand the messages?

\* If the women listen to PLM, they share ideas and assist each other (they did assist each other in the past). They are eager to go to hospital rather than to the TBA. The women learn about the actions they should take and then discuss the actions. Without the discussion, there would be no actions.

Q – Are the WGs still meeting without the programme?

Richard:

\* Yes, the WGs still meet once every 3 weeks. With the breakdown of the radio station, the people are not so interested. They want PLM back on air so they can learn from PLM.

Q – Are less people coming to the meetings?

Richard:

\* Sometimes, participation is good, sometimes it is not good. When programme is on air, then there are always lots of attendees.

Q – How important is it that the programme includes WG voices and not just experts?

Richard:

\* Sometimes listen to experts voices; sometimes there will be their own voices – after the interview. Some programme interviews on HIV-Aids – include WG voices – which is a big motivator.

\* It is a good idea to have WG voices. Sometimes we learn things from others and would like to share this knowledge with others.

Q – Professional versus WG productions (e.g. DBU)?

Collium:

\* It is a good idea to record each other because they can do the recording themselves.

Q – If PLM goes back on air, should it go on ZBS or MW?

Collium:

\* WGs prefer ZBS to MW because ZBS broadcasts to a whole country and doesn't break down. Plus some areas don't listen to MW, so miss the programmes. They listen to ZBS anyway.

Q – cassette tapes?

\* This didn't work.

Q – why?

\* It took so much time to pass around and cassette tapes are lost.

Q – What about repeating 51 programmes?

\* Not all of them. Maybe half of them – programmes 30-59 could be repeated because some WGs didn't have access to a radio for the second half of the year (months 6-12 of the project i.e. Nov 2009 – May 2010).

Q – What did they dislike in the programme?

\* To us – the programme is good. Other people have feedback – that some areas of the district don't like the inclusion of jingles of traditional dances (gulu wamkulu). But the core group says that it is up to the areas where the recordings are being made.

Q – Some feedback says didn't like obscene language?

\* There isn't any obscene language. The women sometimes miss or misunderstand words in the radio programme.

Q – What changes should be made to the programme?

\* There is nothing to change

Q – Which are the best programmes?

\* HIV-Aids, Anaemia,

\* The programme about the partnership between MM, MW, WG

Q – Why were these programmes the best?

In the past, people were not open to express feelings, so when they got tested, they didn't tell doctors how they were feeling and weren't able to be free about their feelings. They now know about their rights and not to violate the rights of others.

Q – Which works best: cassette tapes or the radio broadcast?

\* The best way is to listen direct from the radio

Q – Which is best: the WGs with PLM on air or WGs without PLM? Does the second option give the WGs more time to think about the cycle?

\* The women have the cycle, but they often ask questions and now they are without answers. In the past (when PLM is on air), they were getting their answers through PLM, so now there is a challenge because if the women ask questions, it is difficult for them to receive answers.

In the past, the WGs were meeting EVERY week to listen to PLM every Tuesday. Now the WGs meet less frequently: only once every 3 weeks.

Q – Would groups be willing to contribute 200/month?

\* We don't think that they would manage this.

Q - Could the groups contribute 200/month as a group?

A – Yes

Q – how could money be collected?

Collium

\* Respective women's groups have a secretary/treasurer. They could work with them to collect the money and keep the money safe.

Q – PLM has been off-air for 5 months – is this a demotivator for the Women's Groups?

A – It is a long time since PLM stopped and so people are demotivated and don't attend the weekly meetings because they cannot benefit from listening to the radio programme.

It cannot happen that all women attend 100% every meeting.

Q – Would the women be interested in listening to another maternal health programme on ZBS or MBC?

A – This is very much possible in order to gain maternal health knowledge. Which day and time?

Q - e.g. MBC – 11:45 on Monday?

A - They cannot do this time because the people are in the fields gardening.

Q - ZBS – 3.30 on Wednesday?

A – This would be much better.

Q – These programmes are national so no voices of Women's Group members would be heard. Does this mean that there would be no incentive for the women to listen?

A – The women do want to go on air, but if they listen they will learn expertise and so there is benefit.

A – For the time being, the PLM programmes are not aired, so they would listen to the programmes because they want to learn more. They do want PLM to be aired as a motivator.

Q – What is their most powerful argument to persuade local decision-makers and funders to enable PLM to come back on air?

A – Because the women are learning things that they have not learnt in the past and because of PLM, there are reduced deaths in Mchinji and reduced malaria outbreaks (because of increased mosquito net usage).

Q – What about other communication strategies used by the health district office? Workshops? Dramas?

A – Recently, the women in the district have received no visitors and have not witnessed any health-messaging workshops or dramas.

Q – Does it feel like education or entertainment?

A – More like education

Q – Is that the preference?

A – Yes

Q – Do you have any examples of survivors who have benefited from the PLM programme?

A – One woman was pregnant and her husband encouraged her to go to ANC. She refused and went to a TBA to receive traditional medicine. Labour time came and the TBA didn't help her so the TBA told her to go to the health facility.

Q – In 2005, the WGs were introduced. In May 2009, PLM was introduced and ran until May 2010.

Which has made the most difference? Which initiative has been more important? WGs or PLM?

A – PLM had a greater impact because communities have learnt more from the programme than in the past. They are learning things that they are not aware of. Plus living standards have improved. In past, WGs were there, but there were a lot of challenges compared with today.

Q – Is that because there are more people to learn from within the PLM compared with the WG?

A – The Women's Groups learnt a lot when listening to PLM because not just sharing information from WG members but also HSA, Doctors and nurses (with specific expertise).

Q – Does PLM provide an incentive to copy other (maybe more successful) groups?

A – Yes, the women can learn from other groups e.g. ways of generating IGAs and other things that can help communities.

Q – Which is the more important part of the radio programme – the voices of the experts or the voices of the local community women?

A – It is very important for the listeners to receive the knowledge from doctors and so the presence of this expertise in the radio is very important.

## Appendix 4 - Interview with Women's Groups piloting pre- and post-test structured questionnaire

### Structured Questionnaire

Have you listened to PLM before?  
Did you hear a PLM programme on cholera or diarrhoea?  
What do you know about cholera or diarrhoea?  
What causes cholera or diarrhoea?  
What steps should you take to avoid cholera?  
How can you prevent cholera?  
How can you prevent your children from getting cholera?  
What should you do if your child has cholera?

### Interview with women's group

Q have you listened to this programme on cholera before?  
A: Yes  
Q what is the cause of cholera?  
A: Lack of hygiene and lack of personal hygiene  
Q what other steps to avoid cholera?  
A: Every house should have a toilet  
A: We need good sanitation and general cleaning  
A: We need clean water we need to safeguard drinking water new line we should wash hands after going to the toilet  
Q how can you prevent children from catching cholera?  
A: We should give children warm food  
A: We should insure general cleanliness  
Q what do you do if a child or mother had cholera?  
A: We should take them to the hospital  
Q: Have you listened to this PLM on diarrhoea?  
A: Yes  
Q: What is the cause of diarrhoea?  
A: Unhygienic practices, drinking and safe water  
Q: How do you prevent diarrhoea?  
A: Clean food before eating  
A: Wash hands after toilet  
A: Drink safe water  
A: Boil water and use WaterGuard  
A: Cover foods  
  
Q What should you do if the child has diarrhoea?  
A: Take the child to hospital  
A: Give the child oral rehydration salts  
A: Breast-feed the baby exclusively

### Phukusi La Moyo programme 29 on the subject of Diarrhoea

#### Summary of programme content:

##### Discussion about the causes of diarrhoea

drinking unsafe water  
eating unclean food  
no toilet at home

##### Ways of avoiding diarrhoea

Drink safe water  
Use toilets, washing hands after toilet  
How do you know if you have diarrhoea?  
We go to the toilet frequently and we have white eyes  
What should you do if you have diarrhoea?  
We go to the hospital  
What happens if the hospital is far from village?

We should give rehydration salts to replace water. If there are no rehydration salts then we should give water more frequently with a salt and sugar mix. When a patient has been given oral rehydration salts, then the patient can be transported to hospital.

This programme focuses on how to avoid diarrhoea during the rainy season.

*We need to clean fruits like mangoes before eating. We need to wash hands after toilet. We should also have toilets in our houses.*

### **PLM shout**

Interview with expert at District Hospital (male voice):

*If a person goes to the toilet more than three times a day then this is diarrhoea. Diarrhoea is dangerous to children and adults. Conditions that cause diarrhoea in children include malaria in children under five years old. We can differentiate between Diarrhoea and Dysentery. Diarrhoea is caused by bacteria and is caused by eating unclean food and drinking unsafe water. When someone has Dysentery, then the diarrhoea is mixed with blood and is particular to adults and not children.*

Causes of diarrhoea include drinking unsafe water eating unclean food.

In order to avoid diarrhoea, we must eat hot food and drink water with chlorine, WaterGuard or boil water to kill bacteria. Also, every house should have the toilet.

Q what should people do to avoid diarrhoea in the rainy season?

Avoid eating unclean mangos.

### ***Gulu wamkulu songs***

It is very dangerous in the rainy season and so everyone needs to take responsibility for their health.

### **Questions to Women's Group**

Q: Did you learn anything new about the causes of diarrhoea?

A: We didn't know that diarrhoea is caused by bacteria. We didn't know that we could distinguish between diarrhoea and dysentery.

Q: Did you learn any new ways of preventing diarrhoea?

A: Eating warm food

A: Having latrines away from houses

A: Having toilets at home

Q: What do you do if a child has diarrhoea?

A: We go to hospital

A: We didn't know that malaria causes diarrhoea among children under five

A: When we have diarrhoea, we go to hospital because it could be malaria if the child is under five

A: We give our children oral rehydration salts

Q: What did you like about the program?

A: We liked the programme because we learnt things that we didn't know before, for example how to avoid outbreaks of diarrhoea. We want the PLM programme to continue because we learn about maternal and child health and how to avoid maternal and child deaths. We learn that we should send children to the community-based child centre so that children can learn good habits.

Q: Is there anything you didn't like about the program?

A: No

Q: Are there any changes that you think should be made to the programme?

A: Time is too short. 30 minutes is not enough. We would like 40 minutes.

Q: What were your favourite PLM programmes?

\* Male involvement in maternal health that taught us that when a woman is pregnant, the husband should also be involved.

\* Pregnant women should deliver at hospital not with TBA.

\* How to take care of newborns

Q: Why were these programmes your favourites?

A: The programme about TBAs was very interesting, because we learnt that TBAs can't help women in trouble because TBAs can't provide blood. At the hospital they can help women with problems and therefore can reduce maternal deaths.

A: If you are pregnant, then you have to test for HIV. If you know whether you are HIV positive or not, you can get help and help your children. TBAs can't help with this either.

Q: Do you prefer to listen on a cassette tapes or to the radio broadcast?

A: We would rather listen to the programme on a tape because the reception for the radio is not very good.

Q: Do you rewind and replay if you don't understand the programme/message?

A: Yes we do rewind.

Q: Do you listen to the programme more than once on a cassette?

A: Yes

Q: This was a repeat of a PLM programme that you had heard before. Was it useful to listen to the programme again?

A: Yes because we did learn a lot. Maybe last time we didn't hear all the points and so we have gained more and learnt more from listening a second time.

Q: which radio stations do you listen to?

A: ZBS

Q: Would you be willing to contribute a small amount of money to keep their programme on air?

A: No

Q: Maybe 200 kwacha/month?

A: No we cannot manage

Q: Do you meet every week as a women's group?

Q: And did you meet more as a RLC?

As a women's group we meet twice a month.

As a RLC we met once a week.

Q - Because PLM has stopped, would you be interested in a maternal health programme on ZBS on Sunday at 1:30 or Wednesday at 6:30?

A: Yes we can listen to other programs on other radio stations

A: As a RLC we met every Tuesday to listen to the programme plus twice a month as a women's group

Q - Do you have a say in the programme content?

A: The programme is very important to us. We don't want so many songs in the programmes.

Q - Women's groups asked for the programme because they wanted education. Do you feel that you (the women's groups) own the programme?

A: Yes

Q: Do you fill in the RLC reports when you listen to the program?

A: Yes. it is very important every member participates in discussion. Then after a women's group, we take away and share what we have learnt with other community members.

Q: Would the women's group be willing to produce and record interviews for PLM?

A: If we were trained yes.

A: We want the programme to feature our voices. We don't want to listen to other groups. We want to listen to our own voices; we have lots of experiences to share.

Q: Have the producers visited them to record interviews?

A: Some of the attendees have been interviewed by the producers but not all of them.

Q: do you prefer the voices of women's groups and experiences or would you prefer experts' voices?

A: We need both voices

Q: Is there the correct balance between the women's group and experts?

A: Yes

Q: what are the other benefits of the program?

A: We have learnt a lot that we didn't know before.

Men now accompany women to anti-natal clinic.

We have learned the causes of diseases.

We have learned the importance of attending the under five clinics, PMTCT, exclusive breastfeeding.

We know to take the full course of LA for malaria treatment.

We know the importance of hospital delivery.

We know not to start out too late for hospital, we know to leave early.

Q: Are there any subjects that the programme should cover?

A: The programme on newborn care should be repeated.

Q: What subjects do you think the programme should feature in future?

A: Cancer of women.

## Appendix 5: Interview with Godfrey Frank, *Phukusi la Moyo* listener and a non-WG member

**Do you know the radio programme PLM?**

Partly

**Which radio station do you listen to?**

Mudzi Wathu

**Do you remember being in a competition held by MW?**

Yes. I won a T-shirt when I answered a question about how to avoid any cholera outbreak in the community.

**What did you write?**

Every house should have a toilet, should clean bathrooms, clean plates, spoons, pillows and wash hands after toilet and before food. It's important to clean around the house.

**Do you have a radio?** Yes.

**Do you listen alone?** I listen with friends, neighbours and relatives.

**How many PLM programmes have you listened to?**

I don't know, most of the programmes based on maternal health, cholera and malaria.

**Do you listen once a week/ once a month or just a few times a year?**

Once a week. I listen to each and every programme

**Do you listen with a women's group?**

I listened with family, friends, and relatives but not in a women's group. I am married with a wife and I have four children.

**Do you discuss the content after the programme?**

After listening to the programme, we share ideas about the programme. But now the programme is not on air so we can't.

**What actions do you take away after listening to the programme?**

I always advise my family to abstain. I also tell my family to use bed nets to avoid malaria and to use the toilet to avoid malaria. I tell them to use clean water to avoid cholera.

**What have you learnt from the programme?**

I have learned ways of avoiding malaria: by sleeping under protective nets, cleaning house and by having toilets. I also have learned how to reduce maternal and child deaths and how to avoid HIV-AIDS.

**When Mudzi Wathu is off-air what is your reaction?**

I am demotivated because I was learning a lot of things and improving my family life. I would be happy if the programme was to come back on-air soon.

**Do you know MaiMwana?**

Yes

**What do they do?**

MaiMwana sensitizes women about maternal and child health

**Do you work?**

Yes I work at a private secondary school in Mchinji. I am a school guard.

**Do you know of the women's groups and are there any women's groups near you?**

There are no women's groups near me. I don't know anyone who is a women's group member.

**When the programme is back on air, will you start listening again?**

Yes

**Would you prefer to listen to the programme as part of a MM WG or as an individual or with your family?**

I think it would be good if I could join a radio listening club or a women's group because then you get more ideas from the other members. Unfortunately there are no women's groups in my areas so I can't join one.

**Does he know any other people (maybe friends or neighbours) who listen to the programme?**

My friends do listen to the programme but they don't like it so they listen to ZBS and Capital radio. I like the radio programme because I learn a lot of things.

**Do your neighbours have radios?**

My neighbours do have radios.

**Do you finish work in time to listen to PLM on Tuesday at 3pm?**

When I finish work early, I can listen to the whole programme. If I work late, then I will miss the first 15 min of the programme. However I rarely miss a programme.

**Do you find it useful to listen to the programme as a family?**

Although I listen with my family and we share our ideas, we do need more ideas from other people because they have more experiences and different ideas.

**Do you like the inclusion of the voices of the women's group members in the programmes?**

Yes

**and experts?**

Yes

**From whom do you learn the most - the women's groups' voices or the experts?**

I learn more from the experts.

**Should there be more experts in the programme?**

I would rather that there were more experts in the programme because women know some things but the experts know more.

**What benefits has your family experienced as a result of the programme?**

In the past, we used to drink unsafe water, now we drink safe water because PLM told us to do so. This means we have less cholera and malaria.

**What subjects should PLM cover in future?**

I can't think of any subjects. PLM has been comprehensive and all subjects have been included.

**Were there any programmes that you didn't like?**

No, they were all good.

**Do you want any changes to the programme?**

No nothing. I would like gulu wamkulu songs to continue.

**Do you like the songs?**

Yes

**Do you understand the messages in the songs?**

Yes the songs contain messages of advice relevant to the programme's message.