Creative Brief

**Television Talk Shows**

Empowerment Voice and Accountability for Better Health and Nutrition (EVA-BHN)

1. **Empowerment Voice and Accountability for Better Health and Nutrition**

Empowerment, Voice and Accountability for Better Health and Nutrition (EVA) is a five years project funded by DFID Pakistan. Its main objective is to increase the demand for better Reproductive, Maternal, Newborn and Child Health (RMNCH) services and nutrition and to empower citizens to hold service providers accountable. Women, girls and children with the greatest needs and from underserved backgrounds are prioritized. EVA, essentially, complements the supply-side interventions by increasing demand and strengthening mechanisms for greater and effective citizen participation and monitoring of health services.

1. **Product**

EVA plans to produce a 5-7 episode television talk show aimed at pre-election advocacy for RMNCH with federal and provincial governments,in particular of Khyber Pakhtunkhwa (KPK) and Punjab. The talk showsare to be broadcasted on a leading news channel during primetime hours. The talk shows broadly will focus on reproductive, mother and child health services and nutrition issues and highlight their importancefor citizenry as one of the mainstream issuesfor the present and future governments to be conscious of. This is also likely to influence the manifestos of the leading political parties of Pakistan, i.e. Pakistan Muslim League - Nawaz, Pakistan Peoples Party Parliamentarians, Pakistan Tehreek e Insaf and other mainstream political parties.

1. **Statement of Communication Problem to be addressed**

Pakistan’s maternal and neonatal mortality rates are amongst the highest in the world. Multifarious problemsare responsible for an extensive yet underperforming health sector in country failing to respond to the needs of the masses. There are wide-ranging factors at different levels responsible for the state of affairs, from health sectorgovernance to the actual delivery of services on the ground requires. In addition, there are also various demand-side barriers affecting women’s ability to access quality health care. Similarly, provision of these services and coverage are also uneven with significant disparities between urban and rural areas as well as between and within provinces. The lack of trained staff, inadequate medical supplies and equipment and lack of basic health services at primary and tertiary levels are among the unrelenting predicaments of the health sector in Pakistan.

For addressing the challenges of the health sector in Pakistan and to highlight the interests of poor and marginalized sections, effective advocacy as well as public pressure has to go hand in hand.This will create a sense of priority and urgency among concerned decision makers to take measures to bring improvementsin delivery of health services in Pakistan. Citizens’ engagement in planning, monitoring and accountability process has to be strengthened for improving delivery of health services in Pakistan so it reflects theirvoices and needs.Similarly, citizens need to be empowered to hold government and service providersaccountable for their decisions and actions.

1. **Talk Shows**

Media can play an instrumental role in improving knowledge of the citizenryof their rights and entitlements as well as creating priorities for the government by focusing on key issues. Media, especially television,has come to play a significant role in the political landscape of modern day Pakistan. There are primetime shows on every news channel that broadcast debates on important issues moderated by seasoned journalists and anchorpersons who engage the ruling government, opposition parties, activists and other stakeholders. News media is widely consumed in Pakistan through a range of sources with content produced on television whetherwatched directly or accessed through Internet remains the most popular. Television also holds immense importance in agenda setting and creating supportive discourse. Issues discussed and portrayed on broadcast media gain limelight and evoke response from policy circles.

The proposed television talk shows will be an effort to blend educationandinformation withadvocacy elements of television in one slot. The show will highlight key issues in Health specifically on RMNCH and nutrition status specific to districts to set the stage for district based talk shows. It is expected to generate a dialogue among the experts, public and policymakers to improve the situation. Knowing that EVA-BHN is working in nine districts of KPK and Punjab, the issues will have a broader provincial focus unlike the previous exercise of District-Based Consultationss, conducted under EVA. These shows will be broadcast on mainstream national television channels in the evening slots to ensure wide viewership. It is also important that the proposed talk shows takes the perspective of the citizens in order to build the narrative and generate supportive discourse. Under EVA, an impressive issue logs are maintained that provide rich insights into the challenges and problems citizens face in accessing health services. In addition, citizens have also been raising demands in the forums constituted under EVA, which can also be used to shape the narrative.

1. **Desired Outcomes**

The expected outcomes against the identified target audience is given below:

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| **Audience** | **Current Status** | **Desired Outcomes** |
| Policy Makers | Lack of due attention by the policy makers and implementers for improving the existing health system and addressing the prevalent health issues. Even though improved health services provision was made a priority agenda by mainstream party(ies) in their manifestos. | In-camera commitments from policy makers and implementers to address inadequacies in RMNCH and Nutrition services of provinces and districts for making necessary reforms in the post election party manifestos |
| Constituents | Lack knowledge about their health rights and entitlements and of the gaps in the health services against commitments made by government. | Become knowledgeable of their health rights and entitlements as well as of the gaps in the delivery by the governments and of future commitments |
| Media | Health continues to be taken up as an important agenda by media, especially the medium of television, which is still dominated by political issues. | Identifying champions of health which can carry forward the health agenda ‘**My Health My Right’** |

1. **Proposed Format of the Talk Shows**

The talk shows will be produced and broadcast in Urdu language. They may be conceptualised keeping in view the existing preferences of viewership, the timeslot and other similar considerations. Suggestedformats are given below:

1. Doha debates: <https://www.youtube.com/user/TheRealNews/search?query=doha+debates>
2. Insight: <https://www.youtube.com/user/InsightSBS/playlists>
3. Satyamevjayate: <https://www.youtube.com/user/satyamevajayateshow/playlists>

One of the proposed formats could be of an anchor-led show with participation of subject experts and duty bearers. This may include a curtain raiser, a short documentary, or fact slides highlighting the key issues under the specified themes for agenda setting followed by panel discussion and questions and answers session from the audience present in the show or telephonically.

The other format could take a debate approach focusing on a single, thematic motion, with two speakers for and against with questions directed to each speaker once they have outlined their arguments followed by discussion and final electronic vote from the audience.

1. **Content of the Talk show(s)**

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| **Theme[[1]](#footnote-2)** | **Description** |
| Establishing health as a right under the broader theme of ‘**My Health My Right’** | Discussescurrent healthcare delivery systems and their situation supported with facts for generating debate leading to identification of the issue of subsequent issues in following talk shows |
| Improving Health Management and Accountability | Discusses Primary Care Management Committees, with focus on inclusion of citizen voices in health governance from policymaking to monitoring. |
| Establishing Complaint /Grievance Redressal Mechanism | Highlights ‘Patient Rights Charter’ with focus on absence of mechanism for inclusion of citizens’ voices, and social accountability. |
| IncreasingKnowledge of Healthcare Services | Make Minimum Health Services Delivery Packages as basis of discussion and focuses on issues concerning gaps in antenatal care, safe drinking water, electricity backup issues, infrastructure gaps, safe drinking water, medicine availability, and staff behaviors. |
| Improving Status of Health Facilities | Discusses Health Facilities Management with focus on implementation gaps and budgetary issues. |
| ImprovingCitizens; Participation in Healthcare Facilities’Management | Highlights issues concerning to women and child friendly spaces, both in terms of physical, social and cultural context and services delivery, i.e. female waiting areas, separate toilets, breastfeeding corners, ultrasound machines, and ambulance services. |
| Closing Show |  |

1. **Additional Responsibilities**

While it will be the responsibility of the partner to successfully fully execute the assignment, CCPP will provide technical backstopping, especially for following areas:

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| **Serial** | **Partner’s Responsibilities** | **Support** |
| 1 | Technical content of the talkshows including relevant material, facts and figures related to topic of the show as well as relevant panellist | Selection of topics, sharing relevant literature, and technical vetting |
| 2 | Arranging relevant panellist and ensuring their participation | Identification of participants |
| 3 | Logistics of the participants and panellist | CCPP and its partners will manage their logistics directly |

1. **Concept Note’s Format**
2. **‘Technical Section’** of the concept note is given below. Concept note to be submitted on A4 page ( x2 hard copies ) with all supporting documents as per the below format.

*The technical section of the concept note should not exceed beyond 15 pages. Any excessive information will not be considered*

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| **Items** | **Description** | **Page(s)** |
| Introduction | Focusing on the following   * About the organization/channel * Any past relevant project | 2 pages |
| Rationale of the Talk shows | Focusing on the following   * Objective of the talk show(s) * Format of the talk show(s) * Discussions format * Creative elements (i.e. supporting evidence, facts, documentaries) * Outcome of each talk show * Way forward | 3/4 pages |
| Proposed Team | Team that will be engaged for the production as well as completion of the talk shows; list all those individuals that are to be charged for 100% of their time.   * Health expert(s) * Production team * Creative team * Coordinator * Finance | 1-page  CVs to be annexed |
| Organization Capacity | * Channels * Business Volume * Human Resource Employees * Geographical Location * Expertise in language content wise * Team/Channel celebrities * Key journalist * Key note speakers (which can be easily arranged) | 3 pages |

1. **‘Financial Section’** of the concept note as per the below format

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| **Major Budget Heads** | **Description** | **Page(s)** |
| Programmatic | Unit cost for each activity under major budget heads to be provided. | Summary and detailed budgetsare to be submitted against major cost heads. Detailed budget should breakdown the major cost head to further sub-costs. |
| HR and Management |
| Preproduction |
| Production |
| Postproduction |
| Airing and Broadcasting |
| Value Additions (-) |
| Total Budget |

1. Detailed description as well as content in episodic briefs of each talkshow [↑](#footnote-ref-2)