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.

Programmes

AVF:
Turning inclusive citizen engagement into actionable social evidence
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

Public Service Announcements: COVID-19-focused Show Adverts, and Invitation to Submit Questions to free Shortcode, broadcast to millions

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

Triage and labelling with CODA

Demographic questions

Humans assisted by machine learning

Noise

1-to-1 Standard replies selected by researcher (1000+ per day)

Questions

Humans

Humans

Escalate

Urgent 1-to-1 conversations with listener from researcher & SMT

Public health authorities

Radio show with experts, broadcast to millions

In-depth analysis

24/7 online tracker and analytics + weekly sit rep/update on key insights

Response protocol: standard messaging using WHO and nationally authorised COVID-19 messaging developed with reviewed by public health experts implemented in kaiakai

Referral to authorities
Who we reached

32,891 sent messages

260 were escalated

4310 asked questions/ got replies

5 weeks of radio broadcast
What we found (two examples)

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.

Female, 27 years, Kajiado
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 latalasarto wax walbo oo dhibaato ah waalaga badbaadayaa

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

Female, 41, IDP, Daynile

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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