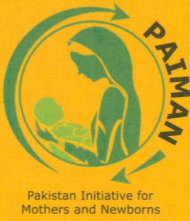




USAID
FROM THE AMERICAN PEOPLE



PAIMAN

behavior change

communication:

matching

diversity with variety

The dancing
agents of
change:
PAIMAM
Putlee
Tamashas

Introduction

Strategic design is one hallmark of successful health communication programs [1]. It involves the selection of appropriate channels, identifying appropriate formats, and, developing effective messages. One of the effective health communication strategies is Entertainment-Education (E-E) defined as purposely designing and implementing a media message to both entertain and educate in order to raise knowledge, create favorable environment and change overt behaviors [2]. The media access of the people of Pakistan is variable. This was highlighted

by the baseline household data of P a k i s t a n Initiative for Mothers and Newborns (PAIMAN) that described <10% access in districts like upper Dir and Buner and >80% in Rawalpindi [3].

This baseline made it evident that PAIMAN drama series and music video; the two major E-E interventions involving mass media will not have a 100% reach. In order to reach out to those who would not be able to see MNH messages on the TV screen, the BCC team experimented with putlee tamasha in certain project districts. Putlee Tamasha, a form of performance puppetry, is a

Century's old art form which extends to some of the remotest areas of Pakistan with wide appeal. It combines storytelling, song and dance into entertaining village performances. As such, Putlee Tamasha creates an ideal opportunity for integrating health messages in subtle, compelling ways among villagers.

Methods

PAIMAN developed the intervention by blending the colors and sounds of the puppets with clarity and appeal of health messages. Adetude; an advertisement agency having the experience of working with puppeteers was engaged. They identified Puppeteers who could conduct this kind of shows. The team incorporated simple MNH messages on availing at least 4 ante-natal care (ANC) visits, preparing for 3-delays, early post partum care for mother and newborn and early initiation of breastfeeding into the scripts. It took time and many rehearsals to get these illiterate artists memorize the health messages. Finally the training was completed after which the show was pilot tested in one PAIMAN district; Jhelum.

Based on the findings of the pilot, it was decided to upscale this intervention. Given the cultural sensitivities, the shows were deemed inappropriate for the districts of Upper Dir and Buner. Of the remaining, the two southern districts



from Punjab and the districts from Sindh and Balochistan province qualified for the intervention. Since the available group could hold shows only in Punjabi language, the districts from south Punjab namely Khanewal and Dera Ghazi Khan (DG Khan) were selected. It was decided that these shows will be held in areas of the district not being covered by the support groups of Lady Health Workers. This would enable the project to reach out to the real 'information-deprived' segments of the population. Adetude team liaised with the local PAIMAN partners to finalize venues and other

logistical arrangements.

The putlee tamasha team paid meticulous attention to publicize and conduct the event with minimum flaws.

Poster placement at public places, door to door visits of LHWs, and announcements through local drum beaters about the time, venue and other details of the show were used. Prior to the show, the team informed the audience that they will be requested to respond to a questionnaire after the show. The pre-tested questionnaire in Urdu language asked questions on whether the audience liked the show and whether they were able to follow the messages on mother and child health, importance of ANC, preparing for 3 delays, post partum care for mother and the newborn, proper wrapping and early initiation of breast feeding to the



baby. Those unable to write were offered help by the volunteer health workers present on the occasion. It was also announced that a prized MNH quiz show will be held after the questionnaire recollection. The quiz shows increased participant interest in the shows and ensured high percentage of responses to the questionnaire. Findings from the audience responses collected after the show held in Khanewal and DG Khan during 23rd June-9th July 2007, and the costs involved are being presented in the results section.

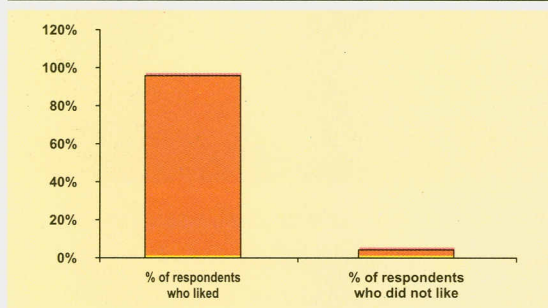
Results

The team conducted 81 shows in the DG Khan and Khanewal districts of Punjab. Overall, about 5,000 villagers watched these shows with 50-70 males and females attending each show. A total of 2200 questionnaires were distributed among the males and females of reproductive age group after the show in both the districts. Out of these 1601 got a response. Among the respondents, 704 were female and 897 were males. Almost 15% of the locals were able to answer to the questionnaire without any assistance. The rest were assisted by LHV and LHWs who read out questions for them in the vernacular (Punjabi/Siraiki)



according to the situation. Overall, 96% (n=1539) of the audience liked the show while 4% (n=62) had a contrary opinion (Figure 1).

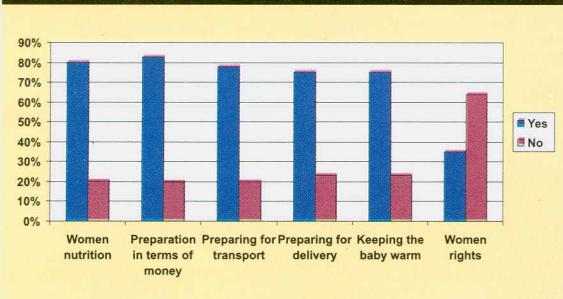
Figure 1: Appreciation of the show by the audience in percentage (n=1601)



Questions were asked about the specific MNH messages incorporated in the story line. More than 75% of the male audience were able to follow all the messages except one on women rights that was understood by 30% (Figure 2). Among the females, 75% or more were able to understand all the messages while one message on women rights was understood by 35% of the respondents (Figure 3).

Figure 2: Percentage responses of males on whether they were able to understand various messages (n=871)

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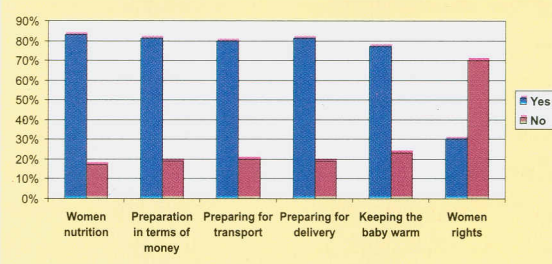


The putlee tamasha team was able to make a direct contact with more than 80% of the

audience which helped in breaking the barriers and asking some open ended questions. About 75% of the audience liked the health messages delivered through these shows while their liking of the entertainment content was variable.

Figure 3: Responses of females (percentage) on whether they were able to understand various messages (n=668)

Figure 3: Responses of females (percentage) on whether they were able to understand various messages (n=668)



On an average, PKR 243.00 (\$ 04.00) was spent on conducting and evaluating the show for one person. Details of these expenses including per show and per person cost are being provided in Table 1. The cost incurred on only the entertainment part was less and amounted around PKR 120 (\$ 02.00).

Table 1: Details of audience reached and expenditures incurred

Total no. of shows conducted	81
Total no. of participants	5000
Average no. of participants per show	62
Average per show expenses on entertainment, logistics and evaluation (PKR)	15063
Average expenses per participant (PKR)	243

Discussion

The *putlee tamshas* conducted by PAIMAN in the districts of Khanewal and D.G Khan have been successful in generating awareness on MNH issues among the information



deprived masses. The entertainment aspect of the shows captured the people's attention and they were able to understand most of the MNH messages incorporated in the script. Their interest in the quiz program after the show, ability to recall the technical messages and their positive response about the prospective shows reassure that this form of E-E is appreciated by the target population of PAIMAN.

One additional advantage of *putlee tamasha*, as opposed to TV, radio or print, is that shows occur in a community space. Recognizing that social norms are embedded within communities and societies, the mere fact that the shows take place within a community forum strengthens the potential impact of messages when they are well received. As the evaluation indicated positive reception of the messages, the community connectedness component of this activity suggests potentially more significant and longstanding impact. As communication research indicates, social networks are powerful mediums that shift and maintain social norms. The PAMAIN *Putlee Tamasha* is a good example of combining



the power of social networks with an entertaining and educational format to cultivate change.

These *putlee tamashas* have proved to be a cost effective medium. It took \$ 02.00 to reach out to a rural individual and to leave a lasting impression on his/her memory. The easy execution and significant cost benefit ratio signify that *putlee tamashas* should be considered for additional PAIMAN districts and can be a useful intervention for other health programs in the country.

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Partnering with Journalists to Redefine MNH in the Media: The PAIMAN experience

Introduction

Media plays an important role in agenda setting. This occurs because of the centripetal effects of the many ripples that it generates. A powerful news story has its direct impact on the policy makers. The same story read by masses results in a raised level of awareness causing more pressure on the policy. This story is also read by editors, columnists, and fellow reporters generating more write-ups that keep the issue alive and add to the pressure [1]. Development workers have emphasized on establishing long lasting partnerships with the media professionals [2, 3].

Two primary reasons for this deficiency consist of 1) overwhelming gravitation toward political issues among communications/journalism curricula, faculties, and media entities and 2) an overly medicalized approach to reporting. From newsrooms to universities, health and social issues tend to be treated as “soft” beats, and move down the reporting priority list. Secondly, when faced with unexplained health questions, journalists tend to seek clinical doctors for answers. Operating from a narrowly medical framework, the doctors provide information that is often not well understood by journalists, let alone by the general public. Furthermore, the framing of the issues omits practical, preventive health information/messages, which may be useful for the general public. Recognizing the need to sensitize journalists on accurate and sensitive health reporting in general, and MNH in particular, PAIMAN designed and conducted a set of strategic interventions for journalists and media entities throughout the past year.

Methods

PAIMAN identified a local organization 'Intermedia' having the experience of conducting trainings for journalists. Lists of journalists from print and electronic media belonging to all the 10



Prior to working with PAIMAN, the Pakistan Media lacked a basic understanding of and ability to report effectively on health issues, including maternal and newborn health (MNH).

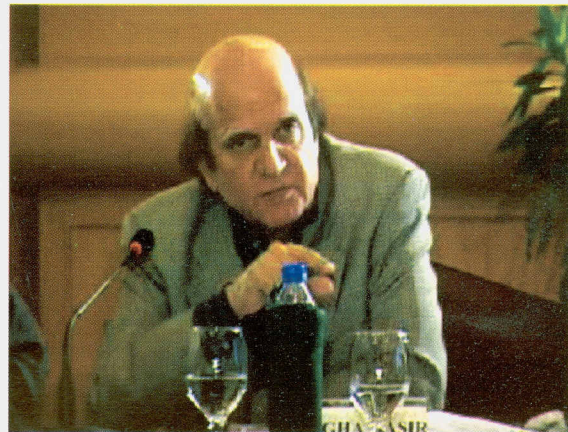


PAIMAN districts, provincial capitals and the federal capital were developed. A list of editors, columnists, TV anchors and media owners was also prepared to hold a separate sensitization session for them. PAIMAN and Intermedia also worked together on developing a training module which included a reference manual for journalists, power point presentations and reading materials highlighting various MNH issues. In addition, the team identified resource persons including senior journalists and editors, and MNH experts to facilitate the training sessions.

PAIMAN in association with Intermedia conducted training workshops for journalists belonging to print and electronic media. During these trainings, the health experts apprised the participants of the prevalent MNH situation in the country followed by senior journalists who explained how these technical issues could be converted into a 'hot' story. Contact details of various MNH experts belonging to different parts of the country were provided to these journalists for ready reference. A network of Alumni of these workshops was also formed. These alumni

reported various MNH issues from different parts of the country which were published in national and local newspapers and magazines, and aired by respective television and radio channels. Intermedia also developed a system to keep track of these print and electronic media stories on the subject.

Realizing that working only with reporters was not enough and project needed to take on board the senior media professionals also, a sensitization session with the higher tier of newspapers and electronic channels was also conducted. Eminent editors, senior columnists and media owners attended this session which was moderated by a renowned TV anchor. Presentations on maternal and

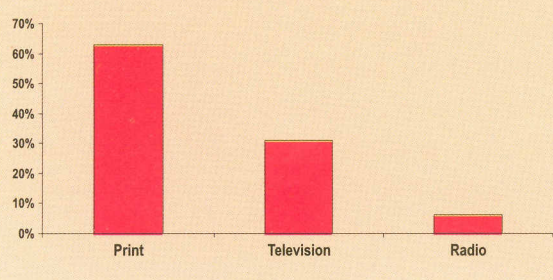


newborn health situation were given by two renowned scholars followed by a detailed discussion. The event was also recorded by a private TV channel to be aired on their network without any charges. As part of the advocacy efforts, an award was also announced for best English and Urdu newspaper stories and best television and radio documentary reports on MNH. The award distribution ceremony was held in November 2007 in Lahore.

Results

Four training workshops each spanning 3 days were conducted in various cities of all four provinces. A total of 112 journalists belonging to print and electronic media were trained during these workshops. A break-up of this number can be seen in Figure 1.

Figure 1: Various sections represented by the participant journalists (n=112)



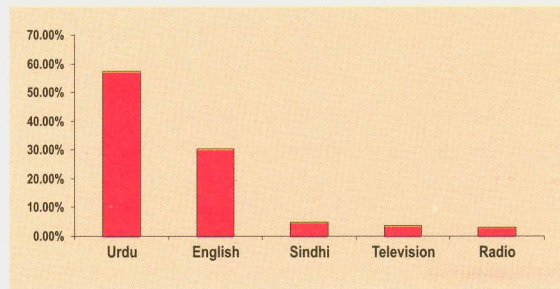
Participants' feedback on the overall training and its various components was obtained through post-training feedback forms. They appreciated the initiative and acknowledged that their knowledge and understanding of MNH issues had increased. Some of the comments received during and after the workshop are being shared in Table 1.

Table 1: Participant feedback on the training

No.	Name	Organization	Comments
1.	Ashfaq Yousafzai	Dawn, Peshawar	"Using the information and knowledge during the four-day training on MNH, I wrote a story and next day received a phone call from my Editor who asked for more data to write an editorial on the issue."
2.	Hamid Javed	Daily Jang, Lahore	"I did a story on MNH situation for my newspaper. The very next day, my news editor and colleagues asked me to do a detailed report for the week-end magazine."
3.	Mahnoor Syed	Indus Television	"I never thought that this (MNH) issue can give n time on my television, but when after attending the training I discussed it with my Program Director, he was more than happy and encouraged me to do exclusive TV shows on this issue."
4.	Zar Nigar	Pakistan Television (PTV)	"Logistical arrangements we re excellent and the material provided for reading was quite helpful and informative. Overall, it broadened my vision with respect to MNH and related issues."

Overall, 190 stories on MNH were documented during 2006-2007 (Figure 2).

Figure 2: Break up (%) of print and electronic media stories (n=322)



160 stories were contributed by the journalists trained during the workshops on MNH reporting.

Figure 2: Break up (%) of print and electronic media stories (n=190)

Table 2: Senior journalists who attended the roundtable and shared views

No.	Name	Comments/Commitment
1.	Munnoo Bhai (Columnist Daily Jang)	There is a need for changing the present system and giving respect to women. Only then the country will retain its respect in the comity of nations.
2.	Talat Hussain (Aaj TV)	This is an issue of women and newborn. If we could set any target for solving it, then probably, we can improve the situation.
3.	Ata-ul-Haq Qasmi (Columnist Daily Jang)	If there is rule of law and the existing laws are properly implemented then probably these things will not occur.
4.	Agha Nasir (Director Geo TV)	We have spent 60 years of our independence, but this problem is still unresolved
5.	Haroon-ur-Rasheed (BBC Urdu service)	It's a matter of perception and courage. We all have been moving with the tide of time never paying attention to such problems.
6.	Adnan Rehmat (Internews)	Today if the masses understand the meaning of the most difficult legal issues and laws, why health issues cannot be made understandable for them.
7.	Arshad Zuberi (Business Recorder)	This is a very important social issue. MNH is the responsibility of the society and creating awareness among the masses is the responsibility of the media.
8.	Ms Sheher Bano (Daily The News)	We will work to create demand by the public for political parties to include health as a priority agenda in their manifestos for the next election.

The roundtable for editors and media owners was held on September 2, 2007 and attended by 29 senior media persons. Notable columnists, intellectuals and media gurus were present in this one-day sensitization event. Names and comments of some of the participants are being provided in Table 2.

Discussion

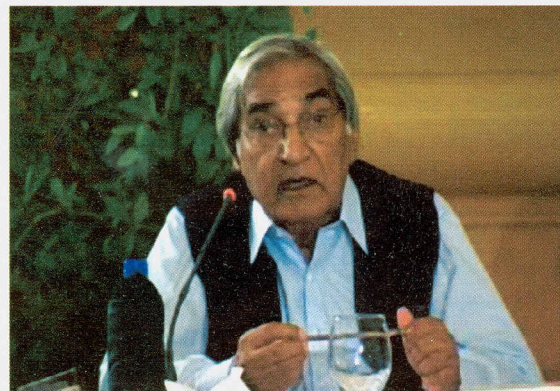
The advocacy intervention has worked well in bringing MNH on to the media and policy agenda. At least 190 print and electronic media stories on MNH were published/broadcast during the period August 2006-December 2007. Out of these, 86 were contributed by professionals who were not participants to these workshops highlighting that the output of these trainings had a multiplier effect generating a response from the non-participant journalists as well.



A c t i v e participation, comments and subsequent contributions of media gurus also proves that this initiative has been effective. A number of policy statements on

MNH are also a sign that media stories have triggered a policy response. The GOP is giving a greater emphasis to MNH. Various press reports and govt. actions are a testimony. A National Maternal Newborn and Child Health program is being launched. A thorough analysis however is required to establish the causality.

Prevailing political situation in the country impacted adversely on the outcomes. *Aaj TV* could not air the TV talk show recorded during the roundtable with editors and senior media persons because of the every-



day developments on the political front. Follow up calls with some of the attendees of sensitization session revealed that they felt continuously overawed by the happenings on the political scene of the country. Otherwise they could have contributed more stories and columns on the subject.

The overall results however are encouraging and underscore the need for projects to formulate long-term partnerships with media.

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Using Camera to Influence Policy: PAIMAN District TV Talk Shows

Introduction

Individual and community health behaviors change as a result of providing actionable information and enabling environment [1]. Advocacy helps in creating the latter. Piotrow et al [2] have elaborated the importance of involving policy at the beginning of any program and at the very first step in the “P” (planning) process [3] of communication program development. Once policy and decision makers are engaged, communication research suggests that advocacy efforts should continue throughout program implementation to ensure long-term, sustainable change.

Health projects conduct a range of activities to lobby with policy makers, to mobilize people to create pressure, and to develop public-private partnerships. These include meetings, presentations, sharing advocacy materials, seminars, writing letters, involving media etc.

Conducting these activities may seem easy but galvanizing consistent and long-term political commitment is no small feat. Advocates of the social change feel that some times the closed-door nature of the meetings or the limited audience of seminars becomes a weak point of the advocacy efforts. The commitments made by policy appear as if being denied or simply forgotten. Indeed this challenge comes due to shifting administrations, conflicts of interest, political agendas, and the complexity of policymaking process.

In this background, and with a rapidly evolving influence of TV channels, Pakistan Initiative for Mothers and Newborns (PAIMAN) innovatively harnessed the power of television to successfully generate political will and commitment at the district level, the heart of the PAIMAN program.

Methods

Several strategic planning steps were observed by the PAIMAN Behavior Change Communication (BCC) Team in the initiation of this activity. The BCC Thematic Group discussed and finalized the concept. PAIMAN paid careful attention to the political sensitivities of this activity and took all efforts to ensure that District Nazims were comfortable with the process at every stage. Letters were written to district Nazims and officials of health department asking whether they would like to participate in





a TV talk show that will be aired on the national circuit. Follow up phone calls were also made where necessary. After getting an affirmative response, an advertising agency was hired for production of this show.

The team developed detailed plans for recording each show. Dates and time were communicated to district participants much before the recording. The recording team arrived in the district one day before the show and visited various health facilities of the district to record short documentaries on district maternal and newborn healthcare situation. The documentary process involved visiting local health facilities, interviewing key personnel and observing relevant activities. Recording of the show was held on the next day. District Nazims and officials of health department were invited as the panelists while common citizens participated as the audience to the show held in the district town hall. The show started with showing the documentary after which the anchor invited discussion by the participants. In each district, the show featured three panelists discussing their plans to improve the MNH situation in their area, while host invited members of the audience raise their questions and concerns

publicly on the show. The team recorded a total of ten (10) shows, one for each of the PAIMAN districts, completing the series by October 2006. After editing and finalization of the episodes, the Talk Show Series was aired on ATV (a terrestrial channel) from April to June 2007.

PAIMAN conducted an independent evaluation of the Talk Shows six months after the broadcast. Interviews were conducted with the Nazims and officials of district health department who had appeared in the show. The objective was to measure the retention level of the respondents regarding commitments they made, gather information on any progress in the context of MNH in respective districts, and understand and analyze the effectiveness of using such a media tool (TV) for advocacy, accountability and development at the district level. PAIMAN hired an experienced consultant who watched all the episodes and developed a list of open-ended questions in consultation with BCC team of PAIMAN. She visited all the PAIMAN districts and interviewed all available panelists. The interviews involved note taking and in some case, tape recording of the interview. Findings from these interviews are being presented here.

Results

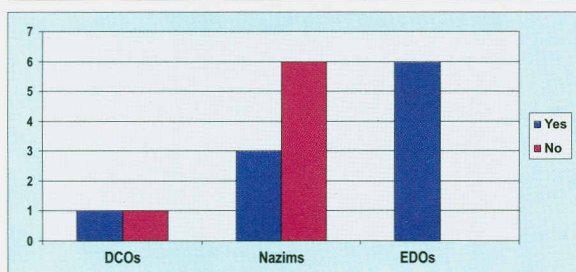
A total of 20 interviews were conducted in ten districts. Nine out of ten Nazims were available for interview as Nazims are the elected representatives of the district and their position is not transferable. Eleven panelists present in the programs were not available as they had been transferred elsewhere since the recording of the program.

Table 1: Interviewed Panelists According to Program Districts

Name of District	Panelists Interviewed	Total Interviews
Upper Dir	<ul style="list-style-type: none"> District Nazim DCO EDO - Health 	3
Buner	<ul style="list-style-type: none"> District Nazim EDO - Health 	2
Rawalpindi	<ul style="list-style-type: none"> District Nazim EDO - Health 	2
Jhelum	<ul style="list-style-type: none"> District Nazim EDO - Health 	
Khanewal	<ul style="list-style-type: none"> District Nazim IMS - DHQ 	2
Dera Ghazi Khan	District Nazim not present in the panel and other panelists transferred since the program recording	0
Sukkhur	<ul style="list-style-type: none"> District Nazim 	1
Dadu	<ul style="list-style-type: none"> District Nazim EDO - Health Civil Surgeon - DHQ 	3
Lasbela	<ul style="list-style-type: none"> District Nazim DCO EDO - Health 	3
Jaffarabad	<ul style="list-style-type: none"> District Nazim MS - DHQ 	2

Among those who were available for interview, six were Executive District Officers (EDOs) health and the remaining five were associated with the civil or district hospitals in their respective districts (Table 1). Among the respondents, all EDOs, three district Nazims and one DCO had seen their district programs (Figure 1).

Figure 1: Number of respondents who reported watching the show



More than 2/3rd of the respondents felt accountable after being in front of a camera and wanted to carry out work in the field of MNH. In Buner and Upper Dir districts, the District Nazims and other panelists took the program very seriously and held internal discussions amongst themselves to assess

their performances in the TV talk show and the progress being made in the sector of MNH. District Nazims of Lasbela, Dadu and Jaffarabad thought that their TV appearance had little affect on their accountability status in this regard and they would have carried on with their district health activities even without being on the TV show.

All the respondents were aware of the program subject and remembered most of the points discussed during the show. Twelve out of twenty respondents pointed out that ATV should not have been the choice for the program, as it was not widely watched by the local population. Some of the Nazims conceded that no serious notice was taken regarding MNH after the program. The district councils in four districts discussed the issue of Mother and Child Health as part of the district council agenda. The majority of panelist EDO and MS however said that there was talk about the program subject and how it related to their district. A few EDOs gave a list of projects or activities carried out after the program had been telecast, but conceded that these activities were already in the pipeline and not related to the impact of the TV show.

Discussion

PAIMAN TV talk shows have been effective in influencing district health policy makers. All the panelists remembered the issue of MNH one year after their participation in the program. Discussions on the topic were held in the district council and EDO office in various districts, in the aftermath of the program. The officials of district administration and health department appear more effected as compared to the

elected Nazims. Certain relevant decisions were implemented by the health departments in various districts. The participants felt a sense of accountability after appearing on TV screen to make pledges on improving the MNH situation in their district. The respondents appreciated this advocacy initiative and expressed their desire to participate in such shows in future as well.

The Show provided a “high profile” platform for the stakeholders, thus increasing the interest and level of participation. With the



exception of the Nazims who had appeared on TV earlier, most of the remaining panelists got the first ever exposure of TV camera and national circuit. TV

camera and crew rolled into some of the districts for the first time ever which was an 'achievement' in itself for the district officials. This heightened their level of interest in PAIMAN and its activities, and can contribute to a higher level of cooperation with the project and ownership of the issue of MNH.

The terrestrial channel ATV; chosen for its lower rates, did not go well as most of the intended audience informed they were not in a habit of watching ATV. Similarly information dissemination about the airing schedule needed more effort at the district level. Many of the Nazims could not see the

show from their district and could not undergo the thrill of watching their program being broadcast at the national circuit. This learning will be useful for the 2nd phase of these talk shows for which a strong approval was given by all the respondents.

The fact that some of the respondents, especially elected representatives reported feeling little difference in their level of maternal and newborn health accountability after appearing on the show is also important. This further reinforces the notion that policy makers require continuous advocacy in order for long-term improvement and change to occur. Health programs need to engage with them on a sustained basis in order to create an enabling environment for health promotion and health care.

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Reaching the Difficult to Reach through Ulama: The PAIMAN Experience

Introduction

Allah Ho Akbar; Allah Ho Akbar... (God is the greatest of all) the well-known melodic call from the mosque for Friday prayers responded by large congregation of men was the inspiration behind connecting with Ulama (religious scholars) into an important health issue. Pakistan Initiative for Mothers and Newborns (PAIMAN) involved these influentials of the Pakistani society in order to take maternal and newborn health (MNH) messages to the difficult to reach communities. This vital role of local culture and religion in defining attitudes and practices around MNH has been

for spreading MNH messages and mobilizing communities on maternal and newborn health.

The need for working with *Ulama* was also highlighted by the Baseline Research data of PAIMAN project [2]. The data proved that communities from Districts of Upper Dir and Buner of the North Western Frontier Province (NWFP) generally had minimal access to conventional sources of communication. Pockets of this minimal access also existed in the remaining PAIMAN districts belonging to the other three provinces. Religious scholars in these communities seemed to enjoy maximum penetration and boundless reverence from the followers. PAIMAN engaged with religious scholars first in the two districts of NWFP and then in four districts of the Punjab. Experiences from this productive engagement are being presented here.



pointed out by experts [1] from other countries as well. *Ulama* (religious scholars) were therefore proposed as one of the key target audiences in Communication, Advocacy and Mobilization (CAM) Strategy of PAIMAN

Methods

PAIMAN piloted the *Ulema* project in the districts of Upper Dir and Buner. It identified National Research and Development Foundation (NRDF); an organization with significant experience of working with religious leaders. Detailed discussions were held after which both the organizations chalked out a plan of engaging with religious scholars. The team decided that senior male and female clerics, leaders and *Aimma* of mosques will be involved at the beginning so that the project gets instant acceptability by the followers.

The team conducted the pilot in NWFP from June 1, 2006 till March 30, 2007. Positive feedback from the district Nazims, field office managers of PAIMAN, officials of health department and senior *Ulema* gave the BCC program confidence and provided an evidence to upscale the activity. The new phase started from July 2007 and is in progress till today. During this phase the work of *Ulema* project is being extended to four districts from Punjab (Rawalpindi, Jehlum, D.G.Khan and Khanewal). PAIMAN is continuing its support to the existing network of *Ulema* in NWFP at the same time.

A more structured strategy has been adopted for designing and implementation of this phase. The process is iterative with every step monitored. The strategy includes the following steps:

Formation of Central Shoora

This five member central committee includes members from NRDF and senior *Ulema* from the pilot phase. The *Shoora* takes lead in all key issues of the project. Decisions like selection of and meetings with *Ulema* of national, provincial and district stature for reaching out *Ulema* belonging to target district are made during the meetings of *Shoora*.

Senior Ulema Consultants

Senior religious scholars from all major sects have been selected to form a fifteen member pool of consultant *Ulema*. Member/s from this group is/are hired as required to give input at different phases of the project. Involving all the sects at this level broadens the project

vision and ensures wider acceptability.

Mapping

Central *Shoora* in consultation with the BCC team finalizes the selection criteria for mapping of *Ulema*. Based on the selection criteria, the mapping of *Ulema* around 13 health facilities upgraded by PAIMAN and 15 selected Union Councils (UCs) of the districts have been completed during this phase. A total of 274 *Ulema* were identified. Table 1 shows distribution of selected *Ulema* in the target districts.

Table 1- Showing sect wise distribution of identified Ulema in the target districts of Punjab

Districts	Tehsil	Facilities	UCs	Identified Ulema				
				Brailvi	Deobandi	Ahlehaddees	Ahletashee	Total
Rawalpindi	3	4	5	29	20	0	4	53
Jehlum	3	3	1	34	9	2	0	45
D.G. Khan	2	3	8	61	51	16	13	141
Khanewal	3	3	1	10	17	4	4	35
Total	11	13	15	133	97	21	21	274

District Pool of Ulema

After mapping, members of the Central *Shoora* visit the *Ulema* identified during mapping, sensitize them and form a group of 4-5 well known *Ulema* at district level. Criteria for inclusion of these *Ulema* include the amount of influence they carry and the degree of interest they show towards working on MNH. This group provides support and guidance to *Ulema* at UC level.

Individual Meeting at UC Level

Members of central *Shoora* and the district pool conduct meetings with *Ulema* by visiting their mosques and seminaries. Objective for individual contacts is to introduce MNH to these *Ulema* and take them on board. Members of the central *shoora* also meet with at least 50%

of *Ulema* at UC level in order to ensure quality of work and uniformity of the messages. These individual meetings serve as the central pillar to the project. *Ulema* are mobilized during these meeting to deliver messages on MNH through Friday sermons.

District Convention

NRDF conducts district level meetings/conferences to sensitize and bring all selected *Ulema* in the each district at the same level. During these conventions advocacy materials (developed during the pre-testing phase and modified during the current phase) and monitoring tools are shared with the participants for reference and use. Central *Shoora* (during district meetings) mobilize *Ulema* to disseminate MNH messages through Friday Sermons and individual discussions/contacts.

Friday Sermons

The *Ulema* sensitized during the meetings and district convention talk about the importance of maternal and newborn health in their Friday sermons. Explaining the issue in a religious perspective, they briefly talk about the responsibility of males towards taking care of their dependents. As informed during the sensitization meetings, they also talk about availing four ante-natal care check-ups, preparing for three delays by arranging money, transport, health provider and facility before hand, and the importance of post partum and early newborn care.

Monitoring and Evaluation

Planned monitoring and evaluation of all phases is the cornerstone of the expansion phase. NRDF in consultation with PAIMAN has developed the monitoring and reporting instruments. These include a detailed structured note on the first sensitization meeting which is filled by the monitoring

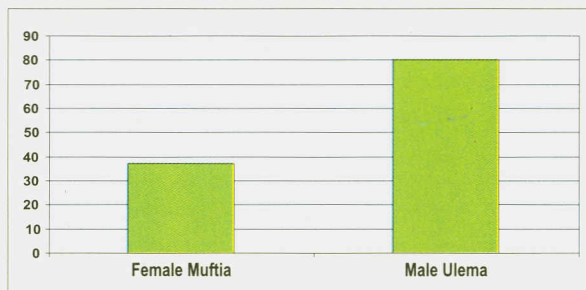
officer who accompanies the visiting team for this purpose. A Performa is also filled and submitted by the relevant scholar after delivering the sermon. Approximate number of people in the congregation, time given to MNH issue and the type of issue discussed are entered on to this Performa. Monitoring and reporting of other activities like meeting of district pool of *Ulema*, sermon by female *Muftia* and the visits of NRDF team is also done. Audio and video recording of the event will also be performed where feasible. Final evaluation which is being designed will also be carried out upon completion of the project.

Results

PAIMAN got a positive response from the community and especially from the higher levels of society for its work through religious scholars in the districts of Upper Dir and Buner during the pilot phase. District Nazims and officials from the health department described this work innovative and response of the public amazing. *Khutbaat* by the contacted *Ulema* on MNH issues in light of Islam were received with interest by the audience.

Table 2 describes the number of *Ulema* involved, sermons delivered and individuals reached through these sermons during the pilot phase.

Figure 1: Number of daroos delivered by female Muftia and male Ulema during pilot phase (Total=117)



Focused discussions were held around MNH issues during large congregations by female muftia and Ulema. These sessions were attended by more than 7000 participants. A break up of sermons delivered by female Muftia and male Ulema attended respectively by female and male audience is being provided in figure 1.

Table 2: Number of Ulema involved, daroos delivered and individuals reached during the pilot phase

Category	Number
Ulema involved	200
Daroos (Sermons) delivered	117
Individuals reached	7000

PAIMAN also succeeded in establishing a network of *Ulema* to bring on-board scholars from different Islamic schools of thought during this pilot phase. This was proved by the *Ulema* conference attended by more than 200 religious scholars.

Preliminary results from the expansion phase gauged from the monitoring and quarterly reports also show encouraging results. Intervention so far has not faced any resistance from the community or the Ulema in any of the new four districts. In addition all major sects have been successfully involved and senior Ulema are providing support to the project activities.

Discussion

PAIMAN has successfully involved Ulema in the activities of improving maternal and newborn health situation in the targeted districts. The Ulema appreciated the importance of taking care of the mothers and newborns presented to them in the light of religion and accepted it as their duty to disseminate relevant knowledge to the communities. The ability of the project to convert religious scholars into staunch MNH advocates will help mobilize communities in an effective way. PAIMAN not only identified *Ulema* as one of the target audiences but also tested them as an effective channel to reach out *Ulema* and communities with MNH messages. This testing

was done in conservative districts of Upper Dir and Buner. Having unique characteristics, both conventional and unconventional channels of communication for reaching out communities with MNH messages in these areas were either absent, ineffective or inaccessible [2].

Similar encouraging results have been reported from other countries where religious scholars were involved for advocating MNH. In Uganda [3] religious leaders involved under the umbrella of faith-based organizations addressing interventions for pregnant women proved beneficial for advocacy purposes. The formative research findings from a health project in Nigeria [4] also highlighted religion as one of the enabling factors for mobilizing communities for better use of existing MNH services.

Formal evaluation of the *Ulema* Intervention in Punjab will be conducted upon completed of the expansion phase and will be a pre-requisite for expanding it to still other PAIMAN districts if required. The evaluation results are expected to generate knowledge and insights for PAIMAN as well as other similar projects planning to work with *Ulema* in Pakistan on maternal, newborn and other health issues.

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