

Chapter 5:

Organizing a Comprehensive National Plan for Entertainment-Education: The Case of Ethiopia

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A. Reasons for taking a comprehensive approach

A. 1. The Whole Society Strategy

The plans for the wedding and reception have moved forward and invitations have been issued, based on the assurance of the leading shop owner that he will supply all of the food needed for several hundred guests. But Zinabu, the truck driver bringing those supplies, is now a day late. He's invited the known drug dealer, Damite, to come with him on this trip. Where are they? A phone call hints that there's been some terrible tragedy on the highway.

In the meantime, Wubalem is fighting a death sentence imposed by the court. Her lawyer explained that she acted in self-defense when she hit the homeowner of the house where she was a maid with a bottle, killing him, as he attempted to rape her. Will her sentence be commuted? If you speak Amharic and live in Ethiopia, stay tuned and you may find out.

In the meantime, the Oromiffa speaking population is listening to the exploits of Abba Bullo, a man in the rural village of Ganda Oda, who has two wives and a mistress, plus eight children. He sees his eight children solely as his property, to do with as he wishes, and he thinks it would be nice to have more. But his wife, Kume, has defied him, and sent one of his daughters to school. And now she is late in coming home. He knew educating his daughters was a bad idea, and he is furious with both his wife and his missing daughter. How will he react when he finds out that two men hid along the road to abduct his daughter? Will he attempt to rescue his daughter, or let the men keep her? In his region of Ethiopia, 80% of marriages take place through abduction.

The drama in these and other characters' lives, and many cliffhangers built into each episode by the writers, are keeping millions of Ethiopian audience members coming back week after week to find out what happens. Over several hundred episodes, certain key characters will evolve into positive role models for the audience with regard to a wide range of social and health issues that affect the status of women and the reproductive health of the population of Ethiopia.

Combined with traveling stage plays, videos, writing contests for poetry and short stories, and training of journalists, Population Media Center in Ethiopia is pursuing its "Whole Society Strategy" to maximize the attitudinal and behavioral effects among the population with regard to the goals set by the Ethiopian government for family planning, AIDS avoidance, and related issues.

Because entertainment programming attracts the largest audiences, it is particularly important to utilize entertainment media for disseminating information about reproductive health issues. Along with that, many communications experts state that the most effective way of bringing about changes in attitudes and behavior with regard to any social and health issue is to utilize as many channels of communication simultaneously as possible, including print and broadcast, news and information, various formats of entertainment programs, and the communication activities of governmental and non-governmental organizations.

Because of the strong evidence of their effectiveness, social-content serial dramas are, in most instances, a centerpiece of the strategy in any country. Nevertheless, on such taboo and tradition-bound issues as sexuality and relationship formation, it is not realistic to expect that massive changes in cultural norms will occur overnight. One of the advantages of using serial dramas, as opposed to documentaries or single-episodes dramas, is that they allow time for the audience to form emotional bonds with the characters and allow characters to evolve in their thinking and their behavior with regard to various issues at a gradual and believable pace, in response to problems that have been well illustrated in the story line. Entertainment programs form emotional ties to audience members that influence values and behaviors more forcefully than purely cognitive information.

Societies are actually a collection of overlapping and intermixing different population segments, defined by differences in location, class, age, culture, education, gender, family status, religion, access to media, etc. People in each of these groups use or don't use family planning and reproductive health services for a pattern of reasons, many if not most of which are linked to one or more of the segments they inhabit. Uncovering these segments and planning media strategies related to them is commonplace in the developed world, usually centered around market segmentation studies, which are then used to develop marketing strategies.

Social attitudes and actions related to such issues as family planning are actually a kind of "social ecosystem" of attitudes, beliefs and relationships involving the roles of women in society, children in society, economics, religion, government and other elements – all tied together and reinforced through communications ranging from personal relationships to the Internet and satellite TV. These ranges are especially broad in some developing countries in which the economic spread encompasses rural peasants living in barter economies, urban middle classes and global wealthy classes, each with its own set of media habits.

Changing social attitudes and beliefs can be accomplished by using one or two medias throughout the society, or by using a single medium that cuts across many segments, like soap operas. However, the later strategy requires that various conditions be right for this to occur, and the effect may be diluted in countries with highly segmented classes.

The Whole Society Strategy involves many media formats sending mutually reinforcing messages and role modeling that deal with deeply held beliefs about women's roles, about the place and desirability of children, about relations between men and women, and about taboos. Whether it is male dominance in romance and sex, or the desirability of sons or the "blessing" of children, the messages are carried and reinforced in a range of media, from comic books to radio to church sermons to television news to movies.

The key elements of the Whole Society Strategy are:

- Market segmentation research to detail the audience segments in a society and the media formats consumed by each;
- Media leverage research to identify media formats and programming that can leverage other media to stimulate cross-segment reinforcement;
- Multi-platform programming strategies that utilize multiple media formats to address critical cohorts;
- On-going research to fine-tune operations; and
- Collaboration with government and NGO activities, building partnerships wherever possible. The more coordinated this strategy, the greater the potential impact.

A. 2. How comprehensive is comprehensive?

The broadcast media in any country, and more broadly, the channels of communication, are varied and complex. It is clearly not possible for any one organization or any one set of issues to dominate all of the media and communication channels 24 hours a day, 7 days a week. So the concept of a comprehensive strategy is a relevant term.

What is important in planning a strategy is to use the most effective elements. For that reason, Population Media Center usually focuses its efforts in a country like Ethiopia on such methodologies as the Sabido methodology of entertainment-education serial dramas, which has been found to have population-wide behavioral effects in a number of countries.

Though less tested, other elements of communication strategies, such as the use of game shows and talk shows, can be important in the overall mix, depending on the audience and its media consumption patterns.

For the manager of a communications program, three basic principles apply. First of all, there is the management principle that if you have a problem, throw money at it. Effective communications programs, and the formative and evaluative research associated with them, are expensive. Creating miniscule budgets for the communications part of an overall reproductive health program will probably result in little change, and what change occurs will probably not be well measured. But there are many countries where carefully developed communication campaigns can point to great success in behavioral change, including the Tanzanian serial drama, *Twende na Wakati*, which led to population wide changes in behavior with regard to AIDS avoidance and family planning use. (Rogers, et al, 1999; and Vaughan, et al, 2000).

Too often overlooked is the second management principle of throwing money at things that work. Because of the cost and difficulty of developing long running serialized dramas based on careful formative research and audience segmentation, it is tempting for communications professionals to take short cuts; to produce brochures and posters in countries with high illiteracy; to do public service announcements and message-heavy, single-episode dramas, rather than highly entertaining long-running serials; to skip formative and evaluative research and to concentrate all funds on communicating instructions to the audience on what to do about various social and health issues.

The third principle tries to strike a balance between the shortage of funding that plagues most social-content communicators and the desire to do something effective. It is to be opportunistic. Strive for greatness, but do what is possible, given the resources, personnel and media available. Almost all strategies will have some affect on knowledge, attitudes or behaviors. But always bear in mind that future generations of social and health communicators are pleading with you to use some of your funds to measure the effects of the strategies you adopt so that they will be in a position to make more informed decisions about cost effectiveness.

B. The Ethiopian Setting: Issues driving the Need for Entertainment-Education (Background and Justification)

B. 1. Demographic, Social and Economic Conditions

With a mid-2002 population of 67 million, Ethiopia is the third most populous country in Africa. Ethiopians' annual population growth rate of more than 3 percent and the total fertility rate of more than 6 children per woman have become both a serious concern and an obstacle in fulfilling national development goals. The infant mortality rate of 110 per 1000 live births and maternal mortality of 1000 per 100,000 live births are among the highest in the world. Rapid population growth has created negative effects on all aspects of social and economic development in Ethiopia. Thus, Ethiopia is a high priority area for population programs and reproductive health (RH) services. The government, in realization of the negative effect of rapid population growth on social and economic services, adopted an explicit population policy with the aim of decreasing the total fertility rate of 6 children per women to 4 children by increasing the contraceptive prevalence rate from the current 8% to 44% by the year 2015.

Ethiopia is a complex society and this complexity arises from such factors as ethnic, cultural and religious diversity. However, the various cultural groups share a lot in common. This common ground is provided by a long, though turbulent, history of inter-group relations and exchange. Most people in Ethiopia are either Christians or Moslems, and these institutions, by and large, cross ethnic boundaries.

In Ethiopia, there are close to 80 nationalities. Different ethnic groups and communities each have distinct cultural identities and traditional values. Although the main dialects are Amharic, Oromiffa and Tigrigna, there are at least 76 other dialects spoken in the country.

There is no doubt that, in terms of economic and social indicators, Ethiopia is one of the poorest countries of the world. To cite a few examples

- With a per capita income of US\$ 120 in 1998, Ethiopia ranks as one of the poorest countries in the world.
- Life expectancy at birth is 48 years for males and 51 years for females (by the year 2005, it is estimated to be lowered to 43 years because of the spread of HIV/AIDS in the country)

- Only an estimated 27 percent of the population has access to safe water, and 10 percent to latrines.
- The illiteracy rate (no education) for males is 62% and 77 percent for females (the lowest in Africa)
- Net enrollment of primary education is only 30 percent
- HIV/AIDS seroprevalence is 7.3 percent among the adult population.
- There are three million HIV/AIDS victims

The challenge facing the government and the people as a whole is to stop the spread of HIV/AIDS by increasing the information and education campaigns through the mass media. The radio in particular can play an important role in this endeavor. Unfortunately, the limited capacity of radio professionals to develop effective programs may reduce the prospect of reaching the growing number of people who could be potentially at risk with anti-AIDS messages. There is no alternative, therefore, to enhancing the capacity of those involved in radio to enable them to achieve the desired objective.

B. 2. Harmful Traditional Practices

Ethiopia's economic and social backwardness is usually explained by the fact that science and technology have not penetrated deeply into the daily lives of the masses. This in turn is justified by the fact that the people are deeply involved in the application of a great number of traditional beliefs and practices for solving problems in their daily lives.

People's attitude and behavior conducive to high fertility are strongly influenced by what they believe their religion requires. Religion has been and continues to be an important factor in the lives of the people of Ethiopia. Christianity and Islam are the major religions while an unknown proportion of the population belongs to one of many traditional religions. The influence of traditional religions is pervasive in affecting the practices of a lot of those who have converted to the newer religions of Christianity and Islam. Traditional societies have particular perceptions of health and disease rooted in their own cultures.

The ethnic cultures in Ethiopia are interwoven with myths, superstitions and conceptions of humankind, including its psychic and sexual life, which sometimes contradict the basic findings of science. As a result, there are traditional practices in almost all ethnic groups of the country that adversely affect the health of the people. Women and children in particular suffer the effects of harmful traditional practices, such as nutritional taboos, genital mutilation, early marriage or marriage by abduction. Explanation for persistence of early marriage are quite diverse and range from the desire to ensure a daughter's virginity, to securing a children at an early age to simply conforming to tradition.

B. 3. Gender Issues

Women's health in Ethiopia is undermined by a combination of social, cultural and economic factors that determine their low status in society. No statistical evidence is required to prove that early marriage is one of the causes of low female participation in modern sector employment. In the rural areas, and to a less extent in urban settings, traditional value systems have imposed and continue to impose unbearable burdens on Ethiopian women. Although their role in the rural economy is significant, women have not traditionally had any power in economic decision making.

B.4. Shortage of Trained Professionals in the Media

The other pressing problem in the development of a media communication strategy is that practical communication training is limited. The critical shortage of trained professionals is common to all branches of the media. Thus, there is a dire need for a systematic training program for the present personnel in the mass media, as well as recruits from higher academic institutions.

For the mass media to be an effective instrument for education and social change, the training of media practitioners, such as producers, journalists and writers, must be purposeful and clearly focused on the advancement of the whole society. If the task of educating, informing and entertaining is normally determined by the technical maturity and professional competence of the professionals working in the media, measures should be taken to create suitable conditions for providing appropriate training.

In a country like Ethiopia, the shortage of skilled employees in practically every sector hampers social and economic development. Shortage of trained staff in the mass media is even more pronounced than in other sectors, because this sector lacks the capacity to produce as many trained people as are required every year.

In the entertainment sector too, specialized knowledge in the arts and media, particularly music, theater, sports, etc., must be given priority to enhance the services of the mass media. For any institution whose objectives are to combine entertainment with education, to have trained journalists and writers available is essential.

B. 5. Findings from the Assessment IEC Programs in Ethiopia

Bringing behavior change is the ultimate challenge of both reproductive health and HIV/AIDS prevention programs. Without a behavior-focused communication strategy for reproductive health, we are unlikely to see substantial behavior impact. Most reproductive health information-education-communication (IEC) programs in Ethiopia today fail to achieve behavioral goals. They are quite effective at informing and educating the public, but much less so at prompting new behavioral patterns. For example, in Ethiopia, awareness of family planning is around the 80% level, but practice is dismally low at the 5% - 10% level on average.

In Ethiopia, there are millions of women of fertile age aware of family planning but not using a family planning method even though they do not wish to get pregnant, with about a half of them indicating they intend to use family planning sometime soon. Despite this intention and the desire not to get pregnant, most of these women have not availed themselves of the family planning services that do exist in their communities. So why is it then that these millions of women who do not want to get pregnant and know of family planning are not using family planning? The answer, according to available research, is not mainly the traditional cry of male resistance but lack of a research-based and behavior-focused communication strategy.

Recent research and assessment on the issue of RH/IEC and HIV/AIDS prevention communication in Ethiopia has demonstrated that much work remains to be done to enhance the effectiveness of the mass media in bringing about behavioral changes. The research findings gave implementing agencies the opportunity to understand new ways of promoting both population education and HIV/AIDS prevention through the mass media. The findings underscored the potential role of such entertainment media as social-content serial dramas as one of the most powerful sources of information and behavioral influence.

During the last seven or eight years, the mass media had made immense contributions in information, education and communication (IEC) activities in Ethiopia, though they do not have market research segmenting the audience and their messages have not been well focused. Based on recent findings the following shortcomings have been observed in the implementation of RH/IEC and HIV/AIDS prevention communication programs in Ethiopia:

- RH promotion and HIV/AIDS Prevention Messages, in most cases, lack socio-cultural, religious, gender and age sensitivity and are not pre-tested before implementation. They are too general, not focused and are not interesting and appealing.
- IEC programs have done much to spread knowledge, but have not succeeded to the extent desired in bringing about changes in behavior. A research-based strategy is needed to make this possible. IEC activities cannot become successful without proper formative research and without taking into account the audience's cultural and social background. Programs should be backed with research, planning, monitoring and evaluation.

C. Opening the first door: The initial country visit.

C. 1. Getting started

In Ethiopia, as in much of Africa, broadcasting is essentially controlled by the government. The vast majority of radio listeners and TV viewers tune in to government stations. There are no other national broadcasters and very few local broadcasters in the private sector. As a result, for a cause-related organization like Population Media Center to work in Ethiopia, it must form common cause with the government. In fact, it is very difficult to undertake a communications project in Ethiopia without an official government invitation and endorsement of the project. This makes it essential to understand the government's policies with regard to social and health issues and to find the right entry point in the government for addressing those issues through the mass media.

In September 1999, Tom Kazungu, David Poindexter and Bill Ryerson visited Addis Ababa to undertake discussions with the government regarding the possibility of a PMC project there. Through his years of traveling the globe, David Poindexter (see Chapter 2) had come to know Dr. Negussie Teffera, then the director of the government's National Office of Population. As the person responsible for developing Ethiopia's population policy and overseeing its implementation, Dr. Negussie was in a position to advise us on whether and how to proceed.

With a Ph.D. in communications from the University of Wales in Cardiff and experience as a radio producer, Dr. Negussie had long felt that Ethiopia needed a more effective communications strategy for addressing population and reproductive health issues. His assistance helped to facilitate meetings with all of the key players in the government, as well as UN agency representatives and NGO leaders. This visit allowed the PMC team to understand current and recent media programming addressing reproductive health issues; to learn of the government's plans for its reproductive health and HIV/AIDS programs; to learn generally about broadcast programs that were on the air and obtain information on audience size; to reach initial agreement with relevant government ministries and Radio Ethiopia regarding a plan of action for development of a media campaign; to identify potential collaborators from the non-governmental organization sector, government ministries and international organizations operating in the country; to develop a budget for research, production and broadcast of the communications programs; and to develop plans for follow up activities after the trip.

C. 2. The initial set of issues

At the time of the initial country visit, Population Media Center identified a number of key issues for a potential project in Ethiopia, which grew out of the mission of the organization. These included reducing ideal family size, increasing the ideal age of marriage and childbearing, enhancing understanding of the relative safety of contraceptives compared to early and repeated childbearing, overcoming fears of infidelity resulting from family planning use, increasing belief in the appropriateness and even the possibility of determining the number of children one will have, enhancing public acceptance of employment for women outside the home, promoting education for girls and promoting gender equity and elevation of women status.

This list of goals could be considered plenty for one organization to tackle on a project in Ethiopia. However, PMC has a process that involves seeking input from all of the stakeholder agencies and from the people in the countryside about the issues to be addressed. In the end, we want the program to be of and by the people, and not just for them. We see the strategy as being one of helping the people of Ethiopia carry out their own project for national development, rather than one of imposing external development goals on the country.

Local ownership of the program is a crucial concept for the success of the communications initiative. Those who are most familiar with the official policies and cultural realities of the country are in the best position to create a program that meaningfully addresses these situations, as seen through the eyes of the average person in Ethiopia. Programs exported from other countries with different cultural realities have a dismal record when it comes to meaningful change, because the listeners readily identify the lack of relevance of the characters and storylines to their own lives, and the policy makers often resent the imposition of "solutions"

from the outside. Rather than building the capacity of the health and social service sectors and media professionals to address the development needs of the country, such externally imposed message programs reduce the self efficacy of the key players in a country's development. Such programs can also have unintended effects through use of characters and storylines that violate the cultural taboos of the country.

C. 3. Stakeholder meetings and consultations: the issues list grows

During the initial visit and in two subsequent visits in the first half of 2000, PMC representatives met with a wide range of stakeholders. These included the Ministry of Health, the HIV/AIDS Council Secretariat, the UN Population Fund, the World Health Organization, UNICEF, UNAIDS, the Family Guidance Association of Ethiopia, the Organization for Social Services for AIDS, DKT, USAID, the Norwegian Embassy, the Swedish Embassy, the David and Lucile Packard Foundation, the World Bank, and a number of private business leaders and reproductive health researchers. Through these meetings, we identified a much longer list of social and health issues, each of which in some way affects the health and wellbeing of the people of Ethiopia. Of course, not all of the issues identified were appropriate for treatment in any depth by a serial drama. Many of the issues identified evolved around governmental policies. The role of a popular social-content serial drama is not one of advocacy regarding government policies, but rather role modeling of behaviors for the general public.

The discussions with stakeholders working in Ethiopia were crucial to the decision by many to endorse the project and by some to become financial sponsors of the project. These endorsements, in turn, helped to ensure the positive response of Radio Ethiopia to the concept of airing a new program.

C. 4. Decisions on where to air the programs

In the case of Ethiopia the decision to focus the bulk of the programming efforts on Radio Ethiopia was an easy one. It is the only nationwide broadcaster that reaches a majority of the population. Because of the poverty of the country, television only reaches 4% of the population.

In some countries, the media situation is quite complex. As mentioned earlier, deciding on the mix of media channels and program formats involves a careful assessment of audience reach, assessing opportunities for effective use different media and program formats, obtaining information about audience reach of different broadcasters, obtaining information about the attitudes of broadcasters regarding reproductive health issues, and learning about the reliability of power supplies and the availability of personnel to ensure program continuity.

In a complex media market, the ideal strategy is to form partnerships with a number of broadcasters, rather than expecting that one program on one channel during one time slot can carry the entire responsibility for the communication initiative.

C. 5. Determining the range of possible projects and the scope of each

In any country, there are an infinite number of communication strategies that can be used. With entertainment-education, the list is also very long, and no attempt will be made here to itemize all the strategies that could be used.

In Ethiopia, we started with the concept of applying the Sabido methodology of long-running serialized melodramas. That sparked initial interest by many stakeholder agencies.

Once our project plan was in place for a soap opera, we embarked on formative research, part of which was an analysis of media consumption patterns and attitudes regarding various formats of entertainment programming. As part of the formative research, we also did a cultural analysis that included looking at the various types of entertainment that are popular in Ethiopian society. Outside of the broadcasting area, we identified stage plays, poetry and short stories as having unique appeal to Ethiopian audiences. Thus, these came to be part of our Whole Society Strategy in Ethiopia.

As mentioned earlier, we also asked the broadcasters and various agencies operating in Ethiopia what communication strategies had been tried in the past and what were the known results. We also ascertained what projects were in the planning stages, for we were not interested in duplicating strategies being used by others.

We used all of this information to screen the many helpful suggestions for program strategies made by the people with whom we met during the initial country visit.

C. 6. The process of growing toward comprehensive

If an army marches off in all directions at once, it will arrive nowhere. Similarly, PMC could not undertake a wide variety of projects at once in Ethiopia. Instead, we started with a concentrated effort to demonstrate our effectiveness at using the Sabido methodology of social-content soap operas and then adding other complementary strategies to the mix. There are spin-offs from the soap opera that are likely to occur, and one is already under way. As the writing and production of the Amharic and Oromiffa-language serials got started in January to March 2002, Save the Children-U.S. contracted with Population Media Center to create a spin-off, 24-episode melodrama on cassettes, using key characters from the Amharic radio soap opera and adding other characters who would be of particular interest to truck drivers and commercial sex workers, with particular focus on preventing the further transmission of HIV/AIDS. The cassettes will be distributed to truck drivers to listen as they make the journey from the port in Djibouti to Addis Ababa and back.

PMC also formed a partnership with CARE-Ethiopia that provided support for the Oromiffa-language radio serial of PMC, while helping to promote reproductive health services of CARE in Oromia.

Other spin-offs of the soap opera are possible, including comic books with some of the key characters, training cassettes for health care workers using clips from episodes where characters

who are health care providers are involved, as well as derivative products that may reinforce popularity of the program, such as dolls, caps, and T-shirts.

In many ways, the decisions about which of the multitude of communication projects to undertake have to be made on the basis of opportunities for partnerships and funding. In Ethiopia, Population Media Center was invited to attend a meeting of people from the creative arts to discuss the possible use of their art forms for communicating about population-related issues. By the conclusion of the meeting, all of them indicated they wished to affiliate with Population Media Center. As a result, PMC was invited to submit a proposal for funding for a multi-media arts program, which was subsequently funded by the David and Lucile Packard Foundation. If the partnerships with various creative artists and the funding opportunity had not presented themselves, however, it would have been much more difficult to undertake the multi-media component in Ethiopia.

Similar budgetary realities dictate the scope of a Sabido-style serial drama project. If donor or commercial funding is available, it is possible to create a program several hundred episodes in length, with very detailed formative and evaluative research. It is even possible, as PMC is doing in Ethiopia, to create separate programs for each language group rather than a translation of one program into other languages. The length of each episode can also be varied (in the case of radio, from five minutes, to fifteen minutes, to thirty minutes), and these decisions have a profound impact on project cost. It is important in advance to have some sense of what resources may be available, so that the initial plan represents an ideal within a reasonably achievable budget framework.

For mission-driven organizations, the dilemma is always how much to push for what one sees as ideal, rather than merely chasing what some donor or contracting agency wants carried out. Sometimes discussion between the two sides will lead to agreement on a plan, but often compromises must be made in order to live within the available resources. This was certainly true as the project moved forward in Ethiopia. Population Media Center made the decision to limit the Oromiffa language program to one episode per week (with a repeat) simply because we did not believe we could obtain sufficient funding to cover production of two episodes a week on top of the two per week in Amharic.

In the budget for the Ethiopia project evolved over time, as we identified additional funding sources that were willing to contribute toward the overall project.

C. 7. Donor identification, research and cultivation regarding the comprehensive strategy

Population Media Center pro-actively approached donors to make the point that short-term, inexpensive projects would not likely yield the attitudinal and behavioral effects regarding reproductive health that we all wanted. We used the evidence gathered in the 1993-1997 Tanzania soap opera experiment as evidence that a long-term strategy can yield significant behavioral effects (see Rogers, et al, 1999 and Vaughan, et al, 2000).

But who were the likely donors? How did we identify them, find out about their interests and priorities and then cultivate their interest in a PMC project? Before the first visit to Ethiopia, we

identified foundations, like the David and Lucile Packard Foundation, that had indicated that Ethiopia was a priority country. In addition to reading their guidelines, we held a meeting with the staff of the Packard Foundation's population department to discuss their possible interest in the project we had in mind. Then, during the initial visit to Ethiopia, we met with various agencies that were identified by our country host as possible supporters, and from them we identified still more prospects.

Not all of the prospective donors had clearly identified their priorities and guidelines for grant applicants. In those cases, we held meetings with them to discuss their current thinking and to describe the experiences that PMC personnel had had with Sabido-style serial dramas in other countries. In some cases, these meetings led to invitations to present seminars to larger groups of staff to describe the outcomes of Sabido-style soap opera projects.

Ultimately, donors as diverse as individuals, U.S. foundations, Ethiopian government agencies, and the U.S. Centers for Disease Control and Prevention took an interest in the project. Each operated on its own time frame in terms of becoming a contributor, and each imposed its own procedures regarding application, use of funds, reporting and accounting.

D. The funding game: which comes first, the program chicken or the golden egg?

During the initial country visit in September 1999, we were able to make more than the normal amount of progress on identifying leads for a potential project manager. We learned that Dr. Negussie, himself, was planning retirement from his government service in four-month's time, and we recognized the tremendous advantage of having an experienced professional, who was also an insider to government policy-making, leading the project team.

At the time of the initial country visit, Population Media Center was one year old and had no funded projects. While the key players in PMC had a great deal of experience in running successful media projects, the new organization faced an uphill battle in obtaining funding. To the extent that fundraising would need to be carried out among institutions based in Ethiopia, the organization had no on-going capacity, but would have to rely on visits from headquarters. What's more, if PMC were to do business in Ethiopia, it would need to register with the government as an NGO, which is a long and complicated process.

Our dilemma was how to jump start activity in the country without waiting for foundation grants or other institutional funding and, at the same time, build the credibility and visibility of the organization in Ethiopia.

The availability of Dr. Negussie Tefferu to become PMC's representative in Ethiopia in early 2000 provided a unique opportunity for the organization. Two staff members challenged an individual donor to match their contributions to a fund to allow the Ethiopia project to get started, and the challenge was accepted. We were off and running.

With Dr. Negussie on board as of early 2000, PMC was able to inform the Packard Foundation and other donors operating in Ethiopia that the project would be in competent hands. The Packard Foundation responded with a significant three-year grant in April 2000.

In the meantime, Dr. Negussie began discussing the organization's plans with other donors in Ethiopia, and PMC undertook the process of registration with the government.

The early commitment by the Packard Foundation assured other donors that PMC's project in Ethiopia was likely to succeed. Indeed, Albert Bandura's Social Learning Theory (see Chapter 19) applies to philanthropic behavior the same as it does to other activities: role modeling by prestigious donors is important in convincing others to jump on the band wagon.

Even though the Packard Foundation grant did not provide full funding for the grant project, it was sufficient to allow a scaled down version of the project to move forward. Rather than delaying the start of the project while full funding for the original plan was sought, the decision was made to move forward with project development and simultaneously seek funding from other sources. As additional funding was received, the scale of the project was increased to more closely resemble the initial project concept.

E. Getting Started with the Project

PMC carried out two years of intensive activity starting in early 2000 to prepare and launch the social content radio serial dramas. How did the project start in the first place?

E. 1. Announcing the leadership

After Dr. Negussie Teffera began working as PMC's country representative in Ethiopia, both he and William Ryerson announced his new role to a wide variety of ministries and agencies working in Ethiopia. His experience as Director of the National Office of Population and his work in supervising and coordinating communication campaigns for promotion of reproductive health and prevention of HIV/AIDS gave Dr. Negussie knowledge of all of the key institutions working in this field in Ethiopia.

E. 2. Finding a Location

The PMC office in Ethiopia had to be close to radio studios in which rehearsals and production would be undertaken easily. These studios needed to be accessible to the playwrights, actors and actresses and to the administrative staff in general. For this reason, it had to be central in its location. The Mekane Yesus building was chosen for this purpose because it had the best studio facility in the country, was central in its location, and was accessible for most workers living in different parts of the city. Thus, the problem of finding a convenient location was solved with the help of Mekane Yesus Evangelical Church.

E. 3. Recruiting Personnel

Full-time program coordinators with radio broadcasting experience and theatrical art scriptwriters with specialization in writing on the subject of population and HIV/AIDS were recruited through newspaper advertisements. The basic requirement for these coordinators was that they should be well versed in the two languages, namely Amharic and Oromiffa. In addition, a media communication and training officer, who is an expert in radio journalism, was

also recruited. At the same time, a full-time researcher with a masters degree from the London School of Hygiene and a background in medical demography was also employed. In addition to the full-time staff, part-time consultants and experts were recruited, including two of the best researchers in the country, who undertook the literature review and the formative research that served as a basis for the preparation of the radio serial dramas.

As for the playwrights, some 50 of them responded to advertisements in newspapers; eight for the Amharic program and six for the Oromiffa program were put in the short-list. Profiles, not only of scriptwriters, but also of actors and actresses, were prepared in cooperation with the Theatrical Arts Department of Addis Ababa University, and the actors who were selected were assigned to study the scripts. With the recruitment of the required personnel, it was possible to organize and coordinate the project to achieve the desired objective.

E. 4. Outlining the Plan

The elements of the PMC plan in Ethiopia were chosen to provide support to the national efforts of fighting the HIV/AIDS epidemic and promoting family planning. These two objectives are mutually reinforcing. Both these objectives are to be accomplished through the use of media communication and the entertainment-education program approach. In the process of outlining the plan, therefore, programs stretching from two to three years, i.e., from pre-testing of the radio serial dramas all the way to the final evaluation, have been taken into consideration.

In addition to the above objectives, the elements of the plan focused on specific objectives. These included the realization of behavior change among the target audiences concerning HIV/AIDS and use of family planning through the production of research-based radio serial dramas and other communication activities; enhancing the creativity and communication skills of serial drama writers and media practitioners to enable them effectively address reproductive health issues and HIV/AIDS; and conducting media communication and audience research for the selection and use of media channels.

F. Stakeholder Briefings: Building an Advisory Committee

For the purpose of consensus building among stakeholders, PMC held two workshops regarding its proposed radio serial dramas. The first one focused on raising the awareness of the participants on ways by which research-based entertainment-education and communication programs can bring about behavioral changes in reproductive health, including HIV/AIDS. The principles and importance of behavior change communication and the methodology for the formative research were widely discussed. The workshop was specially designed for senior program producers, writers, researchers and media managers.

The second workshop was prepared for stakeholders and was focusing on introducing the effectiveness of research-based media communication programs for addressing social issues in general and entertainment-education strategies in particular. Participants also discussed PMC's formative research plan and the possibility of networking and collaboration among information, education and communication (IEC) program implementing agencies. The discussion was also instrumental in generating useful inputs and support to PMC's proposed radio serial drama. The

participants attending were stakeholders comprised mostly of government and non-governmental organizations involved in IEC activities and professionals in the field of theatre arts and media communications.

From the very inception of the PMC-Ethiopia Project, efforts were made to establish high-level advisory and technical committees, which would be charged with duties and responsibilities to oversee and follow-up the implementation of the project and to be responsible for the elevation of the standards of excellence of the media communication and radio entertainment-education programs. Another objective for the establishment of such committees is to help exhibit transparency and integrity in the NGO's operations. Accordingly, the following advisory and technical committees have been established comprised of the following concerned government and non-governmental agencies. The Advisory Committee provides overall guidance to the project and coordination with health service providers, while the Technical Committee reviews each script for medical accuracy.

1. Advisory Committee Members

1. Population Media Center
2. Packard Foundation
3. UNFPA
4. National HIV/AIDS Secretariat
5. CARE-Ethiopia
6. Radio Ethiopia
7. Educational Media Agency (Ministry of Education)
8. Health Education Center (Ministry of Health)

2. Technical Committee Members for the Amharic Soap Opera

1. Population Media Center/Producer
2. Radio Ethiopia
3. Women's Affairs Dept. (Ministry of Agriculture)
4. Health Education Center (Ministry of Health)
5. Script Writer (lead writer)
6. Addis Ababa University (Theater Arts Dept)

3. Technical Committee Members for the Oromiffa Soap Opera

1. Population Media Center /Producer
2. Radio Ethiopia
3. Womens Dept. Head (Oromia Region)
4. HIV/AIDS Dept.(Oromia Region)
5. Addis Ababa University (Theatre Arts Dept.).
6. Script Writer (lead writer)

G. Formative research

G. 1. What to research?

The formative research was used to design and develop the PMC programs in Ethiopia. It's use helped to ensure that the programs were "on target" with respect to: 1. defining the target audiences; 2. understanding the knowledge, attitudes and practices of the target audiences with respect to the various issues to be dealt with in the programs; and 3. making sure that the issues were dealt with in a culturally relevant and appropriate manner.

The primary audience for the findings of the research were the creative team, particularly the writers and the producers of the programs. There were four goals for the formative research:

Goal 1 - Establish a moral framework for the program:

The moral framework provides the legal and policy foundation on which the PMC programs can promote their educational values. The moral framework is derived from 1) the national constitution, 2) relevant national laws and policies and international laws, and 3) United Nations' declarations to which Ethiopia is a signatory. The moral framework is a brief document that excerpts the key components of the legal and policy documents for each educational value promoted by the program.

Goal 2 - Define the target audience(s) for the program:

One of the most important elements of a PMC program is that the audience must be able to identify with the characters. They should be able to say, "I know that character; he or she is just like my neighbor." The circumstances of the characters must also seem familiar to our audience. Audience members should be able to say, "That happened to my brother." If the audience both relates to the situations in the storyline and has empathy for the characters, they will be able to learn from the soap opera.

To be able to create such a soap opera in Ethiopia, the formative research had to clearly define the primary audience and the social and cultural environment in which they lived their lives. Table 1 outlines the areas of inquiry to define the target audience and their social/cultural environments.

Table 1
Areas of Inquiry to Define the Target Audience
and the Social/Cultural Environment

1. Determine listenership patterns by gender, age, and socioeconomic status. What is the best broadcast time to reach the audience?
2. Determine the experience of the audience with serial dramas.
 - A. Are there certain programs that have been very popular, and what do people like/dislike about them?
 - B. What kind of music do people like to listen to?
 - C. What type of person should the positive, negative and transitional characters be?

3. Define the target audience in terms of their demographics and socioeconomic status (SES):
 - A. What is their gender?
 - B. What is their age?
 - C. What is their level of education?
 - D. What is their employment type and income level?
 - E. What are the typical material possessions they own?
 - F. What language is spoken in their homes?
 - G. Do they live in rural or urban areas and do they travel to urban areas?
 - H. What does the target audience wear?
 - I. What are their homes made of and how are they furnished?
 - J. What are the modes of transportation they use?

4. Define the cultural setting for the program by describing relevant cultural and religious practices, for example:
 - A. What is the nature of the family unit (extended or nuclear)?
 - B. How are the villages organized, socially and politically?
 - C. Are people fatalistic? Do they believe that fate controls much of what happens to them?
 - D. What are the daily rhythms of meals, work and leisure?
 - E. What religion do they belong to and how does it influence their decision making about relevant issues? Is ancestor worship important?
 - F. What class do they belong to and how does it influence their decision-making about relevant issues?
 - G. What is the importance of material wealth in people's lives? (Are individuals strongly motivated by financial reward? Do people worry about not having enough money? What are the major expenses people have?)
 - H. If someone has done something really good, what would be the best reward for that person?
 - I. If someone has done something really bad, what would be the appropriate punishment for that person?
 - J. What values of the culture tend to support the practice of family planning and AIDS avoidance (family harmony, family material well-being, family stability)?
 - K. What values of the culture tend to undermine the practice of family planning (religion, pride in large families) and AIDS avoidance (polygamy, wife inheritance)?

5. Define the relevant family/marriage values for the program:
 - A. What constitutes a happy family? Why?
 - B. What constitutes a successful family? Why?
 - C. What are one's aspirations for one's family?
 - D. What is the role of dowry? Why?
 - E. Should marriages be arranged or "love" marriages? Why?
 - F. What are the characteristics of an ideal husband? Why?
 - G. What are the characteristics of an ideal wife? Why?
 - H. How many children should a family have? Why?
 - I. What is the best/worst reason to get married? Why?
 - J. How old should a man/woman be when they get married? Why?

- K. What are the responsibilities of mothers and fathers?
 - L. What brings family harmony and what causes family conflict?
 - M. What role do extended-family members (mothers-in-law, cousins) play in family planning issues?
6. Define the values of children:
- A. What are the economic benefits of boys and girls?
 - B. Which gender (boys or girls) provides more economic benefit?
 - C. What are the economic costs of boys and girls?
 - D. Which gender (boys or girls) provides more economic cost?
 - E. Do people prefer to have daughters or sons? Why?
 - F. What are the responsibilities/roles of sons, and daughters?
7. Define the status of men and women:
- A. Are women expected or allowed to work for pay? Should women who work be paid the same as men who do the same job?
 - B. Are men expected to do any household work or rearing of the children?
 - C. Who makes the important family decisions, such as whether to use family planning, how many children to have, and when to have the children?
 - D. Do/should men and women have equal rights and equal status?
 - E. Who should make financial decisions, such as to buy a radio or to buy a piece of furniture?
 - F. Does a man have the right to beat his wife if she disobeys him?
 - G. Does a man have the right to force his wife to have sexual relations with him?
 - H. Should women be able to inherit property equally with men?
 - I. Should girls be educated equally with boys?
 - J. Should daughters be expected to care for their parents in their old age?
 - K. Should men be allowed to have sexual relations with women other than their wives?
8. Define the patterns of interpersonal communication:
- A. Who do men and women talk to about important personal topics, such as family planning, desired number of children, and desired spacing of children?
 - B. What subjects do couples talk about and what will they not talk about; why?
 - C. From whom do people learn about human reproduction and contraception (teachers, mother, father, professionals, friends, radio, etc.)?
9. Define who the target audience(s) trust with the educational messages:
- A. Do children trust their parents?
 - B. Do men trust the village leaders?
 - C. Do women trust clinic staff?
 - D. How are authority figures (health, social, NGO, and government workers) viewed?
10. Describe what the family planning clinics, doctors and clinic workers are like.
11. Define how people feel about their lives:
- A. Do people feel it is possible to make their village/country a better place?

- B. Do people feel it is possible for one's life to improve?
- C. Do people feel that things generally are getting better or worse? In what way?
- D. How are today's youth different from their parents? In what ways are the youth better/worse than their parents were when they were young?
- E. What are the characteristics of a modern citizen? Should young people try to be modern?
- F. What is the role of fate in determining one's life circumstances?

Goal 3 - Define the educational issues for the program:

The creative team must understand their audience in terms of what they know and how they feel about a wide range of issues that will be dealt with in the program. They must understand what issues convinced some people to begin using family planning (e.g., economic hardship of large families and the economic benefits of smaller families, health benefits of fewer well-spaced children, and so on) and what blocks non-users from using family planning (e.g., lack of communication about family planning with spouse/partner, lack of awareness of family planning options). Similarly, what factors convinced some people to adopt behaviors designed to prevent HIV infection, and what blocks such behavior change among others?

Thus, the formative research was designed knowing that it would give rise to a set of "educational themes." There are seven major topic areas that we needed to understand before designing the program in Ethiopia. These topic areas are outlined in Table 2.

Table 2
Areas of Inquiry to Define the Educational Issues

1. Define the target audience's knowledge of family planning:
 - A. What methods are people aware of?
 - B. Do people believe it is possible to determine their family size?
 - C. Do people understand how to use the various methods?
 - D. Do people understand that family planning can improve one's financial circumstances?
 - E. Do people understand that family planning can improve the mother's and child's health?
 - F. Do people know where to obtain contraceptives or information about family planning?
 - G. Do people consider the traditional methods of family planning to be safe and effective?

2. Define the target audience's attitudes toward fertility:
 - A. What are the desired ages of marriage for men and women? Why?
 - B. What are the desired ages of first birth for men and women? Why?
 - C. What are the desired family sizes for men and women? Why?
 - D. What are the desired birth spacing periods for men and women? Why?

3. Define the target audience's attitudes towards family planning and family planning methods:
 - A. Acceptability of family planning (never acceptable, okay for spacing, okay for certain methods, okay for limiting, okay for protection from STDs, etc.).
 - B. Is family planning acceptable to their religion?

- C. What fears/anxieties exist about family planning methods (side effects, embarrassment)?
 - D. What are people's attitudes toward clinics, availability of methods, choices of methods, and privacy of service?
4. Define the target audience's current use of family planning methods:
 - A. What methods are most popular?
 - B. What are the characteristics of users and non-users?
 5. Define the reasons for the use of family planning:
 - A. What are the most important reasons people decide to use family planning?
 - B. Do people use barrier methods (condoms) to prevent sexually transmitted diseases?
 - C. Do people use family planning to improve their economic circumstances?
 - D. Do people use family planning to space their births?
 - E. What do people feel are the best methods to use and why?
 - F. Do people consider family planning methods to be expensive?
 6. Define the reasons for the non-use of family planning:
 - A. What are the main reasons that people don't want to use contraceptives (e.g., want to have more children, feel family planning is against their religion, feel family planning is unsafe, feel that family planning is difficult or expensive to obtain or other)?
 - B. What are rumors or things people have heard/believe about sexuality and contraceptives (e.g., can't get pregnant on first intercourse, coital position prevents pregnancy, low probability of getting pregnant, family planning causes infidelity, condoms spread AIDS, etc.)?
 - C. Are people who use contraceptives viewed negatively (more promiscuous, violating customs/taboo)?
 - D. What negative side effects of contraceptives do people know?
 7. Knowledge about sexually transmitted diseases (STDs):
 - A. Do people understand how AIDS is spread?
 - B. Do people understand that AIDS is always fatal and there is no effective treatment?
 - C. Do people understand the effective means of preventing the spread of AIDS?

Goal 4 - Create a values grid for the program:

The educational issues that are defined during the completion of goals 2 and 3 must be "married" to the moral framework. In Ethiopia, the output of this marriage was a list of discrete educational themes and the positive and negative values that derive from the educational issues. For example, if the national constitution guarantees the right of all people to be educated, but the formative research shows that many girls are denied an education, then two values may be created 1) the positive value that "It is good to educate your daughters," and 2) the negative value "It is bad to not educate your daughters."

Formative Research Methods:

There are five discrete methods that were used to carry out the formative research in Ethiopia.

1. Interviews with experts: experts in the fields of a) family planning; b) sexually transmitted diseases; c) status of women; d) culture; e) environment; and other relevant areas were interviewed. The purpose of these interviews was to a) identify people for the technical review committee; b) seek their advice on what issues should be stressed in the soap opera; and c) identify documents that should be reviewed during the literature review.
2. Literature review: An individual was commissioned to a) compile a list of all relevant studies (see areas of interest in Tables 1 and 2); b) read these studies; c) summarize them in a report that is understandable by the non-technically trained creative team; d) help to present them to the creative team; and e) use the outcome of the literature review to help design the focus group discussions.

A second goal of the literature review was to summarize the a) constitution and laws of the country and b) United Nations documents to which the country is a signatory (Cairo Conference on Population and Development, Beijing Conference on Women) to create the moral framework.

3. Focus Group Discussions: A focus group discussion (FGD) is a research method that uses a small group of people with similar backgrounds to talk about the areas of interest. A research agency was commissioned to undertake a number of FGDs to a) answer questions which could not be answered by the literature review; b) help PMC to understand *why* people make the decisions they do; and c) provide transcripts which the writers can use to create dialogue about important subject areas. Excerpts from the FGDs were useful in writing the scripts, and the tapes were useful for the writers and producers to get a sense of how individuals sound when they talk about certain subjects.

A total of 34 FGDs were conducted that encompassed a) the ethnic diversity of the target audience of the program; b) male and female groups; c) different age groups; and d) key cultural variables (rural/urban, education, and income).

4. Interviews: Personal interviews were conducted among a sampling of people from different regions, urban and rural, men and women of different ages and marital status, to uncover information that could not be obtained in a group discussion. This included issues related to the influence of the culture on sexual and reproductive decision-making, feelings of self-efficacy with regard to these issues, insight into the interpersonal dynamics of married couples, and other issues mentioned in Table 1. A research agency was commissioned to design the interview questionnaire, using examples from other countries as a starting point and adapting to the specific cultural issues of Ethiopia and the educational issues that the program was going to address. A total of 1020 interviews were conducted in Amhara and Oromia.

As part of the interviews and focus groups, the research team asked participants throughout the countryside for their own views regarding key issues, including not only reproductive health issues, but also socio-cultural issues, economic issues and general health issues. Through this process, over 100 issues were identified for possible treatment by the serial drama. For each issue identified, the moral framework served as a guide for identification of

positive and negative value statements related to that issue. Those values were then associated with positive, negative and transitional characters as the characters and story line were created.

5. Site visits: The producer and writers visited rural villages to:
 - A. Get a sense of what life is like in those areas
 - B. Record village sounds
 - C. Learn what topics people are talking about
 - D. Get a sense of what the clinics and other health/social services are like

As part of the formative research in Ethiopia, PMC-Ethiopia gathered Ethiopian proverbs that reflect negative attitudes towards women and children. These proverbs and popular traditional sayings will be used by the scriptwriters as a source of material in the production of the entertainment-education serial drama.

G. 2. Selecting a firm

A great deal of care was exercised in selecting a firm to carry out the formative research, and later the evaluation research. PMC involved research experts in the interviews in order to assess the competence of firms and their experience with similar research projects.

We also reviewed publications by principals in the firm and checked references with agencies that had used their services and with professional colleagues inside and outside of Ethiopia.

H. Training workshops

Training was provided to the production and writing team both at home and abroad with the help of workshops and short training sessions. For example, two producers were sent to Kenya and received a two-week training in studio management and production techniques, while a four-week training session was held for playwrights and scriptwriters in Ethiopia to acquaint them with the Sabido methodology. Trainers included the eminent serial drama expert, Miguel Sabido, himself, and other professionals and resource persons, both from the regional offices and headquarters of PMC. Training sessions were also held for the leaders of the research firm, to discuss the principles of formative research, and for the field workers to prepare them for conditions they might find in conducting research interviews in rural areas. In addition to Miguel Sabido, the training team included:

- Tom Kazungu, the first person in Africa and the first person in radio to use the Sabido methodology with a radio program he produced in Kenya;
- Rose Haji, the producer of the Tanzanian serial drama that was studied for its significant effects on family planning use and AIDS avoidance behavior in the population (Rogers, et al, 1999 and Vaughan, et al, 2000);
- Ramadhan Swalehe, the person who oversaw the formative and evaluative research in Tanzania;

- Virginia Carter, former head of drama under Norman Lear, who oversaw production of *All in the Family*, *Maude* and *The Jeffersons*;
- David Poindexter, honorary chair of Population Media Center and a 30-year veteran of promoting entertainment-education programs worldwide (see Chapter 2); and
- Bill Ryerson, President of Population Media Center.

The workshops were received well in part because the trainers and facilitators were mostly from developing countries, and they had applied the Sabido methodology (which originated in a developing country) in a variety of settings with great success. This distinguished the workshops from so many in which developed country experts attempt to offer solutions to colleagues in developing countries.

Miguel Sabido's workshop in Ethiopia attracted great interest and media coverage, in part, because it was his first visit to sub-Saharan Africa. In addition to the Population Media Center staff and creative team, the Theatrical Arts Department of Addis Ababa University sent several faculty members to attend his seminar.

Training materials for selected writers producers, artists, journalists and other media practitioners were developed. The following are some of the materials developed.

- "Radio Programming for Social Issues."
- "How to Write an Entertainment-Education Program for Social Development."
- "Entertainment-Education and the Sabido methodology."
- "The Role of Radio in Addressing Reproductive Health and HIV/AIDS Issues."
- "How to Design and Produce Radio Serial Dramas for Social Development."
- "Essential Elements in Communication and the Communication Framework for HIV/AIDS."
- "Assessment of Radio and TV Dramas in Ethiopia and the Lessons Learned."

I. The Communications Get Started

The overall objective of the PMC Media Communication project is to provide support to the national effort made to prevent and reduce HIV/AIDS epidemic and to reduce rapid population growth in the country through the use of media communication and the entertainment-education program approach.

I. 1. The production of entertainment-education radio and audio serial dramas

The soap opera design used by PMC in Ethiopia is similar to the design used for radio serial dramas in Kenya and Tanzania. These differ from Miguel Sabido's social-content television serial dramas in one important way. Instead of focusing on one issue and related attitude and behavior changes as Sabido's telenovellas have done, the African model blends a number of related issues together for treatment by one serial drama. For example, in the African context, it is difficult to address family planning use or AIDS avoidance without simultaneously addressing

the status of women in the family and in society. The blended African model attempts to change the context in which these behaviors occur as well as the behaviors themselves.

In each country where the Sabido methodology is applied, the model is adapted to the cultural setting of that country. The essential element of gradual transition of characters into role models, however, remains unchanged.

Specific Objectives

- Realization of behavior change among the target audience regarding HIV/AIDS and use of family planning through the production of research-based radio serial dramas and other media communication activities.
- Enhancing the creativity and communication skills of serial drama writers and media practitioners to enable them effectively to address RH and HIV/AIDS issues.
- Conducting media communication and audience research activities for effective selection and use of media channels.

The Media Mix Strategy

PMC is using a media mix strategy in Ethiopia in order to complement and reinforce the radio serial dramas. The radio serial drama will be put on cassettes and will be transmitted in rural open market places by an NGO, DKT Ethiopia, which has agreed to carry the PMC serial drama messages to the open market places using their mobile vans. During weekdays, over twenty million people are estimated to visit various open market places in Ethiopia.

PMC-Ethiopia's innovative approach, the media communication and entertainment- education serial drama, may find its role as a gap filler and as an effective communication strategy in bringing about behavior change among the audience, in family planning and HIV/AIDS prevention campaigns in Ethiopia. The IEC activities in general and the serial drama in particular are research-based to ensure the effectiveness of the communication approach and relevance of the message for the audience.

The radio serial drama programs based on Sabido's methodology use two major Ethiopian languages (Amharic and Oromiffa). The target population in Amhara, Oromia and Addis Ababa regions comprises nearly 75% of the Ethiopian population.

Training Materials

Production of Entertainment-Education radio and audio serial dramas

The PMC staff in Ethiopia will do the following over the next three years:

- Produce 312 serial drama episodes in Amharic and transmit them over Radio Ethiopia twice a week and repeat them on FM radio.

- Produce 156 serial drama episodes in Oromiffa and transmit them over Radio Ethiopia once a week, and repeat them on Harar Radio.
- Produce 24 episodes of an Amharic audio serial drama targeting long-distance truck drivers and sex workers along the Addis Ababa -Djibouti corridor.

I. 2. Other Media Communication Activities

Stage Dramas

Stage dramas are unique in character and are a very effective tool in both face-to-face and group communications. In Ethiopia, stage dramas can reach millions of people in indoor and outdoor settings. Schools, colleges, churches, stadiums and open market places are reachable by using mobile stage dramas. The plan in this project is to produce two stage dramas in the first year of the project, based on the best selected scripts. The scripts will be translated or adapted to fit the customs and cultures of various regions. Stage dramas are inexpensive and are seen as credible by the traditional elements of society. They can attract attention and stimulate thinking if situations are effectively dramatized. Experiences in various countries have shown that stage dramas are instrumental in bringing about the desired change in human behavior concerning reproductive health and HIV/AIDS issues. The plan is to produce two full-length mobile stage plays focusing on reproductive health and HIV/AIDS issues. The stage dramas are intended to reinforce the radio serial drama messages.

Video Production

The video production will be based on the findings of the formative research and focus on the negative effects of rapid population growth and the spread of HIV/AIDS. Video can be used to introduce new ideas to selected audiences. It can be used to teach new concepts and change attitudes. The plan is to produce two special video dramas focusing on reproductive health and HIV/AIDS issues; make 250 copies of each; and distribute them to schools, anti-AIDS clubs, colleges, training centers and workshops. These could easily be distributed to places where there is no access to TV and film shows.

In addition, the plan is to produce two documentaries focusing on population and HIV/AIDS issues and to make 250 copies of each for distribution.

Poems and Short Stories

Poems and short stories are very popular and very much loved by many Ethiopians. Poems especially have greatly contributed in the life of Ethiopians both historically and at present. It is very common to listen to impressive and instantly created poem recitals in places such as "Azmar Bet". Our hypothesis is that, given the love people have for poems and short stories, use of this format for our intervention could have great impact on both attitudes and behavior. In this project, poems and short story writing contests will be held at the national level, and the winning poems and short stories will be recited and read over radio and television and in public

meeting places and schools. They will also be printed in daily newspapers and selected monthly magazines. The plan is to organize two poetry and short story contests at the national level, focusing on HIV/AIDS and reproductive health issues.

Capacity Building Through Training

An assessment made by PMC on social-content media and theatrical activities in Ethiopia, showed that most media practitioners, playwrights, and artists need training both in their fields and in the area of reproductive health. In this program, potential trainers (experts in media and theatrical arts, journalists, amateur and professional artists) from Amhara, Oromia and Addis Ababa region will be invited to participate. Two workshops of ten days each, will be organized, and action plans for future activities will be developed. With some technical support, the newly trained journalists, playwrights and artists will design similar programs in their own respective areas for achieving specific reproductive health behavior goals.

The project will provide training for 30 media practitioners in basic communication skills and reproductive health and HIV/AIDS issues. It will also train 30 serial drama scriptwriters and producers in the art of serial drama production.

Launching of the serial dramas

Promotional work was carried out prior to the launching of the serial dramas in order to attract a large audience.

The launching event included a colorful ceremony, which was attended by ministers and other high-ranking officials, as well as representatives of government and non-governmental organizations. Special T-shirts and leaflets that displayed the titles of the serial dramas were distributed to participants.

PMC-Ethiopia has brought entertainment-education serial dramas into the homes of radio listeners. The title of the Amharic drama is *Yeken Kignit* (“Looking Over One’s Daily Life”) and that of the Oromiffa drama is *Dhimbiba* (“Getting the Best Out of Life”). The Amharic program is broadcast Sunday evenings at 8:30 p.m. and Wednesday evenings at 9:15 p.m. on Radio Ethiopia. The Amharic program is repeated on FM radio service on Mondays at 3:00 p.m. The Oromiffa program is broadcast on Sundays at 6:30 p.m. on Radio Ethiopia and repeated on Harar Radio Service at 12:30 p.m. on Sundays. The premiere episodes were launched on June 2, 2002.

Working with Save the Children USA

At the request of Save the Children-USA, PMC is presently working on an audio cassette serial drama for addressing HIV/AIDS issues along the Addis Ababa-Djibouti corridor. The target audience is over 10,000 truck drivers and their assistants and commercial sex workers working in the corridor. A rapid assessment was conducted, and the findings are now being used by the scriptwriters. The scriptwriters, themselves, made a two-week observational study tour along the corridor and observed all focus group discussions. The plan is to produce 24 half-hour episodes and distribute the cassettes to the truck drivers and commercial sex workers.

Working with UNDP

At the request of the UN Development Program office in Ethiopia, PMC provided advice on various aspects of HIV/AIDS prevention communications. PMC also assisted in organizing a workshop with the theme “Media Coalition for Fighting HIV/AIDS in Ethiopia.” PMC and UNDP have also agreed that PMC will conduct both media research and HIV/AIDS prevention communication trainings.

Working With IPAS Ethiopia

PMC has also been recently requested by the IPAS Ethiopia office to assist producing a video, poster and flyer on aspects of unsafe abortion and unwanted pregnancy in Ethiopia. A memorandum of understanding has been signed, and the work is progress.

Working with the World Bank

PMC has assisted the World Bank group working with the National HIV/AIDS Council Secretariat in developing an HIV/AIDS prevention communications and advocacy strategy. In addition, PMC, in collaboration with other governmental, non-governmental and UN agencies, developed criteria for the selection of HIV/AIDS related IEC projects.

J. Documentation of the Process

Every project requires proper documentation. The PMC-Ethiopia project is no exception. All the workshops and training sessions have been audio and video-taped. Important events, including major research activities, have been preserved with sound and video recordings, as well as newspaper clippings and photographs.

In all, about 20 documents have been produced, consisting of training materials, assessments and reviews, and especially research works and studies. They are made available to others involved in the campaign against HIV/AIDS and related diseases and also to those involved in promoting family planning services.

In addition to its historical value, the documentation process promotes education and contributes to monitoring and evaluation. PMC-Ethiopia has also published magazines and workshop proceedings as part of its documentation activities. The latest magazine is entitled “Radio Serial Drama for Social Development.”

K. Monitoring and Evaluation

PMC has developed a comprehensive monitoring and evaluation system as an integral part of the project design. The monitoring and evaluation plan consists of different kinds of activities that can be implemented in collaboration with the concerned agencies. Following are some of the radio serial drama monitoring and evaluation tools:

Listening groups	- ongoing
Focus-group discussions	- quarterly
Radio competition	- one time
Listeners' letters	- ongoing
Script analysis	- ongoing
Quantitative Surveys	- pre- and post-broadcast
Data on Client Numbers	- ongoing

K. 1. Listening groups

PMC formed a number of listening groups among the households of the Amharic and Oromiffa speaking population to monitor the perception of listeners about the radio serial drama. These listening groups are invited to comment on each episode of the radio serial drama during the project period in order to assess audience reactions to the drama and to provide feedback to the writers.

K. 2. Focus-group discussions

A number of focus-group discussions will be conducted at intervals (quarterly) throughout the dramas' broadcast period to monitor listeners' responses to the programs. Focus group discussion guides will be developed to ask about listeners' perceptions of characters, story lines and educational issues.

K. 3. Radio competition

PMC will organize a competition for listeners as part of the radio show. Listeners who answer questions about the most recent episode correctly will get a free T-shirt. Such radio competitions are intended as both a feedback and monitoring mechanism. The competition is also an opportunity for the listeners to give their comments and opinion on the characters and their overall impression of the serial. This will encourage a lot of listeners to discuss the subject/content of the serial drama as they discuss the competition questions.

K. 4. Letter Analyzing

The outline of the radio serial drama will be reviewed constantly to accommodate the listeners' views which are expressed in their letters to the producers. Sample letters will be chosen randomly for analysis. This will help the production and scripting teams stay 'in tune' with listeners. The audience's concerns and issues will be continuously evaluated, considered and included in the story line when appropriate.

K. 5. Script Analysis

All of the scripts of the serial dramas will be reviewed to determine the actual time devoted to each of the many issues identified in the planning process. The timing of such treatment will also be recorded, so that comparisons can be made in the evaluation process with changes in behavior that are recorded by health service providers that may stem from the serial drama.

K. 6. How do we isolate effects of the project from other activities?

The principal source of information about the program's effect will be pre- and post-intervention surveys that are to be conducted through in-depth personal interviews. The pre-intervention survey was conducted in May 2002. The post-intervention survey will be conducted at the end of the program intervention, using the same data collection procedures. Each survey will include a representative sample of the sexually active population.

To determine the net-impact of PMC's radio serial drama, the researcher will apply a multivariate analysis that controls for respondents' exposure to all campaign components.

The independent (control) variables and the dependant variables will be identified to apply a multivariate logistic regression analysis (for categorical dependent variables) and multivariate general factorial analysis (for continuous dependant variables).

We will examine for the differences in the dependant variables by listenership category in the post-intervention sample, by categorizing respondents as regular drama listeners, casual listeners or as non-listeners.

K. 7. Data on Client Numbers

In addition to the pre- and post-broadcast surveys of listeners and non-listeners, PMC has asked a number of health service providing agencies to participate in gathering information on the reasons people have for seeking reproductive health services. Data that will be provided will include the number of clients seeking services before, during and after the serial drama and answers to a number of questions that reproductive health clients will be asked. These include open-ended questions as to why they sought the service at this time and questions that seek to identify if the client has listened to one of the radio serial dramas and if that played a part in the decision to seek services.

By comparing changes in client numbers at reproductive health service sites with treatment of reproductive health issues in the serial drama, PMC will be able to determine whether or not there has been an increase in such health service seeking behavior at the times that the program dealt with related issues. The intake questionnaires for new clients will then help to determine the extent to which the serial drama was a factor in persuading new clients to seek such services.

There is an inherent conflict between using a comprehensive communication strategy and carrying out careful evaluation. The more comprehensive the strategy, the greater the likelihood of effects, but the greater the difficulty in isolating the effects of any one element of the overall campaign. Nevertheless, a multi-faceted evaluation plan can help to determine the relevant role of the various aspects of the campaign, as well as the roles played by other interventions that occur simultaneously.

Two American researchers, Earl Babbie and Nancy Luke, participated in advising the Ethiopian research team on the design for the evaluation research.

- Earl Babbie, professor of Sociology at Chapman University and author of The Practice of Social Research and The Basics of Social Research.
- Nancy Luke, an adjunct instructor with the University of Pennsylvania's Department of Sociology, with a Ph.D. in Demography and Sociology from Penn's Population Study Center.

The formative research and the evaluation surveys were overseen by Dr. Assefa Hailemariam of Birhan Research in Addis Ababa.

L. Lessons learned

1. For many years, critics of communications programs have charged that there is little evidence showing that such programs have behavioral effects. It is also often charged that such programs are not based on sufficient research into the situation in order to create communication strategies that are relevant to the culture. The seriousness with which the PMC project in Ethiopia used both formative and evaluative research strategies was one of the key reasons for the enthusiasm for the project by donors and stakeholders working in the country.
2. The evidence from a number of countries, including Tanzania, of the effectiveness of the Sabido methodology in changing attitudes and behavior is another of the key reasons why donors and stakeholders accepted the PMC serial drama plan.
3. Sometimes a leap of faith is required in order to jumpstart a project. Of particular importance is getting the leadership right at the beginning and demonstrating project momentum.
4. Involving developing country facilitators in the international training team is helpful in demonstrating the relevance of the strategy to resource-poor settings.
5. Developing an international research team is useful for ensuring that the evaluation strategy meets internationally recognized standards.

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