



Final Report. BBC Media Action project on Improved child, newborn and maternal health project. (submitted 13/07/23)

Project implementation: BBC Media Action

Partnership: ORCD

Donor: UNFPA

Date: May – June 2023

BBC Media Action project on Improved child, newborn and maternal health project.

Intended outcome of the project: As a result of the short project the audiences had increased knowledge and understanding of child and maternal health issues.

Background:

In May 2023 BBC Media Action signed a 2-month contract in partnership with ORCD to deliver activities to support audiences having increased knowledge and understanding of child and maternal health issues. The donor for the project was UNFPA.

During the project period the BBC Media Action was able to achieve all the project deliverables.

The deliverables were:

- content production and dissemination on radio, TV, buses and in health clinics,
- formative research, pre-testing of content, monitoring of media partners component, and success stories, and
- community engagement trainings.

BBC Media Action would like to thank ORCD for their support, especially in providing their technical knowledge and insights on the maternal and child health situation in Afghanistan, and to the research team for providing feedback and insights into the development of the formative research. Thanks also for identifying participants for the community engagement trainings.

Activities.

Phase One:

Activity 1 Formative research (to inform second phase of the initiative. See research section for details)

Activity 2 Content production Produce MCH audio content.

Darman radio programme.

16 episodes with 8 in Pashto and 8 in Dari.

Broadcast on BBC Afghan service and 53 partner radio stations.

Based on existing information and knowledge, BBC Media Action produced MCH content that was included in our popular weekly radio magazine 'Darman' and is produced in Dari and Pashto languages. It was broadcast through the BBC's Afghan service and with 53 radio stations across the country. (Annex A for specific details of the stations and their locations.) The programmes delivered information in an easy-to-understand way and included community voices as well as experts to ensure the target audience had access to actionable information.

BBC Media Action hired Dr. Hafiza Sajad, who is a gynaecologist and senior midwife at the capital's Malalai maternity hospital, to be a contributor for the programme. We also invited pregnant women, husbands and family members to the studio to be part of the programme. This ensured the programmes reflected real community voices and listeners could identify with the programme. A special programme responded to listeners questions that have been gathered as part of feedback using the project's What's App number.

The programme topics were as follows:

1. What different stages a mother and family consider during pregnancy.
2. What important points should be considered for the health of the mother and baby when giving birth.
3. Postnatal care of mother and baby
4. Practical steps for preparing for the wellbeing of the mother and the birth including attending vital checkup visits.
5. Labour signs especially in the final stages.
6. Care of the baby at birth (care for cutting the cord, navel, breastfeeding). Care for mother after delivery (hygiene and care around placenta).
7. How to address difficult circumstances such as haemorrhaging (heavy bleeding), how to control it as well as dealing with infections.
8. Emotional support and health needs immediately after a miscarriage

One programme focused on listener feedback gathered through our WhatsApp hotline number. Dr. Hafiza Sajad was able to respond to the audience questions. Key issues from the feedback included: what are the dietary needs of a pregnant mother in the last weeks of pregnancy, what is the minimum length of time a mother should rest after a delivery, can malaria be transferred to an infant in case the breastfeeding mother is infected with malaria and how to address post-delivery severe bleeding.

Audio content for use on buses.

Buses are a keyway for people to travel across Afghanistan. Under the DfA, while videos can no longer be played on the buses, audio content can be played. This is a way to reach both men and women as they travel across Afghanistan.

BBC Media Action modified the Darman content for use on the buses with 2 hours of content for each of the 50 return bus trips through North-Northeast- and south- southwest region provinces commuting buses. The specific routes were **North routes** (Kabul to Badakhshan, Kabul to Kunduz, Kabul to Balkh, Kabul to Faryab) and **South routes** (Kabul to Herat, Kabul to Kandahar, Kabul to Nimruz). BBC Media Action was able to monitor that the buses played our content as per the agreed plan on 50 round trips (25 round trips on north route covering Balkh, Faryab, Kunduz and Badakhshan provinces; and 25 round trips on south route covering Kandahar, Nimruz and Herat provinces).

As part of the monitoring process, BBC Media Action's provincial coordinators spoke to passengers. The feedback was that the passengers found the content relevant and useful:

"It [the programme] was about women's health – like how to look after mother's health. It also covered hygiene and how everybody should know how to live a healthy life." (A male passenger on Kabul-Kandahar route)

"It is a very good and beneficial programme because people are not aware of these topics in the villages – those who are on board the bus can hear it and it will be very useful for them. (A male passenger on Kabul-Herat route)

In some cases, male participants requested the content to discuss general maternal and child health rather than specific issues of pregnant women's health, which they considered sensitive.

In Kabul-Kandahar-Nimruz route, Dari speaking passengers requested the content to be both in Pashto and Dari languages.

Based on this feedback BBC Media Action modified the content to include topics such as post-birth mother and infant health care that were more relevant to a mixed audience.

Audio content for use in health centres.

As part of a pilot initiative, BBC Media Action produced 4 pieces of audio content (2 in Pashto and 2 in Dari) for use at 2 maternal health centres. (1 Herat province and 1 in Nangarhar province) from 1st of June 2023

BBC Media Action purchased 4 PA systems so the audio content could be played at the centres. The health centres were chosen in consultation with ORCD, UNFPA and AADA organizations and located in an IDP camp in Herat province and Behsud district of Nangarhar province. The idea was to provide information on maternal and child health on general issues to people (and especially) women in the health centre waiting areas.

The provincial coordinators followed up with monitoring visits to gather feedback from the staff and women in the waiting areas.

- The provincial coordinators gathered quick feedback from 10 women visiting health centres. Women mentioned that while waiting in the health centres, they understood the content and it was useful for them.
- They spoke with doctors and health centre staff. They said they currently did not use any audio messaging in the health centres, but that the playing of the content in the health centres could be useful. They also suggested the use of audio content for mobile health teams.
- On the use of speakers in health centres, doctors suggested provision of solar panel and batteries so these speakers could be recharged and used regularly. The cost of this is approximately 500USD for the solar panel and battery.

Testing of the content

BBC Media Action tested the content with 4 women in Herat and 6 at Nangarhar health centres. The initial findings indicated that the content was understandable, interesting, and useful for the intended audience.

Broadcast video content on national and provincial TV stations.

BBC Media Action provided video content to national and local radio stations to broadcast short nutrition messages (PSAs). The four two-minutes long infographic videos (4 Dari & 4 Pashto) included information on legumes [Hubobat], potatoes, rice and vegetables.

BBC Media Action partnered with two national and international broadcasting TV stations. Each broadcast the content one time each night for 30 nights. The 30 regional and local TV stations each broadcast two times per night for 20 nights as well as optional repeat broadcasts during the day. The content was broadcast in a range of timeslots including (1st of June up to June 30, 2023 on Tolo and Shamshad TVs and from June 11 to June 30 on 30 local TV stations). (See annex b for a list of TV stations.)

Risk Communication and Community Engagement Training [For community health workers/facilitators]

BBC Media Action conducted Risk Community Engagement (RCCE) training workshop for community health workers on how to communicate and engage with communities. The curriculum covered the following topics: health communication, understanding the

community and their context, strengthening participation and 2-way communication, and creating community feedback mechanisms.

The two training courses were conducted in person at the BBC MA office. For the women, the in-person training was especially useful as they could meet and talk with their peers. It was also a good opportunity for the BBC MA team to get a better understanding of the situation facing the health workers, especially around community engagement. The information will be useful for our future work. It was agreed to set up WhatsApp groups to continue the conversation.

Risk Community Engagement training for female community health workers/community mobilizers:

The RCCE training conducted for 14 female participants on 20th and 21st of June by Shoaib Sharifi and Mursal Abrar. They came from Herat, Nangarhar, Kunduz, Kabul, Balkh, Baghlan, Badakhshan and Nuristan and some were accompanied by their Mahrams.

According to the trainers the key learning points and discussions that took place were communication is aid, communication should be two-way, and it's important to have the communities trust to be impactful. Participants liked the fact that learning context was participatory. They also said the sessions on the feedback mechanisms was simple to understand and an important and vital part of communication.

Risk Community Engagement training for male community health workers/community mobilizers:

The training for the male community health workers/community mobilizers conducted on 23rd and 24th of June by Shoaib Sharifi and Mursal Abrar. The 15 men came from the following provinces: Herat, Nangarhar, Kunduz, Kabul, Balkh, Baghlan, Badakhshan and Nuristan.

According to the trainers the key learning points and discussions that took place were understand communication is a form of aid, to have an impact communication needs to be accessible, actionable, credible, timely, relevant, and understandable. Participants also learned how to do information needs assessment and find out the right channel of communication for an affected community.

28 participants filled out the evaluation form. Participants were asked about their perception of change in their knowledge and skills and how they rated their knowledge and skills before and after training. Female participants mentioned higher degree of change in their knowledge and skills (9.86 compared to 8.93).

Gender	Your knowledge and skills before training in this subject matter	Your knowledge and skills after training in this subject matter	Changes percentage
Male	7.07	8.93	19%
Female	6.57	9.86	33%
Total	6.82	9.39	26%

Here are some quotes from the participants about the training:

"Since most of our work is with community, I have learned some communication methods that help me in the field." (A male participant from Badakhshan)

"The training was the best; the only challenge was that some participants were not active in group working." (A female participant from Balkh)

"I have learned good communication skills, and how to communicate with the community and learned how to get feedback." (A male participant from Nangarhar)

Formative Research

BBC MA reviewed the existing literature on MNCH in Afghanistan and developed the formative research design and tools. We also had multiple discussions with UNFPA and ORCD teams about their MNCH work in the country, and to understand their expectations and questions for the formative research. The research design and tools were shared with UNFPA and ORCD for the inputs and finalized based on their comments. The tools were then translated into Dari and Pashto.

The research team – consisting of male and female researchers – received a refresher training on data collection and interviewing vulnerable people. Additionally, a doctor briefed the researcher on MNCH. We then piloted the tools through mock interviews to make sure all questions were understandable, and that the researchers understood the questions.

The researchers then started data collection. In total, we conducted 43 in-depth interviews with pregnant women and mothers, mothers-in-law, husbands, community mobilizers and health workers, three focus group discussions with mothers-in-law and health workers, and two observations. Data collection was completed on 25th June.

A summary of the findings from the research is below:

Awareness

- Awareness about antenatal care (ANC) is limited, and mostly centred around reducing workload and avoiding heavy work. Knowledge about four rounds of visits, danger signs, nutrition, and services at health facilities remains mostly general and vague.
- Awareness on birth preparedness revolved around items needed in case of giving birth at home. While most participants knew about a health centre in their district, their knowledge of available services at those centres was general and limited.
- Awareness about safe delivery is mostly focused on danger signs, seeking medical help in case of emergency, and making generic preparations at home. In general, the level of knowledge regarding this stage is relatively good.
- Awareness about immediate and exclusive breastfeeding and essential new-born care was limited, with women more aware about the importance of breastfeeding, thermal care, and colostrum feeding, but less aware about danger signs, check-up within 24 hours, and hygiene issues.

- Awareness about postnatal care (PNC) is limited, with mothers more aware of breastfeeding, vaccinations, and seeking medical assistance in case of danger signs. However, their knowledge remains generic and at times vague about hygiene, danger signs, nutrition, and regular check-ups.

Availability of and access to services and support

- Health facilities were reported to offer most of the essential health services; but some did not mention HIV screening and TB test. Medicines were mostly reported to be in short supply.
- Access is better in urban areas due to transportation, higher level of awareness, and shorter travel distance. These issues make it difficult for women in rural areas to access services available in their district.
- Traditional birth attendants are always available but the assistance they can provide remains limited as they are unskilled, have no medicines with them, and have no equipment or facilities at their disposal.
- Access to nutritious food is limited due to a multitude of factors including bad economic situation of families.

Practices

- Women generally reduce workload and avoid heavy work, but this is not always possible. Families expressed support to women by taking over most of the workload.
- Women tend to eat more but generally they eat more from what everyone eats at home. Nutritious food remains mostly difficult to afford.
- Women don't regularly go for check-ups during their pregnancy, nor do they always go for regular check-ups after delivery.
- Women tend to give babies and women food that they believe is nutritious, including cooking *laiti*, *halwa* and chicken soup for mothers and giving butter, sugar solution, and tea to babies.
- Most families tend to take vaccinations of their children seriously but show less knowledge about vaccinations of their mothers.

Barriers

- Economic difficulties remain the most pressing barrier coupled with transportation as well as road connectivity issues.
- Some cultural norms and traditions, including the belief that mullah's prayers can be curative, are also critical barriers.
- Mothers-in-law, fathers-in-law and husbands are mostly in decision-making positions and pregnant women appear to have less of a say in decisions along the pregnancy journey.
- Rural lifestyle including workload and hectic work hours make it less practical to observe hygiene and regular breastfeeding of the baby.

Enablers

- Generally, women and husbands show sympathy toward women throughout the course of their pregnancy journey.
- Increased awareness about mothers and children health will enable men and women to provide useful support to women.
- All participants reported that they trust in health facility staff and in media content shared on TV and radio.
- There is a high level of interest in media shows that focus on advice for the health of mothers and babies.

Community stories

As part of the project, BBC Media Action gathered community stories about their access to MNCH facilities and services, their knowledge about MNCH and cultural norms, traditions, and practices around MNCH. We will share stories of three women about their experiences.

Weekly Media Monitoring

The team has regularly monitored broadcast of MNCH content on radios, TVs, and buses according to media plan. For radio and TV monitoring, our monitoring team listened/watched the content being broadcasted by partners stations according to the agreed media plan. For documentation, the monitoring team has recoded the content being broadcasted by the partners and entered data in our online platform (Qualtrics).

For buses, the bus companies would share contact number of drivers/ driver assistants and at least three passengers. Our monitoring team would coordinate with the driver assistant about the broadcast time, and at the agreed time, the monitoring team would contact drivers' assistants and would listen to the content being played in the buses. The team would also collect quick feedback from passengers about the content.

The monitoring data show that partners have regularly broadcasted the content according to the agreed media plan with few changes. (See annexes c, d, and e for detailed monitoring report).

Annex A: Radio Stations:

Province	Name of radio
Badakhshan	Sada e banowan
Badakhshan	Pamir
Badakhshan	Harim e zan
Badakhshan	Khurasan
Badghis Province	Naraiman
Baghlan	Chonghar
Baghlan	Paiman
Balkh	Nehad
Bamyan	Bamyan
Daykundi Province	Nasim
Farah Province	Naway-e-Zan
Farah Province	Dunya e naw
Ghazni Province	Azmoon
Ghor	Sarhad
Ghor	Sada e adalat
Ghor	Firozkoh
Helmand	Sabawoon
Helmand	Sakoon
Helmand	Zhagh
Helmand	Lashkargah
Herat Province	Faryad
Herat Province	Baran
Jowzjan Province	Bostan
Jowzjan Province	Mehran
Jowzjan Province	Shoja
Kabul	Jawanan
Kabul	Begum
Kabul	Killid
Kandahar	Zema
Kandahar	Tabasum
Khost Province	Suli Paigham
Kunar	Badloon
Kunduz Province	Kohandash
Kunduz Province	Radio kunduz
Laghman Province	Soola arman
Logar	Zinat
Nangarhar	Sharq

Nangarhar	Muram
Nuristan	Soola sahaar
Paktia Province	Zhowand
Paktika Province	Pashton ghazh
Parwan	Kahkashan
Samangan	Rustam
Sar-e Pol	Saday-e-Banoo
Sar-e Pol	Anbeer
Takhar	Hamsada
Urozgan	Taroon Zagh
Zabul	Sheikh mati
Maidan Wardak	Ghagh FM
Nimruz Province	Burna
Kapisa	Saday -e-Nijrab
Panjshir	Kachkan
Faryab Province	Tamana

Annex B: TV stations list

No	TV station base Location	Coverage Area	TV Station Name	# of night broadcast
1	Kabul	National and international	Tolo TV	30
2	Kabul	National and international	Shamshad TV	30
Local and Regional TV stations				
No	Region	Province	TV Station Name	# of night broadcast
1	North	Balkh	Arezo TV	20 nights and repeats during the day
2			Frogh TV	20 nights and repeats during the day
3		Takhar	Mahnow TV	20 nights and repeats during the day
4			Raihan TV	20 nights and repeats during the day

5		Badakhshan	Pamir TV	20 nights and repeats during the day
6			Mehr TV	20 nights and repeats during the day
7		Jowzjan	Ghazal TV	20 nights and repeats during the day
8		Samangan	Shahrwand TV	20 nights and repeats during the day
9		Kunduz	Khawar	20 nights and repeats during the day
10			Uranoos	20 nights and repeats during the day
11		Baghlan	Tanweer	20 nights and repeats during the day
12	Central	Kabul	Rasa TV	20 nights and repeats during the day
13		Ghazni	Ghaznawyan TV	20 nights and repeats during the day
14		Maidan Wardak	Waak TV	20 nights and repeats during the day
15	West	Herat	Faryad TV	20 nights and repeats during the day
16			Taban TV	20 nights and repeats during the day
17			Taraqi TV	20 nights and repeats during the day

18			Asr TV	20 nights and repeats during the day
19			Estiqlal TV	20 nights and repeats during the day
20			Naab TV	20 nights and repeats during the day
21		Farah	Dunya-e Now	20 nights and repeats during the day
22		Badghis	Oboor	20 nights and repeats during the day
23	Eastern	Nangarhar	Arzekht TV	20 nights and repeats during the day
24			Sharq TV	20 nights and repeats during the day
25			Hamisha Bahar TV	20 nights and repeats during the day
26		Laghman	Sola Arman	20 nights and repeats during the day
27			Hela TV	20 nights and repeats during the day
28		Khost	Gharghakht TV	20 nights and repeats during the day
29			Zheman TV	20 nights and repeats during the day
30			Zarghon TV	20 nights and repeats during the day

Annex C: Bus Bespoke Monitoring

Bus Bespoke Monitoring					
Route	Week 1 June	Week 2 June	Week 3 June	Week4 June	Total
Kabul - Balkh	2	N/A	2	2	6
Kabul - Faryab	N/A	2	2	1	5
Kabul - Kunduz	2	2	2	2	8
Kabul - Badakhshan	2	N/A	2	1	5
Kabul - Herat	2	2	2	2	8
Kabul - Kandahar	2	2	2	3	9
Kabul - Nimroze	2	2	2	3	9
Total	12	10	14	14	50

Annex D: Radio Monitoring

[illegible]

[illegible]

[illegible]

Annex E: Local TV Media Monitoring Report

Province	TV Station Name	03 - 09 June	11 - 16 June	17- 23 June	24 - 30 June
Balkh	Arezo TV		Yes	Yes	Yes
	Frogh TV		Yes	Yes	Yes
Takhar	Mahnow TV		Yes	Yes	Yes
	Raihan TV		Yes	Yes	Yes
Badakhshan	Pamir TV		Yes	Yes	Yes
	Mehr TV		Yes	Yes	Yes
Jowzjan	Ghazal TV		Yes	Yes	Yes
Samangan	Shahrwand TV		Yes	Yes	Yes
Konduz	Khawar		Yes	Yes	Yes
	Uranoos		Yes	Yes	Yes
Baghlan	Tanweer		Yes	Yes	Yes
Kabul	Rasa TV		Yes	Yes	Yes
Ghazni	Ghaznawyan TV		Yes	Yes	Yes
Maidan Wardak	Waak TV		Yes	Yes	Yes
Herat	Faryad TV		Yes	Yes	Yes
	Taban TV		Yes	Yes	Yes
	Taraqi TV		Yes	Yes	Yes
	Asr TV		Yes	Yes	Yes
	Estiqlal TV		Yes	Yes	Yes
	Naab TV		Yes	Yes	Yes
Farah	Dunya Now		Yes	Yes	Yes
Badghis	Oboor		Yes	Yes	Yes

Province	TV Station Name	03 - 09 June	11- 16 June	17- 23 June	24 - 30 June
Nangarhar	Arzekht TV		Yes	Yes	Yes
	Sharq TV		Yes	Yes	Yes
	Hamisha Bahar TV		Yes	Yes	Yes
Laghman	Sola Arman		Yes	Yes	Yes
	Hela TV		Yes	Yes	Yes
Khost	Gharghakht TV		Yes	Yes	Yes
	Zheman TV		Yes	Yes	Yes
	Zarghon TV		Yes	Yes	Yes
All Province	Tolo TV	Yes	Yes	Yes	Yes
All Province	Shamshad TV	Yes	Yes	Yes	Yes