Overview

Recognizing the reach, popularity, and accessibility of radio to transmit health messages and create social and behavior change, SSDI-Communication supported the production and airing of reality radio programming under the umbrella of the Moyo ndi Mpamba ("Life is Precious") campaign from 2012-2016. From 2012-2015, SSDI-Communication supported the production and airing of the Chenicheni Nchiti? ("What is the reality?") reality radio program initially developed under the BRIDGE II Project. In July 2015, SSDI-Communication rebranded the program to become the Moyo ndi Mpamba Reality Radio Program, fully aligning it with the Moyo ndi Mpamba campaign. The aim of the program was to create behavior change across six priority areas of the Essential Health Package (EHP): malaria; family planning (FP); nutrition; maternal, neonatal, and child health (MNCH); water, sanitation, and hygiene (WASH); and HIV & AIDS. The program was developed using a socio-ecological framework, targeting individuals, families, communities, service providers and leaders. The program featured health messages for individuals across four life stages: adolescents (10-19 year olds), young married couples, parents of young children (0-5 year olds), and parents of older children (6-9 year olds).

Activities

The program featured real life experiences and stories of people whose lives changed as a result of adopting healthy behaviors. The program also covered stories of people whose lives and families had suffered the consequences of not practicing healthy behaviors. The overall goal of the program was to inspire individuals and families to take action towards health seeking behaviors in addition to influencing communities to create a supportive environment for the prevention and control of health related problems.

The program was designed strategically and utilized phasing to ensure that health topics were introduced in a logical way to optimize behavior change. Each quarter, stakeholders including the Ministry of Health, the National AIDS Commission, community members, and radio production partners gathered to map out the health issues and messages to be covered in the following quarter. This group of stakeholders would then develop outlines for program content, as well as communication objectives for each episode, to closely guide episode production. District-based field producers would then be oriented on the topics to be covered during the following quarter and provided with guidance on specific content needed for each episode.

Produced and aired once a week, the program used a conversational and engaging style that encouraged listener dialogue and interaction with the program. By 2016, the program was airing on two national radio stations and 14 community radio stations, achieving a high level of reach across Malawi.

The program collected listeners’ feedback through SMS, Facebook, and paper mail. Radio producers used this feedback to ensure that future program episodes aligned to listener needs more closely. It also allowed interaction between producers and listeners, and provided an opportunity for people’s voices to be incorporated into the program. Some individuals that gave feedback were then featured in subsequent program episodes.
Achievements

• The program reached 43.8% of the target population aged between 16 and 59 years.
• Over 150 episodes produced and broadcast weekly on 13 community and two national radio stations.
• 16 field producers trained and engaged in the 15 SSDI districts.
• Approximately 12,228 SMS received from listeners between July 2015 and May 2016 alone, signaling high listener engagement in the program.

Lessons Learned

• Using real stories highly influences peoples’ behavior, as they appeal to the minds of the listeners and influence positive behavior changes. Feedback received from the audience indicated that people identified themselves with those featured on the show, and were highly motivated to change after listening to the radio program.

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