

# **Institutional Review of Educational Radio Dramas**

**Report  
for**

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(CDC)**

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## Introduction

The development and production of radio serial dramas and soap operas<sup>1</sup> that entertain as well as educate the public about positive reproductive health behaviors relating to HIV/AIDS, STDs and family planning, *inter alia*, is becoming a more prominent form of behavior change intervention. A blueprint, one-size-fits-all approach to radio drama behavior change communication projects is impractical and unrealistic. Instead projects must adapt according to implementing countries' context and capacities.

While successful experiences in terms of the impact of radio serial dramas on behavior change are fairly well documented (e.g., Piotrow et al, 1997; Vaughan et al, 2000; Soul City, 2001), the organizational and institutional features that contribute to this success and can be replicated or adapted to developmental media projects in other contexts are less well understood. Commentators have tended to concentrate on either the technical/creative process (see for example, Adam & Harford 1998/1999, Brooke 1995, de Fossard 1997, Rasovsky 2001), the theoretical side (Bandura 1977 and 1997, Mody 1991, Nariman 1993, Singhal and Rogers 1999), or the impact of individual campaigns (Piotrow et al 1990, Rogers et al 1997, Storey et al 1999, Yoder et al 1996). This report attempts to fill some of that gap in knowledge about the organizational and institutional features of behavior change radio dramas.

T.E. Backer and E. M. Rogers (ed. 1993) and A. Singhal and E.M. Rogers (1999) provide some useful pointers on institutional aspects of entertainment-education. The latter identifies four key factors that contribute to the organizational effectiveness of entertainment-education programs, namely the “presence of champions, availability of start-up capital, consensus and collaboration between stakeholders, and quality of technical expertise” (Singhal and Rogers, 1999: 206).

Although Backer and Rogers' study consists mainly of American - rather than developing country - cases,<sup>2</sup> it points out that large-scale health communication campaigns typically involve many and diverse organizations at a number of levels, and that most such campaigns require the formation of an ‘inter-organizational network.’ The bodies that make up this inter-organizational network represent five main functions: funding, messages, target audiences, outcomes, and evaluation of the campaign.

This report summarizes and categorizes the experiences of fourteen entertainment-education projects that use radio as a component, and analyzes the successful and replicable features. It also includes projects that have not resulted in significant impact,

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<sup>1</sup> A soap opera is a serial drama that is open-ended and can, in theory, run indefinitely. By contrast, serial dramas have a defined end and a discrete plot. In general sections of this report, ‘soap opera’ and ‘serial drama’ are used interchangeably. In the case studies, distinctions are made between the two terms.

<sup>2</sup> With the notable exception of a study of a family planning campaign in Turkey (Kincaid et al, 1993).

in order to assess institutional or organizational features that may have contributed to the lack of success. The research was conducted in 2001 and details about individual programs are current as of that year. However, observations about how such programs can be successfully implemented are not time bound.

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## METHODOLOGY

This study was done as desk research, using written project reports and evaluations, supplemented by e-mail exchanges based on a standard questionnaire, telephone calls and a few face-to-face interviews with project holders, if they happened to be in the UK – where the author is based. Preference was given to projects with which the author had personal contacts, in order to obtain greater detail. Needless to say, the face-to-face interviews were the most revealing.

The fourteen cases studied were chosen to represent a wide geographical spread and variety of countries. All are in developing countries, with the arguable exception of Albania, but all present very different environments with attendant opportunities, challenges and difficulties, including violence and insecurity in Burundi, the lack of condoms in Rwanda, the logistical difficulties of island hopping in Vanuatu, and the complexities of a four-country project in West Africa.

The case studies also represent a broad range in terms of size, type of implementer, and source of funding. Most projects are current or very recent, but have been running long enough to have been evaluated. Most have parallel non-radio educational projects. All are attempting, either directly or indirectly, to bring about social or behavioral change.

This study looks at the sources of funding and the ways projects have generated extra revenue. It examines sustainability and, where the information is available, what proportion of budget is spent on evaluation and administration. It attempts to identify the size and internal workings of each project's unique stakeholder network, with special attention to the crucial relationship between the originating organization and the implementing organization.

There are a few limitations to be noted. First, there are gaps in the information collected. For example, budgetary details were sometimes not known by informants or were withheld. It was also not possible, in a public report such as this, to describe the personal or political difficulties experienced by some projects. One of the most interesting aspects of organizational dynamics is the *culture* of different institutions, which can only be gauged through personal contact and direct observation. Unfortunately, much fascinating detail was missed by not being able to visit each project on the ground.

Readers should not draw conclusions from the length or brevity of discussions on projects' problems. More are identified for projects for which there was first-hand contact, but this does not imply they have more problems than other projects. Difficulties and mistakes are included because they offer useful lessons learned.

Finally, this report was designed and written to match the knowledge and expectations of the target audience, which is practitioners, planners and organizers of entertainment-education media projects. It assumes that readers have some basic prior knowledge of sexual/ reproductive health issues, the theory and practice of educational dramas, and the countries where the case studies took place.

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# Synthesis of Findings

## Commonalities

Most programs are about the same in dramatic terms, regardless of budget size. Almost all have three or four storylines per episode and eight to ten core characters, plus about 10 to 20 supporting roles. Most run between three and five storylines at any one time, although more than one ‘message’ may be woven into one storyline to increase realism.

The average length of an episode is about 20 minutes; the shortest being 10 minutes and longest 30 minutes. Most projects have found that audiences ask for longer episodes, and have tried to adjust accordingly. In terms of numbers of episodes per week, the largest in this study is St. Lucia, with an amazing five episodes per week; the average is one or two (with at least one repeat per week).

An analysis of the fourteen case studies indicates that successful entertainment-education radio dramas share many of the following features:

**Capital for start-up and sufficient funding for sustainability.** Soap operas and serial dramas involve high production costs over the long-term. If they are to attract mass audiences, they need to be as good or better than programs that merely entertain. They must reflect real life so that listeners can personally identify with the characters. This entails using many diverse characters, realistic sound effects, and credible and dramatic storylines. It means investing in the best actors, musicians, editors, producers, writers, directors, researchers, and advertisers. Wide and good quality audibility normally means buying airtime on the most popular stations. Sponsorship is needed throughout the life of a project, sometimes ten years or more. Most projects in this study rely on international or UN donor funds; a few have found local commercial sponsorship. None would exist without exterior funding of some kind.

**Vision.** A serial drama for behavioral or social change implies some kind of vision. Sometimes, this vision is codified into a written Moral Framework<sup>3</sup> to which everyone – producers, funders, local government - signs on. In other cases the vision is simply understood by a team sharing common values, backgrounds, and purpose. Normally, the whole team must be fully behind the vision, since production often involves long hours, tiring field trips, and responsibilities that fall outside of regular job descriptions.

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<sup>3</sup> Miguel Sabido may be credited for introducing the concept of a moral framework into enter-education projects: ‘The moral framework is usually derived from a nation’s constitution, its legal statutes, or from documents, such as the UN Declaration of Human Rights, to which the country is signatory’ (Singhal and Rogers, 1999:58). Miguel Sabido (1938- ) is a writer-producer-director of theatre and television in Mexico. He is one of the foremost practitioners of the enter-educate approach, and has formulated much of the intellectual basis for it. A full account of his work can be found in Singhal and Rogers, 1999.

**A very hard-working team.** Time and again project leaders in the cases studied speak of an ‘intrinsic quality’ in their directors and the ‘commitment’ and ‘dedication’ of their staff. In almost every case, staff seem to be ‘going the extra mile’ simply for love of the job. For example, in Burundi, the writer of *Our Neighbours, Ourselves* has written over 400 episodes at a stretch (and risked burn-out as a result). In the case of *Tinka Tinka Sukh* in India, the executive producer, not only produced a 104-episode drama, but also single-handedly carried out the audience research and wrote the copy for all the advertising.

**Champions who provide leadership.** To inspire this kind of dedication there needs to be a strong and charismatic person who articulates and drives the vision. Such a ‘champion’ seems to be a *sine qua non* in almost all the projects studied. Many successful entertainment-education dramas might not have happened but for special individuals such as Pamela Brooke (Malawi), Jo Dorras and Peter Walker (Vanuatu) or Alma Rivera (Cambodia).<sup>4</sup> Singhal and Rogers both talk about the need for several ‘champions’ with the ability to ‘leverage status power and resources’ (Singhal and Rogers, 1999). In the case studies, these individuals are often the producers or directors themselves, with close involvement with the audience and in the creative process. They also need high-level contacts, and the ability to circumvent local politics and conflicts. Leaders of many entertainment-education projects are expatriates, particularly during start-up, although the presence of expatriates is not a necessary condition for success.

**High-degree of professionalism and expertise.** The case studies show that without good research, production and follow-up one cannot expect positive behavior change. Expertise and a high quality product generate prestige, which closes a virtuous circle where the target audience remains hooked and trusts the pro-social messages being conveyed. Not only does the audience remain loyal, but advertisers are attracted, particularly if impact research is viewed as professional and independent.

Many projects have had to build up expertise from scratch. A solid skills base is not always available in developing countries, so training often has to start with absolute basics – like typing, accounting, and English-language training. For example, Health Unlimited (*Urunana*, Rwanda) had to train staff in computing and report writing before they could get on to editing and story-lining.

**Local on-the-ground experience.** Artistry and flair do not necessarily emanate from training courses. Local experience is often the key. For example, the Wan Smolbag theater company in Vanuatu shows how 13 years of live theatre and intimate knowledge of the rural problems in their islands translate into a highly professional adaptation for radio – with very few staff having received formal training. Soul City (S. Africa), CHEMS (Cambodia) and Mediae (Kenya) are all now using their experience to train others in information, education, and communication (IEC) initiatives.

**Collaboration among the many partners and stakeholders.** Collaboration is a hallmark of all the entertainment-education media initiatives studied. Organizing a

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<sup>4</sup> These are only a few of the many exceptional individuals currently working on entertainment-education dramas.

successful social communication project designed to bring about developmental or behavioral change among large populations requires partnerships among many and diverse individuals and organizations. These partnerships must be sustained over an extended period of time, often in a country setting very different from the originator's own. Diverse interests and individuals, from government ministers to sound engineers, from large UN organizations to tiny local clinics, must constantly be encouraged to work together if the media initiative is to succeed.

As Backer and Rogers point out, the coming-together of many stakeholders for health communication campaigns makes them unique and complex as organizations (Backer and Rogers, eds. 1993). It is on the strength or the weakness of inter-organizational links that campaigns stand or fall. Both synergies and conflicts invariably arise, especially when the originating organization is based in the Western world and the implementing partner is an indigenous organization rooted in the local setting. A high degree of trust and goodwill among all parties is essential, often depending on personal relationships and contacts. This is where a charismatic, and well-connected, individual 'champion' is often so important.

For example, Soul City (South Africa) has conceptually divided its partners into two groups:

'On the one hand the people who produce the drama (researchers, scriptwriters, funders, marketers and actors – normally the paid people) and on the other hand, people whose buy-in is needed to ensure that the drama is accessed by the audience – including gatekeepers for the topics being tackled and the owners of the media being used...The complete buy-in of all partners is crucial...these partnerships work best when both parties have something to gain... It is important to include partners as early in the process as possible. The more they understand the process and its goals, the more they will be motivated to see the project achieve its aims' ([www.soulcity.org.za](http://www.soulcity.org.za))

**Enabling Environment.** An enabling environment refers to the physical, political, cultural, financial and broadcast conditions in which the media project must function. An enabling environment is as much about moral and political support from government, audience, the local press, spiritual, and community leaders, particularly on sensitive subjects such as HIV/AIDS and sexual/reproductive health, as it is about sound financial backing, good baseline data and reliable broadcasters.

One of the most crucial elements of an enabling environment is the project's relationship with national government. For example, a media initiative promoting positive health behavior should have a strong relationship with the local Ministry of Health and other non-governmental health providers. It should also understand and work around the reality of health care delivery on the ground. It is useless to recommend that listeners be tested for HIV if testing where listeners live is unavailable, too expensive or of inadequate quality.

Another crucial element is audience support. This can be engendered to some extent, but certain prerequisites, such as radio access, batteries, scheduling, reception, and audio-quality, are obvious considerations. Soap operas are a 'foreign' format in many

countries (Leicester P., undated), as are feedback letters, phone-ins and audience panels. Critical appraisal is something rural listeners in developing countries are generally not used to, and for which they will need much coaching and encouragement. Finally, there is the danger of possibly shocking or alienating the audience with sensitive material.

**Research, Monitoring, and Evaluation.** The environment can be made more receptive and enabling with a strong emphasis on research and monitoring, and audience liaison and feedback. Good formative research is needed to assess to what extent the local environment is enabling, and what barriers need to be overcome.

**Other supporting media-based or interpersonal communications activities.** Almost without exception, the most successful projects seem to have strong community links and other non-radio educational offshoots. The case studies provide details of these efforts and the extra stakeholders involved.

## **Organizational Variables**

Every serial drama project is characterized by a unique set of variables, related to funding, technical support, dramatic styles, impact and so on. No two projects have exactly the same set of variables and no one set of variables guarantees success. There are both strengths and weakness for any one variable.

### **Variable 1: ‘Sustainable’ vs. ‘Dependent’**

All of the projects in this report are dependent on external financing to some degree, at least at the beginning. The difference lies in the source and style of that finance. Some have become self-sustaining, usually with local donors or in-country commercial sponsors. Many projects congratulate themselves when they reach this stage, (e.g., St. Lucia, Albania, and Kenya), but this is not always desirable. For example, in Malawi the producers of *Zimachitika* have deliberately avoided commercial sponsorship because they feel it would compromise their educational and pro-poor messages; instead they have chosen to rely on international donors.

The strength of a project that is funded by one single international donor (such as Nepal’s *Cut Your Coat* funded by USAID and Tanzania’s *Twende na Wakati* funded by UNFPA) is that it can spend more time on the creative process and day-to-day implementation. It has more freedom to develop storylines, without worrying about different sponsors for separate topics; it only has to nurture one relationship; and it has far fewer headaches in terms of reporting schedules and accounting minutiae. The weakness of a one-donor project is that it is vulnerable if, for some reason, it falls out of favor with the donor, or if the donor discontinues funding for political reasons. Another weakness is that there is less scope for personal involvement with a remote donor, and consequently fewer possibilities for replication or scale-up of a successful project.

The strength of a project sponsored by a variety of smaller donors is that it has not “put all its eggs in one basket,” and therefore has more flexibility and security. However, it

may have to find other ways to support administrative, research and publicity costs because smaller funders or sponsors often only cover direct project expenditures. If individual storylines are separately sponsored, the project can find itself constantly adjusting the storyline to fit the donor, and spending a great deal of time and energy on simply servicing the funders. Kenya's *Tembea na Majira* and Malawi's *Zimachitika* are cases in point.

An advantage of local commercial sponsorship is that it is more likely to continue over the long-term and is not usually subject to onerous reporting requirements. Any 'profits' can be used freely by the project to start other supporting activities (such as a magazine program), or simply to raise staff salaries. Most projects in this study exist in countries that simply lack the strong economic base that makes commercial sponsorship possible.

Some disadvantages of commercial sponsorship include possible pressure to advertise specific products, potentially compromising realism and storylines, and creating ethical problems and conflicts of interest. The time and energy required to attract commercial donors is another negative factor (e.g., St. Lucia's *Apwé Plezi*, which had to fold for lack of available staff to pursue potential commercial sponsors). Finally, the danger with social marketing-style sponsorship (e.g., advertising condoms in Bolivia's *Wila/Yawa Kasta*), though it has some advantages, is that it may limit the drama to do anything but urge its listeners to adopt condoms, rather than opening a discussion and offering choices.

Sustainability is not just about money; it is also about self-sufficiency in terms of organizational maturity, staff experience, and expertise. Many projects that started under the aegis of a parent organization have now become or are about to become independent, for example, Albania, Rwanda, Cambodia, and Nepal. The BBC's Tim Williams aptly described this detachment process as 'adolescent parenting,' meaning the gradual nurturing of independence by the originating organization, leading to the project ultimately being entirely run by locals and supported by local donors and/or businesses (Williams, personal communication, 2001). In cases where the project originator (an individual or an organization) is based in country and remains there as the project continues (e.g., Vanuatu, South Africa, Burundi, Malawi, Kenya, etc.), attaining self-sufficiency may be more a matter of the careful withdrawal of a key expatriate presence.

### **Variable 2: Local or global**

Some serial dramas and soap operas have been started by individuals or small organizations as one-time efforts (e.g., Burundi's *Our Neighbors Ourselves*, and Vanuatu's *Sarah's Family*), while others are part of a string of productions, depending on a head office in the U.S. or Europe for technical, creative and monitoring input (e.g., Nepal's *Cut Your Coat*, a project of Johns Hopkins University (JHU), or St. Lucia's *Apwé Plezi*, a project of Population Communications International (PCI)).

The strength of the one-time project is freedom and flexibility. It is not tied to a pre-determined methodology, can experiment with different topics, writers and styles, and is not necessarily bound to produce 'results.' There is something fresh and creative about such dramas, which is somehow lacking in those that stick to a 'house-style.'

The difficulties for one-time projects are that they must start research, staff training and writing from scratch, without the backup, training facilities, research findings, contacts and prior experience that a large entertainment-education organization can offer.

Small projects relying on the talents of one or two individuals often under-estimate the huge workload that a soap opera entails and risk “burn-out.” Being part of a parent organization like PCI or JHU also has the added advantage of better, if not assured, funding possibilities.

It is interesting to note that some medium-size outfits like Search for Common Ground, Mediae, and Story Workshop, which began with one-time projects, are now expanding their work on serial dramas to more countries, building on the expertise gained during the 1990’s. It is unlikely that they will grow as large as JHU, but one wonders whether expansion will compromise the freshness of their approach.

### **Variable 3: Short-term or open-ended**

Some serial dramas are finite and exist only for a relatively short campaign period (e.g., India’s *Tinka Tinka Sukh* and West Africa’s *Yamba-Songo*), while others keep going for years and are more open-ended in terms of goals and structure (e.g., Albania’s *Rruga Me Pisha*).

The strength of a short-term, finite drama, from an organizational point of view, is that budgets, staffing, research, and evaluations can be planned with precision. This may make it more attractive to donors, who may not want a project with no foreseeable end and who may want to see results quickly. It may also be easier to attract interest and funding from academic institutions, as impact evaluation is much easier with a finite project.

The weakness of a finite drama is that there might not be time to develop characters able to model desired behaviors realistically, or to deal with all the facets of a complicated subject. If too much information and dramatic content is crammed into a short time period, it may leave the audience overloaded in terms of messages, and confused about characters and plot. This happened to some extent with *Wila/Yawa Kasta* in Bolivia, where a character became unrealistic and therefore untrustworthy in the eyes of the audience, partly because too many things happened to him too quickly.

### **Variable 4: Highly planned or *ad hoc***

Some serial dramas adhere strictly to a set of pre-determined values and messages, whereas others change emphasis as time passes, and as funding and other circumstances dictate. Cases that adhere to a highly planned format or blueprint include Nepal’s *Cut Your Coat*, Tanzania’s *Twende na Wakati* and St. Lucia’s *Apwé Plezi*. Opposite examples include the relaxed approach of Burundi’s *Our Neighbours, Ourselves*. Between these two extremes lies a middle way, in which messages; themes and storylines are somewhat planned and somewhat flexible and improvised, depending on donor demands, audience feedback, and practicalities such as staff shortages. Most of the cases studied fall into this middle way.

The advantage of the highly planned approach is that all stakeholders know exactly where they stand. If using a Values Grid<sup>5</sup> or a Moral Framework (the PCI approach), it is clear to everyone which messages should be conveyed and how. Sabido insisted that all stakeholders – particularly government and sponsors – should sign-off on a Values Grid, as he believed that “such agreements mitigate dependency relationships ... between producers and funders. If such agreements are not in place, producers ... can be subject to direct censorship by commercial sponsors, or may exercise self-censorship” (Singhal and Rogers, 1999).

With a Design Document approach<sup>6</sup> (e.g., JHU’s *Cut Your Coat*) considerable writing and production time is saved because content and messages have been determined ahead of time. Furthermore, government liaison is simplified and straightforward, and evaluation easier because it is clear exactly what was broadcast and when.

The dangers of a highly planned approach include lack of spontaneity, loss of entertainment value, and consequently loss of audience. There may be no time or capacity to incorporate audience feedback. Paradoxically, the same dangers may equally apply to an *ad hoc* approach, in which one writer, without guidance and direction, gets bogged down in just one or two storylines, out of touch with the issues, and relying on stereotypes – thus also running the risk of losing the audience.

Creating a serial drama involves a mixture of artistry, intuition and pragmatism. Strict adherence to plans and messages could make a drama boring. On the other hand, sometimes it may be necessary to forget about artistic integrity and incorporate a new storyline simply because a new sponsor wants it, or because an actor is taken ill. Such compromises are part of the daily reality of running a serial drama.

#### **Variable 5: Message-based vs. issue-based**

Some radio dramas are designed to impart specific messages relating to behavior change, sometimes using a Values Grid. They either consciously model desirable and undesirable behaviors through positive and negative characters, or directly state their messages through storyline, characters, announcements, songs or ‘summary couplets.’ They tend to prefer quantitative impact assessments. In this category are Bolivia, India, Nepal, South Africa, St. Lucia, Tanzania, and West Africa.

Within the message-based approach, a further distinction could be made between those that favor directly stated messages as opposed to modeling desired behaviors. The PCI/Sabido method has sometimes been characterized as modeling-based, whereas the JHU method is more message-based. However, in these case studies, the distinction is blurred. For example, JHU explicitly uses role-modeling in its serial drama *Service Brings Reward* for health workers in Nepal. Conversely, PCI talks unambiguously

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<sup>5</sup> A Values Grid is derived from the Moral Framework (see footnote above) and defines the specific desired behaviors with which the entertainment-education series will deal, as outlined in the Moral Framework, e.g., “It is good to send a girl child to school” (Singhal and Rogers, 1999:58).

<sup>6</sup> A Design Document approach is used on some projects by JHU as a blueprint. It spells out in exhaustive detail all necessary information in advance of any writing or production work. It provides the series’ purpose, measurable objectives, audience profile, message focus, timelines, monitoring and evaluation procedures, job descriptions for Design Team members, and promotional campaign plans (JHU/PCS Nepal, undated).

about “promoting locally identified messages and values” (PCI, 2000). Its projects in St. Lucia, India, and Tanzania communicate a set of messages encased in Values Grids/Moral Frameworks. Thus, this study does not distinguish between and compare a messaging *versus* a modeling approach, because there were no cases that strictly conformed to one or other. Instead, the two are linked and called the message/modeling approach.

Projects must constantly balance the number of messages to carry overall or at any one time. Too many messages confuse and overload audiences; however, if there are too few, the audience will feel ‘hammered over the head’ with the constant repetition of the same messages. Leicester argues that any ‘message’ must be examined from as many different angles as possible in order to be realistic and to avoid stereotypes.<sup>7</sup> This means spending a reasonable amount of time on each topic. CHEMS in Cambodia runs about nine messages over a six-month period and Mediae in Kenya tackles about seven separate topics over a year, ranging from marketing milk for smallholders to preventing child sex abuse.<sup>8</sup>

Other media projects see their task as raising issues, and are not worried about whether audiences are receiving ‘right’ or ‘wrong’ messages. The focus is on promoting discussion and informing audiences of their choices. In this category are the following case studies: Albania, Burundi, Cambodia, Kenya, Malawi, Rwanda, and Vanuatu.

Producers of the issue-based dramas are not uninterested in impact. They tend to be more concerned with generating discussion and qualitative rather than quantitative impact. They talk much less about ‘behavior change’. Some have commissioned very convincing independent studies that show behavior change (e.g., Kenya and Malawi), however they do not make claims such as “contraception prevalence increased by  $x$  percentage points, due to exposure to this series.” Such meticulous evaluations are more likely to be found in message-based projects that have linkages with universities, (e.g., JHU/CCP, University of Dar es Salaam, New Mexico, Ohio).<sup>9</sup> They have usually been designed to show impact from the very beginning, with carefully planned baselines and control areas.

As to the advantages and drawbacks of each approach, one might say that the message/modeling dramas are less realistic because they have to create morally consistent characters who will model those messages. This may be true in some cases, but not all, as countless faithful listeners of *Soul City* or *Twende na Wakati* would no doubt testify. If storylines and characters were unrealistic, radio serials would lose audiences – but the evidence from audience surveys and letters shows that they are not. Furthermore, there is firm data that listeners to these series are modeling themselves on

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<sup>7</sup> For example, “Stefano slept with a prostitute, therefore she is to blame if he becomes HIV positive”...but what about her point of view? Why is she a prostitute? Who passed the virus to her! And who is she? (Leicester, undated)

<sup>8</sup> However, this is not to imply that ‘it takes a year’ for each subject to be dealt with effectively. Only detailed audience research on each individual topic can ever come close to an estimate of how long a subject needs to be carried.

<sup>9</sup> Whether or not the project wants to get involved with some of the academic arguments about research methodologies and impact evidence may also affect their decision to court a university linkage of this kind.

characters, and increasing in self- and community-efficacy (e.g., see Vaughan and Rogers 2000 for evaluative evidence on *Twende Na Wakati*).

While some projects do not theorize about the approach they choose to take (e.g., Burundi and Vanuatu) and others stick closely to one particular approach (Nepal or Tanzania), most projects work on instinct and borrow from here and there. What matters seems to be what has worked in the past in their country context, what the audience seems to expect and want, what fits best with each individual project's leanings and preferences, and, realistically, what the donors will fund.

#### **Variable 6: Government-linked or independent**

Some media projects are an integral part of a wider campaign/national effort, typically involving national health ministries and service providers (e.g., Nepal's *Cut your Coat*, or St. Lucia's *Apwé Plezi*), while others are separate from or only loosely linked to national governmental initiatives (e.g., the West African *Yamba-Songo*, or Albania's *Rruga Me Pisha*).

Getting on the wrong side of government may be problematic, but it may also mean that what is being broadcast really matters to the audience. Programs that have occasionally been pulled off the air (e.g., Burundi and Malawi) have been able to ride it out because of close knowledge of the political situation. Political astuteness is vital, even for seemingly neutral health projects.

#### **Variable 7: Drama as the main vehicle or as one component**

Some projects have a soap opera as the centerpiece or the sole element of their education effort (e.g., Tanzania's *Twende Na Wakati*, and West Africa's *Yamba-Songo*), whereas other dramas are inserted into a larger magazine radio program or twinned with a magazine or advice program (e.g., Cambodia's *Lotus on Muddy Lake* or Kenya's *Tembea Na Majira*). Vanuatu added radio drama to a community live theater project, while South Africa's *Soul City* combined print-based education with related radio and TV dramas.

An important question to ask is can an entertainment-education drama be effective on its own, or does it need factual back-up or supporting activities to have an impact? Most researchers suggest that radio alone will not bring about behavior change (e.g., Adam and Harford, 1998, Norrish et al, 2001). However, the case of *Twende Na Wakati* may contradict this idea, since it is a stand-alone project, which showed significant behavior-change data (Rogers et al, 1999, Vaughan et al, 2000, etc.).

The case studies suggest that what matters most is responsiveness to audience wants and needs. If, for example, audiences demonstrate a desire for more factual information, an obvious step is to provide a back-up magazine program. If the technology is available, phone-ins or hotlines may be possible (e.g., Cambodia and St. Lucia *inter alia*). In some cases, supporting activities happen spontaneously, as in Albania, where Radio Tirana has taken the initiative to start and fund a discussion program based on *Rruga Me Pisha*, quite independently of the project. In India, listeners inspired by *Tinka Tinka Sukh* started their own self-help groups, and even schools. This kind of spontaneous follow-up is perhaps more indicative of success than any quantitative evaluation, as it shows the project has become truly indigenous.

### **Variable 8: Large or small**

All serial dramas are relatively large undertakings, which explains why there are very few, if any, long-running serial dramas run by community or local radio stations. The small end of the range in these case studies starts in Burundi with the soap opera, *Our Neighbours Ourselves*, which has one full-time writer and two part-time producer/technicians, and functions on a budget of a few tens of thousands of dollars per year. At the other end of the scale are projects such as Nepal, Tanzania and Rwanda, which employ up to twelve full-time staff, and have budgets three times larger than that of Burundi. (In most of these cases, the larger projects also run complementary magazine programmes, trainings, and audience outreach – so their annual budgets are not directly comparable to Burundi.)

The strength of a larger project is that it can do more research, evaluation and audience outreach. It runs less danger of going off-air periodically because it has the resources to cover staff absences. It also has more resources to promote itself to the audience and to potential donors. However, the larger a project becomes in terms of numbers of funders and other stakeholders, the more complicated it is logistically. When increasing size requires sub-contracting different sections of the production process, the project could become merely a managing agency and lose contact with the creative process.

## **Efficacy, evaluation, and cost-effectiveness**

In attempting to assess the efficacy of different radio entertainment-education models, one must first consider how efficacy is measured. Is it based on how funny it is, how popular, how relevant, or by how many percentage points it changes the audience's behavior?

Ultimately, all pro-social projects aim for some kind of developmental change, but generally they can be divided between a) those that aim for information, discussion and choice around an issue, or b) those that aim for quantifiable behavior change. Quantifying behavior change can be problematic. For example, how does one measure changes in social responsibility? Sexual and reproductive health behaviors may be difficult to measure because of the delicacy required in asking the necessary questions. Furthermore, some claim that those individuals most likely to change behavior are also those most likely to listen to a media campaign.<sup>10</sup>

In order to attribute significant changes in health behavior or dramatic increases in knowledge to the effects of the radio drama, the methodology must be sound. Some suggested elements of a good evaluation methodology for behavioral and social change radio dramas include:

- A thorough, representative baseline study, before the intervention begins

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<sup>10</sup> Although see Storey & Boulay, 2000 for an attempt to do just that.

- The ability to properly isolate those who have not been exposed to the drama
- The ability to control for other biases relating to educational, socio-economic status, etc.
- The ability to control for other educational and media influences that might show the same effect
- A rigorous monitoring of the same audience members' knowledge, attitudes, and practices (KAP) over time

This study has not attempted to dissect methodologies or to judge the reliability of each project's impact studies. This would have required detailed scrutiny of over twenty separate evaluations, cross-checked against other measurements of the reality on the ground, which neither money nor time allowed. Some claims made by impact studies in this report may not stand up to thorough scrutiny. Some projects use vague terms in their literature, such as 'regular listeners' or 'independent evaluation' or 'significant impact.' Each project has its own standards and it was not always possible to determine the exact definition of these terms in each context. The discrepancy between theory and reality is often difficult to pin down. For example, a project may present what looks like a very organized production cycle, or an extremely positive impact assessment, whereas the reality may well be different. A few, such as *Twende Na Wakati*, appear to have applied a well-designed impact methodology. Other projects may be equally effective, but do not have the tools, money or structure with which to measure their impact. Therefore, projects are taken at their word and no conclusions are reached as to which projects are more or less 'efficacious' than others. The emphasis is on the organizational and structural features of the programs.

Finally, any discussion about efficacy and impact inevitably leads to consideration of audience numbers and cost per listener. Although radio is more cost-effective than television and other media in developing countries, entertainment-education radio projects are under increasing pressure to show cost effectiveness.

This report has *not* attempted to assess the relative cost-effectiveness of projects for three reasons. First, budgets were difficult to analyze. It was often unclear what proportions of budgets covered expatriate salaries or research and evaluation. Often a budget covers much more than just writing and production; it may include publicity, accompanying spots and magazine programs, listening clubs and back-up print material. Furthermore, it was sometimes unclear how much of the official budget included overhead at the originating organization's head office and whether or not the cost of air-time and other in-kind contributions were factored in.

Second, it seems morally indefensible to compare projects simply on a cost-per-head basis. For example, was *Tinka Tinka Sukh*, which reached 40 million people, a more worthwhile project than *Apwé Plezi* because it only reached 40,000 people? Why should remote or small island states be deprived of development projects simply because they are more costly per listener? Third, it is invidious to attempt to quantify the benefits of an entertainment-education project simply in monetary terms. One cannot quantify pleasure gained or information imparted per person. Entertainment-education practitioners should resist being pulled into a cost-effectiveness argument.

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## Replicable Features

This analysis of 14 radio serial dramas from around the world suggests that many organizational aspects are *not* replicable in other contexts. Pro-social media projects depend greatly on the personal contacts of the producers, and the specific needs and tastes of the target audience. A successful model for one country may well not work in another, simply because there are so many variables.

With this caveat, the following is a list of possibly replicable features gleaned from the 14 projects studied. More detail about how these features work in practice can be found in each case study. The features have been selected because they either show up strongly across all projects, have been singled out by project holders as the key to their success, or because they seem to have the potential for translating across countries and sectors. (They are *not* in any particular order of priority.)

1. Having an integral and ongoing audience research component is vital so the project can stay in touch with and retain its audience. The more that writers themselves can get out into the field and interact with listeners, the more true-to-life the drama will be (for example, Rwanda, Kenya and Malawi case studies).
2. Incorporating audience feedback at every stage by reading letters on the air, adapting storylines in response to research, running competitions etc., will help to keep and increase audience.
3. Adhering strictly to the production cycle will help overstretched staff cope with all the demands of their work, and will keep relations with broadcasters smooth.
4. Paying constant attention to entertainment quality, realism and production values will keep audience, radio stations and donors/funders happy. Realism refers to plausible and character-consistent events or behaviors – not necessarily events that actually happened. Music and humor seem to have had special success with audiences.
5. Giving strong attention to initial and in-service staff training is something that is sometimes overlooked, but pays off in the end.
6. Demonstrating political astuteness is vital if the project is conveying anything at all controversial.
7. Acquiring local commercial sponsorship without compromising content is something to which many projects aspire, but is only possible where there is a solid consumer base, and thus an attractive market for would-be advertisers.

8. Collaborating closely with existing social/health/agriculture services is vital if the media intervention is advocating the use of specific services/technologies, and can be extremely damaging to the project, if overlooked.
9. Maintaining and encouraging the stakeholder network is important because entertainment-education projects all need expert advice, and all need to keep the funders/political supporters/audience supportive.
10. Paying strong attention to back-up materials in print and in person, and/or to accompanying factual/documentary/Q&A programs.
11. Addressing both the supply and the demand side, e.g., providing education and support for suppliers of health services as well as encouraging demand for health services from the general public. For example, the Nepal project has a drama designed especially for rural health workers as well as one for health seekers. In Vanuatu, the project is backing up its on-air health advice with actually running a local clinic. In Tanzania, radio staff members give out condoms during village feedback sessions.
12. Incorporating either a pre-test or a pilot stage before full production allows a project to learn from mistakes without incurring too many costs in terms of time and money.
13. Promoting the show by running on-air spots/trailers and/or by advertisements in the local press seems to increase the audience.
14. Paying constant attention to the broadcast channel to be sure the show is on the air at or as near to prime time as possible. It is important to remember that the popularity and quality of radio stations and slots can fluctuate.
15. Checking the actual services and availability of technologies on the ground against those recommended on the air (e.g., are condoms really available and affordable where your target audience lives?).

# **CASE STUDIES**

## Case Study 1. Albania – *Rruga MePisha*

**Format:** Radio soap opera  
**Dates:** 1999 to date  
**Language:** Albanian  
**Subject/Messages:** Governance, democracy, local elections, domestic violence, land disputes, blood feuds, public health (including HIV/AIDS), drug abuse etc.  
**Target Audience:** All adult Albanians  
**Philosophy:** The soap is 'issues-led' but the producers do not adhere to an explicit behavior change theory and do not believe in 'messages'. Their approach is to offer choices and to promote discussion rather than to present model situations or characters.

This is the first and presently the only radio soap in a country with almost 100% radio ownership among the target audience. Each episode is 15 minutes long and deals with life in a fictional suburb of Tirana. Two episodes are broadcast twice a week each, with a 30-minute combined episode once a week.

This soap is interesting because its characters are all 'morally inconsistent', much like the listeners. The producers feel that the audience would see through any attempt at role modeling. A lesson was learned from a soap in Russia, where ratings soared when characters became more complex (Williams, 2001). For example, there is a schoolteacher who stands for election as a local counselor, yet, at the same time is shown to have racist attitudes.

Several storylines are sponsored by locally based organizations such as UNICEF (domestic violence) and International Medical Corps (hepatitis A), who also help with expert advice. AIDS has been approached in storylines about first teenage sexual experiences, irresponsibility about condom-use and the need to seek medical help for STDs. These stories and their characters were formed as a direct result of focus groups with young people from rural and urban areas. 'We're trying to show the way, but not be unrealistically 'goody goody' (Williams, personal communication, 2001).

**Implementer:** *Rruga MePisha* Foundation, an Albanian NGO  
**Technical/Creative support:** BBC World Service Trust  
**Broadcasters:** Radio Tirana, Radio Patriot & BBC World Service  
**Annual Budget:** approximately \$120,000, of which 30% is for audience research and evaluation. Radio Tirana provides free airtime.  
**Funders:** EU, DFID, Mott Foundation. Individual storyline sponsorship from various local NGOs and organizations, such as the International Foundation for Electoral Systems, UNICEF, UNHCR, UNDP, and Catholic Relief Services  
**Stakeholders:** The BBC, the RMP Foundation, and Radio Tirana. Radio Tirana had the original idea for the soap and it now owns the studio built and equipped by the BBC. It also provides technical backup and complimentary radio and TV programs.

**Management:** The project was started by the BBC World Service Trust, but is now run by the *Rruga MePisha* (RMP) Foundation, which was set up by the BBC as an independent Albanian NGO after the first year of operations. One quarter of the budget was spent on expatriate salaries in the first 18 months; now the soap functions virtually without expatriate input. The smooth and early handover was due in part to a good local fundraising base, making financial independence possible. Another factor was the relatively high levels of education and skills among the Albanian staff. The Foundation's Albanian Director reports to an international Board of Trustees, which meets quarterly and is guided by a Statement of Values.

**Staffing:** The RMP Foundation employs about 50 Albanians in Tirana, including 6 full-time management team staff, 4 work-study students, 6 part-time writers, 2 part-time studio directors, 8 main and 20 subsidiary part-time actors, and 5 part-time audio technicians. The main actress is famous and respected, and all staff members are highly motivated and committed. A part-time consultant from BBC London travels to Albania regularly for script consultations and training.

**Writing and Production Process:** The greatest problem for the project has been a lack of talented and trained writers, largely due to the mass 'brain drain' to the West following the fall of Hoxha and the pyramid selling scandal of 1997. Writing is by team, but coordinated by one script editor, a talented and well-known Albanian stage and TV playwright. The team arrangement encourages healthy competition among writers, thereby ensuring freshness and creativity. Each scriptwriting meeting provides on-the-job training for the writers, few of whom had any training before *Rruga MePisha* started.

Storylines are planned six months in advance, with monthly script meetings supported by the British consultant. Meanwhile real-life research is ongoing, as dictated by demands of the script. For example, when a recent storyline required details about burial traditions, a staff-member drove around the country talking to relevant people. Scripts are written one month ahead of actual recording, so there is usually a month's worth of programmes ready for distribution to the broadcasters.

**Formative Research:** Focus group research was carried out in the summer of 1999 by Albanian researchers. A feasibility study was done by BBC technicians and a manager. The British consultant trained writers in formative research techniques to use with the potential audience about character definition, setting and storylines.

**Monitoring and Audience Feedback:** In the second year, an Albanian independent market research firm carried out an audience survey, with oversight by the BBC marketing department in London. This survey was both qualitative and quantitative. Other research is done on an ongoing basis, usually by student staff-members who feed their findings back to the writing team. Letters are also systematically monitored for audience feedback.

**Supporting Activities:** *Rruga MePisha* occasionally organizes road shows on topics covered by the soap, such as children in blood feuds. This is an opportunity for listeners all around the country to meet the stars of the show, give their feedback and to

talk about their problems. Badges and pens with the *Rruga MePisha* logo are given out at these events.

Radio Tirana started a new radio discussion program about governance and social issues as an accompaniment to *Rruga MePisha*. Listeners can phone in and get practical advice, such as telephone numbers of women's shelters. This was entirely initiated, organized and paid for by Radio Tirana. It is a strong indicator of the soap's popularity and relevance.

The script editor has written a series of five half-hour television episodes, which works as a dramatic 'prequel' to *Rruga MePisha* and features five of the main female characters.

**Reach:** 65% of the total population, about 2 million people. The BBC Albanian service re-broadcasts the soap internationally, reaching Albanian speakers in Greece, Kosovo and Italy. Albania's own short-wave channel, Radio Patriot, also carries it.

**Impact:** Measured through audience figures and qualitative feedback; 92% of listeners say it is informative and educational, 71% discuss the issues raised.

**Sustainability:** *Rruga MePisha* may go on forever, rather like *The Archers*, in the UK. However, it will have to transfer completely from donor to commercial support in order to survive. This is possible, assuming the expansion of the Albanian economy. However, it may be that *Rruga MePisha*'s audience numbers will diminish as the whole Albanian media scene expands and there is more competition. Sponsors may withdraw if they see audience figures going down – in which case the project would be a victim of its own success. Another potential danger is that the project could fall prey to the traditional rivalries, feuds and clan mentalities, which are very common in Albania. At present, the Albanian *Rruga MePisha* Foundation finds all its own funds locally, but many of these are from local branches of international agencies such as UNICEF.

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## Case Study 2: Bolivia – *Wila/Yawa Kasta* (Ancestral Blood-line)

<p><b>Format:</b> Radio serial drama <b>Dates:</b> 1999 to date (repeats, 35 episodes only) <b>Language:</b> Aymara, Quechua, Spanish <b>Subject/Messages:</b> Sexual/Reproductive Health, including correct information about HIV/AIDS, greater use of condoms and use of health centers <b>Target Audience:</b> Rural young adults of reproductive age <b>Philosophy:</b> PSI sees the radio drama as one component of its social marketing strategy in Bolivia. The aim is to help motivate listeners to increase condom use and seek further information about family planning, through the 'dramatization of social communication' (Duhaime, 2001)</p>
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*Wila Kasta* is a radio serial drama about reproductive health, aimed at the indigenous people of Bolivia. PSI (Population Services International) embarked on *Wila Kasta* in 1998, following the success of two other health soaps in Bolivia. *Wila Kasta* was first broadcast in Aymara in the Bolivian highlands in 1999. In the same year it won the Global Media Award. Another version of the same drama, called *Yawa Kasta*, was adapted for the Quechua language in 2000, for the ethnic groups in the lowlands. A Spanish version of the soap has also been produced and repeats of both *Wila* and *Yawa Kasta* are still on the air.

*Wila Kasta* is advertised as “the first Andean musical *radionovela*.” It is highly musical and features well-known Bolivian musicians. Each episode is 25 minutes long and the story runs for 35 episodes in total. Set in the rural highlands, it narrates the adventures of a young girl (Wayra), her eccentric midwife grandmother (Awicha), the traditional healer (Tata Severo) and a modern doctor, (Dr. Gumucio). Dr. Gumucio was meant to be a central character, portrayed as a handsome, musically talented, popular figure who even achieves the status of ‘Yatiri’ (a special traditional healer) by virtue of surviving a lightning strike. However, he was found to be far less popular expected, recording low levels of recognition among listeners (only 13% in Aymara and 22% in the Quechua version). The storyline had to be adjusted accordingly, so that health messages would be conveyed by the more popular traditional midwife/grandmother character. The lesson learned was “the road to the health center cannot be a direct one [with such an audience]; an emissary (a midwife, football player or other local leader) should exist between the people and the [health] professional” (Duhaime, 2001).

The strengths of this radio drama are its strong emphasis on popular music, high professional standards of recording and production and high levels of radio access among target population. It also points out the importance of formative research and understanding the cultural acceptability of putting key messages into the mouth of a Western-trained doctor – a so-called ‘trusted’ character. In this case, it turned out, he was not.

<p><b>Implementer:</b> PSI (Population Services International)</p> <p><b>Technical/Creative support:</b> PSI</p> <p><b>Broadcasters:</b> Radio San Gabriel, Idioma, and others (all non-state)</p> <p><b>Budget and Funders:</b> USAID through PSI (budget not available)</p> <p><b>Stakeholders:</b> NA</p>
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**Management and Staffing:** No information available.

**Writing and Production Process:** Writing was sub-contracted to a locally based writer, Jacques Duhaime, originally from Canada. Recording was at the ProAudio studios in La Paz, the best recording and editing studios in the country, according to Duhaime. In Cochabamba, *Yawa Kasta* was subcontracted to the producer CEPRA.

**Formative Research:** Before the Quechua version of the drama went on air, an independent market research company asked Quechua radio listeners in 12 rural municipalities what they most liked in the last radio drama they had heard. Other formative research found a high degree of ignorance and incorrect popular beliefs about HIV/AIDS. For example, 71% of students surveyed in La Paz believe that “one can catch AIDS through kissing, holding hands or caressing” (Duhaime, 2001).

**Monitoring and Audience Feedback:** After the *Yawa Kasta* campaign, the market research company did another survey and found that listeners liked the story and humor best, second the messages, and third the characters. The lack of success in conveying messages through the western-trained doctor character points to some shortcomings in the formative research, which should, ideally, have picked up the strength of these anti-health-personnel attitudes and oriented the storyline accordingly. Furthermore, an enormous number of character developments happen to the Doctor in just seven episodes: ‘No wonder the audience didn't see the character as credible...This would seem to highlight the need to show behavior change at a more realistic pace. There is a long way to go both in marketing health services to the rural population and in improving the attitudes and understanding of the health care workers towards the belief system and lifestyle of the population they serve.’ (Anne Sebert, personal communication, 2002.)

**Supporting Activities:** *Wila Kasta* is part of PSI’s wider health promotion strategy in Bolivia, which includes social marketing of its own brand condoms and other contraceptive products through its Bolivian partner agency, the Bolivia Social Marketing Project. Other entertainment-education activities include concerts and musical competitions aimed at youth, a TV soap called *Historia del Vecino y Tatuajes*. Mobile video units are used to tour various venues and put on a show that mixes entertainment, HIV/AIDS prevention communication and *Pantera* condom advertising.

<p><b>Reach:</b> Initial research found that radio could reach 92% of the rural population. During the first year of broadcasts <i>Wila Kasta</i> was listened to by 49% of the population of La Paz and in the second year, the Quechua adaptation, <i>Yawa Kasta</i>, achieved an audience of 92% in the regions of Cochabamba, Chuquisaca and Potosi.</p>
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**Impact:** An impact evaluation found that 69% of the audience in Quechua territory found the drama “very good” or “excellent.” Among Aymara listeners, 44% rated it likewise. For *Yawa Kasta*, three out of four listeners talked about the series with friends or family. In terms of knowledge, the series increased awareness of condoms from 75% to 96% of listeners and increased knowledge of AIDS and syphilis by 10 percentage points. It also improved public confidence in medical personnel from 37% to 51% (Duhaime, 2001).

**Sustainability:** No information available.

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### Case Study 3. Burundi – *Umubanyi Niwe Muryango (Our Neighbours, Ourselves)*

**Format:** Radio Soap Opera  
**Dates:** 1997 to date  
**Language:** Kirundi  
**Subject/Messages:** Peaceful coexistence, inter-ethnic dialogue, peaceful resolution of conflict, reconciliation and social responsibility. Studio Ijambo has experienced various problems linked to the political situation in Burundi, including violence, threats and censorship. The national radio has sometimes refused to broadcast an episode.  
**Target Audience:** Entire Burundi population  
**Philosophy:** Humor enables otherwise taboo and sensitive subjects to be tackled (ethnic hatred, corruption, state-sponsored violence etc.) Social change is attempted gradually; messages are only implied.

The drama features a Hutu and a Tutsi family who live next door to each other in rural Burundi. It relies heavily on humour and covers the gamut of Burundian daily life-- police harassment, mistreatment of women, family obligations, HIV/AIDS, reintegration of returning refugees, alcohol abuse, teenage pregnancy, etc. Each episode is 25 minutes long and two episodes are broadcast once each week.

'*Our Neighbours, Ourselves*' shows how humour can be used to tackle very serious issues (in this case violence, inter-ethnic hatred and social break-down) against a backdrop of civil war and political instability. It also shows that a very small but experienced and committed team with a relatively low budget can produce a very popular drama. This soap has a talented writer producing a humorous script standards and a reliable source of funding (USAID). There is little competition in terms of other radio dramas and the audience seems content with rather *ad hoc* production.

**Implementer:** Studio Ijambo, Burundi's first independent radio studio, was set up by the US NGO, Search for Common Ground in 1995. It produces 15 hours per week of news, public affairs and cultural programs.  
**Technical/Creative support:** Studio Ijambo  
**Broadcaster:** RTNB Burundi  
**Budget and Funding:** A start-up grant for the first 100 episodes came from International Alert. Now Studio Ijambo receives donor support mainly from USAID and some from the Open Society Institute (Soros). SfCG takes care of liaison with funders.  
**Stakeholders:** All staff at Studio Ijambo, the writer and actors, staff and supporters of Search for Common Ground and RTNB, broadcaster, audience, and funders.

**Management:** The soap is managed on a day-to-day basis by Studio Ijambo's Head of Cultural Section, who reports to the Director of Studio Ijambo, who in turn reports to Search for Common Ground.

**Staffing:** Two Studio Ijambo members work on the soap part-time – a producer and a technician. The writer works full-time on a contract basis. The 20 actors belong to a professional multi-ethnic troupe and work part-time for the radio soap. Both writer and actors are paid by the episode/part.

**Writing and Production:** One woman does all the writing. The drama is recorded and edited at Studio Ijambo. Production is quite *ad hoc*, with the scripts sometimes arriving on the day of broadcast. Resumes of each episode are read and approved by Studio Ijambo's Director. One reviewer suggested that more money would enable the project to train and employ a real producer, who could organize, help record, evaluate, and monitor feedback (Rolt, 2001). It was also suggested that technical staff would benefit from more experience and time so they could be more imaginative in the recording.

**Formative Research and Audience Feedback:** Research comes from the writer's first-hand knowledge of Burundian rural life and feedback from friends, relations, news, and Studio Ijambo staff. At present there is no formal system of audience monitoring or feedback.

**Other Entertainment-Education Activities:** Studio Ijambo produces a music program by and for youth of different ethnic backgrounds and weekly magazine programs about social and cultural problems.

<p><b>Reach:</b> 87% of the Burundi population listens to the radio soap opera. <b>Impact:</b> 82% of those surveyed believed that Studio Ijambo's programs greatly helped reconciliation.</p>
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**Sustainability:** The soap is extremely popular, but there is little chance it could stand alone as it relies on donor-funded support. There is also a potential problem of writer burnout, since she has produced over 400 episodes single-handedly to date.

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## Case Study 4: Cambodia – *Lotus on Muddy Lake*

**Format:** Radio soap opera as part of magazine program

**Dates:** 1999 to date

**Language:** Khmer

**Subject/Messages:** Reproductive health, HIV/AIDS, family planning, general health issues

**Target Audience:** 12-24 age group

**Philosophy:** Helping people make informed choices rather than aiming for specific behavior change. The idea is to increase awareness, discussion and acceptance of safe sexual, reproductive and health behavior, targeting young people with an integrated and long-term IEC program, of which the drama is but one component.

*Lotus on Muddy Lake* is part of a youth program on Cambodian radio called *Especially for You, Young People*. It was initiated by the British NGO Health Unlimited (HU), which first sponsored media campaigns in HIV /AIDS and reproductive health issues in 1994. After an evaluation of these campaigns in 1995, HU set up an integrated IEC project managed by HU and the Cambodian Health Education and Media Service (CHEMS). The project sustains a second radio program in the eastern area of BattamBang, which is not covered by the FM95 and National Radio transmitters.

*Especially for You, Young People* is broadcast three times a week and aimed at the 12-to-24 age group. The interactive magazine program is hosted by a young man, Brother Sothea, and an older woman, Aunt Virya, who advise, inform and sympathize with callers and letter-writers on all aspects of growing up, reproductive health and sexual behavior. The format varies and includes letters, a live phone-in slot, drama, panel discussions, testimonials, short stories, and health news.

The 20-minute soap opera, *Lotus on Muddy Lake*, is designed to tackle difficult and sensitive issues about sexual and reproductive health through drama. Commercial sex is widely available in Cambodia and culturally acceptable. The illiteracy rate is high, and denial and shyness about sexual matters are major problems in the fight against the high HIV prevalence rate. HU's studies have shown that many Cambodians still believe that traditional doctors can cure AIDS.

*Lotus on Muddy Lake* has eight main and a dozen supporting characters. Normally, three to four storylines run at any one time. The main character is Kosal, a shy but attractive 19-year-old boy from Bong village. Traditional rural life, featuring Kosal's relatives, neighbors and friends, is the backdrop of the story. The storylines are designed to bring out issues related to changes in adolescence, contraception, condom-use and STDs, HIV/AIDS, young love and domestic violence, abortion, arranged marriage and sexual identity. The HIV/AIDS storyline centers around Vuth, Kosal's rebellious but charming stepbrother who contracts an STD after having sex with a prostitute. He tries to cure himself with herbal remedies but Kosal advises him to take a blood test for HIV. Vuth, who took over a taxi driver's job who died of AIDS, is afraid to get tested, and he continues with his promiscuous ways.

Recently, CARE supported a third series of *Lotus on A Muddy Lake*, which follows a young female character as she moves to the city to work in a garment factory – thus highlighting the plight of many young people in Cambodia who move to the urban areas looking for work. The title – *Lotus on Muddy Lake* – is a metaphor for how good can bloom in the poorest conditions, the lotus being similar to the beauty within the people of Cambodia who have come through one of the most violent periods in recent history.

**Implementer:** Cambodian Health Education Media Service (CHEMS)  
**Technical/Creative support:** Health Unlimited  
**Broadcasters:** FM 103, FM 95 and Cambodia National Radio, collectively reaching most listeners in Cambodia and beyond. All stations charge airtime.  
**Budget:** \$260,000 per year for radio program, magazine, training workshops and audience research. About 15% goes to expatriate salaries and 7.5% is for administration in UK.  
**Funders:** EU, UNFPA, National Lottery Charities Board, Comic Relief, CARE  
**Stakeholders:** CHEMS, HU, the funders and the broadcasters. Important local partners include: CHED, a health NGO which re-broadcasts the show to the Batambong region and produces back-up print materials; PADV, a domestic violence NGO; RHAC, which provides counseling and other clinic-based services, and KHANA, a human rights organization. Such partners provide expert advice and receive training in IEC and media techniques in return. HU/CHEMS have agreements with the Cambodian Government's National AIDS Authority and with the six audience focus groups.

**Management:** The radio project is produced by CHEMS in Cambodia, but managed from HU's office in London, UK. On a day-to-day basis the project is run by the Khmer Acting Project Manager in Phnom Penh. However, HU personnel fly out regularly to train staff, conduct planning sessions and organise evaluations. London realizes the need to devolve power to a greater degree and is encouraging CHEMS to become independent and self-financing, but it acknowledges they are not yet ready for this. HU's head office has experienced problems with accounting for the project from a raft of different donors, each with its own timescale and reporting format. Other management problems include the cultural problems of criticism being taken personally and weak information flow among staff members. Too much daily problem solving has been done from London, with all the attendant communication and cost implications.

**Staffing:** There are twelve core staff in Cambodia and two/three supporting staff in London who work on the radio project part-time. Most of the CHEMS staff members have been trained from scratch, as only three of the original staff had basic radio experience. International personnel, including a senior producer from the BBC's *Archers*, provide training in radio and video production, scriptwriting, and editing. There have also been staff exchanges with other HU projects in Africa. The staff is now able to produce and run the radio project themselves, as well as produce health-related TV and video spots and training sessions for other organizations.

**Writing and Production Process:** The HU training consisted of five modules: building characters; identifying setting and location; dialogue; mental picture of a

scenario; and linking and cutting scenes. One of the challenges was to steer Cambodian scriptwriters towards more realism and away from the overly melodramatic style to which they were accustomed. Storylines are planned 40 to 60 episodes in advance, corresponding to 6 to 8 months. An average of 15 key messages are chosen through extensive audience research.

Messages and storylines are based on the advice of medical experts and the initial KAP survey, as well as ongoing listener-based research coordinated by a researcher who sits with the writing team. The writers also incorporate feedback received from listeners through letters and phone calls. All technical production is done on-site in the studio HU built, which is equipped with up-to-date SADIE editing technology.

**Formative Research:** A KAP study on HIV/AIDS with 700 informants was done by HU before start-up. It also carried out a nationwide media survey – the first of its kind in Cambodia. HU had been working in rural areas of the country on reproductive health matters for several years, and was therefore well acquainted with the issues. The organization had carried out several month-long media-based campaigns on HIV/AIDS and birth spacing, which were well received and thoroughly evaluated.

**Monitoring and Audience Feedback:** The project has several permanent focus groups at village-level. Researchers, writers and producers meet with them about every six weeks to gather feedback. All letters and calls are also logged. Interestingly, significant numbers of listeners have objected to the program’s use of “obscene” or “pornographic” words. In one instance, a caller to the magazine show objected to using the word “penis,” for which the presenter immediately apologized. The Project Manager later admonished the presenter for apologizing, since the show’s task was to be more up front. The producers have had to strike a delicate balance between the need to use medical and biological terms, and the problem of offending people. Several evaluators have commented that one of the project’s biggest challenges is conservatism. But clearly an attitude shift is necessary, not only among the audience, but in the production team as well (Woods and McKenzie, personal communication).

**Supporting Activities:** CHEMS writes a supporting column in a local magazine aimed at youth, which appears twice per month. It undertakes a regular series of trainings for government and NGO personnel in IEC/health education media activities. It designs and produces video and radio spots on health (HIV/AIDS and birth spacing) on a consultancy basis for other agencies, both local and international. CHEMS also does occasional short health education media campaigns, such as to coincide with World AIDS Day and the like.

**Reach:** Radio ownership is high in Cambodia; HU’s survey revealed that 71% of the rural population owns a radio; while in urban areas the figure is 83%. In the midterm review, nearly two-thirds of interviewees in five study sites reported listening to the program. The average listener is 19 years old and unmarried, with a relatively high level of schooling. A challenge is ensuring reach to rural listeners. The print magazine may be too expensive and unavailable to rural youth, and there are few mobile-phone users in the countryside.

**Impact:** About two-thirds of listeners surveyed discuss the program with others. Most said programs are entertaining and the advice given is relevant, affordable and practical. The soap was rated highest of all the six elements of the magazine program. The evaluator concluded that the impact of the program was slow but “Little by little, a bird makes its nest,” as the Cambodian saying goes (Catalla, 2000).

**Sustainability:** The original project plan predicted that CHEMS would be independent of HU by the year 2000, but this has not yet happened. At mid-term, the CHEMS/HU staff members were “only 60 percent confident that they can run the media education project on their own” (Catalla, 2000). The idea still is to expand CHEMS’ training services and make it into a local NGO. One problem is that CHEMS staff members feel that HU, as an international organization, protects them from the general corruption in Cambodian public life. Another problem is the low skills base in the country, especially English language, report writing, technical, planning and marketing skills, despite CHEMS staff’s high degree of motivation and pride in their work (Catalla, 2000). The question of how an initiating organization lets go of an institution it has created becomes even more acute when the institution in question is being asked to battle against the conservatism and cultural norms of its host society.

**Contact:** Health Unlimited, Prince Consort House, 27-29 Albert Embankment  
London SE1 7TS, United Kingdom.

**Website:** [www.healthunlimited.org](http://www.healthunlimited.org)

## Case Study 5: India – *Tinka Tinka Sukh* (Happiness Lies in Small Things)

<p><b>Format:</b> Radio serial drama <b>Dates:</b> 1996-1997 <b>Language:</b> Hindi <b>Subject/Messages:</b> Gender, women’s empowerment and health, HIV/AIDS, family size, conservation <b>Target Audience:</b> Youth and adults, particularly women <b>Philosophy:</b> Bandura’s social learning theory</p>
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*Tinka Tinka Sukh* has been quite extensively written up to demonstrate the success of the entertainment-education approach to behavior change. It was a 104-episode radio serial drama broadcast in India between 1996 and 1997 by All India Radio (AIR), in partnership with Population Communications International (PCI). Both AIR and PCI had had previous successful entertainment-education dramas on radio and television, notably *Hum Log* on Indian TV in the mid 1980s (Singhal and Rogers, 1999).

The idea to broadcast a radio soap opera in Hindi was conceived at a meeting between the heads of PCI and AIR in 1994. PCI organized a Soap Opera Methodology Workshop in June 1995 at AIR, production began in September 1995 and the first broadcast was in February 1996. AIR received creative assistance from a band of freelance scriptwriters trained by PCI at the Workshop and its own staff (Kapoor, 2001).

The 104 episodes of the drama lasted 20 minutes each and were broadcast twice weekly for a year. The drama was set in a farming community in North India. Chaudhri (‘elder leader’), his wife Chaudhrian, and son Suraj represent an ideal family. They promote women’s causes (anti-dowry, gender equality and women’s empowerment) and the importance of creating a self-sufficient harmonious village. By contrast Chacha’s family is blindly traditional and riven with conflict; his wife is the village gossip and his son is a delinquent. The widow, Gareebo, and her three daughters are more transitional characters, who depict the trials of women in a tradition-bound, patriarchal society. The AIDS storyline is told through the character of Jumman, “a farmhand on Chaudri’s fields. Momentarily swayed by urban glamour, he contracts AIDS and disrupts his family’s harmony. But he finally accepts his wife’s view that life’s happiness lies in small things.” (Singhal and Rogers, 1999)

*Tinka Tinka Sukh* was highly musical and designed to appeal to popular tastes in the Hind-speaking belt. A top Bollywood singer composed the music and at the end of each episode a musical couplet emphasized the main messages. The music-based style and strong storylines and characters, as well as very well known singers, musicians and songwriters helped make this drama popular.

<p><b>Implementer:</b> All India Radio (AIR) <b>Technical/Creative support:</b> Population Communications International (PCI)</p>
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**Broadcaster:** All India Radio

**Annual Budget:** \$40,000, which may not include administrative overhead. AIR provided production and airtime as well as staff and technical facilities, and PCI financed the technical assistance budget-lines, including training.

**Funders:** All India Radio (AIR) and PCI (including the Packard Foundation)

**Stakeholders:** AIR was almost solely in charge of production, with PCI in a supporting role. Broadcast slots and contracts had to be established with each of 27 local radio stations. Throughout the broadcast period several thousand listeners were formally committed to regular listening and giving their feedback to the show. The Universities of Ohio and New Mexico were involved in external evaluations.

**Management:** *Tinka Tinka Sukh* is one of a very few entertainment-education radio serials to have been largely created and directed by a local organization in a developing country. India has the infrastructure, skills and resources to run a big and effective national broadcast system. This drama demonstrates the experience, skills, resources and commitment that AIR could bring to pro-social media projects. Although AIR was still receiving input from PCI at the time, it was minimal.

Overall management was in the hands of AIR, which had extensive experience, existing infrastructure and a network of local radio stations. The Director of Programs had previously produced three popular, provocative radio serials on adolescence and had been trained at the BBC (Singhal and Rogers, 1999). She was responsible for recruiting and managing staff, listener-liason, publicity, casting and directing the actors, guiding the writers, negotiating airtime with 29 local stations, and periodic reporting. The Producer was responsible for the day-to-day management of the drama itself.

PCI facilitated training, assisted in the listener feedback process, provided freelance writers for the drama, organized external evaluations and funded spin-offs like magazine articles and the book-version of the storyline. The partnership between AIR and PCI appears to have been quite strong – probably based on an understanding between key individuals in each organization. In fact, the then Director General of AIR is now PCI's country director in India.

**Staffing:** Five AIR staff members worked on the show from start to finish: the Director, Executive Producer, Producer, Production Assistant and a Secretarial Assistant. There was one staff writer, who completed half of the scripts, and about ten other freelance scriptwriters. AIR technicians helped in the recording and transmission. Each episode employed an average of six experienced actors on temporary contracts.

**Writing and Production Process:** The overall shape, characters and location were planned at the scriptwriting workshop, in accordance with the Moral Framework established with PCI's support. Storylines were planned about a month in advance of actual scriptwriting. The Executive Producer coordinated meetings to ensure that continuity in characterization was maintained. Various freelance writers were used, for instance, one with a legal background was hired for episodes dealing with women's rights and divorce law. It was sometimes difficult to guide the writers away from

clichés about women’s problems and to make their work more realistic (Bhasin, personal communication, 2001).

**Formative Research:** Before production began, an independent consultant conducted a literature review. Findings were presented to the creative team during a one-day session. Information already available from the Audience Research Wing of AIR was also used. No baseline research was done.

**Monitoring and Audience Feedback:** Having a register of dedicated listeners was a monitoring methodology pioneered by Bhasin (personal communication, 2001). Before the drama went on air, thousands of letters were sent out to listeners of previous radio serials, inviting them to be part of a self-selected listening panel. All listeners were invited to send in their comments/queries as well. India has a strong letter-writing culture and the drama received a total of 150,000 letters, which were answered during a bi-weekly radio discussion program. Feedback from thousands of questionnaires was reviewed and read on air regularly, with prizes for those who provided thoughtful and sustained responses. Furthermore, the comments helped to fine tune ongoing programs.

The external evaluators who analyzed some of the letters noted that writers were atypical, being literate and predominantly male. The analysis of letters revealed a high degree of para-social interaction with the characters in *Tinka Tinka Sukh*. One striking example was a two-by-three-foot “letter” signed (in some cases with thumbprints) by 184 residents of Lutsaan Village in Uttar Pradesh stating, “Listening to *Tinka Tinka Sukh* has benefited all listeners of our village, especially the women...Listeners of our village now actively oppose the practice of dowry – they neither give nor receive dowry” (Singhal and Rogers, 1999).

**Supporting Activities:** AIR produced a radio program to back up *Tinka Tinka Sukh*, which was aired every two weeks for the year that the drama was aired. Its format was interactive in that it covered points raised in listeners’ letters. AIR’s own staff hosted the show, including the Director. At the end of the serial, listeners were invited to participate in a Radio Bridge Program hosted by a well-known radio personality (Kapoor, 2001).

Publicity was extensive; promotional spots, featuring *Tinka Tinka Sukh*’s catchy theme tune, character voices, jingles and narration were broadcast on all 27 stations. These spots were also broadcast on AIR’s commercial channels, the youth channel and the national network radio channel, as well as on television. Space in newspapers was bought to advertise the series and a book version was published when the series ended.

**Reach:** About 40 million listeners on 27 local radio stations covering 7 Hindi-speaking states, probably the largest listenership for any radio drama worldwide (Papa et. al, 2000).

**Impact:** Highly popular: Strong evidence to show increase in self-efficacy among listeners and high levels of para-social interaction, despite its limited duration.

In 1999, an independent evaluation was done by a team led by Dr. Arvind Singhal of Ohio University (Singhal et. al. 1999). The research was mainly qualitative, comprising personal interviews with key officials, content analysis of episodes and of a sample of 237 listeners' letters, and an in-depth study of the village of Lutsaan. The research also included a before-after sample survey comparing a treatment area and a control area in two Districts of Uttar Pradesh.

Highlights of the findings included: 59% of the sample of listeners said they felt like giving advice to particular characters in the drama; 81% felt they knew certain characters as close friends; and 40% of the sample actively discussed aspects of the program with others. Striking examples of collective efficacy came from the village of Lutsaan; for example, a village group was formed to end dowry-giving and a cooperative was set up to start a school (Singhal and Rogers, 1999).

One of the most interesting findings of the evaluation was a phenomenon dubbed a "paradoxical communication" effect (Papa et. al., 2000). This manifested itself in, for example, "Mukesh, a young male villager in Lutsaan [who] talked about the importance of small family size and gender equality [but] he also stated that abortion for sex selection was an acceptable means of limiting the population." (Singhal and Rogers, 1999) Singhal explains this paradoxical effect by saying, "Established patterns of thought and behavior are difficult to change, people often engage in an adjustment process until the new behavior patterns are fully internalized."

One might well question the impact of such a short-lived drama in terms of changing attitudes and behaviors. Social and individual change, particularly regarding gender and reproductive health issues, is notoriously long-term. The appearance of the "paradoxical communication effect" would seem to lend weight to the need to spend time addressing the unforeseen effects of a drama. A longer-running drama could have been re-oriented in response to evaluation results.

**Sustainability:** As a finite series, *Tinka Tinka Sukh* was never meant to be sustainable over the long-term. However, AIR continued to produce other serial dramas with social and environmental messages, which have proven very popular. PCI built on the success of *Tinka Tinka Sukh* by running four new serials in India's southern states, addressing family planning, gender equality and dowry issues. Two further soaps were planned in Orissa and Punjab, as well as a new soap opera for the Hindi belt involving rural medical practitioners as key characters. All of the above were developed with AIR.

<p><b>Contacts:</b> Population Communications International (PCI), <a href="mailto:pciny@population.org">pciny@population.org</a> <b>Website:</b> <a href="http://www.population.org">www.population.org</a></p>
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## Case Study 6: Kenya - *Tembea Na Majira* (Move with the Times)

**Format:** Radio soap opera with accompanying magazine program  
**Dates:** 1996 to date  
**Language:** Kiswahili  
**Subject/Messages:** A wide range of social, health, gender, farming, governance, and family issues  
**Target Audience:** Rural Kenyans, particularly women  
**Philosophy:** Present both sides of issues to generate discussion and let listeners make up their own minds

*Tembea Na Majira* (Move with the Times) is a weekly radio soap opera, broadcast nationally in Kenya in Kiswahili. It was the brainchild of David Campbell, one of the founders of Mediae, who wanted to do an “*Archers for Kenya*” and attracted the talents of Agricultural Information Centre (AIC) staff who wanted to get away from the dry, boring advice programs produced by the Ministry of Agriculture. At the same time, the newly semi-privatized Kenyan Broadcasting Corporation (KBC) was looking for more entertaining programs, in order to attract advertisers. It was piloted as a Kimeru language version in 1993, in order to assess the most effective way of communicating with a rural audience, then turned into a Kiswahili version in 1996 to reach a much wider audience. The Kimeru program continued until 1998, while the Kiswahili programs are still on air.

The soap is 15 minutes long and set in a rural agricultural zone. Originally the content was purely agricultural, but it has now expanded. Current topics include milk production and marketing, domestic violence, child sex abuse, political corruption, and how parents can support schools. In the past, topics have included malaria, female genital mutilation, biological control of agricultural pests and HIV/AIDS. The HIV/AIDS storyline ran for two or three years, sponsored by Plan International. It promoted prevention through faithfulness – or “zero grazing” – and condom-use, and community and family care for HIV-positive members. Trusted characters helped to dispel erroneous beliefs, such as mosquitoes carrying the HIV virus.

**Implementer:** Mediae Trust/Company, a British/Kenya-based organization that undertakes media for education and development projects in Eastern and Southern Africa.  
**Technical/Creative Support:** Mediae Trust/Company  
**Broadcaster:** KBC (Kenya Broadcasting Corp.)  
**Budget:** \$75,400/year, including fieldwork, expert advice, actors, production and airtime.  
**Funders:** DFID initially, now advertising revenue comes from Kenyan-based companies, such as Cadbury’s and Colgate, and aid agencies sponsor individual storylines.  
**Stakeholders:** Mediae staff in UK and Kenya, AIC production staff and recording subcontractors, advisors both in UK and Kenya, (e.g., Reading University in the UK and Kenyan doctors and lawyers consulted for specific

storylines), funders and sponsors, government and broadcasters. The audience is represented through feedback sessions in the field, listener letters, interviews and competitions in the magazine program, and independent impact assessments.

**Management:** The project is managed in Nairobi by Mediae, including liaison with the commercial sponsors. Some of the management and creative aspects are dealt with from the UK. On a day-to-day basis, Mediae works with AIC staff to produce the soap and magazine. The overall producer is a Kenyan.

**Staffing:** The team includes 12 actors playing permanent characters, three scriptwriters, and two producers. Scriptwriters and producers were trained by the BBC and consultants from soaps like *The Archers*. On-the-job and refresher training still takes place, particularly in script-writing and studio production. The project had some problems around corruption and nepotism. At one stage, the whole acting team plus a leading scriptwriter were sacked for suspected corruption, and there has been pressure on occasion by producers wanting to create new characters, as jobs for their relatives.

**Writing and Production:** Overall story-lining takes place once a year, facilitated by a Mediae advisor who travels from the UK for this purpose. The team first meets with donors to brainstorm and fine-tune the messages. Then scriptwriters and producers work out how the messages can be woven into the storyline and which characters will carry them. Characters are introduced and developed for both dramatic and educational functions. Most scriptwriters are from farming backgrounds, and are therefore well grounded in their subject matter.

A broad sketch-out is produced, which the client approves. Then, the team does a more detailed synopsis in preparation for the regular four to five-week actual production cycle, including synopsis, script writing and correcting, studio recordings and broadcasts. Five episodes are made in one batch. The recordings are made in commercial studios in Nairobi. At present there is a push to improve the general sound and production quality of the show to meet BBC World Service standards.

Balancing sponsorship with a good and educational storyline is often difficult when, for example, some element from the story has to be dropped to make room for a new funder. Some sponsors' subject matter is very difficult to render on a radio soap opera. The project team found that technical information, such as how to do accounts, lent itself better to the magazine program and to accompanying illustrated leaflets.

**Formative Research:** In-depth Participatory Rural Appraisal (PRA)-style qualitative research was done initially in villages in the Meru region and then in five districts for the Kiswahili version. Questions ranged from numbers of households who owned radios to the nature of women's problems and desired program content. Findings ground the soap in reality. Formative research also led to using a variety of dialects, thus ensuring that all the major ethnic groups were represented in the drama.

**Monitoring and Audience Feedback:** The project had a system of audience feedback sessions in the field every six weeks. Examples of listener feedback have included use

of the word “condom,” listeners preferred “sweet-wrapper” or “gumboot.” Some listeners said that the style of the magazine program was too jumpy, in the way it moved from topic to topic. Broadcasts have been adjusted accordingly.

**Supporting Activities:** The soap is accompanied by a magazine program called *Sikizia Ueruvuke* (Listen and Be Enlightened), which provides factual information about social and agricultural issues covered in the soap. The magazine is also 15 minutes long and includes interviews with farmers and ordinary people in the rural areas, a Tip of the Week, listeners’ letters and competitions. Plenty of songs and music keep the program lively. It backed up the HIV/AIDS storyline with interviews with health professionals – including some from Plan International - and featured real HIV-positive men and women on the show.

**Reach:** 7.5 million regular listeners (about 25% of target population), radio access is 90%, broadcast at 8 pm, the best time to reach rural women.  
**Impact:** 83% of listeners surveyed in 1994 liked the soap for its coverage of farming methods and 65% could cite something they had heard; 47% of soap listeners claimed to have put ideas into practice and 28% of magazine listeners claimed to have put ideas into practice (horticultural techniques and moral advice were the two most commonly claimed applications).

**Sustainability:** The project emphasized sustainability from the start. The plan was to strengthen the AIC as an institution, first within the Ministry of Agriculture and then as a private company, but this has not been possible for many complicated reasons. Thus, the radio soap/magazine *is* a self-sustaining product, as it is funded almost completely through local sources, but it is still firmly a Mediae project and not an indigenous Kenyan organization.

Over the years, the project has become a private enterprise. Mediae sees the soap opera as a product, whose profits pays staff and finances other Mediae projects. For example, Cadbury’s is mentioned before and after each show, and it has product placement during the show. The company also uses characters and educational themes from the soap on its advertising posters, billboards and leaflets. Advertisements for cocoa include cartoon-strip style warnings to children and parents about abusers and sugar-daddies. Commercial sponsors do not influence the content or style of the messages and are comfortable being associated with sensitive issues like child sex abuse. They feel it enhances their image as a socially responsible company. This commercial partnership is still partly supported by DFID through its Business Challenge Fund, which encourages business and NGOs to work together. It has worked because Nairobi is one of Africa’s cultural and commercial centers and because Kenya has a relatively good consumer base, thereby making advertising possible.

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Kate Lloyd Morgan, Mediae Trust, 53 Woodgreen, Witney, OXON, OX8 6DB,  
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## Case Study 7: Malawi – *Zimachitika* (Such is Life)

**Format:** Radio soap opera

**Dates:** 1997 to date

**Language:** Chichewa

**Subject/Messages:** Food security, nutrition, HIV/AIDS, sustainable agriculture

**Target Audience:** Rural Malawians

**Philosophy:** Based on cumulative examples of other soap operas, it draws on Bandura's theory, PCI's values grid approach, and the BBC World Service Trust approaches, adapting the best to the Malawian context. The objective is "to create community dialogue so that barriers are acknowledged and ways to overcome them are more easily understood."

The Story Workshop is a Malawian NGO, founded by American writer, educator and radio dramatist Pamela Brooke in 1996. SWET (Story Workshop Educational Trust) now produces three weekly radio programs, including *Zimachitika*, which went on air in 1997 and continues to date. It is a highly popular soap opera about rural development and food security, with little competition in terms of other soaps on Malawi radio.

*Zimachitika* began as a one-year safe motherhood and family health program for UNICEF. Added funders introduced new themes, such as women's political participation in elections, and a wide range of rural and health issues. It is set in the fictional village of Mbonekera and features the misadventures of Nabanda, the beautiful but cruel gossip, Gogo, the grandmother with many tales of personal survival and proverbial wisdom, Tadeyo's songs, Gubudu, the witch doctor and con man, and Zakeya, the young chief. The characters dramatize common barriers to social change and provide positive role models for overcoming them. Each episode is thirty minutes long.

The theme of each show is captured through a proverb (for example, "Spilt water can never be gathered") and often a song. Malawian cultural heritage is interwoven with new ideas in agriculture, environment, agroforestry, credit and household resource management, family health including HIV/AIDS prevention, gender equity and rural development self-help. A conflict and resolution format explores controversial issues and humanizes educational messages. Each episode ends with a cliffhanger.

The HIV/AIDS storyline focuses on *barriers* to positive behavior change. Some of these are misguided beliefs ("There is no such thing as AIDS." or "Sexually transmitted diseases can be avoided if the man urinates into the ground just after intercourse."). Other barriers are people in the community who "pull others down" and prevent developmental change. A recent HIV/AIDS storyline involves Zion, who is pressured into following the advice of local counselors to stay with her philandering husband, only to contract a succession of venereal diseases, and finally finds herself HIV positive.

The series itself has been forced into story changes due to deaths and illnesses among the cast, partly due to AIDS. Interestingly, SWET once refused sponsorship for an HIV/AIDS storyline from an international church-based organization, which wanted to prohibit condoms, even between married partners.

The Story Workshop's independence is paradoxically both its strength and its weakness. It has freedom to cover the issues it wishes, in its own fresh style, yet it lacks core funding or a head office to do research, evaluation design or donor relations, and it often struggles to meet deadlines and deliverables.

**Implementer:** The Story Workshop Education Trust (SWET)  
**Technical/Creative support:** SWET  
**Broadcasters:** Malawi Broadcasting Corp. (MBC)  
**Annual Budget:** \$400,000 for two soap episodes a week, outreach and support activities and a farmer's magazine program. Separate budget of \$100,000 from EU/CORDAID for equipment.  
**Funders:** UNICEF, American Ambassador's Human Rights and Democracy Fund, European Commission, EU (for food security), CORDAID (for HIV/AIDS)  
**Stakeholders:** Funders, government and other NGOs working in Malawi, National AIDS Commission and the BBC World Service Trust (capacity-building/training partnership).

**Management:** SWET is based in Blantyre. The Managing Director/Producer is a Malawian with 20 years previous experience with the Malawian Broadcasting Corporation (MBC). An Internal Advisory Team made up of some of the key staff manages the drama by consensus. The overall management approach is not to compartmentalize research, writing, production, and program management, but to work from a rotational and multi-tasking basis so staff can cover for those who are ill or caring for the ill.

The project acknowledges some weaknesses in management, particularly in finance, administration and long-range planning. This is due partly to SWET being funded on a year-by-year basis by several different donors, each with different agendas and reporting and evaluation requirements, which cause bureaucratic delays. In addition, SWET has grown very quickly and project managers often find themselves "fighting" in order to meet deadlines. SWET plans to work toward a long-term strategy and already has a two-year technical advisor for financial management, sponsored by Cordaid.

**Staffing:** There are two full-time staff members and about 30 part-timers, including the cast. The key posts are: Managing Director/Producer, Story Development/Project Adviser, two scriptwriters, Rural Development Program Manager, Communications and Marketing Manager, and Music Director. Music is performed by the Story Workshop Ensemble, and actors are professionals, paid per recording session. Independent volunteers from UK and USA help with graphics, the live theater component and evaluations. The project has had recurrent problems with actors who are poached by other groups, or who use their *Zimachitika* characters to convince audiences that they are collecting money on behalf of the series.

**Writing and Production:** In 1997 an initial workshop developed characters and settings, based on extensive field research, and then set out a values grid (influenced by PCI). Workshops are held regularly for advance storyline planning and character development, then a single writer does scenarios in English before the actual Chichewa script is written.

The project has its own digital studio and production office, and all production is done in-house. The producer manages the whole process, including cast, technicians and relations with MBC. Ideally, the series is produced in blocks of 13 episodes, but in reality it is usually only three weeks ahead of broadcast, due to organizational, operational and staff health issues.

**Formative Research:** A team of university students spent a year collecting local stories, oral traditions, cultural beliefs and personal experiences with social change conflicts. This was followed by “create and map a village” assignments allowing the researchers to create characters, setting, conflicts and profiles from the initial research, a process known as story development. The soap also builds on studies done by other organizations, such as the National AIDS Commission and on the field research done for SWET’s other radio programs. All the field interaction has been recorded on audio or videocassettes and transcribed into English, funded by PCI. As such it is a valuable public archive of oral history and wisdom in Malawi.

**Monitoring and Audience Feedback:** After every episode of *Zimachitika*, a critique is held with Chichewa staff members. SWET conducts focus groups on selected episodes, runs national contests, and monitors audience letters. Over 10,000 letters were mailed in 2000, when listeners were invited to submit Malawian proverbs and stories from their home villages. Prizes were awarded and winning entries were used in the show. Most recently, SWET has set up a network of Listener Clubs and its own theater troupe, Story Workshop Action Theater. These outreach mechanisms also serve as vehicles for audience feedback. Live actors pick up audience response directly after performances and feed them back into the radio series, thus maintaining realism and immediacy.

**Supporting Activities:** The two sister programs are *Tilitonse* (‘We Are Together’), another weekly soap, focusing on civic education in Malawi, and a farmer-to-farmer radio magazine program called *Mwana Alirenji* (Self-sufficiency). The three radio programs complement each other and build up overall project expertise and audience-connectedness.

SWET has also developed the following supporting educational activities: comic books for low-literacy audience in conjunction with the National AIDS Commission and others, village-based live theater performances, sales of cassettes of *Zimachitika* stories and songs performed by members of the cast, a weekly cartoon strip in the national newspaper, demonstration gardens showing new agricultural techniques in practice, and a quarterly newsletter. Additionally, SWET's scriptwriter has recently collaborated with PSI in writing a malaria campaign promoting the use of treated bed nets, which was broadcast on MBC and featured some of the most popular characters from *Zimachitika*.

**Reach:** 6 million regular listeners, with a strong urban audience as well as rural. Listeners are of all ages and both genders. In a nationwide study of randomly selected households, 85% of the population knew of the show, and 70% listened to it, giving a national listenership of 64%.

**Impact:** *Zimachitika* was voted the number one radio drama in Malawi from 1998 to 2001; 93% of listeners ranked it as their favorite or second favorite show; 81% said they listened every week. Letters indicate a high degree of positive role-modeling: 71% of listeners said they had changed agricultural practices, while significant numbers reported other social changes related to gender, health, diet, conflict negotiations, and resource management.

**Sustainability:** A founding principle of *Zimachitika* is sustainability, however making the series self-sustaining financially could mean compromising content. Commercial sponsors would want product messages to air within drama programs, and SWET does not accept this. Thus SWET has deliberately chosen to rely solely on donor funding and has found more than enough clients who wish to tap into their direct link with the target audience. From small beginnings SWET is now a well-established NGO that owns its own building and digital studio.

**Contact:** Marvin Hanke, Executive Director & *Zimachitika* Producer.

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**Website:** [www.storyworkshop.org/Zimachitika.html](http://www.storyworkshop.org/Zimachitika.html)

## **Case Study 8: Nepal - *Cut Your Coat According to Your Cloth and Service Brings Reward***

**Format:** Radio Serial Drama

**Dates:** 1994 to date

**Language:** Nepali

**Subject/Messages:** Family planning/ Reproductive Health

**Target Audience:** Rural Nepalese of reproductive age and health service providers

**Philosophy:** A variety of theories/models, including social cognition, reasoned action, steps to behavior change, and ideation framework. Role modeling is also a strong element.

*Cut Your Coat According to Your Cloth* and *Service Brings Reward* are two radio drama serials broadcast concurrently on Radio Nepal, aimed at increasing the contraceptive prevalence rate and use of health services. JHU/PCS created the Radio Communication Project (RCP) in conjunction with the Nepal Ministry of Health. Two audiences are targeted simultaneously to improve demand for family planning on the one hand, while improving delivery on the other. The RCP was broadcast on a pilot scale in Dang district in 1995/6 and then nationally on Radio Nepal from December 1997 to date.

*Cut Your Coat* is a 15-minute weekly soap opera, which encourages rural couples to limit their family size and space births. Messages are blended into a story in which two village elders vie for power, while community members struggle to reconcile traditional values and contemporary concerns. Colorful villains, heroines, and heroes, and plenty of suspense keep the audience eager to tune in to the next episode. At the end of each episode the narrator poses a question and listeners are encouraged to write in with answers. Roughly every three months there is a summary episode, which recaps the story, reviews previously presented topics, and provides an interactive listeners forum with letters, contests and prizes.

*Service Brings Reward* is a distance education program to update general medical knowledge and interpersonal communication skills of rural, clinic-based health workers. Twenty-minute episodes are aired once a week – 15 minutes of the story involving a health worker and other community members, followed by 5 minutes of health information and interactive feedback. The main message is health workers' responsibility to have up-to-date information and to teach clients about family planning, with the emphasis on the importance of interpersonal communication. Health workers are encouraged to listen in groups and send in questions and answers by mail. Field monitors visit each health post in the target area twice a year to talk with workers and to record interviews for later broadcasts.

Since this project is primarily about family planning, HIV/AIDS is only touched on within the context contraceptive methods – particularly condoms. Each topic is covered first for health workers to increase their knowledge and skills. Then, a few

weeks later it is covered on *Cut Your Coat* so the general audience will know to expect when they visit the health post.

The writer is famous for his poetic writing and humor, and there is no denying the high popularity of the program among the intended audience. Letters indicate that listeners totally believe in the characters and are concerned about their welfare.

**Implementer:** Radio Communication Project (RCP)  
**Technical/Creative support:** Johns Hopkins University Population Communication Services (JHU/PCS)  
**Broadcasters:** Radio Nepal  
**Budget:** Not available  
**Funders:** USAID and Nepali Government (for air time)  
**Stakeholders:** The MoH's National Health Education Information and Communication Center (NHEICC), USAID, JHU/PCS, various NGOs and INGOs, and audience representatives.

**Management:** The Radio Communication Project is managed by the JHU/PCS office in Nepal. JHU's senior Technical Advisor in Baltimore provides regular guidance on scriptwriting. The overall planning and scripting is reviewed and approved in Nepal and the U.S. The Series Coordinator oversees the administration of the RCP and each drama has its own Executive Producer.

**Staffing:** There are ten key Nepali staff members and one international Technical Advisor. The key staff positions are: the RCP Series Coordinator, two Executive Producers, two scriptwriters and the Audio Producer. The project subcontracts the recording to a private studio, which has its own staff, but is overseen by the Audio Producer. All actors and musicians are professionals with part-time contracts. Actors have other jobs and commitments and are not always available for recording when needed. Since this was the first social radio drama in Nepal, initial training was essential to establish a strong core of local writers, producers, and actors.

**Writing and Production:** The Design Document spells out in exhaustive detail the series' purpose, measurable objectives, content, audience profiles, message focus, timelines, monitoring and evaluation procedures, job descriptions and promotional campaign plans. It also covers the range of messages, the sequences of messages and the precise wording that is appropriate to the audience. All medical words are defined in a glossary, to help the scriptwriters explain terms in a style that listeners can understand. The Design Document is the "Bible" on which all aspects of the two series are based, and ensures consistency and synergy between the two serials.

The design team comprises some 35 people, including health specialists, ministry representatives, audience representatives, and the writer, producer, and director. A smaller group reviews and amends their work, then eight key signatures are put to the Document, including that of the funders, broadcasters, various departments of the Nepali MoH, and representatives of JHU. Government review and coordination can be a lengthy and cumbersome process, but having a permanent member of RCP as liaison between project and government has ensured close collaboration.

The number of episodes devoted to each topic depends on its importance, difficulty and newness for the listening audience. Sometimes a new topic is discussed every week, other topics are discussed for several weeks in a row, and some episodes are free of messages, in order to develop the story. The series scriptwriter creates a story that will appeal to the chosen audience and then blends the messages into the story naturally, gradually, and subtly. Summary programs and listeners forums allow the project to explain or repeat anything not thoroughly understood by the audience.

The RCP uses a system of “Edit-Free Production,” because digital recording is not yet available in Nepal. This means that the scriptwriter follows the content guidelines set out in the Design Document *to the letter*. Then the Audio Producer ensures that scripts are thoroughly rehearsed and recorded in such a way that they require minimal editing. A Script Monitor attends every recording session to approve any small changes that might be needed for timing reasons or to overcome specific acting difficulties. In order to provide some flexibility in response to audience feedback, recording of each episode usually takes place no more than three weeks in advance of broadcast, which allows time for last-minute message changes.

**Formative Research:** In the early 1990s, JHU supported several large-scale surveys of family planning needs and media use in rural areas, which showed that couples could be reached most effectively by radio. It also found that rude and discouraging interactions with health workers were often cited as the reason for poor utilization of health services. Formative research gave writers great insight into the likes and dislikes of the audience and was used as the baseline for subsequent impact evaluations. JHU also conducted qualitative research of audience members in order to design the on-going programs. Before each new series, the first three episodes are pilot tested to ensure that the characters are realistic and that the story is entertaining.

**Monitoring and Audience Feedback:** Ongoing monitoring is the responsibility of the staff evaluator. For the first phase of the project, a private research firm conducted regular interactive sessions with Village Development Committees. In the ensuing four phases, PCS has conducted monitoring activities in close collaboration with the Ministry of Health. District health supervisors encourage listening and discussion of health topics among health workers and provide critical feedback to PCS for future episodes.

Audience feedback is encouraged by on-air quizzes and by providing selected health service providers with pre-addressed aerograms. Letters are periodically read on the air. JHU also produces a health workers newsletter, with updates from the Ministry of Health, letters, poems, and questions/answers.

**Supporting Activities:** *Service Brings Rewards* has accompanying technical reference manuals, family planning brochures, discussion/episode guides, wall charts, reproductive health flip charts, promotional materials and aerograms for health workers. Every health post and sub-health post in Dang district was given a radio to encourage group listening. District-level advocacy training workshops were conducted for District Public Health Officers and Regional Health Administrators in all five

development regions of Nepal, with content that dovetailed with *Service Brings Reward*.

Four radio spots and three musical jingles promoted *Cut Your Coat* and reinforced themes, particularly the importance of spousal communication. Print materials, including posters designed separately to appeal to men and women, addressed the common belief that vasectomies cause physical weakness and encouraged men to play a greater role in contraceptive decisions. Promotional materials, such as caps, pens and small plastic radios with the RCP logo, were given to prizewinners, teachers, Village Development Committee members and other influential community members. Street drama events were organized to replicate and enhance the radio messages. Health volunteers facilitated community-level *Cut Your Coat* listening and discussion groups. One district is piloting incorporating *Cut Your Coat* into existing literacy groups.

**Reach:** Over 8 million listeners

**Impact:** Four evaluations showed “significant gains in provider knowledge, attitudes and interpersonal communication and counselling skills...increases in client traffic, and active client participation in sessions with health workers. Self-reported modern contraceptive use increased by 7% among women and 9% among men during a 27-month period.” (Storey, 2000)

**Sustainability:** The RCP is currently in its fifth phase and shows no sign of ending. There were plans for the RCP to be taken over by the Nepali government, which would presumably reduce JHU involvement to occasional technical advice. USAID or some other international donor would continue funding, as there are no plans and few possibilities for local commercial sponsorship.

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Diane Summers, Nepal Country Representative. [dsummers@nfhp.org.np](mailto:dsummers@nfhp.org.np)

**Website:** [www.jhuccp.org/asia/nepal/radio.shtml](http://www.jhuccp.org/asia/nepal/radio.shtml)

## Case Study 9: Rwanda – *Urunana* (Hand in Hand)

**Format:** Radio soap opera with complementary magazine program

**Dates:** 1999 to date

**Language:** Kinyarwanda

**Subject/Messages:** Mostly women's and youth health, family planning, HIV/AIDS, sexuality and reproductive health. Condoms are advocated, but some listeners have complained that they were not available. Also includes domestic violence, women and the law, infidelity, income generation for women, malaria and cholera. One of the conditions for HU to operate in Rwanda was that it would not make any reference to ethnicity or the genocide.

**Target Audience:** Rural youth and women

**Philosophy:** Promoting positive attitudes through entertaining, educational storylines and magazine content encourages dialogue around sensitive issues and provides emotive role models that encourage positive behavioral change.

Health Unlimited (HU) began preparing *Urunana* in 1997 as part of its Well Woman Media Project. This 15-minute drama is broadcast twice a week on the two most popular radio stations in Rwanda, with an additional summary version on Sundays. Each episode has three to four storylines. *Urunana* is set in a fictional village and features about eight different households, including several widows (implied survivors of the 1994 genocide). Humor is provided by the foolish but scheming Bushombe, and role models are characters like Sesilia, a widow who sets up her own business. Other characters include Odeta, whose dilemma is whether or not to sleep with her boyfriend, and the womanizing Stéphane, who gets gonorrhoea. One of the characters is HIV+ and the soap follows him and his wife through community discrimination to community support, as well as discouraging myths and enlightening the audience about living positively with HIV.

The soap is followed by *Umahoza*, a 15-minute magazine program broadcast on Radio Rwanda. It includes interviews from the field, occasional guest experts, and representatives from the target population, who expand on the issues raised in the preceding episode. The challenge is to make this piece just as interesting, relevant and entertaining as the soap, so that listeners don't turn off the radio to save batteries.

**Implementer and Technical/Creative Support:** Health Unlimited, a British NGO based in London and Rwanda, whose mission is to support war-torn communities and indigenous people to achieve better health and well-being

**Broadcasters:** BBC Great Lakes Lifelines Service (soap opera only), Radio Rwanda (soap & magazine)

**Annual Budget and Funders:** \$247,000, funded by British Lottery and DFID to 2005

**Stakeholders:** Representatives from government, NGOs and UN agencies (e.g., PSI, CARE, Ministry of Gender, Ministry of Health)

**Management and Staffing:** The project is fully managed by a local Rwandan team, though HU is responsible for quality control. Until recently, the Project Manager in

Kigali was an expatriate, but HU appointed a Rwandan in 2001. Her team is composed of about 12 permanent staff and up to 20 part-time actors. Key staff positions are the Executive Producer, Script Editor, two researchers, Studio Manager, two writers (one for storylines, the other for scripts), and the *Umahoza* producer/presenter. Most staff members have been trained from scratch in production, editing, writing, and digital editing, by international experts. Many also needed basic training in typing, computers and accounting. Staff shortages have been a problem, partly due to holidays, illness and other commitments, and partly because qualified new or temporary staff is not available. The project is overstretched in terms of the goals it has set, although it has never yet missed the deadline for an episode. *Umahoza* is produced and presented by one person, who follows the same schedule and issues as the soap.

**Writing and Production Process:** The soap goes through a full production cycle every six weeks, during which six episodes are prepared, recorded and broadcast. Episodes are based on a rolling six-month storyline.

- **Week 1:** Researchers brief the script editor on issues to be addressed and script editor gives possible storylines to the full team, who discuss potential problems and angles for the episode synopsis.
- **Week 2:** Script editor storylines the six episodes. Storylines are translated into English and e-mailed to London for feedback.
- **Week 3:** Writers work on the scripts.
- **Week 4:** Executive Producer and writers edit the scripts.
- **Week 5:** The six episodes are recorded.
- **Week 6:** The six episodes are edited digitally in-house, sent by DHL to the BBC World Service in London and sent back to Radio Rwanda for broadcast.

**Formative Research and Monitoring:** An initial needs assessment provided information about the potential audience, including average educational levels, household size, monthly income, listening patterns (50% of females sampled do not listen to radio at all), how people think diseases are transmitted, where people go for health advice, and knowledge of HIV/AIDS transmission. The results helped inform the long-term storyline planning of the soap. HIV/AIDS storylines are based on rolling audience research in the field and medical advice from the Ministry of Health and NGO experts. The writers and the presenter visit clinics, meet with technical experts, and use written resources such as *Where There Is No Doctor* (Harford, 2002).

A stakeholder group meets quarterly to provide input to issues addressed in the storylines, and impart technical know-how. For example, if there is a storyline on domestic violence, a legal advisor will explain the options for a woman who is regularly beaten by her husband.

HU has two staff researchers, one who meets with audience groups and one who links with advisors and technical experts in Kigali. Four volunteer audience groups, three rural and one urban, interview community members each month, using a standard questionnaire. Results are fed into the six-week planning process. The audience also provides feedback through letters to *Umahoza*.

**Other Supporting Activities:** In addition to the soap opera, the HU team in Kigali occasionally makes audio materials for other clients, such as PSI, John Hopkins, UNFPA and CARE, to generate income and runs health education media training workshops. Some outsiders have attended HU trainings; one participant is now a writer for a drama serial about HIV/AIDS on Radio Rwanda called *Kazungu*. Training externals is an effective way of scaling up the project's impact and for skills and know-how to be shared across the IEC sector in one country.

*Urunana* actors have presented live shows around the country. This creates goodwill, increases listener numbers and brings messages to those without access to radios. Storylines and key messages of *Urunana* have been incorporated into Rwanda's educational curriculum and the government has used *Urunana* to reflect current issues, such as raising awareness of the commune elections and the positive impact of voting for commune leaders.

**Reach:** Survey indicated 62.58% of the population listens to the drama, but more men listen than women, probably because fewer women than men have radios; there are high numbers of poor women-headed households; women are too busy to listen during the day and they cannot go out after dark to listen with a neighbor (most episodes are broadcast in the evenings).  
**Impact:** Feedback from listeners and reviews indicate that *Urunana* is entertaining, dramatic, understandable and relevant, but there is currently no means of getting hard data on impact.

**Sustainability:** HU has funding guaranteed until 2005 from its British donors and is likely to continue with donor support for the foreseeable future because of Rwanda's very poor commercial base. The strong link with London is loosening gradually; appointing a Rwandan Project manager is a first step toward greater autonomy. The project could generate income by doing more training and radio/audio programs for other local agencies, but this would generate only a relatively small financial return, and the project staff is already over-stretched.

**Contact:** Health Unlimited, Prince Consort House, 27-29 Albert Embankment London SE1 7TS, United Kingdom.  
**Website:** [www.healthunlimited.org](http://www.healthunlimited.org)

## Case Study 10: South Africa – *Soul City*

**Format:** Radio serial drama

**Dates:** 1992 to date

**Languages:** 9 regional languages: IsiZulu, seSotho, Xhosa, Seswati, Tsonga/Shangaan, Setswana, Sepedi, Ndebele and Venda.

**Subject/Messages:** Rape, care and support of people living with HIV/AIDS; messages change with each series.

**Target Audience:** 'African' and 'Colored' South African adults.

**Philosophy:** Soul City has developed a model of behavior change based on Johns Hopkins' model and on WHO's Ottawa Charter, which covers broader aspects of health promotion, such as advocating for healthy public policy and creating a supportive environment for behavior change. Indicators of social change are measured within society, within the community and within individuals.

Founded in 1992, the first Soul City series was a 13-part television drama and a 60-part radio drama in Zulu, Sotho and Xhosa called *Healing Hearts*. Its primary aim was to change health behavior among the African and Colored population, particularly on maternal and child health, tobacco, HIV/AIDS, TB and hypertension. Other issues were land distribution, violence against women, and personal finance. Soul City has expanded enormously and is now in its fifth series, with nine national languages. It is a multi-media project, with print, educational and advocacy materials backing up the radio and television series.

Soul City is the fictional rural township in which drama takes place. The stories are about people's everyday lives, struggles and conflicts, set in and around the clinic. The 15-minute radio drama follows a similar storyline to that of the television series and is broadcast by nine different regional radio stations, each covering a different language. The storyline is the same across the nine regions, but settings and character names are typical of the different regions.

Soul City has become something of a beacon in the world of entertainment-education and is now expanding to eight other African countries. Its success is due in part to the strong founding and management team and South Africa's high existing skill levels in mass-media, advertising and marketing, and high radio and television ownership. Radio drama is just one of several multi-media approaches. Its strong emphasis on rigorous formative research and evaluations, which are then well publicized, ensures continuing interest from audiences on the one hand and funders/backers on the other.

**Implementer:** Soul City

**Technical/Creative Support:** Soul City

**Broadcasters:** 9 South African local radio stations, which do not charge airtime, but require contributions from Soul City for production and marketing costs.

**Annual Budget:** \$160,000 for the radio series

**Funders:** European Union, DFID and National Department of Health.

**Stakeholders:** Funders, government departments such as Health, Land Affairs and Housing, and local NGOs, such as the National Network on Violence Against Women.

**Management:** Soul City is mostly a research and management organization. Its employees do not directly produce, direct or publish its health communication materials. It commissions them from professionals.

**Writing and Production:** Content is decided by Soul City in consultation with the Department of Health and other stakeholders. Research is then commissioned to help identify the specific issues of focus and what the audience knows and believes about the topic. Experts take the findings from the formative research and define the drama's messages in the form of a message brief. The series manager at Soul City commissions a team of scriptwriters, who are briefed in a workshop about how best to integrate the messages into the drama and they produce a draft outline. This is tested with the experts, role players and members of the target audience, after which full scripts are produced. All scripts are pre-tested with stakeholders and the target audience to make sure the messages have been well integrated and yet maintain their entertainment value. Scripts are translated and recorded by the nine regional radio stations at no cost.

**Formative Research and Audience Feedback:** Formative research consists of consultations with the target audience about what they know, their concerns and their points of resistance, through personal interviews and focus groups. Scriptwriters spend days visiting townships and clinics, and then meet with experts on the content and nature of the messages. After the drama is produced and broadcast, there is an evaluation and lessons learned are integrated into future productions.

**Supporting Activities:** Soul City produces a weekly television drama in nine different languages, a comic book in two languages as inserts in 10 newspapers, and a website to fill in the storyline for people who have missed an episode. Newspapers provide free space for the comic books. Soul City has produced 2.25 million health education booklets featuring the television characters and education packets for adults and youth. Adult packets include the health booklet, comic books based on the storyline, audiotapes of the comic books, Soul City posters and a facilitator's guide. The youth packets consist of a comic book based on the television series, four workbooks that address personal responsibility, and a facilitators' guide for use in high schools and by NGOs. Soul City's name is attached to activities such as the Health and Development Worker of the Year Competition, which lends glamour, popularity and credibility to the competition.

In 2000, *Soul Buddyz* was begun, a multi-media edu-tainment vehicle aimed at children between 8 and 12 years. This has both a radio and a television element, and deals with a range of issues, including HIV/AIDS, disability, bullying, abuse, road awareness,

burns and drowning. Each 30-minute program consists of a short 10-minute drama with child protagonists, five minutes of documentary information inserts for both adults and children, and 15 minutes of interactive talk. *Soul Buddyz* is in four languages, Xhosa, Sepedi, Setswana and English.

**Reach:** Radio reaches 65% of target population: 13.3 million listeners. The radio series has also been broadcast in Namibia. Soul City is working on a plan to test, adapt, produce and broadcast the series in eight other countries in Southern Africa.

**Impact:** In 1994 almost 1.2 million people said they would change their behavior because of *Soul City*. It was the most frequently spontaneously mentioned television and radio program from which respondents had gained useful information about AIDS.

**Sustainability:** At present there are no signs that *Soul City* will come to an end. As long as it is producing a top class product, ensuring that both donors and audience remain interested, there is nothing to prevent them going on for many years to come. *Soul City*'s ongoing nature means that various other health and development groups can piggyback onto the soap with their own issues, without re-inventing the wheel as far as research and production is concerned. This avoids the problem of audience lag, the time taken to build a sizeable and dedicated audience for a new media program.

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## Case Study 11: St. Lucia – *Apwé Plezi* (After Pleasure Comes the Pain)

**Format:** Radio soap opera

**Dates:** 1996 - 2000

**Language:** Creole and English

**Subject/Messages:** Family responsibility, family planning, HIV/AIDS prevention

**Target Audience:** Adult St. Lucians

**Philosophy:** Bandura's social learning theory; Sabido's entertainment-education theory; modelling for behavior change through melodrama, featuring positive, negative and transitional role models to provide vicarious learning experiences for listeners.

The RARE Center for Tropical Conservation sought the assistance of Population Communications International (PCI) because it believed that unless population issues were addressed, St. Lucia could not conserve its environmental diversity. PCI's serial drama approach seemed the best option to help change behaviors around population issues. Thus a partnership was formed with RARE as the implementing organization, and PCI providing technical training.

The title *Apwé Plezi* comes from a local Creole saying, "After the pleasure comes the pain." The aim of the soap was to teach family responsibility and encourage family planning. Each episode was 15-minutes long and five episodes were produced per week.

The story centers around Chester, a 30-year-old alcoholic who is a wife-beater, date-rapist and incestuous – a thoroughly negative character. Chester is punished in various ways and listeners gradually realize that his lack of parental responsibility harms his children and their mothers, society and Chester himself. The advantages of stable parental relationships are demonstrated through the lives of more positive role models. HIV/AIDS was one of the most dramatic topics. One of the major storylines was around the life and reckless behavior of a typical young promiscuous male called Tony. His death shocked many listeners who had grown to love this character for his "macho" ways.

**Implementer:** The RARE Centre for Tropical Conservation, an international organization dedicated to the preservation of island diversity

**Technical/Creative support:** Population Communications International (PCI)

**Broadcasters:** Radio St. Lucia (free broadcasting and studio space)

**Budget:** No information available.

**Funders:** RARE Centre funded for two years, local funding for third year

**Stakeholders:** The RARE Center, St. Lucia Planned Parenthood Association, National Population Unit of the Ministry of Planning; St. Lucia Ministry of Health; PCI; Radio St. Lucia, National Research and Development Foundation and St. Lucia Development Bank

**Management and Staffing:** The project was managed by RARE, with technical assistance from PCI. The production team included three directors, one writer, one studio technician, and the Assistant Director of Conservation Education of RARE. All worked part-time on the drama. There were 50-70 actors over the three years. All the stakeholders signed up to the Values Grid, which was the guide for the entire program. The producers and scriptwriters were trained, through PCI, by Tom Kazungu (Top Com Productions) and Kimani Njogu (Twaweza Communications), from Kenya, who were pupils of Sabido. Otherwise, everyone was hired locally.

**Writing and Production:** The content and the themes were determined, in PCI style, by a Values Grid, which set out the content and the desired behavior/messages. The writer met weekly with the production team to review the Values Grid and to plot new episodes. When necessary, the writer would also meet with the Technical Advisory Committee, comprising representatives of the National Population Unit, the Planned Parenthood Association and the Ministries of Planning and Health. This committee was responsible for ensuring that the technical information was accurate and rang true, and that any current government concerns were appropriately addressed.

**Formative Research:** The formative research was designed by PCI's Peter Vaughan. A questionnaire survey was conducted by the St. Lucia Statistical Department and RARE staff conducted focus group meetings and a literature and legislation review. The research identified 37 educational issues to be addressed by the soap, including knowledge, attitudes and behaviour related to family planning, HIV prevention, gender equity, relationship fidelity and domestic violence.

**Monitoring and Audience Feedback:** No information available, apart from the hotline.

**Supporting Activities:** A telephone hotline for personal advice about family planning, HIV prevention and other educational content was set up in connection with *Apwé Plezi*. It was advertised at the end of each episode along with rhetorical questions on educational themes. The hotline received 1,200 calls in a 10-month period, representing about 1% of St. Lucia's adult population.

Other activities included a street theater production, which used *Apwé Plezi* characters and was viewed by about 1,500 people. *Apwé Plezi* stories were regularly published in the local press and posters, bumper stickers and billboards were used to advertise the radio program (Vaughan et. al. 2000).

<p><b>Reach:</b> 32% of the adult population, about 40,000 people <b>Impact:</b> 14% of listeners said they adopted family planning methods as a result of listening to <i>Apwé Plezi</i> and a 5% increase occurred in the number of new family planning users, but the evaluation could not determine how much was uniquely due to <i>Apwé Plezi</i>.</p>
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**Sustainability:** *Apwé Plezi* was not sustained for a variety of reasons. The main problem was lack of staff in place at RARE to raise funds, and the inability of RARE to sustain support by itself. Radio St. Lucia could have found commercial sponsorship for

the series – the commercial base and listener popularity were in place to attract local business interest – but, at the time, the radio station was going through management difficulties and could not pursue fundraising.

This case study demonstrates just what a large undertaking a radio soap is, and it is to RARE's credit that it sustained it as long as it did, with little outside support. Producing five episodes per week was very difficult. Part of its success, in addition to the hard work and long hours put in by the writer and other staff, was based on good collaboration with government and non-governmental organizations and the high penetration of radios among population. The small island community made liaison and contacts easier.

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## Case Study 12: Tanzania – *Twende Na Wakati* (Let’s Go with the Times)

**Format:** Radio soap  
**Dates:** 1993 to date  
**Language:** Kiswahili  
**Subject/Messages:** Family planning, HIV/AIDS prevention, teen sexuality, women’s status, domestic violence  
**Target Audience:** Tanzanians of all ages  
**Philosophy:** Bandura’s social learning theory; Sabido’s entertainment-education theory: modeling for behavior change through melodrama. Deliberately highly emotional messages contribute to the entertainment appeal of the program. Messages emphasizing the negative consequences of behavior (e.g., the risks of *not* adopting a family planning method) may be more persuasive than positive messages. Motivational rather than strictly informational messages help listeners act on their knowledge and adopt family planning.

In 1993 the president of Population Communications International (PCI) convinced Radio Tanzania (RTD) to produce a radio soap aimed at family planning and reproductive health behavior, including HIV/AIDS prevention. *Twende Na Wakati* depicts the daily life of Tanzanians, particularly the current generation, in their struggle to improve their quality of life, despite harsh economic difficulties. The story centers around Mkwaju, a promiscuous truck driver, the main negative character; Tenu, his wife, who serves as the main transitional character; and Bina, a nurse, the main positive character in terms of family planning and HIV/AIDS prevention. The positive characters incorporate concepts from the Moral Framework into their daily lives and thus become role models. The negative characters are punished for their behavior; for example, Mkwaju loses his job, becomes an alcoholic and contracts AIDS.

There are about nine storylines running at any one time and 18 main characters. Two 30-minute episodes are broadcast per week. Each episode ends with a 30-second epilogue, which summarizes the educational messages, poses rhetorical questions, and urges listeners to tune into the next episode.

*Twende Na Wakati* is the most thoroughly researched program in the history of the entertainment-education genre. It is widely quoted as proof of the efficacy of entertainment-education radio for behavior-change and the use of the control-area methodology gives great credibility to the impact data. However, nothing can be achieved without an entertaining product and *Twende Na Wakati* seems, deservedly, to have sustained its popularity down the years through good stories and great characters. Largely run by an indigenous Tanzanian organization, the challenge now is to sustain the good management at Radio Tanzania, with all the difficulties that a national radio of an impoverished country normally faces.

**Implementer:** Radio Tanzania in collaboration with the Tanzania Ministry of Health

**Technical/Creative Support:** Population Communication International (PCI)  
**Broadcaster:** Radio Tanzania  
**Annual Budget:** About \$150,000  
**Funders:** Mostly UNFPA. The Tanzanian Government undertook to pay salaries, other staff costs, fuel, communication, office facilities and studios. Evaluations were funded by the Lang Foundation, the Weyerhaeuser Family Foundation, and the Rockefeller Foundation.  
**Stakeholders:** PCI, RTD, UNFPA, POFLEP (Population Family Life and Education Programme – a research organization based in Arusha), the Department of Communication and Journalism at the University of New Mexico (USA), the University of Dar es Salaam, the Ministries of Health, Education and Planning, and four radio stations.

**Management:** The drama is managed by RTD's Martha Swai, who reports to the Director of Broadcasting and to UNFPA.

**Staffing:** Nine Radio Tanzania staff work on the drama. PCI provides training and exchange workshops on scriptwriting, research and production.

**Writing and Production:** A Moral Framework, the main characters and a synopsis of the plot for the first 204 episodes were all created in a two-week workshop in 1993. The Moral Framework consisted of a set of 57 educational themes, based in part on findings from the formative research and developed by a panel of scriptwriters and representatives from PCI, staff of Radio Tanzania and various Tanzanian religious, governmental and educational organizations. The results of this workshop served as guidelines for the soap's writing team for several years. All 57 elements of the Moral Framework have been addressed at least once. Some issues are dropped every year and new issues added; notably there are more issues now on youth and male involvement in reproductive health.

**Formative Research:** POFLEP did extensive pre-production research in 1992. The 4,800 interviews and 160 focus groups with the target audience had a great deal of influence on the Moral Framework. Findings led to incorporating HIV/AIDS prevention along with family planning. The main finding on HIV/AIDS was a KAP gap – high knowledge and favourable attitudes but not accompanied by widespread practice.

**Monitoring and Audience Feedback:** Radio Tanzania received 211 letters from listeners about *Twende Na Wakati*, by far the largest number of letters ever written to Radio Tanzania, and this in a country with low levels of literacy and high postage costs. Many listeners offered advice to the soap's characters, showing that they were emulating the positive characters' behavior by adopting family planning themselves.

A system of satellite families was set up. In return for radios and batteries, about 30 families agreed to listen regularly to the soap, fill out a diary on their reactions, and be personally interviewed at certain intervals. This data-gathering arrangement was difficult to sustain as an evaluation tool, but it provided useful feedback to scriptwriters.

An impact assessment strategy was well thought through *prior* to the first broadcasts. Excluding Dodoma from broadcasts as a control area required a prior agreement between the Tanzanian MOH, the broadcaster, the University of New Mexico, PCI and UNFPA. In the second year, *Twende Na Wakati* had become Radio Tanzania's most popular program and was clearly having positive health effects. This presented an ethical dilemma because, in effect, the research denied access to potential health benefits to about 600,000 listeners.

**Supporting Activities:** RTD runs a cartoon series and a weekly "Reader's Digest" of the plot in the Tanzanian press. The radio station also has a regular discussion program, which addresses issues from audience letters. During quarterly Field Monitoring Trips the staff of RTD distribute condoms (paid for by UNFPA).

**Reach:** Throughout Tanzania, except the control area of Dodoma in 1993-95 (about 5 million listeners, 53% of population in 1994, 66% in 1997). Broadcast signals from some old regional transmitters have been weak and intermittent, and resulted in much lower audience exposure.

**Impact:** 82% of listeners said they adopted a method of HIV/AIDS prevention as a direct result of listening to the program; 25% of new family planning users cited *Twende Na Wakati* as the reason. Favorable attitudes to family planning increased by 5% from 1993 to 1995 in the treatment area and decreased by 5% in the control area. Sexually active men in the treatment area reporting using a family planning method increased from 14% (1993) to 21% (1995); compared with a decrease from 29% to 19% in the control area.

**Sustainability:** The series could not be self-sustaining without donor support, because there is an insufficient income base to attract commercial sponsorship. There have been commercial links in the past; a Tanzanian company selling foam mattresses, Ply Foam (Tanzania) Ltd. was the advertising sponsor for the first two years of broadcasts. Ironically, Ply Foam had to discontinue advertising on *Twende Na Wakati* because the company could not meet demand – a measure of the drama's popularity. However, donor support does not seem to be flagging, and the series could go on successfully for several more years.

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## Case Study 13: Vanuatu - *Famili Blong Serah* (Sarah's Family)

<p><b>Format:</b> Radio serial drama <b>Dates:</b> September 2000 to date <b>Language:</b> Pidgin/Bislama <b>Subject/Messages:</b> Maternal health, HIV, STDs, family planning, teaching for schools, nurses and rural health workers. The drama promotes condom use, discusses faithfulness, and creates sympathy for HIV+ people. <b>Target Audience:</b> All youth and adults in Vanuatu <b>Philosophy:</b> Messages are woven into the plot. Concepts slowly seep in rather than changing listeners' behavior dramatically in a few weeks or months.</p>
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The Wan Smolbag theater company began as a live community theater group in 1989. It has now added drama videos, children's workshops on health and the environment, a youth drop-in center and sexual health clinic, and a turtle conservation network. It has also expanded beyond Vanuatu, to create a regional program throughout Melanesia. Peter Walker, Wan Smolbag's director, originally put the idea of a radio drama about reproductive health issues to Radio Vanuatu, but it was turned down on the grounds that it dealt too directly with sensitive issues. Ten years later, as AIDS spread through the Pacific region, Oxfam New Zealand offered funding and eight months after that the first episode was broadcast.

The drama deals with sexual and reproductive health, corruption, women's rights and rural water issues. It is also used as an informal teaching tool for schools, nurses and rural health workers. *Famili Blong Serah* centers around Sarah, her husband Edwin, and their son Simon. Sarah works as a nurse in a reproductive health clinic, Edwin runs a bar and Simon is a student. Storylines involve customers at Edwin's bar (alcohol abuse, prostitution, STDs, domestic violence), Simon and his friends (teenage pregnancy, contraception, AIDS awareness) and Sarah's work in the clinic where she distributes free condoms and advises women on pre- and post-natal care, STDs, family planning methods, and knowing their own bodies.

*Famili Blong Sarah* is the only drama series of its kind in Vanuatu, as most of the other educational output on radio is said to be boring. It is thoroughly researched and based on real-life stories. Being community theater people, the producers of *Famili Blong Serah* are well grounded, with a strong sense of listeners' tastes and problems. There are some complaints about the continual mention of condoms on air, and some objections to a corruption storyline, but appreciative comments far outweigh critical ones.

Radio is ideal for a nation composed of many scattered islands. The country is small enough to allow actors to travel to promote the show; however, operating in a 70-island nation brings unique logistical problems (transport delays and expense, and communication problems – Radio Vanuatu sometimes forgets to play the drama).

<b>Implementer:</b> Wan Smolbag Theater
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**Technical/Creative Support:** Wan Smolbag  
**Broadcasters:** Radio Vanuatu, Tudei FM and Radio Australia  
**Budget:** Not available  
**Funders:** Oxfam New Zealand, EU, New Zealand Official Development Assistance Programme, Packard Foundation and DFID (British aid). The expatriate director and the writer are paid out of the DFID grant to Wan Smolbag. At least a quarter of the budget is spent on research and evaluation and a significant sum is spent on airtime.  
**Stakeholders:** Primarily Wan Smolbag and its funders. Local clinics have advised their clients to listen to the drama and have cooperated with Wan Smolbag in organizing quizzes and conducting surveys. Although Wan Smolbag has its own production studio, it has a sympathetic relationship with the three radio stations that broadcast the show.

**Management:** The radio serial is part of the wider theater work of the Wan Smolbag Company. It is directed by Peter Walker, who reports directly to the donors. Other management decisions are made by the finance manager, a research officer, and core actors--all Vanuatu citizens. Sympathetic and involved funders allow Wan Smolbag to be an autonomous organization with freedom to maneuver.

**Staffing:** About 23 people work on the radio drama: 1 director, 4 technicians/writers, 15 actors and 2 research officers. Most are part-time. The actors have worked for Wan Smolbag for over 13 years.

**Writing and Production Process:** The writer, Jo Dorras, is an expatriate with over 13 years experience writing live theater pieces for Wan Smolbag. Some help with adapting live theater to radio has been given by the BBC in UK. The production team records the drama in batches of 20 episodes, three times per year. Wan Smolbag has a dedicated recording studio with good digital equipment. Storylines come from focus group discussions with as diverse a selection of islanders as possible. The educational subject matter for the radio is researched partly through the medium of theater, so the actors are not just performers but also researchers, development agents and animators.

**Formative Research:** The issues addressed in the radio drama have been derived from Wan Smolbag's live theater work, gathering audience feedback and facilitating post-performance discussions in villages. Formative research showed that AIDS awareness is low in Vanuatu. Most people do not know the difference between HIV and AIDS and have a hostile attitude towards PLWAs.

**Monitoring and Audience Feedback:** A participatory impact assessment process is currently being set up in two urban and two rural communities to get feedback about content and style. Two staff researchers gather feedback on a regular basis and actors run focus groups with audiences. However, the Wan Smolbag team is often so busy with all its other activities that they have little time to follow up on audience feedback to the radio drama.

**Other Supporting Activities:** The promotional element is a real strength. Weekly clinic-based quizzes both promote the show and add to the educational impact. A

question is written on a clinic blackboard and visitors put their answers in a box. Winners receive *Famili Blong Serah* t-shirts. Wan Smolbag also runs its own clinic and youth advice center where advice, treatment and free condoms are distributed. To back up a rural water-supply story, Wan Smolbag distributed radios to the water committees of 15 villages that either have new water systems or recently repaired existing ones.

**Reach:** At least 7,000 regular listeners per week throughout all 70 inhabited islands of Vanuatu

**Impact:** 79% of surveyed population said they listened to the series; sentinel clinics record greater uptake of condoms and family planning; radio quizzes receive high numbers of participants and majority of correct answers.

**Sustainability:** The drama series would not be sustainable without donor funding. Commercial sponsorship is sporadic and minimal. Oxfam New Zealand funding for *Famili Blong Serah* helps to pay for Wan Smolbag's other work because it covers staff's core costs. The presence of the director and scriptwriter – both expatriates – is probably crucial to the series at present but not sustainable in the long term. The hope is that some day *Famili Blong Serah* may be produced entirely by people of Vanuatu.

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## Case Study No. 14: West Africa – *Yamba-Songo: Les Clés de la Vie* (Keys to Life)

<p><b>Format:</b> Regional radio serial drama</p> <p><b>Dates:</b> 1997-1999 with <i>ad hoc</i> re-broadcasting on local radios continuing to date</p> <p><b>Language:</b> French</p> <p><b>Subject/Messages:</b> Primary: Family planning, HIV/AIDS, and ORS. Secondary: girls' education, son preference, breastfeeding, immunization, and reproductive health issues, such as STDs, dangers of abortion.</p> <p><b>Target Audience:</b> Urban adults and youth in francophone West Africa</p> <p><b>Philosophy:</b> Theoretical grounding in Social Learning Theory and the Ideation Model of Communication. Role modeling of positive changes in behavior to help audience reflect on and change ideas and actions, within an interesting dramatic approach.</p>
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*Yamba-Songo: Les Clés de la Vie* was broadcast throughout the French-speaking West Africa region between 1997 and 1999, and continues to be broadcast on an *ad hoc* basis by several community stations in the region. It was developed by the USA-based Academy for Educational Development (AED), as sub-contractor for Johns Hopkins University Center for Communication Programs (JHU/CCP), and produced by and for the SFPS (Santé Familiale et Prévention du Sida) project, which was the USAID-funded Family Health and AIDS Prevention program for West and Central Africa. The creative work was further subcontracted to a theater group in Burkina Faso, called *Atelier Théâtre Burkinabé* (ATB) (Burkina Theater Workshop). This radio drama was part of a larger comprehensive intervention, led by SFPS in the West Africa region, including service delivery, capacity-building and community-based activities, many of which were educational/counseling-focused and worked with national Ministries of Health.

The series was broadcast throughout francophone Africa on a regional radio station, Africa No. 1, which reaches over 20 countries, with additional broadcasts on local stations in Burkina Faso, Ivory Coast, Cameroon and Togo. While the story was regional in focus, it incorporated country-specific elements, including locations, traditions and words from local languages.

A suspenseful storyline takes the young protagonist, Songo, through West and Central Africa on a quest for Yamba, the father he never knew. During his journey, Songo meets many people and faces dilemmas from which he and the audience learn. He finds his father in Ouagadougou in the last episode. Meanwhile, Yamba's life has not been easy either; he has no job, his wife Poko has given birth to nine girls and he desperately wants a male heir.

While on his road adventure, Songo makes a friend who gets an STI, which gives Songo the opportunity to convince him about the importance of having protected sex, completing his drug treatment, and being faithful to his partner. Later, Songo helps

transport someone with AIDS back to his home and helps the scared village learn to treat that person with compassion and without fear of infection through casual contact.

One of the unique aspects of this drama was that it was able to include all focus countries in the creative process and the storyline. It enabled writers and actors from different countries to share experiences and ideas. By having Songo travel throughout West Africa looking for his father, it was possible to weave travel and the experience of life in multiple countries into a natural story. Audiences liked “the feeling of different cities” and “knowing that people in other countries have problems similar to their own” (SFPS).

Each episode of the first 26-part series was 13-minutes long. A second series was aired in 1998/99 with 25-minute episodes, which included additional radio publicity spots before and during the broadcast. Short message spots and other teasers (such as call-in quizzes with prizes) were linked directly to specific situations in each episode. A poster publicizing the series was distributed in the major cities.

A multi-country approach is worth considering if there is a unifying language and culture. West Africa has a relatively large urban, French-speaking population who share more similarities in terms of daily life issues and problems with each other than they do with the rural population in their own countries. Despite differences between people in say Burkina Faso and Togo, the commonalities ultimately are stronger.

Regional mass media materials can be practical and effective. The biggest advantage of a regional drama is the substantial cost benefit, given that a regional radio station can reach further than just the target countries. Given the high number of stakeholders and the different broadcasting set-ups in each country, there are of course some extra organizational difficulties, but if these difficulties are outweighed by the cost-effectiveness of scaling-up a production to reach many countries, it seems to be worth it.

<p><b>Implementer:</b> Academy for Educational Development (AED) as part of Family Health and Aids Prevention West and Central Africa Project (FHA/WCA-SFPS) <b>Technical/Creative Support:</b> Atelier Théâtre Burkinabé (ATB) and JHU/CCP <b>Broadcasters:</b> Nine radio stations throughout West Africa <b>Annual Budget:</b> Direct production costs were \$33,350 for producing and airing 26 episodes the first time. Details on administrative or management costs are not available. <b>Funders:</b> USAID <b>Stakeholders:</b> AED, ATB, JHU/CCP, the production studio in Ouagadougou, broadcasters in Burkina, Ivory Coast, Cameroon, and Togo, and one regional station broadcasting from Gabon (<i>Afrique Numéro Un</i>).</p>
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**Management:** JHU in Abidjan was responsible for the overall SFPS project management, while the creative side of the radio series was managed from Washington D.C. by two staff members from AED. One AED project manager based in Abidjan with SFPS oversaw ATB, the theater group in Ouagadougou, in terms of hiring and directing actors, helping write and develop the script, and overseeing the recording and

production process. This person was also responsible for negotiating with the radio stations.

**Staffing:** There were three AED management staff, one working on the SFPS in Abidjan and two in Washington D.C., at least one person at ATB, one technical advisor from JHU in Baltimore, and the JHU Chief of Party in Abidjan, who was responsible for the overall SFPS project. Then, there were several part-time technicians, at least 12 professional actors, and one technical director.

**Writing and Production:** During an initial workshop, writers from the four main countries developed an overall storyline and characters. This ensured that elements from various countries were included, and also allowed writers from different countries to share experiences and learn from each other. ATB developed the first draft of the seven scripts and AED staff, along with one JHU/CCP staff member in Baltimore, provided feedback. Following production of these first scripts, they were pre-tested and only minor revisions were made, as it was too costly to bring actors from different countries back again. The following six scripts were written in close collaboration among Washington D.C., Abidjan, and Ouagadougou. AED and ATB staff spent several weeks in Ouagadougou overhauling the storyline and the remaining 13 scripts to make them more dramatic and humorous and reduce the number of new characters. ATB subcontracted the recording and editing in batches to a recording studio in Ouagadougou.

**Formative Research:** A KAP baseline survey among the target audience (urban men and women of reproductive age in the West Africa region) was done by a market research company based in Cameroon. A total of 1600 men and women (200 of each in the main cities of each of the four countries) were intercepted in high-traffic central locations (such as bus depots, train stations and market) and interviewed.

**Monitoring and Audience Feedback:** There was a well-planned monitoring and evaluation schedule. Before widespread broadcasting, the first seven episodes were pre-tested with 12 focus groups in the main cities of each of the four countries. Using their comments, the project team edited the episodes slightly; major edits were not possible without significant cost, given that much of the cast came from different countries. The pre-testing of the first few episodes made it possible to learn by mistakes. Taking heed of the pre-test to modify the episodes accordingly, as well as incorporating more audience feedback into the subsequent repeat-series shows a good degree of flexibility.

Midway through the series, 15 focus groups were conducted in Ouagadougou and Lomé to determine how the series was perceived. Results indicated that it was “on target” – entertaining, relevant, and provoking many to contemplate changing their behavior. Some radio stations were more popular than others, and some did not broadcast at prime time, resulting in an uneven exposure rates across countries. Some participants suggested that the sound quality could have been improved and a few others thought there were too many characters and messages for a 26-part drama. However, by the time the results were received, the last half of the series had already been taped, so this feedback had no major effect on the remaining scripts. Focus group

participants mentioned that they particularly appreciated the local flavor mixed into a broader regional context.

**Supporting Activities:** When Yamba Songo stopped broadcasting, the series continued to be heard on audio cassettes produced by SFPS, which were distributed to district health teams, NGOs, CBOs, and community radio stations, and made available to other donors. A comic book version of the drama was developed, but due to funding delays, was not used until the second round of airing. It was circulated bi-monthly through *Planete Jeunes*, a youth magazine distributed throughout West Africa.

This radio series was itself a supporting activity of the larger SFPS regional project, which involved service delivery, capacity building, community-level activities, and all other aspects of a large comprehensive reproductive health program, focused throughout the four-country area.

**Reach:** 18% of target audience across four countries, up to 40 million listeners. Spillover exposure to the series through the audiocassettes in rural areas.  
**Impact:** 90% of listeners found the series interesting and realistic; 73% reported taking positive action with regard to STD/AIDS and 52% reported taking positive action with regard to family planning.

**Sustainability:** Yamba-Songo was designed as a one-time series. Costs for the re-broadcast were significantly lower, mainly involving airtime, addition of new material to the episodes and managing the quiz aspects. The series has been packaged as an audiocassette set to be used in community outreach sessions conducted by NGOs. Due to the popularity of the series, these audiocassette sets have been re-broadcast on *ad hoc* basis by community radio stations. Further airings of the program are possible, given that the series was not time-based and there has been demand for the series to be translated into local languages. For example, a proposal was recently received from another donor interested in translating the series into a local language for Niger, and turning it into a TV show.

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## **Acronyms and Abbreviations**

- AED – Academy for Educational Development (USA)
- AIC – Agricultural Information Centre (Kenya)
- AIDS – Acquired Immune Deficiency Syndrome
- AIR – All India Radio
- ATB – Burkina Faso Theatre Workshop
- BBC – British Broadcasting Corporation
- CBO – Community-based Organization
- CDC – Centers for Disease Control and Prevention (USA)
- CHEMS – Cambodian Health Education and Media Service
- DFID – Department for International Development (UK)
- DRC – Democratic Republic of Congo
- EU – European Union
- FGM – Female Genital Mutilation
- FP – Family Planning
- GTZ – German government aid agency
- HIV – Human Immunodeficiency Virus
- HU – Health Unlimited
- IEC – Information, Education and Communication
- INGO – International Non-governmental Organization
- JHU/CCP – Johns Hopkins University/Center for Communication Programs (USA)
- KAP – Knowledge, Attitude and Practice
- KBC – Kenya Broadcasting Corporation
- MBC – Malawi Broadcasting Corporation
- MCH – Mother and Child Health
- MOH – Ministry of Health (generic)
- NGO – Non-governmental Organization
- ORS – Oral Rehydration Solution
- PCI – Population Communications International (USA)
- PRA- Participatory Rural Appraisal
- PSI – Population Services International (USA)

PLWA – People Living with AIDS  
PWA – People With AIDS  
RCP – Radio Communication Project (Nepal)  
RMP – Rruga Me Pisha (Albania)  
RTD – Radio Tanzania  
RTNB – National radio and TV authority (Burundi)  
SfCG – Search for Common Ground  
SFPS – *Santé Familiale et Prévention de Sida* (Family Health and AIDS Prevention Project) (West Africa)  
STD – Sexually Transmitted Disease  
SWET – Story Workshop Educational Trust (Malawi)  
TB – Tuberculoses  
UK – United Kingdom  
UN – United Nations  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
UNDP – United Nations Development Programme  
UNFPA – United Nations Family Planning Association  
UNHCR – United Nations High Commission for Refugees  
UNICEF – United Nations Children’s Fund  
US – United States  
USAID – United States Agency for International Development  
WHO – World Health Organization

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### Selected Case Studies - Facts at-a-Glance

Projects (Country)	Originator/ Implementer	Dates	Main Funders	Format <sup>11</sup>	Language	Episode Duration	Main Broadcaster	Audience	Main Messages/ Subject Matter	Supporting Activities	Approx. Annual Budget (\$ US)
<b>Albania</b> <i>'Rruga Me Pisha'</i> Pine Street	BBC World Service Trust/ Rruga Me Pisha Foundation	1999 to date	EU, DFID, Mott Foundation	Radio soap opera	Albanian	15 mins	Radio Tirana	2m.	Governance, democracy, local elections, domestic violence, public health	No	120,000
<b>Bolivia</b> <i>'Wila/Yawa Kasta'</i> Line of Blood	PSI	1999 to date	USAID	Radio serial drama	Aymara, Quechua, Spanish	25 mins	Various	N/a	Sexual/ reproductive health	Yes	N/a
<b>Burundi</b> <i>'Umubanyi Niwe Muryango'</i> Our Neighbours, Ourselves	Search for Common Ground/ Studio Ijambo	1997 to date	USAID, Soros	Radio soap opera	Kirundi	25 mins	RTNB (Radio Télévision National Burundais)	5.2m	Peaceful coexistence, conflict resolution, social responsibility	No	50,000
<b>Cambodia</b> Lotus on Muddy Lake	Health Unlimited/ CHEMS	1999 to date	EC, UNFPA, Comic Relief	Radio magazine incorporating soap opera	Khmer	10 mins	FM 103	N/a	Reproductive Health, HIV/AIDS, family planning	Yes	260,000
<b>India</b> <i>'Tinka Tinka Sukh'</i> Happiness Lies in Small Things	PCI/ All India Radio	1996-1997	All India Radio (AIR), PCI	Radio soap opera	Hindi	20 mins	All India Radio (AIR)	40m	Gender, women's empowerment, child health, HIV/AIDS, family size, conservation	No	40,000

<sup>11</sup> A radio soap opera has an open-ended plot and can therefore continue almost indefinitely. A serial drama has a defined ending and a discrete plot. Soap operas tend to be more melodramatic than serial dramas, but this is not always the case.

Projects (Country)	Originator/ Implementer	Dates	Main Funders	Format <sup>11</sup>	Language	Episode Duration	Main Broadcaster	Audience	Main Messages/ Subject Matter	Supporting Activities	Approx. Annual Budget (\$ US)
<b>Kenya</b> <i>'Tembea na Majira'</i> Move with the Times	Mediae Trust, Min of Agriculture Kenya	1996 to date	DFID, Commercial sponsors	Radio soap opera with accompanying magazine program	KiSwahili	15 mins	Kenya Broadcasting Corporation	7.5m	Agricultural development, domestic violence, HIV/AIDS, public health, governance	Yes	75,400
<b>Malawi</b> <i>'Zimachitika'</i> Such is Life	Story Workshop	1997 to date	UNICEF, EU, Cordaid, American Ambassador's Human Rights and Democracy Fund	Radio soap opera	Chichewa	30 mins	MBC (Malawi Broadcasting Corp.)	6m	Food security, nutrition, HIV/AIDS, Sustainable agric.	Yes	400,000
<b>Nepal</b> Cut Your Coat According to Your Cloth	Johns Hopkins University PCS	1995 to date	USAID	Radio soap with serial for health workers	Nepali	15 mins	Radio Nepal	8m	Family planning	Yes	N/a
<b>Rwanda</b> <i>'Urunana'</i> Hand in Hand	Health Unlimited	1999 to date	Lottery and DFID	Radio soap opera with accompanying 'agony aunt' slot	Kinrwanda	15 mins	BBC World Service/Radio Rwanda	4.5 m	Women's health, family planning, HIV/AIDS	Yes	247,000
<b>South Africa</b> Soul City	Soul City	1992 to date	South African Govt., EU, UNICEF, and commercial	Radio serial drama linked to multi-media project	English and 9 South African languages	15 mins	SABC and 9 regional stations	16.2m (Radio and TV combined)	MCH, tobacco, HIV/AIDS, land distribution issues, TB, domestic violence, hypertension, personal finance	Yes	160,000 for radio element

Projects (Country)	Originator/ Implementer	Dates	Main Funders	Format <sup>11</sup>	Language	Episode Duration	Main Broadcaster	Audience	Main Messages/ Subject Matter	Supporting Activities	Approx. Annual Budget (\$ US)
<b>St Lucia</b> <i>Apwé Plezi</i> After the Pleasure...	PCI, RARE Centre for Tropical Conservation	1996 to 2000	N/a	Radio soap opera	Creole	15 mins	Radio St Lucia	40,000	Family planning, HIV/AIDS, gender equity, domestic violence	Yes	N/a
<b>Tanzania</b> <i>Twende na Wakati</i> Let's Go with the Times	PCI, Radio Tanzania (RTD)	1995 to date	UNFPA, Tanzania Govt.	Radio soap opera	KiSwahili	30 mins	Radio Tanzania	5m	Family planning, HIV/AIDS, teen sexuality, women's status,	No	150,000
<b>Vanuatu</b> <i>Serah Blong Famili</i> Sarah's Family	Wan Smolbag	Sept 2000 to date	Oxfam NZ, EU	Radio soap accompanying live theatre and video project	Pidgin	15 mins	Radio Vanuatu and Radio Australia	7-8,000	Reproductive health	Yes	N/a
<b>West Africa Regional</b> <i>Yamba- Songo</i> Keys to Life	AED, Atelier Theatre Burkinabé (Under SFPS project)	1997- 1999	USAID	Radio serial drama	French	13 mins (1 <sup>st</sup> series), 25 mins (revised series w/ spots & quiz question added)	African No 1 and national radio stations in Burkina, Ivory Coast, Togo and Cameroon	Up to 40 m	Family planning, HIV/AIDS, ORS, son preference, girls' schooling, other reproductive health	This is a supporting activity of a much larger project	33,345 (6 months), for production of 26 episodes only