Case Study of the MARAM Community Grantees: Improving the Health of Palestinian Families
Case Study
of the MARAM Community Grantees:
Improving the Health of Palestinian Families

Written by:
Renata Seidel
Malek Quitteina
Anne Roberts

April 2005
Acknowledgements

The writers express special gratitude to the many local groups who contributed to the MARAM project—whether grantees or subcontractors, both named and not named in this report. Many of their staff and volunteers generously agreed to be interviewed for this case study. In particular, thanks go to:

Al-Bait Al-Said for Mother and Child Care
Al-Karmel Cultural Association
Al-Kasaba Theater
Al-Lod Charitable Society
Canaan Institute for New Pedagogy
Culture and Free Thought Association
Kalandia Camp Women’s Cooperative
Palestinian Youth Association for Leadership and Rights Activation (PYALARA)
Sabreen Association for Artistic Development
Theater for the Oppressed
Young Artists’ Forum

Special thanks also to:
MARAM BCC team and consultants: May Haddad, Heba Qedwa, Inaam Abu Shammalah, Enass Shuaibi, Abdallah Abu Shararah, Najwa Rizkallah and Munira Qleibo, for their support to the activities described in this case study; and to Dr. Umaiayah Khammash, MARAM Project Director; Dr. Yehia Abed, MARAM Project Deputy Director; Jill Randell, AED Project Coordinator, and Dr. Suzy Srouji, Senior Health Advisor USAID/WBG, for their support to these activities and to the overall efforts of MARAM.
The voice of Khadra, the little cucumber, was almost lost amid the shouts of village children trying to help her answer the Pineapple King’s riddle about anemia. As she gave the reply, the imposing and prickly king, surrounded by his huge watermelon guards and accompanied by booming drums and horns, bowed to little Khadra and said, “The well is yours. By solving the riddle of anemia, you have won the right to the well’s waters for the kingdom of vegetables. The fruits are defeated!” But Khadra (who had crossed enemy lines disguised as a banana and braved her way through a barrage of soap bubbles) replied, “Who wants to fight? This well has enough water for all of us. It is better to win with your mind than with a sword.”

Adventures of Khadra
Performed by Al-Kasaba theater

Trusted community groups are often able to reach marginalized and underserved areas—and make concrete contributions to their social and personal well-being—in ways that governments and external agencies simply cannot. These groups may provide direct services; they may bring information and resources necessary to support change; they may foster a spirit of activism and involvement in local problem solving. They may bring hope and even joy in times of despair.

During conflict or crisis, such groups become even more important not only because they have physical access to populations, but because they are in touch with what is “normal” and also what is severely “abnormal” in everyday life. In the West Bank and Gaza Strip, the Intifada and subsequent events beginning in 2000 and intensifying in 2002 presented such a crisis to the MARAM program, Improving Village and Community Health, as it sought to engage community groups in addressing health problems in the Palestinian territories.

MARAM (which means goal or aspiration) was a USAID-funded activity from June 2001 to April 2005 designed to serve the most vulnerable populations throughout Gaza and the West Bank. It included a substantial small-grants program to improve service delivery as well as activities aimed at improving key family health practices. The following case study relates the process, lessons, and achievements of community grantees as part of that second component, known in the project as behavior change communications (or BCC). ¹

¹The behavior change communications component of MARAM and the related community grant activities were managed locally by the Academy for Educational Development.

The story is one of a partnership among different professional, artistic, and community traditions—all focused on improving the lives of Palestinians. It required flexibility and a willingness to adjust expectations by all the partners. And although one of the original goals was “capacity building” for Palestinian groups, the most interesting parts of the story are of course about what the project learned from its grantees.
Inviting Partners under the “Umbrella”

USAID designed MARAM as an “umbrella project” to support collaboration among a wide number of groups—the Ministry of Health, nongovernmental groups (NGOs), a limited number of commercial groups, the United Nations Relief and Works Agency (UNRWA), UNICEF, and others. The aim of the project was to strengthen Palestinian institutions and support fruitful linkages to increase the chance that short-term changes might be sustained over time. Collaboration was urgent in view of the Ministry’s short history (it assumed control of health services in 1993) and the deteriorating economic situation. Although health is a high priority for the Palestinian Authority, the Ministry’s budget has been declining since 1997 due to a general budget crisis.

Hand in hand with its health objectives, MARAM had broader hopes of contributing to the strength of Palestinian society. Through its community grant-making process and subcontracts with local research and media groups, MARAM fulfilled one of USAID’s strategic objectives to “increase the participation of civil society in the public decision-making process.” It also helped “create an enabling environment” for increasing the status of women. And it included a “focus on the needs of youth.”

For the project’s BCC group, these concepts were more than phrases that commonly appear in almost every USAID project paper. Palestinian NGOs providing services to the population are in a precarious state. Only one media production company is still standing in the West Bank. Theater groups are confronting bankruptcy. And young people face myriad reasons to lose hope.

A Promising Tradition

Unlike many neighboring Middle Eastern countries, the Palestinian territories have an interesting tradition of civil society activism and energy. Nongovernmental groups were heavily involved in providing services during the occupation years when there was no Palestinian Authority. In Gaza alone, hundreds of grass roots organizations were responsible for establishing a network of services in remote areas. This popular movement took off in the late 1970s and 80s during the first part of the Intifada. Many groups received support from European NGOs and these links led to creative cross-fertilization. Innovative methodologies, such as the participatory approaches of Paulo Freire and child-to-child techniques, were welcomed in the field.

Experimentation in the arts was also part of this social energy and exchange. The influence of Berthold Brecht and avant-garde forms of drama (such as the Theater of the Oppressed and Forum Theater—created by Augusto Boal in Brazil) also took root among Palestinian artists, many of whom spent years of training in foreign theaters before returning home.

With the Oslo accord in 1993, donor money for NGOs was largely redirected to the Palestinian Authority and many of these groups closed down. But the legacy is that villages respect NGOs and welcome their presence and involvement. A tradition of service is still alive, especially among youth. And the arts are as cutting edge, and as open—as they were during the years of resistance.
Intended Program Reach

The Palestinian territories are home to a population of about 3.6 million people. More than a third of them live in the Gaza Strip, although this area accounts for only 6 percent of the land—making Gaza one of the most densely populated areas of the world. Around 1.4 million Palestinians live in refugee camps, but a far greater number have been displaced from their homes and have official refugee status—a total of around 60 percent of Gaza’s population and 20 percent of those in the West Bank. Families living in camps receive services provided by UNRWA, one of MARAM’s partners.

MARAM’s mandate was to work in the most isolated or vulnerable Palestinian villages and communities. To some extent, grantees were selected according to their access to different populations. Activities took place in urban areas (around 70 percent of the population live in towns of over 5,000), rural areas, and refugee camps. Altogether, communication and community activities were planned to reach about 60 percent of the total population. (See map on next page.)

The project’s BCC activities were managed through parallel structures in Gaza and the West Bank. For much of the period the checkpoints between the two areas were closed. Individual staff and grantees have identity cards (according to their place of residence and their professions) restricting their personal travel even during normal times. Video conferencing equipment in the two project offices allowed staff as well as grantees to maintain communication and collaboration.

Evolving Health Challenges in Gaza and the West Bank

Initial Priorities

When MARAM was designed, only selected health indicators in the Palestinian territories were cause for concern. Both infant mortality and under five mortality rates were low (at 25.5 and 28.7 deaths per 1000 live births, respectively) and immunization coverage was high. About 25 percent of all deaths among Palestinian children between one and five years of age were due to unintentional and preventable injuries.3

In both the West Bank and Gaza, above 90 percent of births took place in hospitals and at least 80 percent of pregnant women received antenatal care.4 Quality of care was mixed however. Few Palestinian women were aware of life-threatening conditions during pregnancy or after delivery. Those

---

who delivered normally were discharged or left the facility a few hours after delivery. Only about 20 percent of mothers received a postpartum checkup. These factors combined to undermine establishment of breastfeeding. Although breastfeeding is nearly universal among Palestinian women, 21 percent of children receive substitutes in the first month of life and 43 percent by the second month.6

Early marriages and high fertility were also cause for concern. According to 1997 census data, the total fertility rate in the West Bank and Gaza was 6.06 children.7 In 2000, almost 50 percent of the population was under the age of 15 and the median age of marriage for women was 18, making adolescent reproductive health a priority.

Although under-nutrition was not a problem at the start of the program, households were already spending an average of 39 percent of their income on food. Iron deficiency anemia ranged from 21 to 67 percent among pregnant women, reflecting a serious problem in both quality of food and the supply of iron supplements in clinics.8

In this context, USAID focused initial project goals on a package of interventions for antenatal and postpartum care; use of modern contraceptives; exclusive breastfeeding of infants for six months; reduction of iron deficiency anemia; and prevention of childhood injuries. These goals were in harmony with the Palestinian Ministry of Health National Strategic Health Plan for 1999-2003.

**Responding to Humanitarian Needs**

Beginning in 2000 and intensifying in the Spring of 2002, road closures and prolonged periods of 24-hour curfew essentially brought the Palestinian economy to a halt and undermined critical services. (See box.)

---

5 MARAM 2003.
6 Ibid.
Effects were soon evident in the nutrition and health status of women and children. An assessment in 2002 found that four out of five children in both Gaza and the West Bank had inadequate iron and zinc intake, and half had inadequate caloric and vitamin A intake. The prevalence of anemia among children 6-59 months was 44 percent. In Gaza, 18 percent of under fives were found to be chronically malnourished. By 2002 over half of Palestinian mothers had energy-deficient diets. Median intakes of protein dropped 13 percent from 2000 to 2002, with the greatest drop among adolescent girls. The situation caused the Palestinian MOH to declare a Nutritional Emergency.

Access to services was also affected. By 2003, the percent of births attended by skilled attendants in facilities had dropped to 67 percent; the number of home deliveries rose from 3 to 30 percent; and in that year, 1.3 percent of births took place at checkpoints.\(^9\)

The conflict also resulted in destruction of water pipes and wells. A USAID-funded study in 2003 found that 74 percent of households surveyed in the West Bank were consuming water contaminated with bacteria and 47 percent were drinking water contaminated with sewage.\(^9\) Water safety measures became essential, as well as appropriate treatment of childhood diarrhea. Data showed, however, that only 42.5 percent of recent cases of childhood diarrhea were treated with ORS. About 14.3 percent of mothers said they increased fluids during diarrhea and 21.5 percent said they decreased fluids.\(^9\)

In April of 2002, within ten months of the program’s launch, USAID requested that MARAM shift its focus from development- to emergency-related activities. Health priorities now included the birth cycle (encompassing pregnancy, labor, and postpartum care); nutrition (especially breastfeeding and prevention of iron deficiency anemia); and water safety.

---

\(^9\) Abdeen et al. 2002.  
\(^{10}\) Ibid.  
\(^{11}\) Cited in USAID 2004.  
\(^{12}\) Sha’ar 2003.  
\(^{13}\) MARAM 2003.
The Eight Community Grantees

The emergency focused increased attention on the ability of communities to identify local problems and needs, and of families to understand how they can help themselves (and their neighbors) in the face of reduced and uncertain access to services. An urgent mass media radio campaign during this period also convinced the BCC staff that broadcast activities would have only limited impact in the area. (See box.) Although radio and television ownership in the territories is high, families overwhelmingly watch satellite TV.

For both of these reasons, the project expanded the number of BCC grants it originally planned to award from three to eight. In November of 2002 MARAM advertised grants opportunities in three local papers for community and artistic groups with experience and interest in conducting outreach activities in health.

Three grantees were selected in Gaza and five in the West Bank. Together, they offered significant presence in priority geographic areas (especially among marginalized or isolated groups) and strengths in different kinds of face-to-face and participatory activities. (See box on next page.) Grantees applied under one of three different categories:

- **“Pump up the volume” groups**: NGOs with strong community infrastructure and experience who could use their existing contacts, outreach activities, and skills to increase the reach and exposure of the project’s BCC messages
- **Creative artists**: groups with proven experience and expertise in drama, song, visual arts, or other creative activities designed to reach specific audiences
- **Child-to-child projects (CTC)**: groups experienced in a formal methodology involving children to define group objectives and take active roles in presenting ideas and solutions to their communities through plays, posters, songs, and other participatory kinds of outreach

**“MOTHER HOLD ME” AND THE PROBLEM OF REACH**

Birth cycle messages were a high priority in the emergency strategy. The BCC team conducted qualitative research in Gaza to understand factors that influenced safer delivery and newborn care when access to services is uncertain. Interviews with mothers who had recently delivered revealed special measures families could take to care for both mother and baby.

These “best practices” became the basis of a special radio campaign, “Mother Hold Me.” It emphasized how the family can help the mother plan for the birth and how to recognize complications. A key message was the importance of keeping the baby warm through skin-to-skin contact, because of increased cases of hypothermia.

The communication strategy included simple, drama-based radio spots with key messages for pregnancy, delivery, and post partum care.

**Recall and results.** A recall study showed that two-thirds of pregnant women, their husbands and mothers-in-law who listen to radio at least once every three days recalled at least one of the program messages. However, only 17 percent of the intended audience was exposed to the messages. The project had relied on reports that radio listenership had grown because people were stopped at checkpoints for long periods or were unable to leave home. It had also hoped that the most disenfranchised women would be most likely to listen to radio and local TV.

**Lessons.** To increase exposure, the radio spots were recorded on cassette and distributed to health and community centers with a how-to-use booklet. However, this early experience showed the limits of radio as a channel for MARAM. It was partly responsible for the project’s increased emphasis on community activities.
The Community Grantees

MARAM funded eight grantees (and a number of local subcontractors) to carry out BCC programs under three broad categories. Each grantee worked in areas where it was already active and well known. One grantee had a presence in both Gaza and the West Bank. Grants ranged in size from US $65,000 to $120,000.

### Grantees Active in the West Bank

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Category of Grant</th>
<th>Geographic Presence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palestinian Youth Association for Leadership and Rights Activation (PYALARA) (Active since 1995)</td>
<td>“Pump up the Volume”</td>
<td>West Bank: 9 villages around Bethlehem and Ramallah</td>
</tr>
<tr>
<td>Al-Lod Charitable Society (Active since 1995)</td>
<td>Creative Arts</td>
<td>Nablus governorate</td>
</tr>
<tr>
<td>Kalandia Camp Women’s Cooperative (Active since 1958)</td>
<td>“Pump up the Volume”</td>
<td>Kalandia Refugee Camp, Deir Ammar Refugee Camp, Kufur Aqab, Aljeeb, surrounding areas (26 locations)</td>
</tr>
<tr>
<td>Young Artists’ Forum (Active since 2001)</td>
<td>Child-to-Child</td>
<td>Areas around Ramallah and in the north around Nablus (50 villages)</td>
</tr>
<tr>
<td>Al-Kasaba Theater (Active since 1970)</td>
<td>Creative Arts</td>
<td>Areas of Hebron, Nablus, and Jenin</td>
</tr>
</tbody>
</table>

### Grantees Active in Gaza Strip

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Category of Grant</th>
<th>Geographic Presence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Karmel Cultural Association (Active since 1993)</td>
<td>Child-to-Child</td>
<td>Middle zone of Gaza</td>
</tr>
<tr>
<td>Al-Bait Al-Said for Mother and Child Care (Active since 1996)</td>
<td>“Pump up the Volume”</td>
<td>Areas around Rafah</td>
</tr>
<tr>
<td>Culture and Free Thought Association (Active since 1992)</td>
<td>Child-to-Child</td>
<td>Areas around Khan Yunis</td>
</tr>
<tr>
<td>PYALARA (see above)</td>
<td>“Pump up the Volume”</td>
<td>Areas around Khan Yunis, Nusseirat, Gaza City, and Jabalia</td>
</tr>
</tbody>
</table>
The selected groups had varying backgrounds. Some had solid experience in specific artistic or outreach methods; others had long presence in their respective communities but planned to start up activities under MARAM that were largely new to them. Several also proposed contracting with other local partners (especially theater groups or local community groups).

The large number of groups and their varied backgrounds threw the possibilities for capacity-building into question. The original plan was to work intensively with a few experienced groups, provide training in all aspects of systematic BCC program design, and “graduate” them as valued resources for health communication programs in the territories. However, MARAM’s BCC staff was not prepared to launch a full-fledged group course in BCC program implementation. Nor did it have the resources for large-scale one-on-one mentoring—although this clearly became the most important mode of assistance.

The questions now were the familiar ones faced by health projects everywhere: To what extent is it possible to “teach” systematic BCC to local groups in a short time? What kinds of organizations have natural affinities for what elements of the process? And what are the intrinsic barriers for different groups (and in this culture) to the approach?

Training and Mentoring

Organizational Support

All of the project grantees received substantial capacity-building assistance well beyond the particular technical area of their award. The BCC grantees received support from three different arms of MARAM: The BCC Team, the Monitoring and Evaluation Team, and the Grants Administration Team.

This process began even before awards were made. The project philosophy was not to create unnecessary competition among organizations, but rather to help as many as possible become “grant worthy” and develop administrative skills that would aid them in the long term. Much of this process was carried out by the Grants Administration Team for the project. For all short-listed groups it included an in-depth “organizational capacity assessment;” site visits to look at financial and administrative systems; help in refining their applications according to USAID regulations; and a financial trouble-shooting workshop.

Following the awards, recipients (including those involved in service delivery and quality assurance) were invited to participate in courses of six days each on general and financial management designed for the project by Bir Zeit University. Participants from the Ministry of Health also attended. In addition, the project offered a three-day strategic planning workshop conducted by the Peter Drucker Foundation. The NGOs learned to establish milestones for long-term planning and prepare reports against expected deliverables. Finally, Pal Tech (a project partner) offered a workshop on proposal writing and public relations, in order to strengthen the grantees' abilities to market their capacities to other donors.

BCC Training

The community grantees also received specific training in BCC, and in the health areas targeted by the interventions. A small team of MARAM BCC staff and local and international consultants oriented the grantees to a systematic approach for influencing health-related behavior change. The training utilized tools and frameworks developed by the Academy for Educational Development in the course of its nearly 30 years of experience in this area. The Academy’s methodology is based on research to understand the perspectives of priority groups and involves an iterative five-step process of: 1) health problem and community assessment, 2) planning, 3) pretesting of messages and materials,
None of the grantees had experience with such an approach or training in the health practices targeted by the project. Orientation began with discussions about the “best practices” promoted by MARAM. The BCC team and a nutrition consultant led participants through each of the health problems to be addressed and shared information about what local populations are currently doing, what they know, what they believe, what barriers they face to making important changes, and what might motivate them to make these changes. This information had been gathered by the project team through a process of formative research including a literature review and both quantitative and qualitative studies.

Orientation also included an introduction to the materials and strategies already created or planned by the MARAM BCC team. The grantees were encouraged to incorporate these into their own activities whenever they might be appropriate.

Training also included a workshop on the Academy’s BEHAVE framework. The framework helps participants break down behaviors into smaller parts in order to understand which aspects are easy and which aspects make for trouble. BEHAVE is a process of defining behaviors and their key determinants—both constraints and motivators to action. Instead of just creating materials and designing activities, participants learn to focus on a few key behaviors and the factors that are most likely to be associated with change. These might be external factors (such as material/financial obstacles or the influence of other family members) or internal factors (such as knowledge, fears, and so forth).

Finally, the groups that had received grants to work on child-to-child strategies did not all have substantial experience in that area. MARAM hired a Gaza group, Canaan Institute, renown for its child-to-child expertise, to provide three training sessions in those special techniques. Canaan also provided technical assistance to the grantees in Gaza once their activities were underway in the field. In the West Bank, Young Artists’ Forum was encouraged to contract a child-to-child specialist, who provided training to their staff and volunteers.

Major components of the BCC program included:

- Counseling cards of breastfeeding for health providers and take home materials for mothers
- Illustrated booklet on the birth cycle for health providers and families (produced in collaboration with the American College of Nurse Midwives)
- Dissemination of the Arabic version of Where Women Have No Doctors to providers and NGOs and development of a how-to-use manual for it
- Three Hayaat newsprints on the birth cycle (distributed separately and reprinted as a booklet) for families and providers
- Radio and TV spots on each priority topic
- Advance trailers, promotions/launch activities and hand-out materials for decision makers
- Press briefings on each topic to garner attention in the media and attract greater listenership
- Thirty and sixty minute call-in shows in each district to engage greater audience participation
- Audio and video cassettes of mass media programs, distributed to health and community centers
- School nutrition booklets for grades 3, 7, and 10 (and parents) as part of a multi-micronutrient supplementation program
- Mother-to-mother meetings organized as part of the maternity home pilot program

(See box on next page.)

(See box opposite.)
FORMATIVE RESEARCH AND PROJECT BEST PRACTICES

BIRTH CYCLE. Research had shown that mothers have poor knowledge about danger signs in labor and delivery and little understanding of newborn care. Families also tend to delay action in the face of emergencies. MARAM carried out “positive deviance” research in Gaza among both mothers who had recently delivered healthy babies as well as those who had experienced complications. They found that “having a plan” in case of an emergency, and family support to the mother, were key factors at the time of delivery. Hypothermia of newborns was also a common problem since the emergency.

Priority Best Practices promoted by the program included:

• Family make decisions and act quickly in case of complications for mother or newborn.
• Family make advance plans for the birth; when possible women stay at site near the delivery facility.
• Families use skin-to-skin care for emergency childbirth or for transfer of infants with complications.
• Mothers seek postpartum care or a postpartum visit within 72 hours of delivery.

NUTRITION: PREVENTION OF ANEMIA. Research showed that women tended to think of anemia as an illness that required medicine, but not a condition that could be prevented. Many doctors also told mothers iron-folate could not be taken in the first three months of pregnancy. Only about half of mothers knew that red meat is a good source of iron, and very few knew of any inexpensive sources of iron. MARAM carried out “trials of improved practices” to find out what small changes mothers could make in their families’ diets that would be feasible, acceptable, and effective in preventing iron-deficiency anemia.

Priority Best Practices promoted by the program included:

• Pregnant women and children consume specific iron-rich vegetables (local vegetables were identified)
• For pregnant women: add small amounts of meat to a vegetable dish
• Women delay drinking tea for at least one hour after meals (or switch to an herbal tea)
• Children drink herbal teas or other juices.
• Families eat citrus with iron-rich foods. Families with citrus trees keep some fruits for their own use.

NUTRITION: EARLY AND EXCLUSIVE BREASTFEEDING. Many mothers interpreted “exclusive breastfeeding” to include giving liquids. Many physicians were also supporting this practice.

Priority Best Practices promoted by the program included:

• Initiate breastfeeding within one half hour of birth; give colostrum.
• Give only breast milk for the first six months; continue breastfeeding during mother’s or baby’s illness.

WATER SAFETY. This intervention was not originally planned under the project but was added during the emergency. MARAM used formative research conducted by SAVE/EHP which showed that, while water quality was increasingly compromised, 85 percent of families still believed their water was safe. Families also had little knowledge about how to protect sources of water or purify their water. And despite a 42 percent increase in childhood diarrhea, only 20 percent of cases received proper treatment.

Priority Best Practices promoted by the program included:

• Boil water or purify with chlorine
• Clean tanks before using them for storing water
• Wash hands after defecating and before eating or preparing foods
• Give ORS or home fluids for child’s diarrhea. Continue feeding and increase feeding after illness.

Monitoring and Evaluation

The project’s Monitoring and Evaluation team collaborated with the BCC team to provide a special series of three workshops. They conducted an initial four-day training on USAID’s program monitoring system and helped grantees learn to draft objectives and indicators. Then a two-day workshop with the BCC team focused on why and how to monitor reach and recall of messages. The Academy’s Toolbox for Health Communication supplied simple tools for grantees to use. The M&E team made follow-up visits to the grantee organizations to help them initiate simple monitoring systems—for example, time series tracking. A third workshop focused on practical research design. This training was geared more toward other partners such as international NGOs and UNICEF, but a few grantees attended.

The most important monitoring processes, however, were probably the monthly meetings of all the grantees to discuss plans and share experiences and the frequent site visits. The BCC team monitored progress in the field and worked closely with each grantee on each step of their program, from developing the original project document to creating and testing materials to launching activities.

A Timely Orientation

Before the official launch of training and grantee activities, the Gaza arm of MARAM’s BCC team mobilized a group of local stakeholders to support the project’s birth cycle campaign during the emergency. These NGOs in turn were able to mobilize over 150 groups to participate in workshops and dissemination of project materials. The Hyaat campaign included three newsletters on the birth cycle and cassettes of the “Mother Hold Me” programs (see the box on page 7). An important part of the campaign was promotion of one-on-one communication and discussions in clinics and community centers. All three of the Gaza grantees participated in this early effort, and thus began their “capacity building” experience even before their official awards.

MARAM’s BCC program included materials for health providers, like this booklet on the birth cycle.
A few of the grantees relied on a single communications approach to reach their priority audiences, but most organized several kinds of activities. Highlights of their work are described below according to categories of activity used in an end-of-project assessment.

Group Discussion and Activism

**Mother-to-mother activities.** Al-Lod Charitable Society built on its existing “mother guide” program for volunteer women who meet regularly and make home visits in their communities. Operating in the relatively conservative Nablus area, the approach is challenging and also empowering for the volunteers. They receive training and materials (such as carrying bags) that indicate their special status. During MARAM, Al-Lod invited health educators and a water safety expert to train the mother guides for five days in each of their three program topics.

Effective mother-to-mother communication can stir up attention to local issues. In one community, women noted their children were getting diarrhea more often and discussed their suspicions about a local water source. They went home and prompted their husbands to get to the bottom of things. (See box.)

**Youth activism.** Another well-established group, PYALARA, built directly on its existing approaches for involving youth in local issues. Like most youth-oriented programs in the Palestinian territories, they have received funding for psycho-social activities to help young people deal in positive ways with the conflict and frustrations in their lives. But health is a new area. Participants include both males and females aged 15 to 27 in marginalized areas of both Gaza and the West Bank. For MARAM, the program identified local contacts (at schools, clubs, or community centers) and linked them with three or four students trained by PYALARA in participatory techniques, as well as in the selected “best health practices.”

Student leaders recruited for the program were all in their third or fourth year of university training, mostly in a health field (for example nursing).

---

**GETTING TO THE BOTTOM OF THINGS… WITH A LITTLE HELP FROM THE MEN**

**Childhood diarrhea was the first clue.** In a discussion of water safety issues, the women at an Al-Lod mothers’ meeting started to talk about the fact that more children than usual seemed to be getting diarrhea. Was someone sabotaging their water source? Maybe the Israelis were poisoning it? It was time to get the men involved!

They went home and told their husbands it was time for them to investigate. So a number of men got together and went to the local Mayor. They demanded that the water in their cistern be tested. The Mayor in turn went to the Ministry of Health, and one day a representative showed up.

**The “occupied” cistern.** To everyone’s surprise, the Ministry discovered that indeed the cistern was “occupied”—by two large snakes. And testing showed that the water was definitely polluted. The Ministry representative cleaned the cistern with chlorine, covered it, and built a fence around it for added protection.

**Home precautions.** The women in the Al-Lod discussion group were relieved but not willing to take any more chances. Even after the cistern was cleaned they continued to boil their water, as they had learned in their meetings.
This gave them credibility with their peers. Youth volunteers are trained to use interactive methods such as games, drawings, and competitions, as well as group discussion. PYALARA focused on six different MARAM topics. Ninety percent of the volunteers (and their groups) were young women. But young men were also engaged, and tackled issues in the context of responsible fatherhood. PYALARA volunteers traveled from all over the West Bank to a “graduation ceremony” in Bethlehem.

Community and school outreach. The Kalandia Women’s Cooperative serves two refugee camps as well as villages around Ramallah. MARAM helped them hire experienced community organizers to conduct outreach on anemia, breastfeeding, and water safety. Kalandia also worked in local high schools to extend its target audience to adolescent girls (aged 17 and 18) who are already near the median age of marriage. In some cases they also worked with younger girls. The outreach workers found creative ways of encouraging them to tell stories about how they have cared for younger siblings, and what they do if a child has diarrhea, for example. The program conducted demonstrations and practice “ORS mixing sessions” with mothers and in the schools.

Al-Beit Al-Said for Mother and Child Care conducted outreach across generations in ten particularly vulnerable and challenging communities in Rafah, Gaza. Almost two-thirds of the beneficiaries were refugees, mainly women in reproductive age but also children and grandmothers. Their outreach work included workshops and home visits, sometimes using drama sessions and puppet shows.

Child-to-child. In Gaza, Al-Karmel and Culture and Free Thought Association worked with scouts and local organizations to engage children in becoming “agents of change.” They selected their own activities, including a neighborhood parade during a particularly heavy flu season, and created placards about the importance of completing a full dose of antibiotics. They even visited the office of the District Director of Health to demand better public dissemination of importance messages.

Drama

Drama for children. Drama was a central means in MARAM for reaching both children and adults. Al-Kasaba Theater traveled throughout the areas of Hebron, Jenin, and Nablus performing their interactive puppet show about the Adventures of Khadra (and the riddle of anemia) an astounding 200 times. They reached an estimated 36,000 children (and some of their parents). Many of these villages had never seen live theater before. The play was also videotaped and the tapes, along with cassettes of the songs and original music, were distributed to schools and NGOs. Planned performances in Gaza were cancelled because of travel restrictions.

Al-Kasaba is a well-known and versatile company that also does serious adult drama and has a team of script writers, actors, musicians, and puppeteers who have performed in Japan, Europe, on Sesame street, and places in between. Delivering health messages was new for them. However the writer and performers were not fazed. They created a drama and a song with the program messages that children easily memorized (See box.) Al-Kasaba also turned one side of their playbill into a simple shoots and ladders game. MARAM’s end of project assessment found that, of those children who attended one of the plays, 88.6 percent had also played the game 6-12 months later, 51.3 percent still had their copy, and 74.8 percent of those children recalled at least one message.

“We were reaching people who never saw theater before... for many villages and camps in that stressful situation, it was giving them one hour of relaxation and fun. It must be fun... if we impose or teach, it won’t work.” (Al-Kasaba performer)

Drama for the community. Several grantees (Al-Lod, Kalandia, and PYALARA) contracted with a popular theater troupe with a very different but equally interactive style. They arrived in villages with
THE ADVENTURES OF KHADRA—
A PUPPET SHOW ABOUT ANEMIA

All for the love of a little brother. Khadra, a little cucumber who could not have been more than six years old, was worried sick about her two-month old brother. He had become so pale! After a visit to Dr. Pita—a kindly round-faced doctor made of whole wheat bread—she learns that her brother is anemic. And the only cure is to get water for him from the well in the land of the fruits (who are occupying the well and not letting others use it). Dr. Pita explains that vegetables need water, but of course people who are anemic need other things, like certain iron-rich vegetables and fruits. (And then we hear the song that tells us all the good things that will prevent anemia.)

Khadra must disguise herself. To get behind enemy lines, she zips on a banana costume so she can pass as a fruit. And she travels through magical lands where she talks to a cat and a rabbit. Each one gives her one piece of the riddle about anemia. Finally she reaches the land of the fruits. The large watermelon guards are terrifying, and accompanied by loud drums and horns, but she makes her way through their barrage of soap bubbles to the well. And when the imposing pineapple king asks her to recite the answer to the riddle about anemia, she (with the help of all the children in the audience) is able to remember all four parts. The well is hers!

But there is enough for everyone. Khadra can keep all of the water for the vegetables if she wants. But Khadra says “this well has enough water for all of us.” And she has no use for fighting. The little cucumber is happy to have won just by using her mind. And she will never forget how to prevent anemia!

Children were invited to the stage to practice washing their hands at the cardboard well. Messages for young adults about the birth cycle were shared by three large men in babushkas cheerfully breastfeeding their infants and trading bits of wisdom.

Forum theater. Several groups used a very different dramatic technique to stir up controversy in their adult audiences. Forum theater is a type of “dialogue” between the audience and actors that has roots in a tradition called Theater of the Oppressed, developed in the 1970s by the Brazilian director, Augusto Boal. A play is first performed for the audience posing a complex social problem but giving no solution. Members of the audience are then invited to take the place of any actor on the stage and “replay” the scene. The point is to tangle personally with the other characters and provide a solution to the problem posed. The Gaza group, Theater of the Oppressed (named after the same Brazilian tradition), developed a drama showing the family problems confronting a young pregnant woman who has anemia. The drama was staged in all of the Gaza governorates in coordination with Gaza maternity homes, clinics, women’s groups, and other local partners. In addition, the first part of the play “posing the problem” was videotaped and distributed to local schools and associations to stimulate discussion.

The project also contracted with Sabreen Association for Artistic Development to develop similar problem-solving performances focused on safe delivery at home (when the family could not reach skilled care) and anemia reduction. These were staged in different parts of the West Bank, mainly in Hebron, Ramallah, Jericho, Nablus, and Jenin governorates. (Performances on safe delivery were accompanied by distribution of a booklet and cassette on safe home delivery, developed by MARAM with the American College of Nurse Midwives.)
Young people’s performances. Drama was one of the most popular outreach activities of the child-to-child groups. Young Artists’ Forum, active in the north and around Ramallah, enlisted one of Palestine’s premier actresses to work with cultural clubs and train students and out-of-school youth to create and perform their own dramas in the surrounding areas. Sometimes large crowds came to these open theater events. Even on a few occasions when the situation grew a little chaotic, the young actors—many of whom had never left their villages before—remained poised and professional. Several of the groups developed a bond with their mentor that extended well beyond the end of the program.

“They are still asking if they can do more performances. Some of them have never left their villages before. And they are going as the heroes of the show. It gives them great pride.”
(Mentor for Young Artists’ Forum.)

Almost every MARAM grantee used drama in some way to contrast “good and bad practices” or as a technique to encourage discussion (short skits, puppet shows, or improvisations to break the ice). Conflict was a favorite theme. One group depicted a battle between “the country of breastfeeding” and invaders from “the country of commercial formula.” Kofi Annan has to be called in to negotiate. Another group depicted “The City of Happy Childhood.” The peace is disrupted by the discovery of an anemic child who is not well taken care of by his parents. A judge must determine who is at fault.

Print and Visual Media

Palestinians have a high literacy rate. Several Grantees approached MARAM with plans to use their ongoing journalism projects as vehicles to promote nutrition “best practices.” PYALARA actually came into being in 1997 as an effort by several young people to create Palestine’s first youth newspaper. They do their own reporting and all production; 20,000 copies are produced monthly and distributed to libraries and schools. During MARAM, they produced four issues covering priority health topics.

Al-Lod also has a legacy of producing newsletters for different projects. As part of their grant, they created the newspaper Hanan (or “The Kind Heart”), that serves their entire catchment area. As part of their grant they trained additional women volunteers in journalism skills and produced ten editions of the paper on health topics. They also created print reminder materials for both families and children. For women, they designed a three dimensional Ramadan calendar noting the daily times for breaking the fast, and incorporating various nutrition messages.

Almost every MARAM grantee used drama in some way to contrast “good and bad practices” or as a technique to encourage discussion (short skits, puppet shows, or improvisations to break the ice). Conflict was a favorite theme. One group depicted a battle between “the country of breastfeeding” and invaders from “the country of commercial formula.” Kofi Annan has to be called in to negotiate. Another group depicted “The City of Happy Childhood.” The peace is disrupted by the discovery of an anemic child who is not well taken care of by his parents. A judge must determine who is at fault.

Print and Visual Media

Palestinians have a high literacy rate. Several Grantees approached MARAM with plans to use their ongoing journalism projects as vehicles to promote nutrition “best practices.” PYALARA actually came into being in 1997 as an effort by several young people to create Palestine’s first youth newspaper. They do their own reporting and all production; 20,000 copies are produced monthly and distributed to libraries and schools. During MARAM, they produced four issues covering priority health topics.

Al-Lod also has a legacy of producing newsletters for different projects. As part of their grant, they created the newspaper Hanan (or “The Kind Heart”), that serves their entire catchment area. As part of their grant they trained additional women volunteers in journalism skills and produced ten editions of the paper on health topics. They also created print reminder materials for both families and children. For women, they designed a three dimensional Ramadan calendar noting the daily times for breaking the fast, and incorporating various nutrition messages.

Almost every MARAM grantee used drama in some way to contrast “good and bad practices” or as a technique to encourage discussion (short skits, puppet shows, or improvisations to break the ice). Conflict was a favorite theme. One group depicted a battle between “the country of breastfeeding” and invaders from “the country of commercial formula.” Kofi Annan has to be called in to negotiate. Another group depicted “The City of Happy Childhood.” The peace is disrupted by the discovery of an anemic child who is not well taken care of by his parents. A judge must determine who is at fault.

Print and Visual Media

Palestinians have a high literacy rate. Several Grantees approached MARAM with plans to use their ongoing journalism projects as vehicles to promote nutrition “best practices.” PYALARA actually came into being in 1997 as an effort by several young people to create Palestine’s first youth newspaper. They do their own reporting and all production; 20,000 copies are produced monthly and distributed to libraries and schools. During MARAM, they produced four issues covering priority health topics.

Al-Lod also has a legacy of producing newsletters for different projects. As part of their grant, they created the newspaper Hanan (or “The Kind Heart”), that serves their entire catchment area. As part of their grant they trained additional women volunteers in journalism skills and produced ten editions of the paper on health topics. They also created print reminder materials for both families and children. For women, they designed a three dimensional Ramadan calendar noting the daily times for breaking the fast, and incorporating various nutrition messages.

Almost every MARAM grantee used drama in some way to contrast “good and bad practices” or as a technique to encourage discussion (short skits, puppet shows, or improvisations to break the ice). Conflict was a favorite theme. One group depicted a battle between “the country of breastfeeding” and invaders from “the country of commercial formula.” Kofi Annan has to be called in to negotiate. Another group depicted “The City of Happy Childhood.” The peace is disrupted by the discovery of an anemic child who is not well taken care of by his parents. A judge must determine who is at fault.

Print and Visual Media

Palestinians have a high literacy rate. Several Grantees approached MARAM with plans to use their ongoing journalism projects as vehicles to promote nutrition “best practices.” PYALARA actually came into being in 1997 as an effort by several young people to create Palestine’s first youth newspaper. They do their own reporting and all production; 20,000 copies are produced monthly and distributed to libraries and schools. During MARAM, they produced four issues covering priority health topics.

Al-Lod also has a legacy of producing newsletters for different projects. As part of their grant, they created the newspaper Hanan (or “The Kind Heart”), that serves their entire catchment area. As part of their grant they trained additional women volunteers in journalism skills and produced ten editions of the paper on health topics. They also created print reminder materials for both families and children. For women, they designed a three dimensional Ramadan calendar noting the daily times for breaking the fast, and incorporating various nutrition messages.
The children created their own invitation to the exhibit and produced a play, “Bon Apetit,” about good nutrition, to open the event.

Al-Karmel organized children in painting murals depicting MARAM health messages in 20 schools. The students talked about other ways of getting messages to their peers and decided pencil bags would be the most popular “medium.”

**Broadcast Media**

Grantee applications were not invited specifically for broadcast projects, since MARAM’s overall BCC program included a radio and television strategy. But MARAM did support grantees’ publicizing their own activities through the mass media if they were equipped to do that. A number of grantees were especially enthusiastic about television.

As part of its journalism training, Al-Lod produced talk shows called Hanan for broadcast on local television in the Nablus area. They created ten talk shows and programs of community reportage (or “woman on the street”) focused on breastfeeding, anemia prevention, and water safety. The street reports elicited comments on the benefits of breastfeeding, while the talk shows set up an “expert panel” to interact with women holding different viewpoints. These shows were recorded on video so that mother guides could use them in meetings to initiate discussions.

PYALARA covered not only their own activities but those of other grantees. As part of their founding mandate to train youth in alternative media, they produce a weekly youth talk show on Palestine TV called “Alli Soutak” (Speak Up). They broadcast two hours every Sunday via both earth and satellite transmission. For MARAM they produced seven episodes with interviews and sketches on project best practices. They also recorded a special show about the Adventures of Khadra, interviewing one of the actors and MARAM’s nutrition consultant about how it was created.

During that particular talk show, a gentleman phoned to complain that the theater’s role is to educate young people on the struggle for Palestinian freedom, not on health. The guest actor suggested that young people need to be strong and healthy to support their homeland, and the caller finally agreed.

In Gaza, a PYALARA crew made a point of documenting all of their work for Palestine TV and also videotaped a fair organized by other grantees.
Other Audio/Visual Projects and Community “Events”

The hope for TV air time inspired a number of audiovisual productions. One of these was an animated film produced by Al-Karmel’s child-to-child project in Gaza. Drawings created by children in the group’s regular art activities were photographed in sequence to tell the story of a little girl whose younger brother has a bad cough. As the center of importance (and true to a child’s perspective), the little two-month old is drawn as a huge creature who dwarfs his mother. The sister-heroine has learned from a child-to-child activity that fast breathing is a sign of danger, and she convinces her family to take him to the doctor. Sure enough, the doctor counts his respirations and the child is whisked to the hospital, where he quickly recovers. The heroine advises all the listeners to join a child-to-child activity.

Al-Karmel was not able to convince Palestine TV to broadcast the ten-minute production as a PSA, so they distributed the video to children’s groups and to groups of women and adolescent girls. Distribution of videos was a common way of leveraging additional exposure for grantee activities under MARAM.

Public events of various kinds were particularly popular in Gaza. This was a natural follow-on to the earlier MARAM mobilization of over 150 local groups in the area during the emergency. This network was mobilized once again during international breastfeeding week, for example. Both women and children turned out to participate in parades, painting contests, and other activities.

When one of the grantees, who had subcontracted with a popular theater group to put on a series of performances, found that border closures prevented the group from getting through, they organized a health fair in the Nusseirat camp focusing on child health. Other grantees were also invited, and events included demonstrations of ORS mixing, songs, posters, and games.
An assessment of the MARAM communication program in 2005 looked at audience recall and practices in relation to both mass media and community activities. The community assessment was conducted in the catchment areas of three of the eight grantees in both the West Bank and Gaza. Given the variety of activities carried out by the grantees, impact probably varied from area to area. The relative importance of different media project-wide (as well as the relative effectiveness of messages on different topics) is difficult to extrapolate from interviews in three areas.

Taking into consideration those limitations, however, 85.3 percent of women interviewed recalled at least one of the project’s messages. Altogether, 65.5 percent of women interviewed recalled one nutrition message without prompting. Of those, 86.8 percent remembered a specific iron-rich food promoted by the project; 32.7 percent mentioned avoiding tea with meals. Breastfeeding messages were recalled by 45.9 percent of women. Water safety messages were recalled by 34.9 percent. Of those, 85 percent mentioned boiling unsafe water or treating it with chlorine. Birth cycle messages were recalled by less than 20 percent of women. Of those who recalled a message related to postpartum care, however, 90.3 percent mentioned that newborns should be kept warm.

High percents of women who recalled messages indicated they had tried and were continuing to practice the promoted practices. For example, 50.8 percent said they were already boiling or treating water and another 26.2 percent said they had recently tried the practice and were continuing it. Similarly, 32.7 percent of women said they were already avoiding tea with meals and another 61.2 percent said they had recently tried and adopted the practice. The evaluators decided an unknown number of these positive responses might be an indication of correct knowledge rather than actual behavior, however.

Health workers were cited as a source of knowledge by 39 to 50 percent of women, depending upon the topic. Print materials were cited as a source of knowledge by from 53 to 63 percent of women for all topics except breastfeeding, which was mentioned by 84.6 percent of women. Women’s discussion groups were cited by 24 to 33 percent of women as a source of knowledge for all topics except breastfeeding and safe water messages, which were both somewhat lower. Mass media were cited by from 30 to 40 percent of women. Family members and friends were cited by relatively small numbers except concerning safe delivery; 77.7 percent of respondents said they learned about such information from other women.

Children up to age 17 were also surveyed. More than 60 percent of those exposed to grantee activities recalled at least one MARAM nutrition message without prompting; 70 percent said they had learned it in a play or drama. Around 44.6 percent of children recalled a message related to water safety. And interestingly, 53.5 percent remembered at least one breastfeeding message—perhaps due to involvement (by the Gaza children) in national breastfeeding week activities.

Very few children claimed to have shared messages with their parents. However, at least one grantee conducting child-to-child activities reported that parents came to them complaining that their children were full of ideas and were making trouble for them. (After some discussion, these parents asked for workshops for themselves.) The coordinator reflected that “It was difficult for them (parents) to learn that they are doing something wrong. They weren’t in the habit to learn from their children.”

“It was difficult for them (parents) to learn that they are doing something wrong. They weren’t in the habit to learn from their children.”

(Al-Karmel)

15 Women could cite several sources and percents may add up to more than 100 percent.
Specific groups with whom respondents reported sharing selected recalled MARAM-promoted messages.

<table>
<thead>
<tr>
<th>MARAM topic</th>
<th>Shared message with mother, mother-in-law, sister or sister-in-law</th>
<th>Shared message with husband</th>
<th>Shared message with friend or neighbor</th>
<th>Shared message with father, father-in-law, brother or brother-in-law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition/Anemia Prevetion Messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat iron rich foods</td>
<td>62.4%</td>
<td>17.9%</td>
<td>58.1%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Avoid tea</td>
<td>75.5%</td>
<td>16.3%</td>
<td>69.4%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Breastfeeding Messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate breastfeeding early</td>
<td>100%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pregnancy Messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat iron rich foods</td>
<td>69.7%</td>
<td>21.2%</td>
<td>54.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Safe Delivery Messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent Problems by providing warmth</td>
<td>50.0%</td>
<td>17.7%</td>
<td>42.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Water Safety Messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boil water from unknown sources or treat it with chlorine</td>
<td>68.9%</td>
<td>18.0%</td>
<td>72.1%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Clean tanks/cisterns often</td>
<td>84.6%</td>
<td>26.9%</td>
<td>57.7%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>


On the other hand, 57.7- 84.6 percent of women reported sharing specific messages with friends and neighbors and family members. Water safety messages were shared at particularly high rates with male family members, most likely because they make decisions about these practices.

In the Palestinian Territories, it is clear that diffusion among women is a powerful medium in itself. The project focused on promoting sharing of ideas among children but not across generations. These are both lessons for future activities.
What the Grantees Offered

The pros and cons of working with community groups in behavior change programs are assumed to be: intimate knowledge of local populations on the one hand, balanced by limited reach and lack of rigor on the other. The MARAM story was much more interesting than this. The reach of any single group will always be limited. But the most important characteristics of community groups vary according to the traditions, and the culture, in which they are rooted. And compatibility with what behavior change experts consider a “systematic approach” is not as simple as whether they or not follow a designated five-step process, for example.

Knowing the Audience

The advantages of “knowing your audience” are difficult to calculate. Many of the grantees’ achievements were due to instinct and adjustment rather than “process,” and many of the real stories are the failures that didn’t happen.

Logistically, MARAM’s grantees could reach populations other channels could not—they continued to make contact during times of closure and actual conflict. Al Bait Al Said, a grantee group in Gaza, mentioned that during a period of siege in the Rafah area, men at first refused to let health workers talk to their wives about family practices. Now they visit the society and ask for information. Trust, and instinct, were equally important for the theater groups that moved from area to area. They had to negotiate roads, electrical outages, and make sensitive decisions about when to perform separately for men and women and when to press for a loosening of certain barriers. They also showed clearly that in knowledgeable hands, humor is also a tool for negotiation.

Many of the grantees’ achievements were due to instinct and adjustment rather than “process,” and many of the real stories are the failures that didn’t happen.

Participation and Adult Learning

Palestinian culture is highly medicalized. Doctors have been trained in more than 100 countries and many are not up-to-date on WHO protocols—but families revere their opinions and their positions. This created numerous quandaries for MARAM.

Many Palestinian NGOs and even theater groups base their approaches on classic participatory approaches involving dialogue and self actualization. But confidence, and confidence-building, often seemed to break down when the subject was health. The message in the amateur skits was sometimes “go to the doctor,” even when the program was trying to promote other kinds of preparation and preventive actions. Group facilitators were more apt to revert to lecturing when talking about health, and had more trouble with their own roles than when dealing with non-health matter. Some of them felt pressure and also anxiety at the notion they would be held up as an “authority.” At the same time, some had to be reminded not to give advice on subjects beyond their training.

Either This or That

Medicalization also leant itself to an apparent beloved teaching conceit in Palestinian culture. The theater groups, with their roots in avant garde philosophy, and their discussion of the need for tension and conflict, might call it a dialectical approach—of “either this or that.” A nice example is the child’s poster on the next page, which has a line right down the middle separating the right behavior and the wrong behavior.

An interesting example was the article drafted for a grantee newspaper. It provided a long list of common (but negative) health practices, with the more appropriate behaviors lined up in opposition to them. When the article reached MARAM for technical review, one of the staff suggested it would be better to focus on the positive behaviors and how to carry them out, or how to make them easier. The author replied, “But this is all true. I can bring you a whole list of things my wife does wrong.”
Another group created a children’s play with a courtroom scene in which a judge determines who is responsible for a child’s anemia. First the father is called in, but he blames the mother (who reportedly spends all her time shopping). MARAM staff were in disagreement about the script. Why dump on the mother who is already overworked and underappreciated? And how will this really provide a model for good nutrition practices? In the end, the play was performed and the audience (including mothers) appeared to love it. It did not help fathers understand what constraints mothers face, or mothers understand how they could make simple changes in their practices. But the practices were clear, and the popular need for debate, about “not this, but that,” was satisfied.

At the same time, grantees responsible for person-to-person communication often exhibited the kind of negotiation techniques and sensitivity to personal motivation that adult learning theory promotes. As one of the youth leaders said simply, “We’re trained to use ice breakers. I ask questions. I go the indirect way.” Some channels clearly help with awareness-raising, and others with self-reflection and actual trial of new behaviors.

Art and Behavior Change

Virtually all of the grantees were dealing with nutrition and health for the first time. This was also true of the professional theater groups. However, they seemed to have less trouble adjusting to health content, and no trouble with the pitfalls of medicalization—or of maintaining their own methodological purity. Rather, to some degree they insisted on it, and the project learned from them. This is discussed further under “technical review.”

Transferring a “Methodology”

The project did not give grantees comprehensive training in how to carry out behavior change programs, nor was it prepared for the large number of grantees. But the technical assistance it provided led to some learning, and experimenting, and many opportunities for reflection.

Selection of Behaviors/Messages

MARAM’s list of “best practices” was determined on the basis of research and literature reviews, and in collaboration with various stakeholders. But most grantees became involved in the program after this step had been carried out. The project suggested that each grantee select a limited number of best practices for promotion, according to priorities in their local areas.

Participatory community approaches usually involve beneficiaries in identifying problems of importance in their lives. MARAM faced a few difficulties because best practices were not determined in this way, and also, conversely, because the project offered grantees a rather long list of priorities from which to choose. (Although these priorities were based on epidemiologic information and formative research, the different audiences had their own perceptions of priorities, which did not always match with MARAM’s list.)

The drama groups supported by Young Artists’ Forum experienced this problem from one point of view. More than twice as many young people wanted to join as originally planned for. However,
many came with the idea they could create dramas about what was important to them—the Intifada, the frustrations of being isolated and restricted and frightened. Many dropped out as they came to understand the program’s priorities. As one said, “We have a lot of problems more pressing than health.” The drama team mentor, however, was able to guide the remaining youth in exploring, through drama, the project’s topics as well as their own concerns.

Grantees who went to their beneficiaries and discussed health concerns announced that one community wanted to focus on SARS, another on cancer. (The project had to explain these were beyond its mandate). One of the child-to-child groups became interested in ways of organizing food in the refrigerator to keep it hygienic. In fact, many activities allowed flexibility. Skits wove in adolescent concerns about AIDS and smoking. Another child-to-child program brought up pollution and littering. Several groups talked about junk foods and carbonated drinks.

The lesson that “less is more” was hard for several grantees to learn and some of their efforts were diluted by too many priorities. This is a lesson that many experienced BCC programs learn the hard way as well. Finding the right balance in a partnership between a client with specific indicators, and community groups who value listening to beneficiaries about their concerns, is especially challenging.

Understanding the Behaviors/Determinants

Although grantees were not involved in the project’s formative research, they were encouraged to begin with assessment exercises in their catchment areas to understand local behaviors. Several of the groups carried these out. Conducting, or even contracting qualitative research, was beyond the scope of MARAM’s capacity building, however.

On the other hand, thinking about constraints to behavior, and how to motivate change, was central to the program. The BEHAVE workshops were meant to help grantees structure their approaches around key determinants. The training came too late for some of them. But many of the approaches grantees used achieved the same ends.

In mothers’ meetings, many grantees uncovered local constraints and the power of influentials. Al Bait Al Said found that mothers were hearing from their doctors that it is all right to give babies water in the first months. Some were reportedly recommending formula. This conflict with the voice of authority was hard to deal with. Al-Lod videotaped talk shows with a respected midwife who also facilitated discussions in their mother’s groups.

Youth discussions frequently focused on constraints—particularly, who or what in society is interfering with a healthy practice. They cited poverty as a cause of poor nutrition in some families, the stone quarries producing dust and causing respiratory infections; the availability of junk foods in the school canteens. Mentors pushed them to come up with ways around these obstacles. And the Forum theater approach was specifically geared toward pushing the audience to find solutions to problems.

Family and social customs were clearly recognized as barriers by many grantees. Most of the discussion groups involved only women, and one of the grantees said in the future he would do workshops for men. According to him, “Even when they (mothers) want to change, they find others intervening. There is no private life. Even uncles will say, ‘why do you want to change?’”

The uncovering of constraints and the effort to find solutions is instinctive to many groups trained in outreach. But the process of revising strategies and adding new audiences—especially for an unfamiliar topic—is a long-term one. This kind of follow up with community organizations, and the opportunity

16 Training was delayed first by the evacuation of all expatriate staff, and then by the decision by one international consultant not to travel to the West Bank. Training for the Gaza grantees was first done in a mini-training by video conference, and then subsequently in a workshop by the BCC coordinator.
for a “phase II effort” building directly on what they have learned, is an enormously important investment.

**Technical Review Issues**

Project staff and a nutrition consultant invested endless hours making sure grantee materials were technically sound. Most groups appreciated the help; others at first considered it a burden, and a small number of materials found their way to press before a review. None of the groups had staff members who could verify health information for them. (They at first tended to copy and paste articles or materials from commercial publications that did not suit the local context, or that suggested behaviors that were not actually healthy but were being promoted in commercial advertising.)

The professional theater groups were patient if sometimes bemused by the intensity of project involvement. One director was equally ironic about the training he got in filling out timesheets, and the reviews his scripts were subjected to—particularly a short segment about demonstrating how to prepare ORS. “How much sugar, how much salt? It was like the Soviets and the Americans and the cold war!” Another producer emphasized the importance of tight teamwork, as opposed to layers of review. “There should be one team. And they all work on a certain target, and say ‘we want to go in that direction.’”

The theater and professional production groups were free of the anxiety that other grantees seemed to feel in dealing with medical topics, and their creativity was not constrained. Their objections came when the project seemed to be interfering in their artistic domains—the lengthening of a script in order to pack in too many pieces of information, or objections to conflict in a play for children who see it everyday on television. To them, these interferences undermined the power of their art.

The process of give and take between professionals is often not one of balancing different methodologies, but one of mutual respect.

**Pretesting/Feedback**

The question of proper audience response can be even more critical to artistic groups than to behavior change programs. One of the theater groups had a unique way of testing the impact of their material. An actor would hide a video camera beneath his costume and record children’s reactions for later analysis. Adjustments in scripts when messages failed were also routine. In the Adventures of Khadra, for example, children were at first unable to help Khadra answer the riddle about anemia when the crucial moment came. So the writer adjusted the script so that characters recited bits of the riddle throughout the story until children could probably say it in their sleep.

Many kinds of standard pretesting techniques require special training and practice. Focus groups, for example, are always more difficult than people think. One would-be researcher at first asked a room of 40 women to raise their hands to indicate different preferences.

The concept of pretesting, like that of technical review, was transferred and well received by the grantees, if the skills to carry out this task may not have been. Initially they often wanted to rush materials to production, but eventually several of them began to call and ask for help testing different products.

**Monitoring**

The grantees were trained to use simple tracking tools and encouraged to submit data with their monthly reports. They also learned to record audience recall after project events. Their skills improved over time. In the beginning, for example, one grantee would stand up at the end of a play and ask children to shout out answers to questions. Later, they began to distribute before and after questionnaires. Children were asked what messages seemed “easy to do” or “hard to do” and “why.” One grantee also re-surveyed school children two or three months after an event to find out how much they remembered.

About half of the grantees probably fully appreciated the benefits of monitoring their activities in this way. All of them understood that the skill would be valuable in providing feedback to clients who are concerned about coverage and accountability.
Conclusion

MARAM’s community grantees did not become professional BCC organizations. They adopted new techniques depending upon their perspectives and capacities. They all moved forward in some ways.

Al-Kasaba was hired to perform an additional 83 performances of the Adventures of Khadra by other donors such as the European Union, the Pontifical Mission for Palestine, and World Vision. They performed the play pro bono for ten handicapped children’s centers. Reportedly, their video has been bootlegged—a sure sign of success.

The popular theater group and their fun bus signed their first contracts with both UNICEF and the Ministry of Health to create dramatic shows on additional health messages. One of the child-to-child groups was tapped to provide feedback on health materials created for school children. When PYALARA goes into new villages now they say they make contact with other MARAM partners who might be working there. The grantees in Gaza have developed a bond through their many interactions and intend to keep up with each other’s work.

A 13-year old member of Culture and Free Thought Association’s “Sunrise Club” is still making announcements over her school public address system in the mornings, although MARAM is officially over. (When asked if she will grow up to be just like her mother, she replies, “I don’t know yet.”)

This story about “capacity building and sustainability,” then, arrives once more at the question some people have asked the MARAM BCC program: Why did you focus so much on youth—almost as much as on mothers themselves—when their behaviors were not even included among the project’s indicators? The simple answer is that MARAM took a long-term view. We could reply with yet more language from the contract. But we know that some day the young girl in the Sunrise Club will be able to provide the best answer to this question, if we return to ask.
References


