Interactive radio for public health communication

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Africa's Voices

Capabilities

Engagement and Media

Creating real public spaces for discussion

We select and curate the most advantageous strategies for media and citizen engagement, utilising a full range of digital channels that maximise the viability, value, and scale of engagement in as many contexts as possible.

Data and Technology

Understanding conversations in local languages at scale

We build modular data infrastructure that is flexible, scalable, and replicable to create technology and data-based solutions to projects. This supports practical engagement strategy and impactful programme design and analysis.

Research, Design and Analysis

Novel mixed methods for driving conversations that produce rich social insights

We hone our research design and analysis procedures, making them quick and flexible. This allows us to implement robust engagement-to-evidence solutions to complex development problems.

AVF:

Turning inclusive citizen engagement into actionable social evidence

Programmes

The covid-19 problem

High information needs

Kenya and Somalia have large vulnerable populations with limited access to healthcare

Face to face access limited

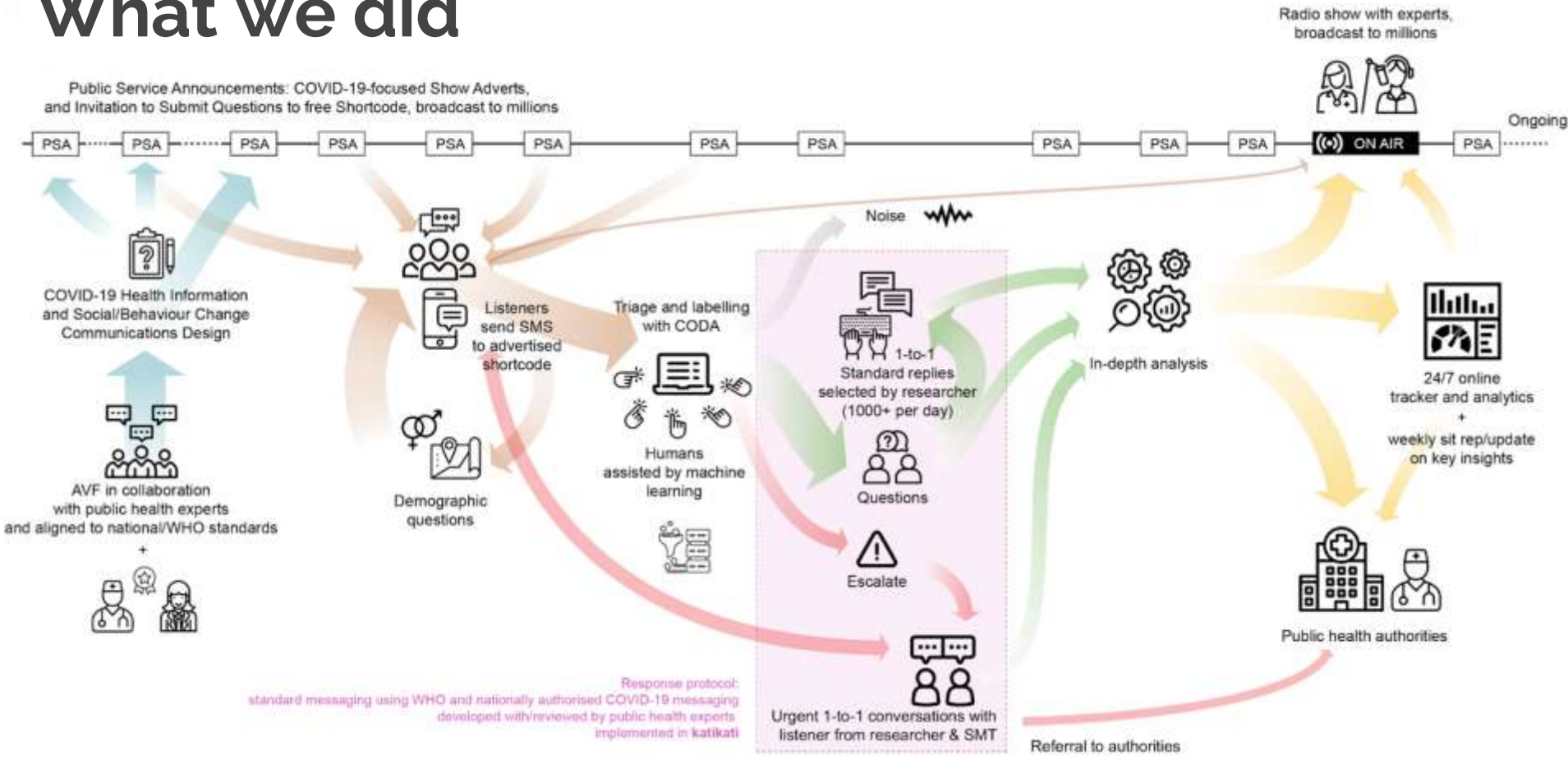
Movement restrictions made usual community/aid /government interactions risky and difficult

Vibrant low-tech media space

High mobile phone penetration, radio highly trusted source of information

How can we reach as many people as possible as quickly as possible to (a) understand their needs (b) deliver vital public health information?

What we did


Radio show with experts, broadcast to millions
Public Service Announcements: COVID-19-focused Show Adverts, and Invitation to Submit Questions to free Shortcode, broadcast to millions
PSA
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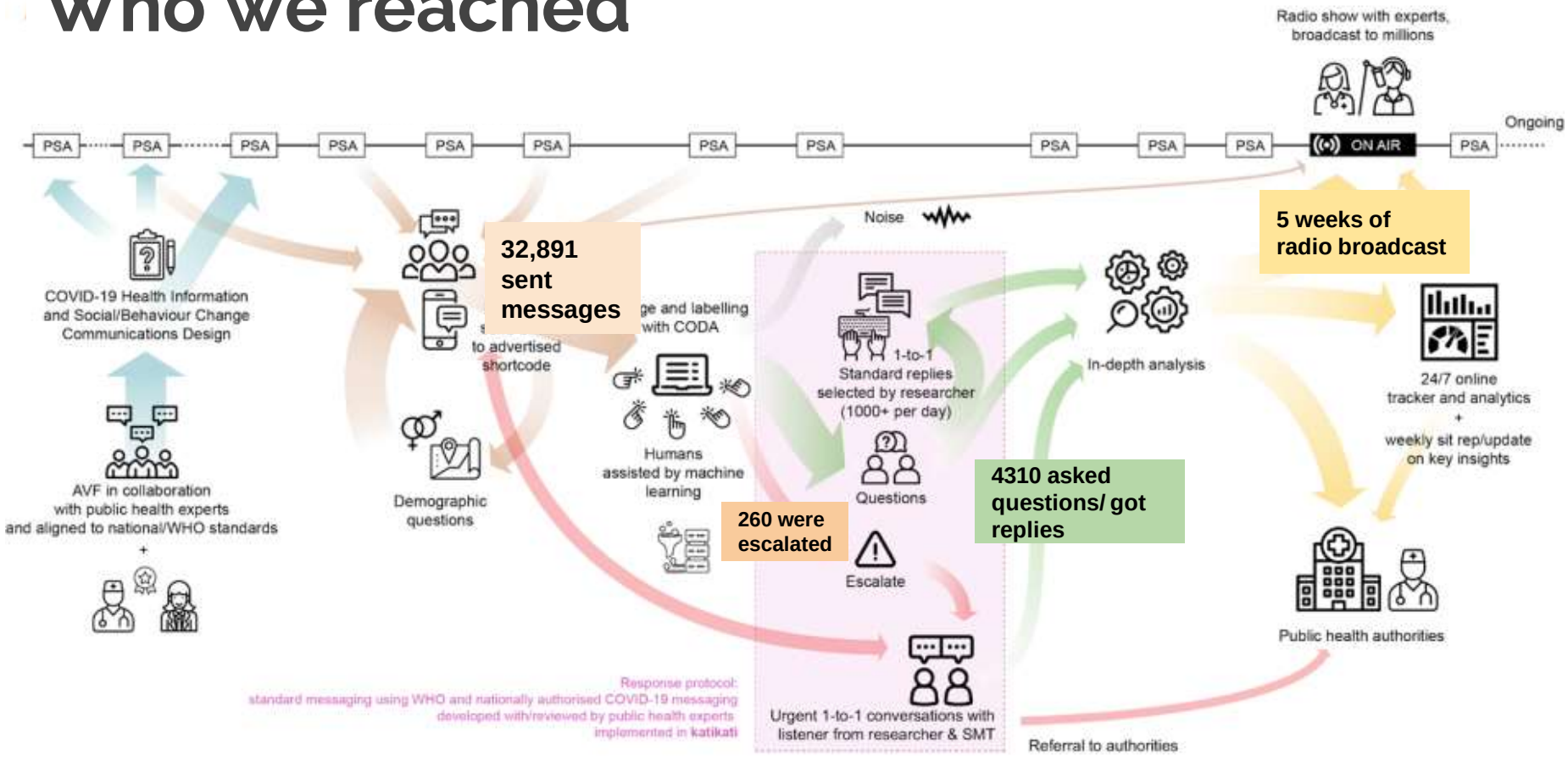
ON AIR
PSA
Ongoing
Noise
COVID-19 Health Information and Social/Behaviour Change Communications Design
AVF in collaboration with public health experts and aligned to national/WHO standards
+
Listeners send SMS to advertised shortcode
Demographic questions
Triage and labelling with CODA
Humans assisted by machine learning
1-to-1 Standard replies selected by researcher (1000+ per day)
Questions
Escalate
Urgent 1-to-1 conversations with listener from researcher & SMT
Response protocol:
standard messaging using WHO and nationally authorised COVID-19 messaging
developed with/reviewed by public health experts
implemented in katikati
In-depth analysis
24/7 online tracker and analytics
+
weekly sit rep/update on key insights
Public health authorities
Referral to authorities

Who we reached



What we found (two examples)

Mnadhani kama mtu akijisikia ana dalili za CORONA atajitokeza akijua atalipia 2K per day quarantine? Serikali haijeweka hilo wazi

Do you think if someone feels they have symptoms for corona they will come out knowing that **they will pay 2000 shillings per day for quarantine**? The government has not made that clear.

NA

Nauliza daktari mtu aki shikwa afungiwe siku kumi na nne nani anafaa kungaramikia ngarama.

I am asking if someone is caught and is to be quarantined for the next 14 days **who is supposed to cover those charges.**

Female, 27 years, Kajiado

Social accountability: Concerns about the cost of quarantine were raised with the Kenyan Ministry of Health, resulting in direct government response

I am glad that the government has cleared that and also the treatment is free. I heard people's concerns from last week's radio show with DJ Bling and I went back to share the information and said that it is important to listen to Kenyans' concerns and address them because it is no one's fault that they have corona.

Permanent Secretary for Health, GoK

What we found (two examples)

Waxaa loga hortagi karaa karona fayriska in soomaaliya laga baxsho gaalada.

Coronavirus can be prevented in Somalia by **expelling the non-believers**.

Male, 19, Jiraqaale.

Fikradaydu waxaytahay in ilaahay latala saarto hadii ilaahay latalasaarto wax walbo oo dhibaato ah waalaga badbaadayaa

My opinion is **to trust Allah** and every difficulty will pass.

Female, 41, IDP, Daynile

Informing humanitarian action: understanding the importance of religion to frame and respond to community concerns about COVID-19

What we learned

- Radio and SMS is effective for gathering feedback from citizens remotely BUT limits to who participates (literacy, access etc.) AND it's not necessarily representative

- Methodology allows for understanding of community perception and belief BUT does not provide detailed enough information to design programming, needs triangulation

- Opening up 1-to-1 tailored conversations with thousands requires significant organisational flexibility in order to respond

- Methodology can be used for case management but in a pandemic, an elaborate referral infrastructure is needed to reach and address every case needing personalised attention