Chapter 17:
Building Partnerships in Educational Programming for Healthy Communities

(Excerpt from Part Four: Praxis in the Commonwealth)

Patrick Prendergast of the Caribbean Institute for Media and Communication looks at the key issue of partnerships and collaboration in participatory communication programming and community media (Chapter 17). He identifies the key constituencies associated with learning programmes in Jamaica and Belize and discusses different configurations and how they have changed in the course of training and programme design and delivery.

More information: www.col.org/LearningWithCM
COL’s Healthy Communities programme: www.col.org/HealthyCommunities
Collaboration is central to the community learning programme model advanced by programme specialists and researchers from the Commonwealth of Learning and the Caribbean Institute of Media and Communication. Belize and Jamaica are two Caribbean countries in which community learning programmes are being implemented. Different sites in each country present different scenarios of how collaboration is critical to the success of local, non-formal education programme development.

The community learning programme model identifies four basic groups or levels of partners — learners and community networks representative of them, community media, policy groups, and experts — in the design, implementation and evaluation of non-formal education programmes. Full engagement of these groups strengthens the effectiveness of the process and the quality of the outcomes and underscores the value of the community directing its own efforts in development.

The real purpose of collaboration is to enable the programme to function as successfully as possible to meet the needs and circumstances of different stakeholders. This means a programme that is: a well-produced media product that attracts listeners and sponsors with limited demands on staff (the media outlet); a relevant and accessible learning opportunity that links to existing programmes and resources (target learners and the community associations); and an effective initiative that addresses priority issues and results in clear, measurable changes in health indicators (as reported by health authorities).

The experience in both Belize and Jamaica is one in which collaboration has evolved from leadership by the community media groups to a more broad-based collaboration with greater involvement of other groups identified in the programme model.
Collaboration among key stakeholders is an essential aspect of the community learning programme model, as has been shown in Belize and Jamaica.
The Belize experience in collaboration

In Belize, initial programme development was driven by Radio Ak’Kutan, an indigenous radio licensee based at an alternative school, and decision-making about programme production was largely determined by the station’s own operating circumstances, including a lack of structured operation procedures, a constant struggle for basic operational funding and the associated patchwork of paid and volunteer staffing. While the main product — a radio programme about healthy lifestyles broken down into distinct weekly episodes — met basic standards of radio production, it did not effectively capture critical learning objectives of the local health authority or engage members of the target audience in a dynamic fashion, either to identify problems or find solutions.

The gap between programme outputs and community needs narrowed as more active roles were taken by other stakeholder groups in the design and production of the second phase of the programme. With inputs from the Toledo Maya Women’s Council (a non-governmental organisation [NGO] dedicated to advancing the cause of indigenous Mayan women in Toledo) and local health authorities, the programme engaged more directly with women in the target learner group. As the programme began to investigate the lived experience of women in managing their healthcare (and that of their families), it led to a greater appreciation of cultural context and its role in healthcare delivery. Topics included problems, beliefs, the influence of gender, and economic relationships, and awareness of these in turn influenced the entire production process. As a result, radio content and dialogue have been enriched and more appropriate responses are being found to relevant problems.

The Jamaica experience in collaboration

In the rural Jamaican farming community of Jeffrey Town, the local farmers’ association, which owns and operates a local community media centre, led the process from the initial stages of programme planning and design. As in Belize, programme content met reasonable technical quality standards. However, largely independent management of the overall programme process resulted in big gaps between the educational value of the programmes and any learned knowledge or social actions of the target learners (mothers and parents and guardians more generally).

Me & Mi Baby and Me & Mi Baby Too, two series each comprising 13 half-hour episodes, promoted key messages around maternal and child care practices. Centred on a six-day workshop that combined collaborative message design and other decision-making about the programme (including format, name, etc.), the design process saw some active
participation from local stakeholder groups. However, active participation was limited in the production and delivery stages of the programme compared with what went on during the initial design and training.

Based on lessons learnt in phase one, planning for the second of the two series introduced a deliberate strategy to expand and deepen collaboration by enlisting the active involvement of several listener-learner groups (made up of members of the target audience, mostly new parents), community health educators, and staff from the regional health authorities (Ministry of Health). In the renewed configuration, the roles of different parties were made clearer (for example, local health authorities screened each episode prior to airing) and contributions by each party were equally valued. The participation of health authorities was regularised through a more active and critical role in the production and delivery of radio content and further through off-air support activities such as playing back programmes in local health centres and during support group meetings.

As Beverley Samuels, a senior registered nurse with the health authority and an active participant in the design and management of the Me & Mi Baby Too programme in Jeffrey Town, affirms, “Collaboration allows for sharing stories, whether based on positive or negative experience, which helps us look at means of improving the service we give.... We are hearing from people and other partners so we can plan with and for them. We tend to think that we can only get these sort of educational programmes produced overseas and most times we have to modify those because they are not culturally relevant to our situation; so this is a novel idea” (27 July 2011).

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