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**Lessons Learned in Health Education & Communication
Component of Pakistan Child Survival Project**

September 23, 1993

Islamabad Hotel
Islamabad, Pakistan

Seminar Report

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A LIST OF ABBREVIATIONS USED IN THIS DOCUMENT

AED	Academy for Educational Development
AID/USAID	United States/ Agency for International Development
ARI	Acute Respiratory Infections
CDD	Control of Diarrhoeal Diseases
CHDP	Country Health Development Project
EPI	Expanded Programme of Immunization
FCAG	Federal Communications Advisory Group
FHP	Family Health Project
GOP	Government of Pakistan
HEC	Health Education and Communication
HEOs	Health Education Officers
HIID	Harvard Institute for International Development
IPC	Interpersonal Communication
MCH	Mother and Child Health
MOs	Medical Officers
MSH	Management Sciences for Health
NBSC	National Breastfeeding Steering Committee
NGOs	Non-governmental Organizations
PCSP	Pakistan Child Survival Project
SAP	Social Action Programme
WID	Women in Development

**WELCOME ADDRESS AND
INTRODUCTION OF THE SEMINAR**

Seminar on
"Lessons Learnt in Health Education
and
Communication Component
of the Pakistan Child Survival Project"

September, 1993

Welcome Address
by

Dr. Mushtaq Ahmad Chaudhry
Project Director WFP/PHC
Ministry of Health
Government of Pakistan

Dr. Lois Bradshaw, Chief Social Sector Program Development, USAID, Dr. Mohamed Ali Barzgar, WHO Representative, Dr. Diana Silimperi, MSH, Boston, USA - Delegates of the Seminar, Ladies and gentlemen, it is my pleasant duty to welcome you all in this Seminar on "Lessons Learnt in Health Education and Communication Component of the Pakistan Child Survival Project.

Health Education and Communication is one of the six components of the Pakistan Child Survival Project. The overall purpose of the Health Education and Communication Component is to educate the public in child survival interventions i.e. EPI, CDD, ARI and Nutrition. All the channels of communication i.e. radio, television, press, written materials and inter-personal communication are being used to achieve the objectives of Health Education and Communication Component in the Child Survival Project.

The reason why we have gathered here is our common interest in Health Education and Communication Component of the Child Survival Project. The main purpose of the seminar is to:

1. Present an account of Health Education and Communication activities carried out under Child Survival Programme. An effort will be made to present the achievements and failure in the shape of a case study.
2. Explore the possibilities of sustaining the Health Education and Communication Activities which were initiated under the Child Survival Programme.

This seminar is being attended by the policy makers which include; Provincial Secretaries of Health, Director Generals of Health, Pediatricians, executives of Pakistan Television and

Pakistan Broadcasting Corporation, members of advertising and research agencies . We have also invited the NGOs who are actively involved in the promotion of maternity and child health in Pakistan.

After this session we will have 15 minutes break for tea. I would request all of you to have your seats promptly after tea for the Second Session of the Seminar. In the Second Session of the Seminar we will present to you a case study of Health Education and Communication Activities. The case study will focus on process and procedure of HEC inputs and draw lessons learnt and recommend some future directions in the programme.

The presentation of the case study will be followed by group discussion. We have divided the participants into 5 groups consisting of Federal Component of HEC, Provincial Components, NGOs Component, International assistance and Media Component. Each group has a facilitator. The topic for discussion for each group is available in the programme of the Seminar. After the group discussion at 1:30 pm the group will assemble for the group reports. The Group Reports should suggests ways and means of how to sustain health education and communication activities at various levels i.e. Federal, Provincial NGOs, and Media. The International group will come up with possible future assistance for Health Education and Communication. The Chief Guest will close the session with his address. We will follow up the recommendations of the Seminar to ensure that the activities started in the Child Survival Project are continued.

I hope your presence will help the Ministry of Health in giving a new direction to our health education and communication programme in the Child Survival Programme. Thanks

**ADDRESS BY THE
DIRECTOR GENERAL HEALTH**

Seminar on
"Lessons Learnt in Health Education
and
Communication Component
of the Pakistan Child Survival Project"

September, 1993

Address
by

Dr. Syed Mohsin Ali
Director General Health
Government of Pakistan
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Dr. Lois Bradshaw, Chief Social Sector Program Development, USAID, Dr. Mohamed Ali Barzgar, WHO Representative, Dr. Jason Weisfeld, UNICEF, Dr. Diana Silimperi, MSH, Boston, Miss Andrea Usiak, AED, Washington - Ladies and gentlemen, it is a great honour for me to be with a galaxy of experts who are concerned with the health of children. Moreover, I consider it a pleasant duty to present a few of my thoughts on the subject of Health Education and Communication.

I consider, "Health Education and Communication - a life saving intervention." To justify this bold statement, I would like to present here a quotation of a one time President of the American Cancer Society,

"The total worthwileness of Public Health Education can be most effectively summed up by the gratitude of thousands who each year can say that they are alive today because they learnt about health facts and acted upon them to improve the health."

Seeing the present state of widespread ignorance on the part of people on health matters, a question arises -- have we used this intervention to save lives? Yes, in some areas we have done well. You have just heard from Mr. Abdul Sattar Chaudhry that "Health Education Works." The effectiveness of health education has been well demonstrated in certain areas i.e. EPI, CDD, Smoking Control etc.

Still some questions always keep me pondering. Why do some people take sensible steps to protect their health while others continue to run tragic risks? Many explanations can be offered. There are many who are unaware, who have not yet been provided with health information. Others live in dreams that diseases always

strike the next fellow. Some are too modest -- particularly in the older generation -- to have a thorough check up or to go to anyone for health consultation. Some think if they catch the disease it would not be very severe or have the false security to overcome the ailment through the flattering promises of so called doctors. A few apparently prefer to save money rather than to save their lives by taking very inexpensive or no measures.

Apathy towards health has resulted in poor national health standards. Pakistan's Infant and Maternal Mortality Rate remains very high. About 30 percent of children are not protected against immunizable disease. Diarrhoeal diseases are still rampant. We have to do tremendous jobs to improve the health of mothers and children in Pakistan. Moreover, we have committed to achieve the target of polio eradication by the year 2000 and some other targets like Measles Control and Eradication of Neonatal Tetanus are to be met by the year 1995.

Health Education and Communication will always be our main tool to achieve these goals in the Child Survival Project. It will be difficult if not impossible for health sector alone to launch the needed health education and communication campaign to achieve these ambitious but challenging goals. We need new partners. We need political commitment, active participation of other sectors, non-government organizations and a motivated public to reach these targets.

Measures have to be taken to ensure free and enlightened community participation, so that along with the overall responsibility of the government for the health of the people, individuals, families and communities assume the responsibility for their own health and welfare. This participation is not only desirable, it is a social, economic and technical necessity.

We have to launch a social mobilization and advocacy campaign for the cause of children and mothers. Social mobilization means informing, educating and activating social, professional and religious organizations at all levels and enlisting the cooperation of mass media which can reach into every community. It means we have to engage communities, families, parents, media as active partners in the health field.

Scarce resources are a harsh reality confronting all developing countries. What is heartening, however, is the fact that with political will and social mobilization, even less developed countries have been able to harness sufficient resources to achieve dramatic improvements in child health. We have been able to secure 3 hours of weekly programming on PTV-2 and 3 hours of weekly programming on STN for Public Health Education. A weekly programme Salamatic is already being telecast from PTV-2.

Implicit in all these interweaving strands--political commitment, social mobilization, community involvement and resource activation is a strategy that goes far beyond the conventional

health sector to invoke converging multi-sectoral action. This broad approach, recognizes the enormous contribution to health by such national programmes as education, communications, agriculture, water and sanitation, and information.

We have to win allies also in the private sector including 10,000 voluntary agencies. The private sector can become an active partner with the health department in launching special campaigns and dissemination of available knowledge to attain the new health goals set for 1990s.

In Pakistan the stage is set for enhancing the collaborative efforts on behalf of children. May I call upon each and every one who can contribute to the promotion of maternal and child health to join hands with the health department in achieving the goals for the 1990s. By working together we can give to the children of the next century a treasure of gifts from our times. These gifts will be;

Gift No. 1	No more Polio
Gift No. 2	No neonatal tetanus
Gift No. 3	No deaths due to measles

In the end I would like to thank the USAID for the help in the Child Survival Programme. UNICEF, World Bank, Asian Development Bank, JICA, CIDA and other international agencies have done a lot and plan to continue their support to Pakistan in the field of child survival. We appreciate their initiatives in the promotion of health of the children and we are looking forward that these agencies will help us to continue the momentum of health education and communication interventions which were undertaken during the Child Survival Project. I hope this seminar, in which we are going to work in groups in the second session, will explore ways and means to sustain health education and communication activities initiated in the Pakistan Child Survival Project. Whatever recommendations will be framed in the Seminar, I assure you, I will have the prompt action from the Government for their implementation.

I wish the seminar a great success AMIN.

ADDRESS BY USAID

**USAID SPEECH FOR THE COMMUNICATIONS SEMINAR ON
"LESSONS LEARNT"
ON THURSDAY THE 23RD SEPTEMBER AT 10.00 A.M.**

On behalf of John Blackton, Mission Director of USAID, I welcome this opportunity to make a brief address to the distinguished participants and guests assembled here this morning. We appreciate your taking the time from your many responsibilities to participate and share with us the lessons we've learned about communicating messages to help children survive. You are indeed the right audience -- the leaders in the health and communications fields who can apply these lessons and make a healthier life for Pakistan's children

Over the past 25 years, A.I.D. has become a leader in the use of communication methods and technology to raise people's awareness, increase their learning and change their practices to support development.

A.I.D. began to experiment with development communication during the 1970s -- with radio to support improved infant feeding; with social marketing to increase contraceptives use; with multi-media campaigns to promote oral rehydration therapy; and with inter-personal communication skills training to improve the delivery of health care by health providers.

Today development communication is one of A.I.D.s comparative

advantages. No other donor has as long, as diverse and as successful a history with this important tool! Over the years A.I.D. and its partners world wide have learned some important lessons about planning and implementing communication activities.

The first is the importance of research! Successful development communication involves conducting research, challenging assumptions, pretesting media and using learning techniques. While the methods are replicable, each project is unique when it comes to communication so "cookie-cutter" approaches will not succeed.

The community is the place to start. The research must be done with "real people", the mothers or others who we want our messages to not only reach but also to result in change in their behavior and practices.

Once the research is done the communication strategies must be carefully planned. Choosing effective media channels -- and how to use them in combination -- is perhaps the most significant part of the planning. And, creative channels can sometimes be the most useful ones. AIDS prevention campaigns in East Africa have successfully used banners on the lorries of long-distance drivers to carry the message along the highways.

Once the campaigns are implemented, the job isn't over. Monitoring and evaluating impact are essential and revisions, if necessary, to achieve objectives.

We have enjoyed working closely, during the past couple of years, with the Ministry of Health, the Academy for Educational Development (AED), and with Pakistan's media on this critically important communication program. We are impressed with the dedication, enthusiasm and energy that all of you have brought to this vital task. Some of the activities accomplished in communications are:

- Development of Creative Briefs to inform media and performing arts professionals.
- Use of the PTV's, most popular Prime Time vehicle, Tariq Aziz Show to disseminate important child survival messages in an entertaining way.
- Use of radio drama, as a medium for social change in six languages from 10 radio stations covering all of Pakistan.
- Tracking and audience research conducted during and after mass media transmission to show significant results --impact.
- Development of three IPC modules, as an integral part of the Integrated Child Survival Training curriculum. These modules teach health providers to interact more effectively with their clients.

This is a particularly promising time for using communications to promote child survival in Pakistan. There is a widespread recognition, that, in order to improve quality of life, practices and behavior patterns require change and our mass media and IPC strategies can bring about that change. We have joined forces to accomplish this - The Ministry of Health, the Ministry of Information, Pakistan Television and private sector research and media agencies, with USAID, MSH and AED. However, as long as infant and maternal mortality, as well as fertility, still remain high, there is a great challenge ahead for all of us.

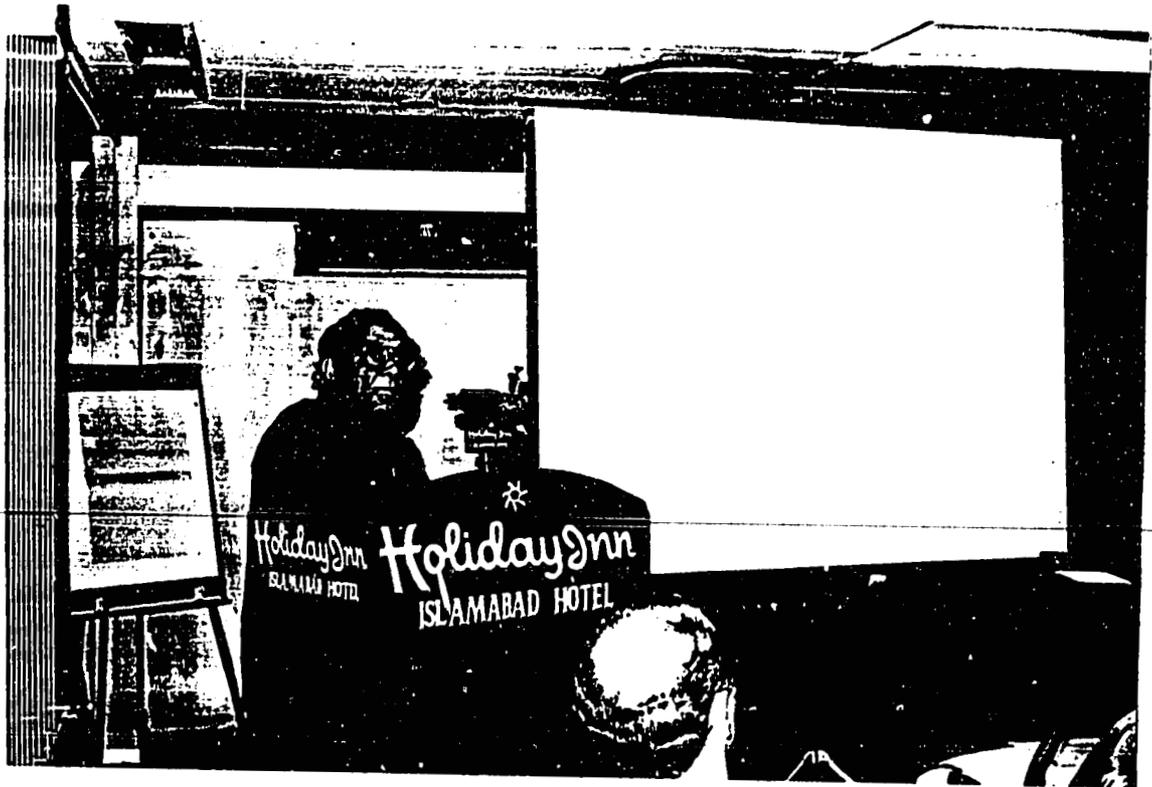
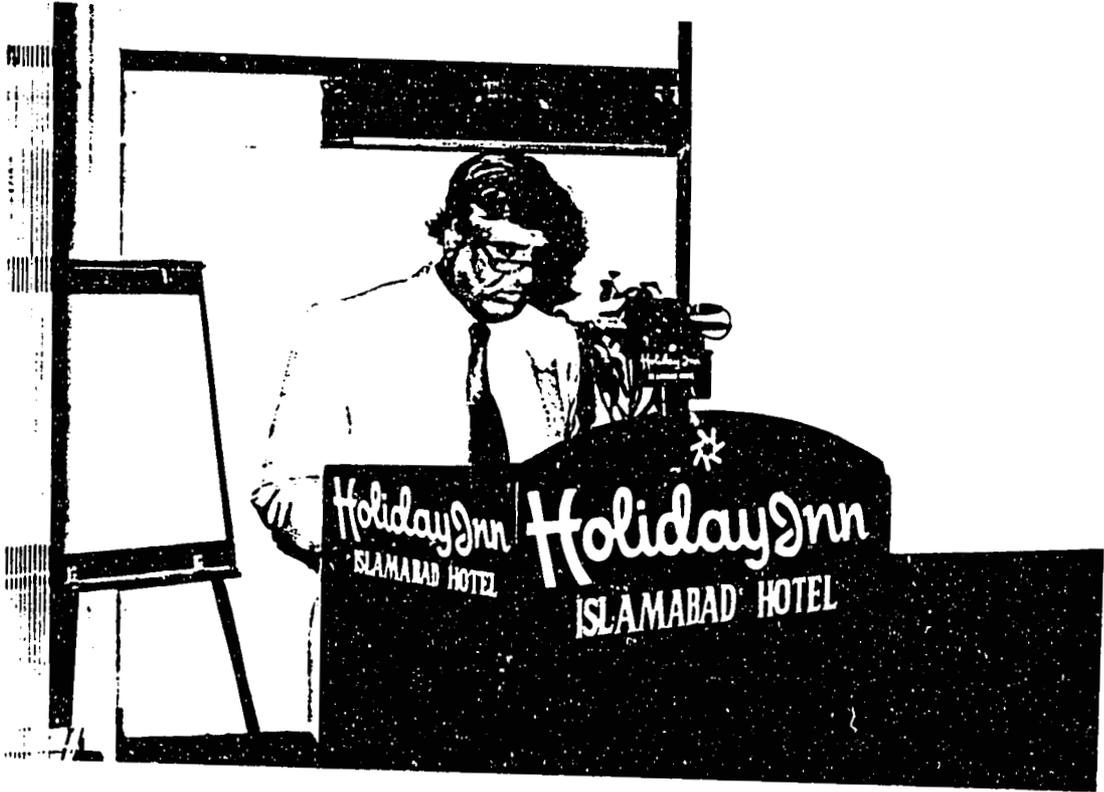
The Seventh Five Year Plan and the preparations for the Eighth, chart a strong course for the future. The latter strongly states "Success of all programs, whether health or population, depends on a strongly motivated public to make timely use of health services and to work for the improvement of their own health and families".

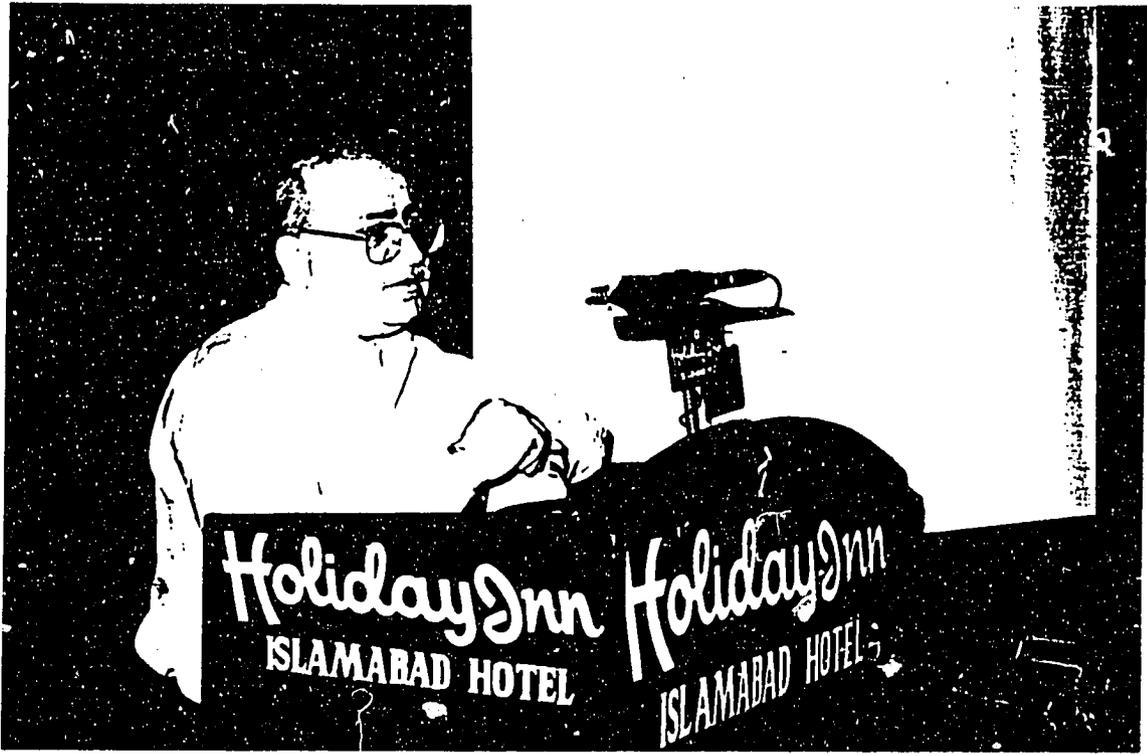
One of the objectives of the Eighth 5-year Plan is especially relevant today. This objective is to "design and implement a more effective communication strategy directed towards clearly defined target groups to promote attitudes and behavior change. This is very much in harmony with the lessons learned through development communication programs worldwide. Experience, with communication programs in the health and family planning,, as well as in agriculture and other areas, demonstrates that these programs must be carefully researched, designed and implemented. They must send a consistent message and must be sustained throughout a program.

A good communication program can address the challenges in many ways. Today at this seminar we have an excellent opportunity to combine the efforts of a first class research-based communication program with other program activities, and for the first time to get a real understanding of constraints and some clues to resolve them.

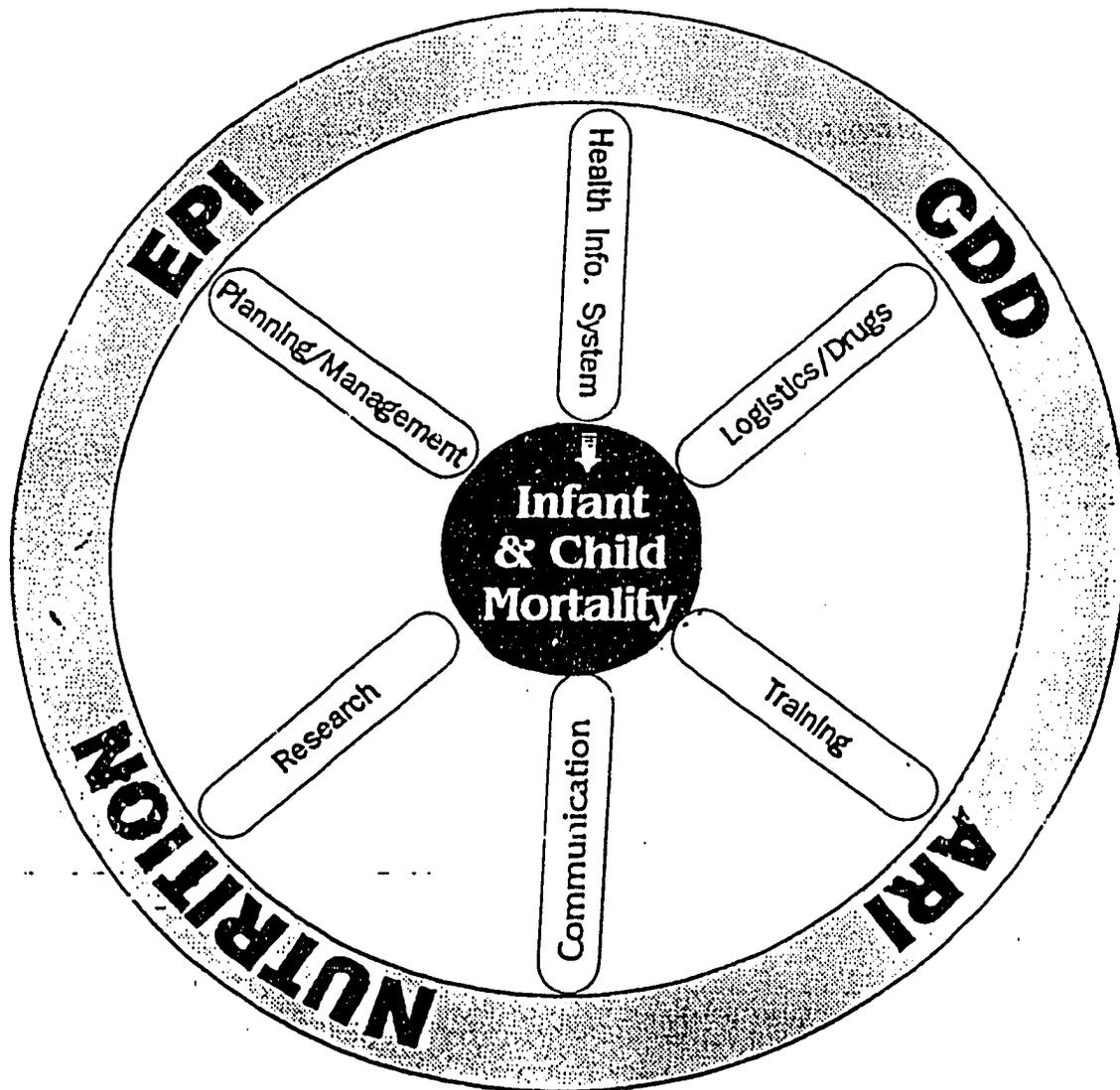
We all look forward to the results of your work here together. This is an exceptionally valuable opportunity to work together on one of the most important and challenging problems facing Pakistan. I'm sure that your creativity and your depth of program experience will lead to greater and more effective use of communication for health and family planning in the future.

**HEALTH EDUCATION AND
COMMUNICATION IN PCSP**





Pakistan Child Survival Project



Management Sciences for Health
Harvard Institute for International Development
The Academy for Educational Development
Jaffer Brothers (Pvt) Ltd

PCSP Communication Component

OBJECTIVES

1. **Mass-Media Communication**
 - To create and disseminate Health Education and Communication messages to mothers with children under five.
2. **Interpersonal Communication**
 - To train Government Health Care Providers in counseling and interpersonal communication to improve their interactions with mothers.
3. **Public-Private Sector Cooperation**
 - To introduce and reinforce the use of existing commercial resources for communication and research to complement and assist the public sector.

HEALTH EDUCATION & COMMUNICATION (HEC)

Multi-media effort combining:

- Radio
- TV
- Interpersonal Communication (IPC)

GUIDING PRINCIPLE OF HEC IN PCSP

Focus on:

- high profile
- high impact intervention
- with demonstrated sustainability

STRATEGIES FOR HEC IN PCSP

1. **Social Marketing**
 - **Research Based Targets**
 - **Pretested Messages**
2. **Mixed media (Mass Media + Interpersonal Communication)**
3. **Entertainment**
 - **Blend educational messages with popular entertainment**
4. **Public-Private Sector Cooperation**
5. **Coordination of International Donor Efforts**

ACHIEVEMENTS 1991-93

1. **Creative Briefs**

**Breastfeeding and Nutrition
CDD, EPI & ARI**

 - **Neelam Ghar and Radio Drama messages developed from Creative Briefs**
 - **100 copies distributed to media and performing arts**
2. **PCSP Quiz on Neelam Ghar Program "Nanhi Jan Salamat"**
 - **26 programs telecast:
Phase 1 — March to September '92**
 - **Tracking research conducted to gauge audience response; completed in May '92 and used to improve program**

PCSP Communication Component

- Post transmission audience research conducted in November '92
Research findings provided basis for continuation of program
- Program resumed in January '93
26 programs telecast:
Phase 2: Jan-Sep '93

3. Radio Drama

- 52 weekly programs produced in six languages (10 stations)
- Tracking research conducted to gauge audience response
- Tracking findings utilized for program improvements

4. Breast Feeding and Nutrition Flip Chart

- Developed, pretested and produced flip chart
- 1,000 copies distributed through PCSP offices and UNICEF
- Additional 1,000 copies produced through J&J resources
- Use of flip chart by Punjab Breastfeeding Steering Committee
- 9 Posters developed by UNICEF based on the Flip Chart and displayed in Baby Friendly Hospitals

5. IPC Curriculum

- Curriculum Modules Developed and Field Tested for:

- Supervisors
- MOs
- Paramedics

- IPC Training Implemented for:

- Supervisors
- MOs
- Paramedics

Through PCSP Integrated Child Survival Training Component

ACHIEVEMENTS 1991-93

6. Children's Week

Produced:

- Poster
- Video / Song
- School Play
- Press Advertisement
- Media Coverage

7. TV and Radio Spots

Produced and Aired on Child Survival Interventions:

- CDD
- EPI

PCSP Communication Component

SUMMARY OF PRODUCTS

1. **Creative Briefs (2)**
2. **TV Programmes (Neelam Ghar) (52 episodes)**
3. **Radio Dramas (52 episodes)**
4. **Flip Charts (2,000 copies)**
5. **IPC Curriculum Modules Developed:**
 - Supervisor (1)
 - MOs (1)
 - Paramedics (1)
6. **Manpower Trained:**

— Supervisors	92
— MOs	619
— Paramedics	326
— Trainers(includes 25 HEOs)	303
TOTAL	1,340
7. **Television and Radio Spots**
 - PTV & STN (158)
 - Radio (18 stations) (18,378)

Common Lessons for HEC from GOP Project Experience

LESSON 1

HEC WORKS, BUT NOT BY ITSELF

It can help increase:

- Immunization coverage
- Use of ORT
- Healthy breast feeding practices

It must be accompanied by:

- Available services
 - ORS
 - immunization
- Conducive environment

LESSON 2

INTER PERSONAL COMMUNICATION IS VITAL FOR BEHAVIOUR CHANGE

- PHES Survey found IPC to be the preferred source of information
- Therefore, development of HEC skills in health providers is essential

LESSON 3

A MIX OF MASS MEDIA AND IPC CAN INFLUENCE BEHAVIOR CHANGE MORE SIGNIFICANTLY THAN EITHER ONE ALONE

Common Lessons for HEC from GOP Project Experience

LESSON 4

HEALTH EDUCATION & COMMUNICATION NEEDS TO BE SUSTAINED IN ORDER TO MAINTAIN NEW BEHAVIOURS

GOP's EPI Programme has suggested a correlation between HEC inputs & behaviours.

LESSON 5

AN HEC PROGRAMME HAS GREATER CHANCE OF SUCCESS IF IT INVOLVES PUBLIC AND PRIVATE SECTOR AGENCIES

Federal Advisory Group on Communication (FCAG)

Advertising Agencies

Research Agencies

Federal Child Survival Program Managers

LESSON 6

HEC REQUIRES THE COLLABORATION OF DIVERSE HEALTH PROGRAMME MANAGERS

EPI

ARI

CDD

Nutrition

LESSON 7

HEC SHOULD NOT IMPOSE HEALTH MESSAGES ON PEOPLE

FUTURE CHALLENGES

- 1. Improvement and Sustainability of PCSP Communication Activities**
- 2. Institutionalization of HEC Capacities:**
 - **Training**
 - **Research**
 - **Monitoring and Evaluation**
 - **Media Production**
 - **Allocation of More Funds**

**ROLE OF INTERPERSONAL COMMUNICATION
IN PCSP**

ROLE OF IPC IN PCSP

Interpersonal Communication Can Help:

- **Deepen Understanding Begun by Mass Media;**
- **Provide a Forum for the Discussion of Personal and Individual Questions Which Cannot be Answered by Mass Media;**
- **Offer Personal Encouragement Not Possible Through Media**

IPC ACTIVITIES

Development of IPC as Part of Integrated Child Survival Training Curriculum:

1. **Creation of 3 IPC Modules (Supervisors, MOs, Paramedics)**

**RUI Model - Rapport
Understanding
Influence**

2. **Incorporation of IPC Principles with Subject Specific Modules (i.e. CDD, EPI)**

HEALTH PROVIDERS TRAINED IN IPC

1340 Health Providers Trained in IPC:

- **Medical Officers**
- **Paramedics**
- **Supervisors**
- **Health Education Officers**

COMMUNICATION

Learning Objectives For Increased Knowledge and Understanding:

1. State Importance of Communication for Effective Supervision.
2. List Three Essential Skills for Communication.
3. List Skills Required for Establishing Rapport.
4. List Skills Required for Establishing Understanding.
5. List Skills Required for Establishing Influence.
6. Compare Similarities and Differences in Communication Between Health Service Provider and Mother and Between a Supervisor and Supervisee.

THREE KEY ELEMENTS OF COMMUNICATION

Rapport

Understanding

Influence

SKILLS AND ATTITUDES NEEDED TO ESTABLISH RAPPORT

- Greeting the Person With Warmth and Acceptance.
- Giving Your Full Attention.
- Using Appropriate Language.
- Showing Respect and Patience.
- Being Pleasant.

**SKILLS AND ATTITUDES
NEEDED TO ESTABLISH
RAPPOR (contd.)**

- **Showing Concern and Interest.**
- **Sending Positive Nonverbal Messages.**
- **Avoiding Judgmental Responses.**
- **Acknowledging the Feelings of Others.**

**SKILLS AND ATTITUDES
REQUIRED FOR
UNDERSTANDING**

- **Listening with Concentration.**
- **Avoiding Interrupting.**
- **Appreciating the View of the Other Person.**
- **Asking Questions in a Manner that Encourages the Other Person to Respond.**
- **Eliciting Information from the Mother About Changes in the Child's Health Status.**
- **Avoiding "Yes" or "No" Questions.**
- **Asking Checking or Probing Questions.**

**THE SKILLS AND
KNOWLEDGE REQUIRED
FOR INFLUENCING**

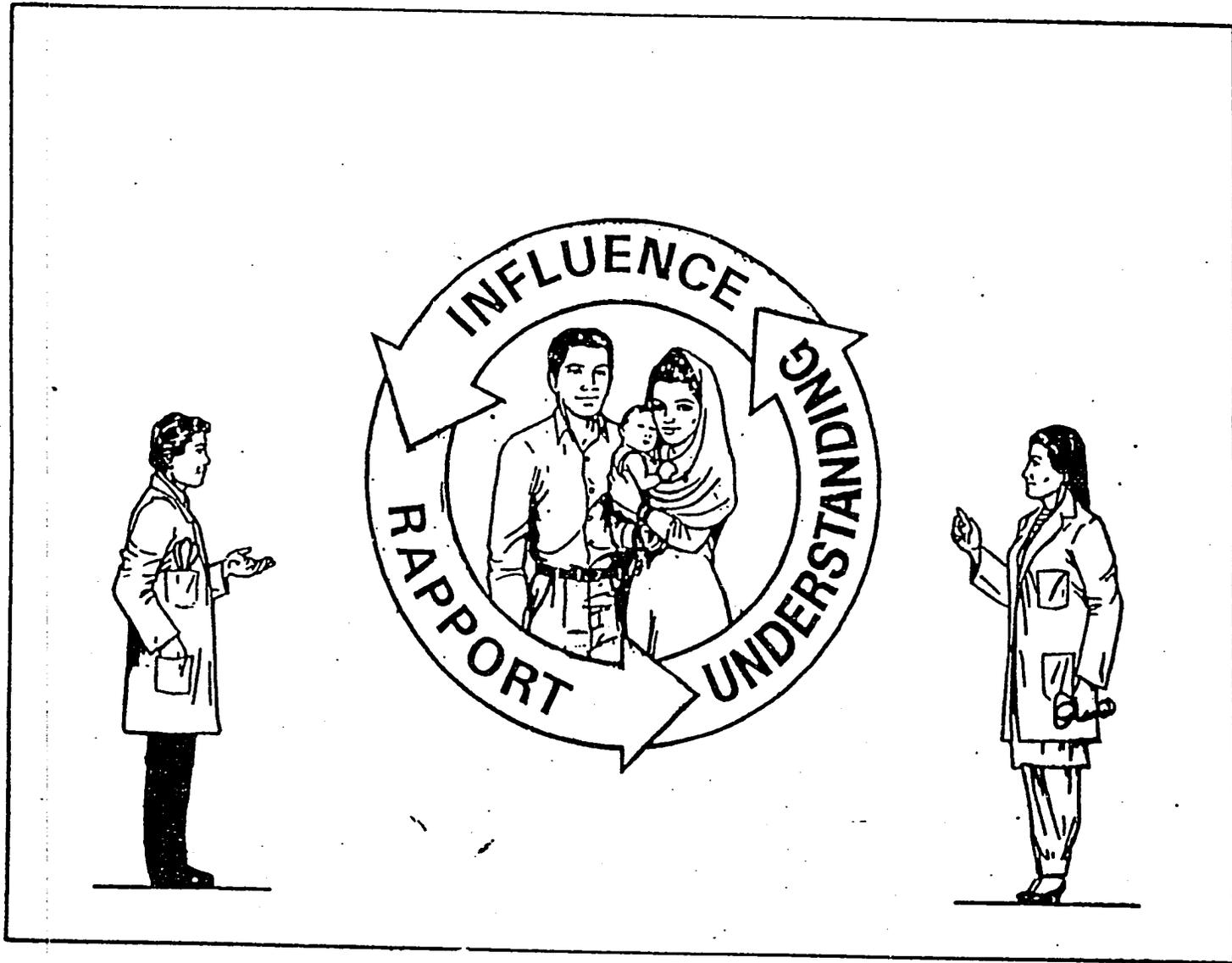
- **Having Up-to-Date Information on Standard Treatment Guidelines and Preventive Methods.**
- **Acknowledging and Appreciating the Mother for Appropriate Steps She has Taken for the Health of her Child.**
- **Speaking Directly but Calmly to the Mother (or other person).**

**THE SKILLS AND
KNOWLEDGE REQUIRED
FOR INFLUENCING
(contd.)**

- **Being Specific Rather than General.**
- **Using Language that the Mother can Understand.**
- **Reviewing the Advice and Asking the Mother to Repeat the Desired Actions (Checking That the Other Person Understands).**
- **Providing Key Information in Writing.**

**RECOMMENDATIONS FOR
FUTURE IPC
ACTIVITIES**

- 1. Develop a Limited Number of Key Messages for Each Intervention**
- 2. Design Secondary Messages to Complement Key Messages**
- 3. Develop Strategies Targeting Specific Sub-Populations**
- 4. Utilize a Variety of Communication Techniques**
- 5. Keep Proper Records of Individual Counselling to Assure Follow up and Continuing Education**
- 6. Strengthen Supervision and Guidance for Health Educators**



**ROLE OF MASS MEDIA
IN PCSP**

ROLE OF MASS MEDIA IN PCSP

Mass Media can:

- Present new information
- Dramatically increase awareness of a new idea
- Promote a positive attitude among viewers and listeners
- Be a major influence effecting habit change

MASS MEDIA ACTIVITIES

Creative Briefs

TV Quiz Show *Neelam Ghar*

Radio Drama Serial *Ghar Aya Mehmaan*

Breastfeeding Flip Charts

CREATIVE BRIEFS

Purpose: To present the media with technical information about child survival interventions and the target audience's knowledge, attitudes, and practices in (KAP) easy to understand language.

Nature of Materials Assembled: Qualitative research on KAP; interviews with medical experts.

A Joint Product of Private and Public Sector Expertise

Reference Guide on 4 Child Survival Interventions for Media & Performing Arts Professionals

PTV QUIZ "NEELAM GHAR"

Rationale

Cost Effective

A blend of Mass Media & Interpersonal Communication

Neelam Ghar Management

Creative Management of Messages:

- Messages based on Creative Briefs
- Review by MOH, USAID, and PCSP for technical accuracy

On-air for 4 Quarters:

Quarters 1 & 2 —
March '92 to September '92

Quarters 3 & 4 —
January '93 to September '93

Messages seasonally timed

PCSP - Mass Media

PTV QUIZ "NEELAM GHAR"

Topics of Some Primary Messages Telecast

Use of ORS

Signs of Dehydration

Exclusive Breastfeeding

Use of Colostrum & Early Initiation

Rational Use of Drugs in ARI/CDD

Signs of Pneumonia

Need for Antenatal Care

Research

Conducted tracking research to gauge feedback regarding *Neelam Ghar*

Conducted post transmission impact analysis research of *Neelam Ghar*

After impact analysis, resumed *Neelam Ghar* for another 26 programs till September '93

Key Features of Tracking and Audience Research

56% of the target audience watched *Neelam Ghar*

72% of these reported change in behaviour in child rearing practices

99% said YES to continue *Neelam Ghar*

PCSP - Mass Media

PTV QUIZ "NEELAM GHAR"

Lessons Learned

- Focus on a few key messages
- Provide culturally appropriate messages
- Use celebrity endorsement for messages
- Place messages in strategic order
- Have larger research samples
- Involve private sector in sponsoring health communication
- Pay attention to accuracy, consistency and presentation of messages

**RADIO DRAMA SERIAL
"GHAR AYA MEHMAAN"**

Rationale

Radio Dramas Provide:

Entertainment

Dramatic Presentation of Messages

Elaboration of Messages

Program Management

Pretested drama pilot

52 weekly episodes of *Ghar Aya Mehmaan* in six languages from 10 stations

4 Child Survival Interventions addressed in *Ghar Aya Mehmaan*

Research

51% of the target respondents owned radios

40% of the owners listened to the radio

28% of the listeners tuned in to our drama

Lessons Learned

- ☛ Increase promotion of radio drama on TV to recruit wider audience**
- ☛ Advertise timings in regional languages**
- ☛ Special attention required to assure accuracy, consistency and clarity of intervention messages**
- ☛ Have larger research samples**
- ☛ Conduct frequent audience research surveys**

BREASTFEEDING FLIP CHART

Purpose:

- To be used by health care workers to strengthen the interpersonal communication with pregnant and lactating women.
- To promote exclusive and early initiation of breastfeeding.

**Text of the Flip Chart based on NBSC, UNICEF, WHO materials, qualitative research
Text and illustrations pretested in a finished form**

Pretesting results incorporated in the final product & produced

1,000 copies produced and distributed through PCSP offices

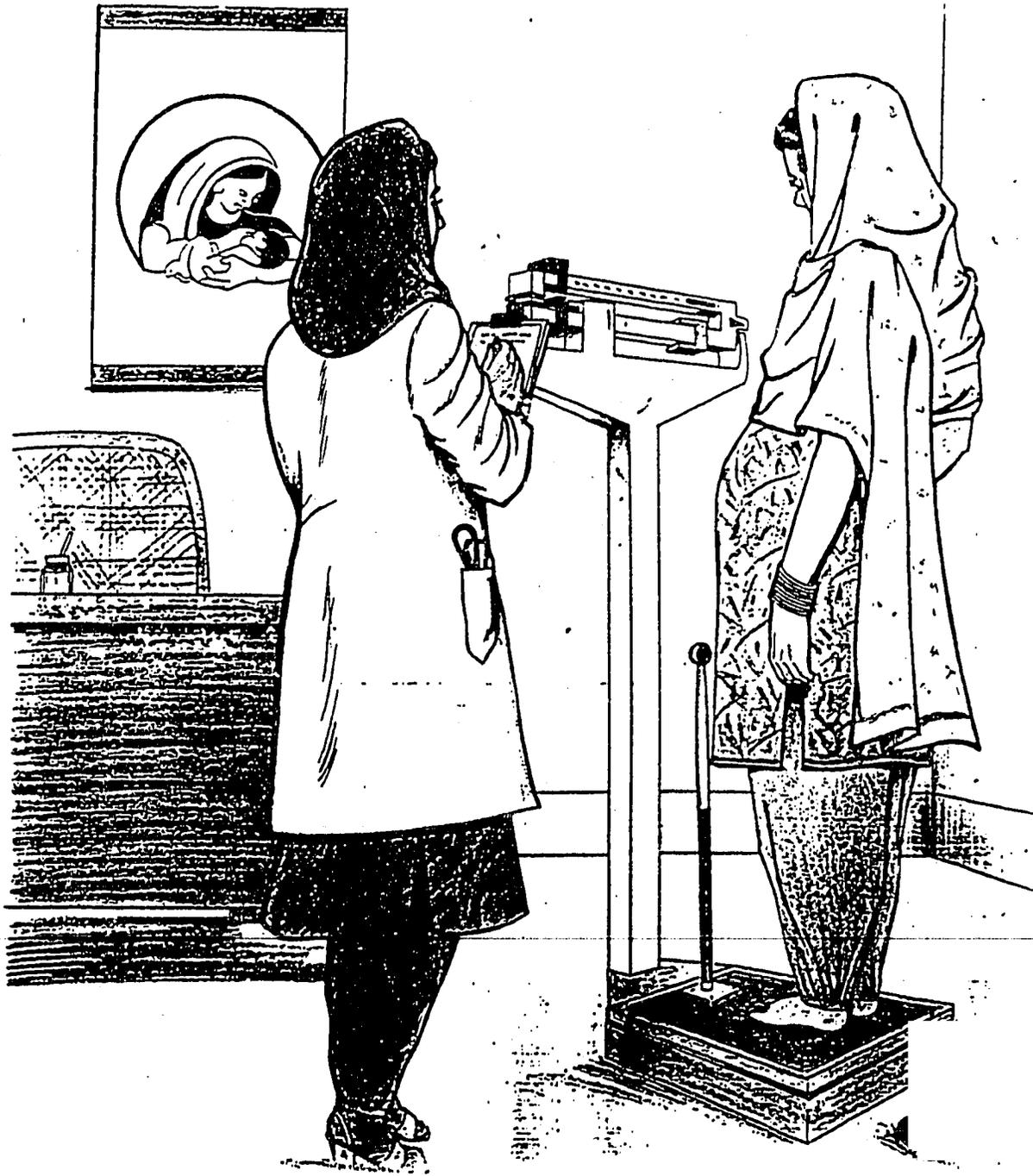
UNICEF developed and produced 9 posters out of Flip Chart illustrations

Inputs of Qualitative BF Research in the Flip Charts

A surprising number of women, especially in urban areas, make the decision during their pregnancy to breastfeed and/or to use supplements to breastmilk early.

Counselling about breastfeeding during any contact between a health care provider and a pregnant woman should be mandatory.

An Illustration from the Flip Chart

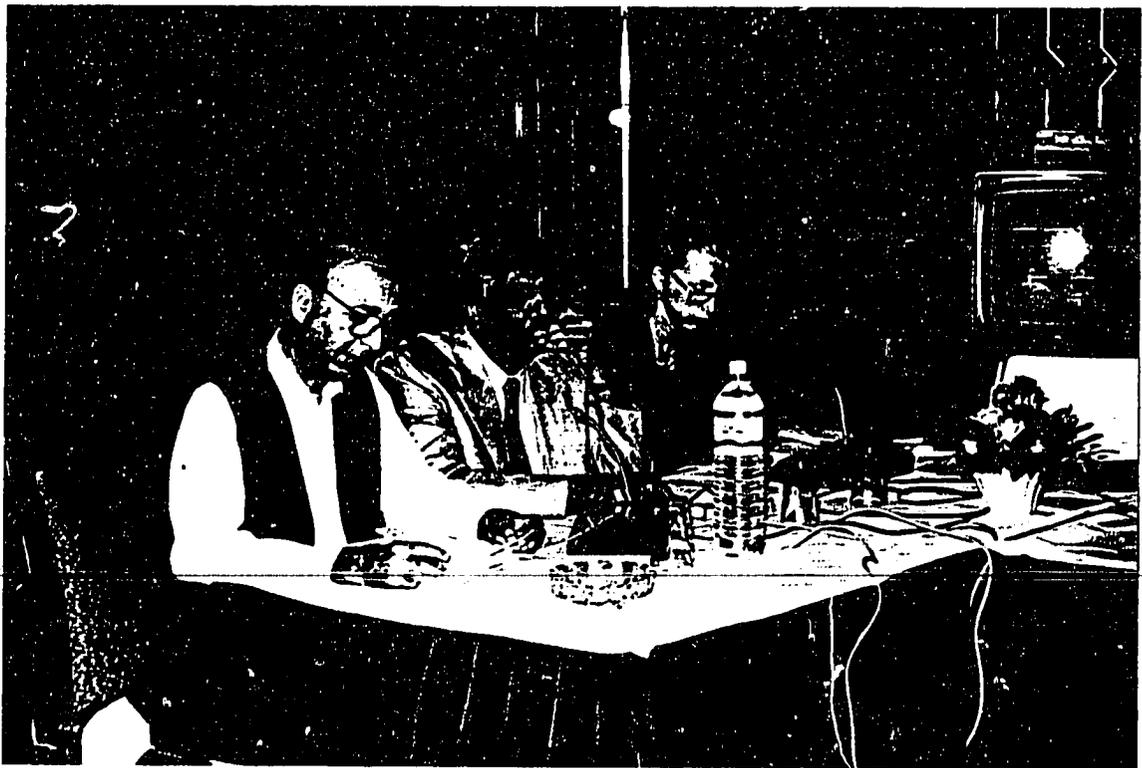
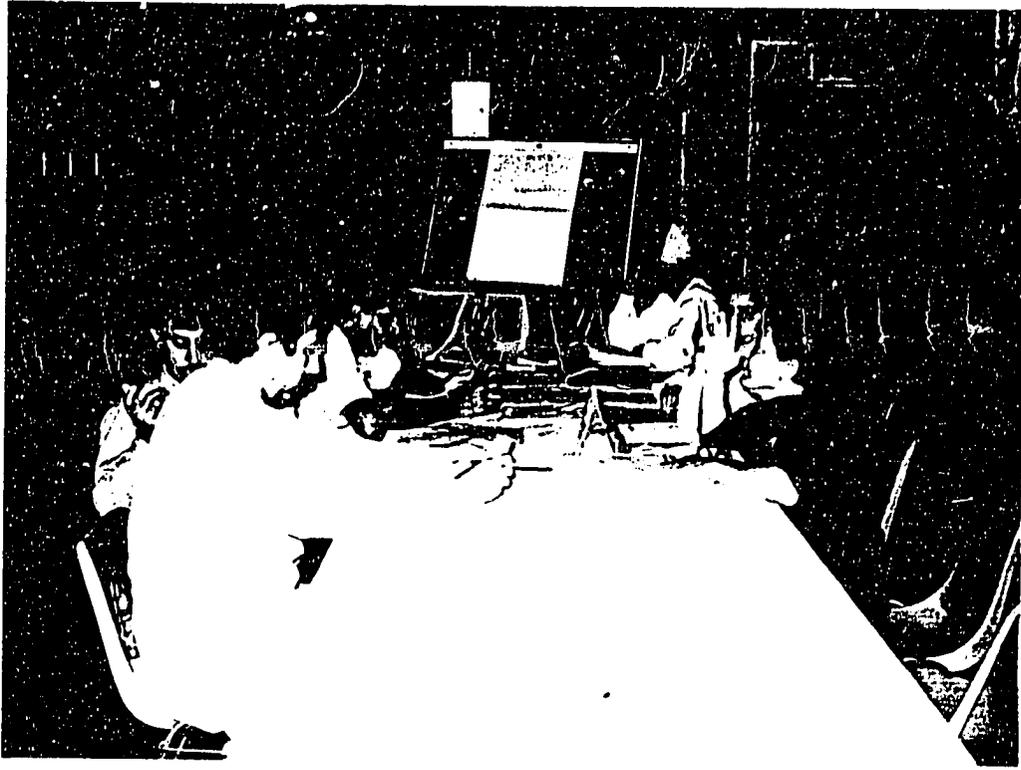


PCSP - Mass Media

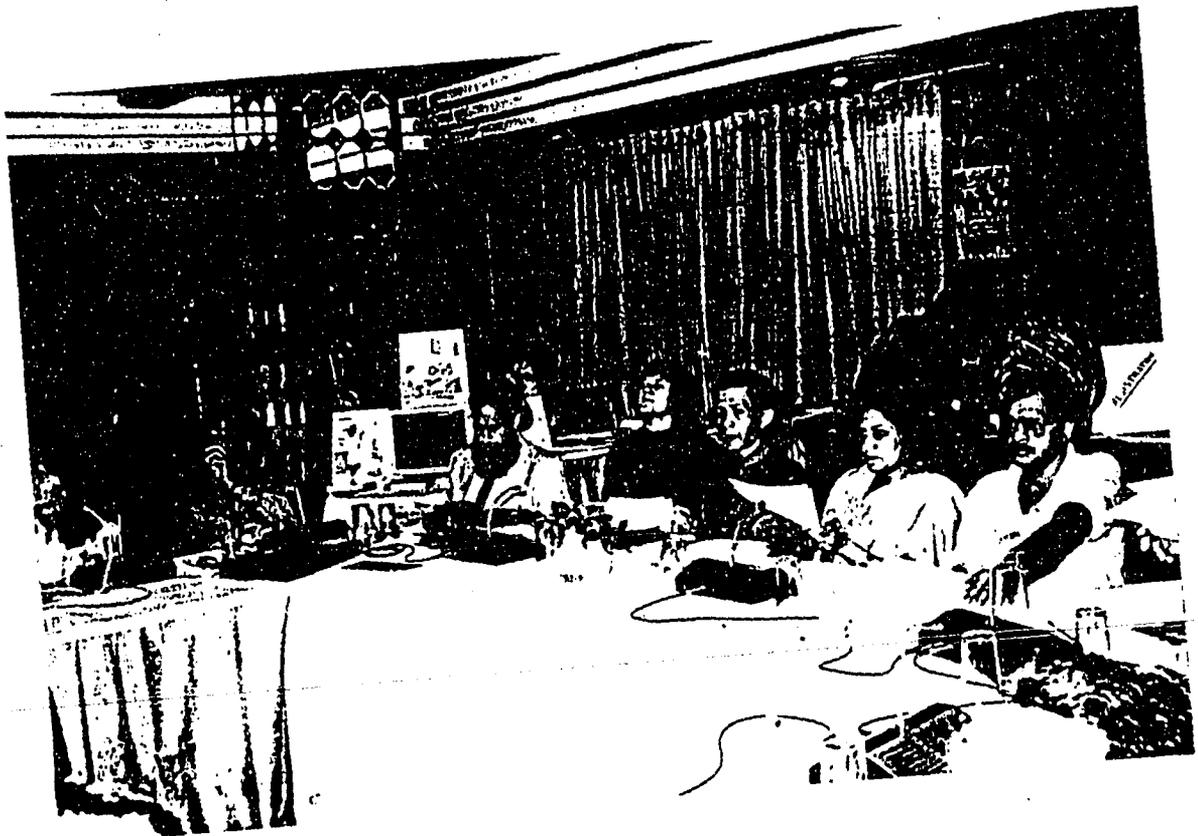
GENERAL MASS MEDIA LESSONS LEARNED

- Cooperation and collaboration with professional and donor agencies necessary
- Mass media strategies most effective when regionalised
- Potential of private production/transmission sources merits examination

GROUP REPORTS AND RECOMMENDATIONS



15



Small Group Work Discussion Guide

Below is a list of possible questions for group brainstorming session on sustaining HEC relating to child survival. This is just a starting point...

1. What is your group's (federal, provincial, NGO, etc.) **current involvement/role** in HEC related to child survival?

If you can imagine the **ideal role** for this group what would it be?

2. What are the **current HEC activities** of this group related to child survival? (training, IPC, HEC materials, etc.)

Are there **new activities** planned for the future?

What **new activities** would you like to see done in the future?

3. How does your group **currently collaborate** with other organizations within your group on HEC related to child survival?

How does your group **currently collaborate** with other groups represented here?

Can you imagine **new collaborative relationships** or projects which would be consolidate HEC efforts in the area of child survival?

4. Does the **importance of HEC in child survival** need to be promoted within your group? If so, how can this be done?

5. If you could recommend one thing that would further the continuation of HEC related to child survival, what would it be?

6. What **three things** can you initiate as a follow-on to this seminar to sustain and strengthen HEC for Child Survival?

7. What can you do to **institutionalize HEC for Child Survival** in your organization?

GROUP REPORTS AND RECOMMENDATIONS TO CONSOLIDATE AND SUSTAIN HEC

Federal Government Group Recommendations

1. Train Medical Officers and Paramedics on a regular basis.
2. Job descriptions of Health Education Officers and other health care providers should be defined, written, distributed, and evaluated.
3. Threads of the HEC program should be taken up by SAP, CHDP, and FHP. UNICEF may help in the production of audio visual material which should be cost effective.
4. Establish a Clearinghouse for all the training material at the Federal/Provincial level to avoid duplication.
5. For sustaining the programme, involve and train producers of radio and television in HEC. No need for payments to the Government/Corporations.
6. Health messages should be built into the regular programmes for sustainability (free of cost) like Agriculture Program (a radio program).
7. Provide HEC program in each and every program/service at the time of planning.
8. Use cost effective methods for HEC, especially traditional media like puppet shows and stage shows.

Provincial Government Group Recommendations

1. Training:

- a. Continue the training for MO's, Paramedics, Supervisors, and HEO's (present and new).
- b. Provide refresher courses on periodical basis.

2. Monitoring:

- a. Through supervision and periodic meetings at provincial and federal levels.

3. Funding Through:

- a. FHP
- b. Health Care Development
- c. SAP
- d. Continue assistance from federal government

4. Steering Committees:

- a. Continue federal and provincial committee activities.

International Agencies Recommendations

1. Their role is one of providing funding and technical assistance. The ideal role would be to more closely coordinate under GOP leadership.
2. IPC in health care provider training would be a guarantee for sustainability.
3. Currently collaboration takes place through FCAG-SAP. Expand FCAG membership to include private sector expertise.
4. Recommend **commitment** at all levels as the one thing that could further HEC sustainability.
5. The three things international agencies can do as a follow-on to this seminar:
 - widely disseminate the PCSP Lessons Learned manual,
 - ensure HEC is part of SAP, and
 - include IPC in health care provider curricula.
6. Restructure administrative set-up of international agencies to give HEC recognition as a full and essential discipline in the health system.

Non-Governmental Organizations Recommendations

1. NGOs involved in health related activities such as MCH, Family Planning, and WID are already disseminating child survival messages to varying degrees.
2. Smaller and localized NGOs need technical backstopping in terms of training and advocacy materials to involve them in disseminating child survival messages.
3. Networking of NGOs and using their infrastructure would be a cost effective methodology for sustaining the child survival program.
4. Involve parent/teacher associations for dissemination of child survival messages through the children to their parents.
5. NGO sector should be provided with adequate funds to undertake innovative approaches and have the flexibility to elicit foreign funding.

Media Group Recommendations

1. Train mass media communicators in HEC.
2. Add HEC to the school curriculum.
3. Increase health sector/media liaison and cooperation.
4. Use the radio because it reaches people in more regional languages.
5. Use direct mail.
6. Conduct comprehensive media use research.

**ISLAMABAD HEALTH EDUCATION AND
COMMUNICATION FOR
CHILD SURVIVAL RESOLUTION**

**ISLAMABAD HEALTH EDUCATION AND COMMUNICATION
FOR CHILD SURVIVAL RESOLUTION**

September 23, 1993

Whereas Health Education and Communication (HEC) is an important component in the Pakistan Child Survival Programme; and

Whereas HEC must be accompanied by available services and a conducive environment; and

Whereas a mix of mass media and IPC can influence behavior change more significantly than either alone; and

Whereas Interpersonal Communication (IPC) is recognized to be the preferred strategy of health information in Pakistan,

Therefore the development of HEC skills in health providers is essential;

Whereas HEC has greater success if it involves both public, NGOs, and private sector agencies, as well as the collaboration of diverse health program managers; and

In recognition of the importance of HEC - both mass media and IPC -in Child Survival;

Therefore be it resolved that:

HEC activities started under the PCSP should be continued and further strengthened by:

1. Mobilizing GOP and donor resources for HEC;
2. Increasing NGO and private sector participation in HEC;
3. Initiating more programs using the Enter-educate model;
4. Ensuring HEC as a full component within each Child Survival Intervention Program/Project and within associated health services and creating special funding allocations where necessary;
5. Including IPC in the pre-service and inservice training curriculum of all primary health care providers;
6. Training of mass media practitioners in HEC;
7. Including HEC in the school curriculum;
8. Making HEC an integral part of all Primary Health Care Programs;
9. Disseminating messages in regional programs as;
10. Disseminating national and regional program information in local social congregations such as festivals, melas, urs, national and regional horse and cattle shows.

SEMINAR AGENDA

**Seminar
On
"Lessons Learnt In
Health Education & Communication Component
of Pakistan Child Survival Project (PCSP)"**

23rd. September, 1993

<u>Inaugural Session (23-9-1993)</u>	<u>Venue</u>	<u>Holiday Inn/Islamabad Hotel</u>
09:00 am	Registration of participants	
10:00 am	Arrival of the Chief Guest	Dr. S. Mohsin Ali Director General Health
10:05 am	Recitation From Holy Quran	
10:10 am	Welcome Address and Introduction of the Seminar	Dr. Mushtaq A. Chaudhry Project Director, WFP/PHC
10:20 am	Health Education and Communication in PCSP	Mr. Abdul Sattar Chaudhry Health Education Advisor
10:40 am	USAID Role at PCSP	Dr. Lois E. Bradshaw Chief SSPD, USAID
10:50 am	Address by the Chief Guest	Dr. S. Mohsin Ali Director General Health
(Tea Break)	Vote of Thanks	Mr. Abdul Sattar Chaudhry
11:00 am	<u>Technical Session</u>	
	Chairperson	Dr. S. Mohsin Ali, DG Health
	Moderator	Mr. A. Sattar Chaudhry
	Presentation on "Lessons Learnt In Health Education and Communication at PCSP"	
11:05 am	Interpersonal Communication at PCSP	Mr. A. Sattar Chaudhry
11:25 am	Mass Media interventions at PCSP	Zahid Hussein
11:55 am	Behind the Scene Videos- Radio drama "Ghar Aya Mehmaan"	Ms. Ghazala Ahmed

and Tariq Aziz Show

12:10 pm

Episodes of PCSP specific
Tariq Aziz Show

Ms. Ghazala Ahmed

12:25 pm

Small Group Instructions

Diana Silimperi

12:35 pm

Small Group Work :-

- 1) How to consolidate and sustain
Health Education activities of PCSP
(Federal Group)
Group Leader: Mr. A. Sattar Chaudhry
- 2) How to consolidate and sustain
Health Education activities of
PCSP at provincial level
(Provincial Group)

Group Leader: Dr. Sajjan Memon
- 3) Role of international and bilateral agencies in
maintaining the PCSP health education and
communication tempo
(International Group)

Group Leader: Mr. Ramzan Azhar
- 4) How to strengthen Health Education through private
sector, and the NGOs

Group Leader: Prof. Laeeq A. Khan
- 5) Role of media in maintenance of Health Education
activities
(Media Group)

Group Leader: Mr. M. Sadiq

1:35 pm

Group Reports

Group leaders

2:00 pm

Concluding remarks by the
Chairperson

Dr. S. Mohsin Ali, DG, Health

2:15 pm

Distribution of shields
to PCSP partners in Health
Education and Communication

Dr. S. Mohsin Ali, DG, Health

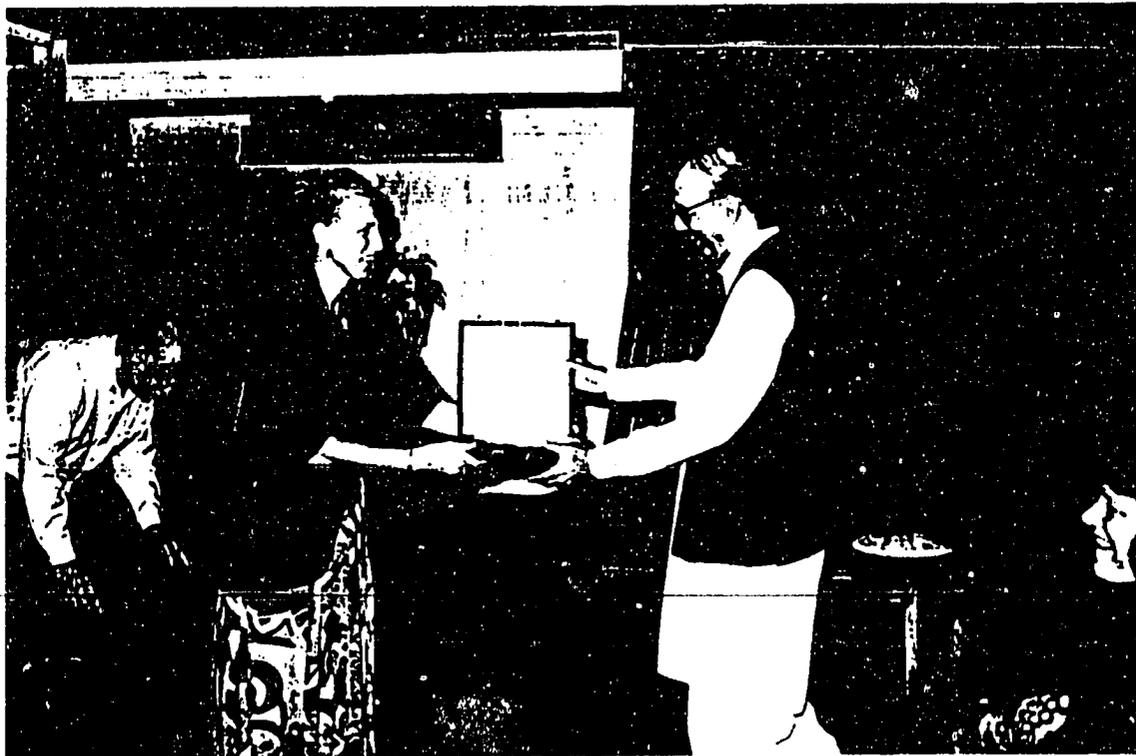
2:30 pm

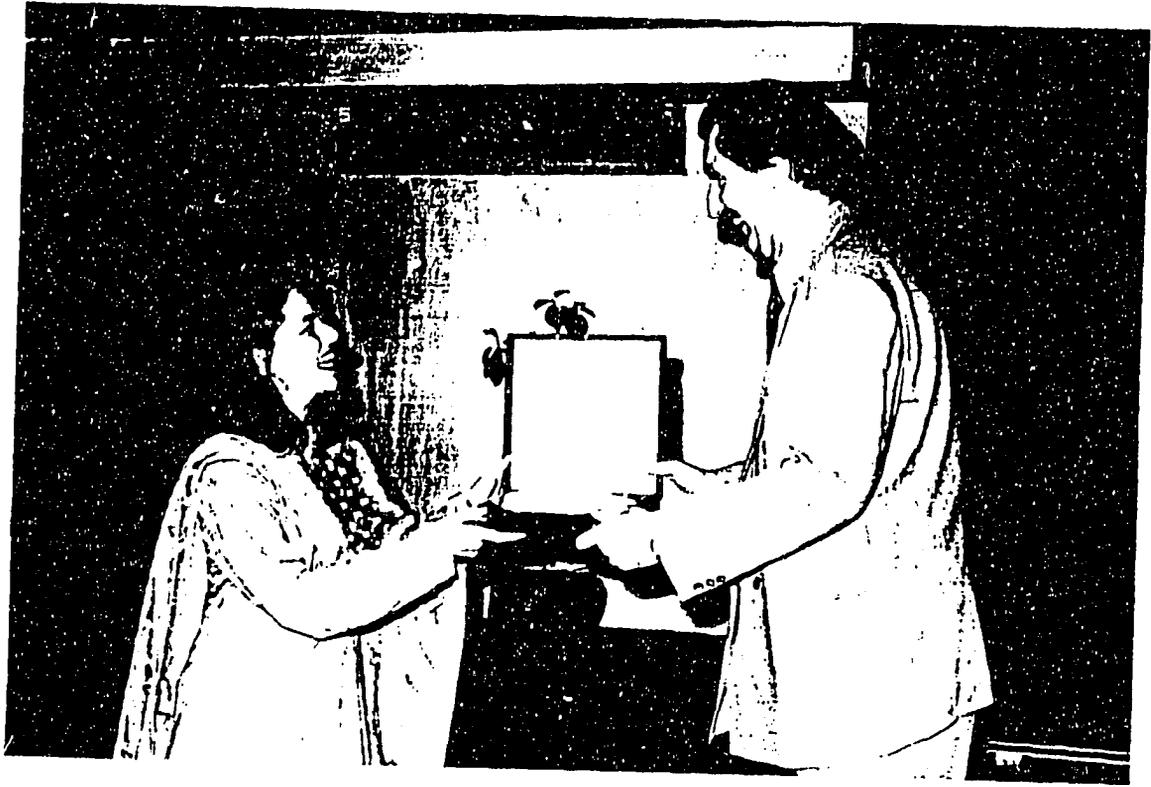
Signing of Final Resolution

2:30

Lunch

PARTICIPANT LIST









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**SEMINAR ON LESSONS LEARNED IN HEALTH EDUCATION AND
COMMUNICATION COMPONENT OF
THE PAKISTAN CHILD SURVIVAL PROJECT**

PARTICIPANT LIST

Dr. A. Rehman Khan
Director General Health
Government of Balochistan
Quetta

Dr. Sajjan Memon
Director General Health
Government of Sindh
Hyderabad

Dr. Mushtaq Ahmad Chaudhry
Project Director WFP/PHC
Ministry of Health
Islamabad

Dr. Manzoor Ahmad Malik
Deputy Director General Health
Basic Health Services Cell
Islamabad

Dr. Riaz Ahmad Malik
Asstt. Director General Health
Basic Health Services Cell
Islamabad

Dr. Talat Rizvi
Asstt. Director General Health
Basic Health Services Cell
Islamabad

Mr. Ramzan Azhar
Chief PCI
UNICEF
Islamabad

Dr. Majid Rajput
Executive Director
National Institute of Health
Islamabad

Dr. Khawaja Abbas
Childrens Hospital
Islamabad

Mr. Faris Rehman Khan
Joint Secretary (Dev)
Ministry of Health
Islamabad

Dr. Zahid Abbas
Deputy Director
Health Services Academy
Islamabad

Mr. Afzal Hasan
Aftab Associates
Lahore

Mrs. Ghazala Ahmed
Director, Special Projects
Spectrum Communications
Karachi

Dr. Theo Lippeveld
Chief of Party (A)
PCSP/HIID
Islamabad

Dr. Jason Weisfeld
UNICEF
Islamabad

Dr. Mohamed Ali Bazgar
WHO Representative
Islamabad

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National Project Manager
EPI, CDD
NIH
Islamabad

Prof. Laeeq Ahmed Khan
Executive Director
Family Planning Association
of Pakistan
Lahore

Mr. Naseer A. Chaudhry
Director
Pakistan Family Welfare Council
Lahore

Dr. Khalid Farooq
Director
Pakistan Health Education Society
Lahore

Dr. Tahir Pervez Mir
Additional Medical Superintendent
Holy Family Hospital
Rawalpindi

Ms. Seerat Shahina
Health Education Officer
Liaquat Medical College
Jamshoro

Dr. Lois Bradshaw
Chief SSPD
USAID
Islamabad

Dr. Shireen Ansari
Medical Officer
Malaria Control Programme
Islamabad

Dr. Zahida Qureshi
Health Services Academy
Islamabad

Dr. Rushna Ravji
Chief O/HPN
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Dr. Mushtaq Ahmad Chaudhry
Project Director
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WHO Adviser on CDD
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Mr. Abdul Hamid Loan
Asstt. Director (HE)
Directorate of Health Services, Punjab
Lahore

Mr. Abdul Sattar Khan
Asstt. Director (HE)
Directorate of Health Services, Sindh
Hyderabad

Mr. Ahmad Razi
Health Education Officer
Health Directorate
Muzaffarabad

Mr. Ross James
Research Fellow
Curtin University
School of Public Health
Australia (Currently with Pakistan Radio)

Mr. Qamar-ul-Islam Siddiqui
Health Education Officer, EPI
NIH
Islamabad

Dr. Akram Pervez
Executive Director
Mother and Child Welfare Association
Lahore

Dr. Surayya Munir
MCWA
Lahore

Mr. Mohd Sadiq
Deputy Controller Programs
Radio Pakistan , PBC Headquarters
Islamabad

Mr. Bedar Abbass
Asstt. Chief
Nutrition Planning
Nutrition Cell, P & D Division
Islamabad

Mr. I.N. Abbasi
Director
Press Information Department
Islamabad

Miss Shamim
Social Worker
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Mrs. Akram
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Daily Markaz
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Chief, Planning & Development
Government of the Punjab
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Dr. Munawar Bhutta
Director, FHP
Lahore

Aliya Masood
Sociologist
Islamabad

**PRESS RELEASE AND
PRESS CLIPPINGS**

66.

Assistance by USAID for the Pakistan Child Survival Project will be completed by the end of September 1993.

Islamabad, 23rd. September, 1993. A Seminar on "Lessons Learnt in Health Education and Communication - Pakistan Child Survival Project" was held in the Islamabad Hotel (Holiday Inn) on 23rd. September, 1993. Dr. Syed Moshin Ali, Director General Health, Government of Pakistan, presided over the seminar which marked the conclusion of USAID assistance to the Pakistan Child Survival Project. The PCSP was launched three and one half years ago in June 1990.

Health Education and Communication was a guiding principle in the PCSP, promoting: immunization; ORS utilization for the prevention of dehydration from diarrhoeal disease; exclusive breastfeeding; and better nutrition for vulnerable children under five years of age. Technical presentations focused on innovative mass media and interpersonal communication methods and related research. The seminar was attended by high level executives of national and provincial Health Departments, members of Non-governmental Organizations, international agencies and representatives of the media. Small group discussions explored possible ways to continue the Health Education and Communication activities initiated under the Pakistan Child Survival Project.

The project's experience revealed that a "media mix" of mass media and inter-personal communication can be effectively utilized to educate the public regarding child survival interventions. A resolution was passed to support the continuation and strengthening of those HEC activities initiated by the PCSP.

INTERNATIONAL

THE NEWS

Islamabad/Rawalpindi Edition

Friday, September 24, 1993

30% children vulnerable to immunisable maladies

'Health education and communication a life-saving intervention'

By Shahzad Alam Khan

ISLAMABAD: Mass awareness through community participation and inter-personal communication, coupled with improved health care facilities, can play a vital role in reducing infant and child mortality rates in the country.

This was the gist of the speeches made at a seminar on 'Lessons learnt in health education and communication—Pakistan Child Survival Project,' here on Thursday.

The Pakistan Child Survival Project (PCSP) was launched in collaboration with the USAID in June 1990. Since the USAID is packing up from Pakistan, the seminar also marked the conclusion of its assistance to this project.

The objectives behind the function were to explore ways and means to sustain the health education and communication activities initiated under the PCSP.

Dr. Mohsin Ali, director general health, was the chief guest on the occasion. Dr. Abdul Sattar Chandhry, health education advisor, Dr. Mush-taq A. Chandry, project director, high level executives of national and provincial health departments, members of non-governmental organisations, international agencies and representatives of media were also present on the occasion.

The speakers said health education and communication served as a guiding principle in the PCSP in its efforts to promote immunisation; ORS utilisation for the prevention of diarrhoeal diseases; breast feeding; and better nutrition of vulnerable children under five years of age.

Technical presentations focussed on innovative mass media and inter-personal communication methods.

Dr. Abdul Sattar briefed the audience about the project and the steps taken under PCSP to promote health messages across the country by utilising the mass media.

A series of radio plays were broadcast from 10 stations in six different languages, including the national language. In addition, Neelam Ghar also served as a platform to mobilise the masses about preventable diseases.

The PCSP tried to strengthen the skills of health professionals for effective management of diarrhoea, acute respiratory infections, nutrition and immunisation interventions.

The USAID's assistance to PCSP aimed at training the health workers and developing a viable health information system to educate the masses.

Dr. Mohsin Ali said health education and communication is a life-saving intervention. Its effectiveness in areas like immunisation and smok-

ing control is indisputable.

A large chunk of our population is vulnerable to high health risks because of lack of health information. Most of them think they are immune to ailments; while others try to save money rather than their lives.

He said apathy towards health has resulted in poor national health standards. The country's infant and child mortality rate is still very high: about 30 percent of the children are not protected against immunisable disease and diarrhoeal diseases are still rampant.

The government is committed to eradicating polio by the year 2000, and other maladies like measles and neonatal tetanus by the year 1995.

Political commitment and active participation of sectors other than the health department can help motivate the public. "We have to launch a social mobilisation and advocacy campaign for the cause of children and mothers," he said, stressing the need to engage communities, families, parents and the media to make this drive a success.

He said three hours per week on PTV-2 and STN have been secured to educate the masses.

The meeting also passed a resolution stressing the continuation of the health education and communication activities initiated by the PC ?

In the name of Allah, Most Gracious, Most Merciful

FOUNDED BY QUAID-I-AZAM MOHAMMAD ALI JINNAH

THE PAKISTAN TIMES

National English Daily with the largest circulation — Published simultaneously from Islamabad & Lahore

Friday, September 24, 1993

Health education vital to prevent several ailments of children

By Our Special Correspondent

ISLAMABAD, Sept. 23: More than 40 health experts at a seminar held here on Thursday were unanimous of the view that health education is the guiding principle in preventing several ailments of children.

The seminar "Lessons learnt in health education and communication—Pakistan Child Survival Project" was sponsored by the Ministry of Health with the assistance of USAID.

Besides eminent health experts drawn from all over the country the seminar was attended by WHO representative in Pakistan, Dr. Mohammad Ali Barzgar, Director USAID, Mr. John Blackston, UNICEF representative, Dr. Westfeldm and two Washington-based subject specialists Miss Andrea Usnik and Dr. Silimperi.

Inaugurating the seminar, Dr. S. Mohsin Ali, Director General Health, commented that many people were neglecting the necessary steps to protect their health. Some of them were unaware of the requisite health information. While others were lived in dreams that disease always struck the next fellow. Some were too modest, particularly among the in older generation, to have a thorough check-up or to go to anyone for health consultation. Yet another segment of people was of the view that if they caught the disease it would not be very severe.

He said apathy towards health had resulted in poor national health standards and continuously high infant mortality, as about 30 per cent of children were not protected even against immunizable diseases. Diarrhoeal disease,

mendous efforts to improve the health of mothers and children in Pakistan.

Dr. Mohsin Ali said Pakistan was committed to achieve the target of polio eradication by the year 2000 while some other targets like measles control and eradication of neonatal Tetanus were to be met by the year 1995.

Health education and communication would always be our main tool to achieve these goals in the Child Survival Project. It would be difficult if not impossible for health sector alone to launch the needed health education and communication campaign to achieve these ambitious but challenging goals, he added. We need new partners. We need political commitment, active participation of other sectors, non-government organisations and a motivated public to reach these targets.

Dr. Mohsin Ali said measures had to be taken to ensure free and enlightened community participation, so that along with the overall responsibility of the government for the health of the people, individuals, families and communities assumed the responsibility for their own health and welfare. This participation was not only desirable, it was a social economic and technical necessity.

Director USAID Dr. Lois Bradshaw, commended the efforts taken in hand in Pakistan to launch effective health and communication programmes through mass media.

Stressing the need for health education and communication she said that experience had shown in East Africa that the deadly disease AIDs had been prevented in cer-

Pakistan Health Education Adviser Dr. Abdus Sattar Chaudhry gave an overview of the efforts being made to educate the masses how they can prevent various diseases.

His lecture "Health Education and Communication in Pakistan, Child Survival Project of Pakistan" which was elaborated by a large number of slides was highly appreciated by the participants.

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AN INDEPENDENT NATIONAL DAILY

The Nation

Published from Islamabad and Lahore

FRIDAY, SEPTEMBER 24, 1993

Seminar held to discuss child survival projects

ISLAMABAD (PPI)—Health education and communication is the main tool to achieve goals in the child survival projects by the year 2000.

This was stated by Director General, Health, Dr Syed Mohsin Ali, while addressing a day long seminar on "Lessons learnt in health education and communication component of the Pakistan child survival project", jointly organised by Ministry of Health and USAID here on Thursday. The main targets of the Pakistan child survival project (PCSP) are to achieve polio eradication by the year 2000 and some other targets like measles control and eradication of neonatal tetanus are to be met by year 1995, he added. The Director General Health observed that it will be difficult if not possible for health sector alone to launch needed health education and communication campaign to achieve the ambition.