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ACRONYM LIST

HCD	Human-centered design
KK	Kacici Kacici
MNCH	Maternal, newborn, and child health
NDHS	Nigeria Demographic and Health Survey
SBC	Social and behavior change



BY THE NUMBERS

seasons with

weeks of daily episodes, totaling

470

episodes aired since 2019

76%

of men and women in northern Nigeria in states where the program was aired reported that they were exposed to the *Albishirin Ku!* radio drama. **18%** of those who reported exposure discussed the show with someone else.¹

Women exposed to the program *were significantly more likely* to practice priority gateway health behaviors.²

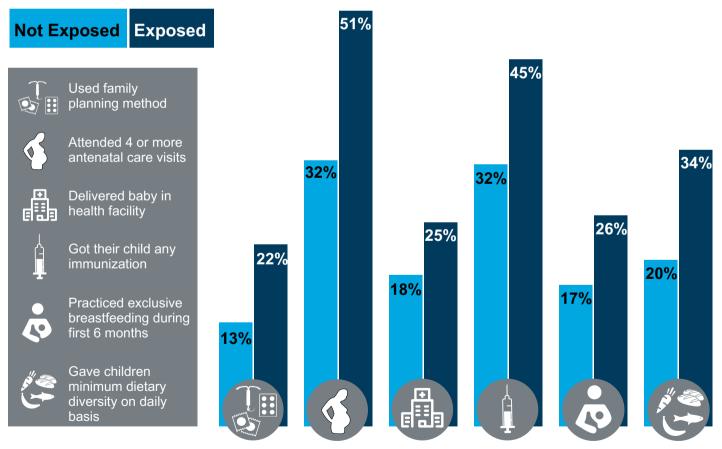


Figure 1. The dark blue bars represent Nigerians who demonstrated exposure to the campaign according to a post-campaign survey, showing their increased efficacy in various health areas. This shows the power of *Albishirin Ku!* to touch hearts and change minds.

- 1 Omnibus Survey, September 2022
- 2 Behavior Sentinel Surveillance Data, Breakthrough RESEARCH, December 2022



In northern Nigeria, maternal and child mortality rates are among the highest in the world. According to the 2018 Nigeria Demographic and Health Survey (NDHS), the under-five mortality rate is 132 deaths per 1,000 live births, infant mortality is 67 deaths per 1,000 live births, and neonatal mortality is 39 deaths per 1,000 live births.³

Since 2013, maternal and child health indicators have stagnated. Between 2013 and 2018, under-five mortality slightly increased from 128 to 132 deaths per 1,000 live births. Infant mortality remained between 69 and 67 deaths per 1,000 live births, and neonatal mortality remained stagnant between 37 and 39 deaths per 1,000 live births during the same period. The underlying causes of these illnesses and deaths can be attributed to delayed or inappropriate health care-seeking behaviors. Deeply entrenched cultural norms and traditions inform these behaviors, making them difficult to change.

In Nigeria, Breakthrough ACTION and the Government of Nigeria implemented an integrated social and behavior change (SBC) activity aimed at improving 17 health behaviors, including child birth spacing; maternal, neonatal, and child health (MNCH); nutrition; and malaria prevention and treatment in Bauchi, Kebbi, and Sokoto States and later in the Federal Capital Territory. The activity applied an integrated mix of communication channels, including the radio program, *Albishirin Ku!* (which translates to "Good Tidings" in Hausa). The success of *Albishirin Ku!* in northern Nigeria also inspired an Igbo language adaptation of the format, broadcast by Breakthrough ACTION in Ebonyi State.

Breakthrough ACTION developed a radio drama because behaviors are influenced not just by knowledge but also by emotions. What people think other community members are doing, i.e., social perceptions, also affects their behavior. A drama with relatable characters in a culturally resonant setting can tell stories that touch the hearts and minds of people and model realistic change.

^{3, 4} Nigeria National Population Commission & the Demographic and Health Survey (DHS) Program. (2019, October). *Nigeria: Demographic and health survey 2018*. DHS Program. https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf

This document focuses on the unique elements of the *Albishirin Ku!* radio drama that made it popular and impactful. These elements include:



Being audience-driven:

Community members informed the drama design and content using a human-centered design (HCD) process to ensure the drama reflected cultural influences, religion, and social norms in the development of rich, relatable characters.



Changing the narrative lens according to the Socio-Ecological Model:

The Socio-Ecological Model (Figure 2) guided the design.



Short format drama:

Each 25-minute episode is split into five-minute segments, delivered multiple times a day to keep the audience engaged.

These elements contribute to a new kind of radio drama that differs from other Nigerian radio dramas from the past few decades.

This document is organized into the following sections:

- What insights from research informed the design of the radio serial?
- What did the project do to make Albishirin Ku! uniquely effective?
- What are the lessons learned?
- Additional resources

For those interested in replicating this experience, visit "Additional resources" to access materials used in to develop this radio program, including HCD reports, SBC objectives and key message guide, and the creative brief.

What insights from research informed the design of the radio serial?



Address multiple influencing factors by using the Socio-Ecological Model to drive the design and story

Breakthrough ACTION-Nigeria followed a systematic and evidence-based process that elevated community voices in the <u>HCD insights process</u>, which identified behaviors and norms and clarified insights about how to change behavior in northern Nigeria. Key emerging insights that informed the design and development of the *Albishirin Ku!* radio program included the following:

- Nigerians highly value religious and traditional beliefs, which strongly influence how maternal and child health is practiced.
- Many women are unable to make decisions or act concerning pregnancy, childbirth, and child health care.
- The health ecosystem combines traditional religious and modern practices.
- To improve MNCH and nutrition behaviors, the radio program—and all interventions—must go beyond the individual to address the entire community to create the environment that will enable the desired behavior change.

This research highlighted that the social structures outlined in the Socio-Ecological Model should inform the radio program (Figure 2). In other words, the story needed to be told not only from the perspective of the individuals at the heart of the drama, but also those who influence them in their immediate social circles and networks and the community in which they live.

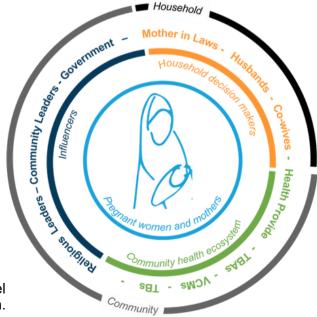


Figure 2. The Socio-Ecological Model used to inform *Albishirin Ku!'s* design.



Keep it short

Current media consumption trends reveal human attention spans are significantly dwindling. Knowing this, the Breakthrough ACTION team decided to use a short format while still having a drama serial that could tell a story over time. The project divided its 25-minute episodes into five-minute drama segments that are complete in themselves yet integral parts of a whole. These segments aired in the morning, afternoon, and evening, increasing the likelihood that listeners with a few spare minutes would catch them at different times of the day, thereby increasing program reach.



Tell stories in a new way

The literature and the HCD process suggested the show needed to capture attention through newer, more engaging content. Over the past few decades, many health radio dramas have aired in northern Nigeria, yet the stagnant health outcomes reported in the NDHS showed little or no improvement. The project realized more innovative design would not only win people's attention but also spark conversation and encourage positive behavior change. Nigerians use basic mobile phones at a high rate, so the project made the drama accessible on phones, in addition to radio, to fully engage intended audiences. Breakthrough ACTION-Nigeria developed a transmedia approach, including publishing mobile phone games based on the drama along with spin off shows with community commenting on the show and the call in aftershows for increased audience interaction with the drama and characters in the story.









Center the voice of the community in the design and production

Through the project's intentional engagement with communities in northern Nigeria, audience members shaped the drama's storytelling to ensure cultural resonance and emotional engagement with issues. Core to this was designing to tell a continuing story from different perspectives, such as young couples, mothers-in-law, religious and traditional leaders, a health care provider, and other people in the community. In contrast, traditional drama production methods involved writers and producers, who were not from northern Nigeria, who created generic content without taking into account local nuances or talking to community members for input or using local voices.

During the <u>Design & Test</u> phase of the HCD process, participants developed a lowfidelity pilot episode of the Albishirin Ku! radio program with key audience involvement. It tested the concept with young couples, mothers-in-law, religious and traditional leaders, and people in the market place. The pilot revolved around one health topic, where a story unfolded through five-minute segments, with the narrative lens changing for each segment, such as young couples, mothers-in-law, a religious leader, or a healthcare worker. To develop the pilot, the participants first discussed a storyline for each audience and came up with scripts. Then, Breakthrough ACTION-Nigeria produced the five-minute segments; the participants voiced the characters and tested the segments with each audience for feedback. The group developed an episode for young couples, then tested it with young couples, received immediate feedback, and recorded a revised episode for further testing. The group then continued the story by developing the next episode from the mothers-in-law perspective and played it for them to gather input. In this case, the mothers-in-law, who were initially portrayed as antagonists in the story, expressed they did not want to be depicted negatively. With this feedback, mother-in-law characters were changed to be more sympathetic. They followed the same pattern of receiving feedback, revising, and also engaging with religious leaders, health providers, and community members. This process helped the participants to create drama segments that spoke to each key audience group, while still telling a cohesive and engaging story.

Breakthrough ACTION-Nigeria ensured the drama's authenticity with local audiences in northern Nigeria by writing scripts in Hausa first and hiring and training locals to play the characters. The project recorded the episodes onsite. Staff facilitated listenback sessions with a quality control team capable of determining high production values and local authenticity.



Design characters and format based on the Socio-Ecological Model

Characters

The HCD formative research indicated that even if women felt convinced to practice a new behavior, they would not be able to act unless they had the support of mothers-in-law, family members, and religious and traditional leaders, as well as others in their community regarding those decisions. Breakthrough ACTION-Nigeria created a diverse cast of characters who resonated with the audience's lives and experiences to reflect a whole community approach to change behavior in line with the Socio-Ecological Model. While episodes usually featured key characters—such as the main couple, Jamila and her husband Faruk—this meant the show had many more characters than a typical radio drama, allowing a wide range of community members to be represented in the show (Figure 3).

Key characters of Albishirin Ku!, in addition to the lead couple, follow:

- **Imam**, who aligned with the insights on the influence of religious beliefs.
- Traditional Ruler and Mother-in-Law, who highlighted the influence of traditional beliefs and social and cultural norms.
- Husbands and Wives, who illustrated the benefits of promoting spousal communication, because Breakthrough ACTION-Nigeria's research found women cannot often act on health decisions without their spouse.
- Health Care Workers, who HCD participants identified as a trusted source for correct health information, alongside traditional rulers.

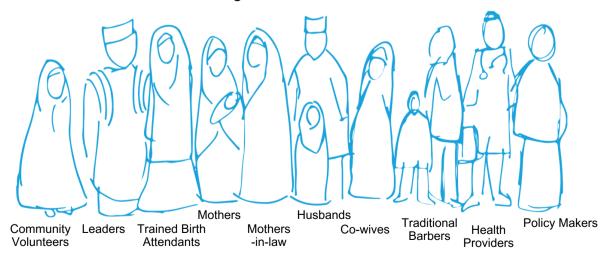


Figure 3. The wide array of Albishirin Ku!'s characters, representing intended audience members.

Albishirin Ku! employed the use of character-driven storylines in the drama design:

- Each season typically had one overarching, character-driven storyline focused on the young couple.
- Other key characters, such as the Imam and Mother-in-Law, had their own minor storylines about their personal journey, given their role in influencing the young couple.

Format

More traditional Nigerian health drama serials are designed for a specific audience segment, with one main plot, with subplots that come through in every episode. The HCD pilot testing led to a very different design. In addition to being much shorter, *Albishirin Ku!* unfolded through a different character's lens each day of the week; each day's segment spoke to a different audience member by using the following elements: a dramatic cliffhanger, a family influencer character, a health provider character, a social perspective of other other friends and family members, and a religious angle (Figure 4). The full 25-minute episode aired over the weekends. Each week's episode featured a different topic (i.e., a health theme with a related social theme). For example, one week focused on family planning and spousal communication in health. The daily change in character perspective allowed the radio program to engage a more diverse audience while addressing its primary intended audience, young couples, enabling them to take positive MNCH and nutrition actions.

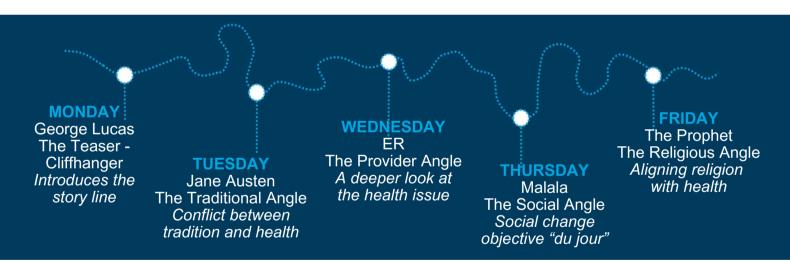


Figure 4. The weekly format of the five-minute segments.



Focus on storytelling

Albishirin Ku! sought to break new ground in telling stories that were in short format and could stand alone as an episode, but would also be coherent as an overall story, where usually the drama serial episodes are longer and fit into an overall narrative, and are not stand alone. This new format required innovations in storytelling. Albishirin Ku! stories are grounded in real-life health and social issues faced by the audience members, ensuring relevance and resonance. Albishirin Ku!'s approach involved crafting narratives first. Script writing workshops would

start with writers pitching their wildest, most interesting ideas first, then the team would figure out how to adapt it to the *Albishirin Ku!* program. After the entertaining stories were written, independent of predetermined <u>SBC themes and messages</u>, then they would be incorporated. This method allowed for the seamless integration of SBC themes and messages into the storyline.

Moreover, *Albishirin Ku!* employs a hybrid approach that blends character-driven and plot-driven storylines, adding depth and complexity to the narratives. By centering each season's overarching theme on the lives and lived experiences of the major characters, *Albishirin Ku!* creates a compelling and relatable storytelling experience that resonates deeply with its audience. The <u>scene treatment</u> demonstrates how Breakthrough ACTION-Nigeria laid out the characters and story scene by scene for each 13-episode season, articulating where the script addresses the desired health area and behaviors (in the example provided, exclusive breastfeeding and spousal communication).

This innovative format prioritizes authenticity, relatability, and narrative depth. By placing storytelling at the forefront and weaving in organically SBC messages, *Albishirin Ku!* effectively captured and maintained audience attention while making a meaningful difference addressing real-life health and social issues.

Script Treatment: Season 4, Episode 1

Monday

The Teaser: This is the first segment of the show. It introduces the story line for the week and ends with a cliffhanger. In addition to introducing the week's theme, the segment builds dramatic tension and interest around the episodes' focal issues.

In this scene of the first segment, a young woman grapples with the demands of twin babies in tears, her husband facing car and job troubles, and an irritated mother-in-law urging her to bear a son. Contemplating the use of child birth spacing, she encounters misconceptions that leave her in a state of confusion regarding her next steps. The segment's tone aims to heighten suspense and captivate the audience's interest.

Tuesday

Family Influencer Perspective: This segment delves into the issue highlighted in the previous "cliffhanger," but from a different perspective. It offers insights into the influence exerted on the subject's opinions by one of the pivotal figures within the family circle. This may include a mother-in-law, mother, sister(s), co-wife, friends, or neighbors, illustrating how their perspectives evolve in response to the unfolding events in the drama.

In this scene, two women contemplate the risk of losing their husbands to a second wife due to the strain of having too many children, as well as the religious implications of using contraception, questioning whether it is considered haram (i.e., forbidden, according to religious law). One of them shares her own experience with contraception to dispel prevalent myths and misconceptions, noting that she hasn't encountered any issues with its use.

Wednesday

Health Provider Perspective: This segment delves deeper into the health theme of the week, offering an expert viewpoint on the technical aspects. Through this scene, listeners embark on a comprehensive exploration of the theme, often set within a health clinic or through private discussions with an expert somewhere within the community.

In this scene, Nurse Laila appears worried and somewhat distracted while at work. Her supervisor, Nurse Grace, notices and encourages Laila to take it easy. Laila then opens up about two issues bothering her: the car she purchased on hire-purchase for her husband, Sabiu, has been experiencing mechanical issues, and she has just discovered that she is pregnant. Nurse Grace congratulates and comforts her, suggesting she take a break, but Laila insists she can still conduct the routine antenatal class. During the class she dispels myths surrounding contraception and addresses concerns about its impact on fertility and weight gain.

Thursday

Social Cross-Cutting Perspective: This segment delves into the complex social issue presented in this case, aligning religious and traditional beliefs with modern health practices. Through thoughtful exploration, the drama invites listeners to examine the interplay between deeply ingrained cultural norms, religious teachings, and the evolving landscape of health care. The scene aims to foster understanding and dialogue around how individuals navigate these intersecting realms in their pursuit of well-being and reproductive health.

In this scene, a husband and wife engage in a candid discussion regarding the wife's decision to utilize postpartum contraception, despite the husband's preference for a less reliable method. They talk about how their faith intersects with their reproductive choices. As they navigate this sensitive topic, listeners witness the couple grappling with the complexities of balancing personal beliefs, familial dynamics, and practical considerations in their journey toward informed decision making.

Friday

Religious Perspective: This segment is crafted to align religious and traditional beliefs with modern health practices and social beliefs in the episode. Through informative discussions and a trusted religious leader's insights, listeners receive clarity regarding commonly held misconceptions. By addressing these misconceptions head-on, the segment aims to promote dialogue, dispel myths, and foster informed decision making among audience members, regarding their health and social practices.

This episode uses two scenes to address the thematic focus. In the first scene, two men engage in a lively conversation, debating the merits of supporting their wives in utilizing childbirth spacing. One of the men offers positive quotes from the Quran that endorse the concept of childbirth spacing. Their dialogue reflects differing perspectives within the community on this important issue.

Following this, in the second scene, the community's religious leader takes to the airwaves during his regular call-in radio program. Addressing the misconceptions raised in the previous scene, he provides a thoughtful response grounded in religious teachings, aiming to dispel any confusion or misinformation surrounding the topic of childbirth spacing. Through his guidance, the community gains clarity and understanding on how religious principles align with modern health practices.



Enable engagement and empower listeners

The *Albishirin Ku!* broadcast strategy differed from the usual system of having a standalone radio show broadcast once a week at a set time. With a once-weekly format, if someone misses the show, they have no way to hear it again, nor are audience members able to interact with the drama in any way.

In contrast, *Albishirin Ku!* was easily accessible for the audience on the radio and through their mobile phones. Every weekday, Monday through Friday, a new five-minute segment and spots aired three times a day, morning, afternoon and evening, on all 26 popular radio stations in the intervention states. This way, anyone listening to the radio at broadcast time heard the show. For Saturday and Sunday, a compilation of the show aired, where all five segments were stitched together into one 25-minute episode. Audience members in neighboring states were also able to listen. Through this strategy, audience members received seven days of entertainment which delivered health and social messages.

The project also partnered with Airtel—one of the largest mobile phone providers in Nigeria—to host the program on a digital platform, which subscribers could access through a toll-free 4-2-1 call. 4-2-1 allowed callers to access all previous episodes of *Albishirin Ku!* and the current episode. This meant people were able to tune in at any time and catch up on any episodes they missed.

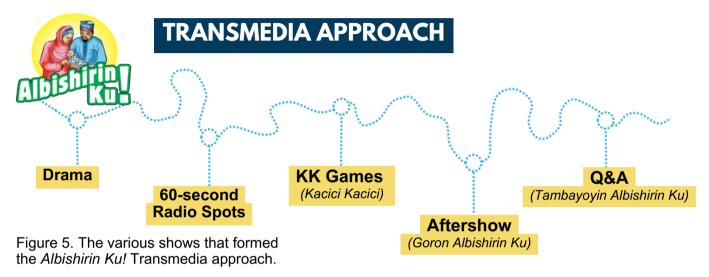


Spotlight on reach and engagement with digital platform:

- From inception till February 2024, a total of 2,536,721 unique callers accessed Albishirin Ku! on 4-2-1
- Total calls: 4,656,857
- Total call time in minutes: 23,657,481

Transmedia approach

Breakthrough ACTION-Nigeria used a transmedia approach built around the *Albishirin Ku!* radio drama, which included one-minute radio spots; an interactive *Kacici Kacici* game; a magazine-format Aftershow; and an audience call-in Q&A program, *Tamboyin Albishirinku* (Figure 5). The project designed the additional content channels and formats to mutually reinforce the social and behavior change objectives promoted in *Albishirin Ku!* and cater to the needs and preferences of a diverse audience. The interactive components reinforced message retention and practice of promoted behaviors.



Radio spots

Content-based radio spots were developed and aired in line with the health issue of the week. These were not directly related to the story but reinforced key health information.

Kacici Kacici (KK) games

On the 421 digital platform, people were also able to play a "choose-your-own-adventure" style *Kacici Kacici* (KK) game. In the game, participants found themselves at the beginning of a story based on the *Albishirin Ku!* dramas. The player decided how the story will unfold; positive choices earned the player points, while negative choices led to a quick game over.

The KK games were very popular.

Across KK's six seasons, the games received:



Albishirin Ku! Aftershow

A daily five-minute documentary-style radio show that features interviews, discussions, and testimonials around issues raised in the *Albishirin Ku!* drama. These interviews include perspectives from young couples, traditional birth attendants, mothers-in-law, pregnant and nursing mothers, community volunteers, health workers, as well as religious and traditional leaders. Breakthrough ACTION-Nigeria co-produced the Aftershow with the radio stations.

Q&A Show, Tamboyin Albishirinku

Media partners in the four states hosted their own live call-in radio show, where an expert answered people's questions based on the *Albishirin Ku!* theme of the week. The shows were co-produced with technical support from Breakthrough ACTION Nigeria.

The transmedia elements enhanced the overall campaign program for three reasons:

Interactive Format:

The transmedia formats both encouraged audience participation and interaction. The Aftershow featured interviews with various stakeholders, the Q&A format allowed listeners to call in and ask questions directly to an expert, and audience members guided their own experience when they played the KK games. This interactivity created a sense of community engagement and dynamic involvement.

2

Engaging, timely content:

All three formats allowed the shows to capitalize on the interest generated by the *Albishirin Ku!* drama series and provide listeners with additional insights and information on the topics being explored.

3

Expands audience/listenership:

The shows leveraged the popularity of the *Albishirin Ku!* drama series to cater to the needs and preferences of the audience segments who are more inclined to non-fiction formats.





Breakthrough ACTION-Nigeria's experience with *Albishirin Ku!* can guide others working in health and development. Practitioners and program implementers can consider the following to replicate this impactful storytelling approach that successfully addressed key social and behavioral determinants of health:



 Community-Centered Design: The HCD approach underscores the value of involving the intended audience in the design and production process. By actively engaging community members in shaping the storyline and characters, Albishirin Ku! ensured cultural authenticity and resonance, leading to greater audience engagement and impact.



 Innovative Format: Instead of following traditional longer radio drama weekly formats, Albishirin Ku! opted for short, daily episodes where the individual episodes were stand alone but were also linked to the overall serial story. This approach allowed for increased broadcast frequency while developing a deep emotional connection with the audience.

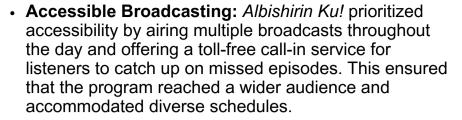


 Multifaceted Narrative Structure: The drama unfolded through a rotating lens that represented perspectives of different influential members of the Socio-Ecological Model, which allowed Albishirin Ku! to resonate across audiences, while working to align religious and traditional beliefs with healthy practices.



 Transmedia Engagement: Utilizing a transmedia approach, Albishirin Ku! extended its storytelling across multiple platforms, including radio spots, interactive games, and aftershow programs. This strategy enhanced audience interaction and provided additional avenues for education and entertainment.







Behavioral Insights and Adaptation: By leveraging insights from the Socio-Ecological Model and HCD, Albishirin Ku! tailored its content to address deeply ingrained cultural norms and beliefs in northern Nigeria. This adaptive approach facilitated behavior change by resonating with the lived experiences of the audience.



 Partnership and Collaboration: The success of Albishirin Ku! was built on collaborative efforts between Breakthrough ACTION-Nigeria, the Government of Nigeria, local radio stations, and a mobile phone company. This collaborative approach facilitated broader dissemination and sustainability of the program.

Additional Resources

For those interested in learning more about the *Albishirin Ku!* and replicating it in their own settings, check out the following resources:

- Videos: Making of Albishirin Ku! and a couple talking about their experience with Albishirin Ku!
- HCD Insights Report
- HCD Design and Test Report
- Albishirin Ku! creative brief, which articulates the overall situation, format, objectives, concept, and structure
- The Albishirin Ku! SBC Objectives Episode Guide, which articulates objectives and messages for each episode
- Story Writing Workshop agenda
- Albishirin Ku! Scene treatment, which lays out the characters and story scene by scene
- Albishirin Ku! season production schedule and timeline
- <u>CCP blog</u> about the KK Games an <u>IVR</u>-based game concept note
- · Concept note for the Albishirin Ku! Aftershow
- Albishirin Ku! Drama Theme Matrix for multiple seasons
- · Audio files of the Albishirin Ku! Radio Drama in Hausa

Other general tools that might be helpful include the radio drama <u>Script Writer's Manual</u> and <u>Program Managers' Guide</u>.

Breakthrough ACTION-Nigeria thanks Kebbi, Sokoto, Bauchi, FCT community members, radio partners, and the Federal and State Ministries of Health for their support. Special gratitude to the United States Agency for International Development (USAID) for their assistance. This success is a result of the collective efforts of all stakeholders, and we deeply appreciate their contribution.

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