



communicating
Safe **motherhood**
in morocco



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*The Family Planning/
Maternal and Child Health
Phase V Project*

Final Report

March 2000

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Photographs in this report were taken by the Ministry of Health IEC Division and Lauren Goodsmith.

Preface & acknowledgments _____ ~

The communication strategy to reduce maternal mortality in Morocco was an initiative of the Information, Education and Communication (IEC) Division of the Moroccan Ministry of Health, headed by Dr. Amina Balafrej. The strategy was carried out under the Morocco Family Planning/Maternal and Child Health Phase V Project, implemented by the Ministry of Health (MOH) in collaboration with John Snow, Inc. (JSI/Morocco) and its sub-contractor the Johns Hopkins University Center for Communication Programs (JHU/CCP). JHU/CCP was responsible for the IEC component of the Phase V Project through its country-based IEC Specialist, Sereen Thaddeus.



In prioritizing maternal mortality reduction within the Phase V Project in 1995, Dr. Balafrej found committed allies in the following people: Ms. Thaddeus; Dr. Mostafa Tyane, Morocco's Director of the Directorate of Population; Dr. Theo Lippeveld, Chief of Party of JSI/Morocco (JSI/M) and Don Lauro, former JSI/M Chief of Party, the staff of JSI/M, specifically Boutaina el Omari, IEC Program Officer and Dr. Redouane Abdelmoumen, Public Health Specialist; and those at the United States Agency for International Development in the Health, Population and Nutrition Office notably, Michele Moloney-Kitts, Zohra Lhaloui, Nancy Nolan and Helene Rippey. The strategy itself was a product of close collaboration among members of the Ministry's Directorate of Population, who, along with Dr. Balafrej and Ms. Thaddeus, formed the Safe Motherhood working group.

Production of the strategy's materials drew on the talents of many individuals. With the support of Chief of Production, Mr. A.M. Bouazza, the documentary, *Khlat Eddar*, was produced by the IEC Division's audiovisual team, consisting of Mohammed Fennane, Chief; Hassaniya El Koubya; Abdelaziz Zahid and Oussama Wahid.


The theatrical drama *Aide-Toi, le Ciel t'Aidera* was written by Farida Belyazid, one of Morocco's best known moviemakers. Paul Mattar wrote and directed the video drama *Bent Ettajer*. Both the play and *Bent Ettajer* would not have been possible without the skillful guidance of Abdul Kabir Chedati, one of Morocco's foremost directors. Sincere thanks to Dr. Anas Tazi who lead us to the women whose lives and experiences were the basis of *Bent Ettajer* and for volunteering his advice to ensure the medical authenticity of the drama. Sincere appreciation also goes to the community of artists and actors who made these productions come alive.

Dissemination of the strategy's materials was undertaken in collaboration with many partners in Morocco. The Union Nationale des Femmes Marocaines (UNFM) was especially instrumental in arranging presentations of *Aide-Toi, le Ciel t'Aidera*. Rachida Laraki of the IEC division greatly facilitated linkages with UNFM. For the mobile outreach campaign featuring *Bent Ettajer*, the MOH worked in collaboration with the Ministry of Communication and Population Services International. Showing videos of *Bent Ettajer* and *Aide-Toi, le Ciel t'Aidera* on the long-distance bus lines of the Compagnie de Transports Marocains proved successful in reaching a larger audience.

This report was written by JHU/CCP consultant Lauren Goodsmith in collaboration with several JHU/CCP staff members including Ms. Thaddeus (Senior Program Officer), Jennifer Knox (Program Officer) and Dr. Carol Underwood (Research and Evaluation Officer) and reviewed by JSI/M staff Dr. Lippeveld and Ms. el Omari and the MOH IEC Division. This report was edited by Nancy B. Smith (Assistant Editor, Center Publications) and designed by Rita C. Meyer (Materials Development Manager, Center Publications).



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Executive summary

The overall goal of the United States Agency for International Development (USAID)-funded Morocco Family Planning/Maternal and Child Health Phase V Project was to improve the health of women of childbearing age and of children under the age of five. This phase, spanning from 1994 to 2000 and ending 30 years of USAID assistance to the Moroccan Ministry of Health (MOH), emphasized quality and sustainability of family planning and maternal/child health services and consolidation of institutional capabilities.



Due to the high rate of maternal deaths in Morocco, Phase V included a maternal mortality reduction program to improve the survival of women of childbearing age. The program focused on improving maternal health services and communicating appropriate information to audiences that could effect change. A pilot activity to upgrade both provider skills and health facilities to give women greater access to emergency obstetric care in the Fes-Boulemane region (which, when the project began, was referred to as the Central North region prior to administrative changes) was implemented with technical assistance from John Snow, Inc. (JSI). To raise awareness about maternal mortality and convey the message that women need not die in childbirth, a national communication strategy was developed and implemented by the Information, Education and Communication (IEC) Division of the MOH, with assistance from the Johns Hopkins University Center for Communication Programs (JHU/CCP).

The communication strategy, incorporating advocacy, provider motivation and public education activities, was implemented in two phases.

- **Phase 1** concentrated on heightening policy-makers' awareness of the high level of maternal mortality in Morocco and enjoining their commitment to reduce maternal deaths. Key to this advocacy effort was a widely disseminated documen-

tary video, *Khlat Eddar*, calling for mobilization of resources and improvements in emergency obstetric care. At the same time, materials designed for health professionals urged them to take responsibility for preventing maternal deaths by emphasizing emergency obstetric care skills appropriate for each level of the health system. The documentary and an accompanying press kit were so well received that there was a marked increase in media coverage on maternal deaths, resulting in the endorsement from the late King Hassan II to address this vital health issue.

- **Phase 2** of the communication strategy focused on helping women and their families recognize signs of complications during pregnancy and childbirth so they can better make timely decisions to seek care. An Enter-Educate (entertainment-education) approach was used with this audience wherein a play, *Aide-Toi, le Ciel t'Aidera*, toured major urban and rural areas with safe motherhood messages and a dramatic video, *Bent Ettajer*, was shown by mobile health units. Showing these materials on national television and the country's major long-distance bus lines increased their reach. Survey results indicate that audiences basically understood the messages about obstetric complications and the importance of timely, appropriate care during pregnancy and childbirth.

The communication strategy was based on the Three Delays model, which delineates non-medical factors contributing to maternal deaths:

- cultural and socioeconomic factors that delay the decision to seek care,
- access and distance factors that delay arrival at an adequate facility, and
- health system inadequacies that delay the provision of appropriate care.

The model gives priority to inadequacies in health services because they affect all the delays. For women to decide to seek care, they must know that they can get appropriate care from skilled providers at a health facility that has adequate resources and is accessible. However, the communication strategy is equally important in informing various audiences about what each can do in an emergency obstetric situation to reduce the unnecessarily high maternal mortality rate.

The communication strategy has been successful in placing maternal mortality reduction high on the national agenda, resulting in mobilization of resources and improvements in emergency obstetric care. Outreach efforts through the Enter-Educate approach have helped women and their families learn that an obstetric complication does not ordain death. With such encouraging results, including praise from visiting US First Lady Hillary Rodham Clinton for the Moroccan government's commitment to reducing maternal mortality, the MOH is planning to replicate Safe Motherhood activities with varied donor support.

Project introduction



Morocco has seen important improvements in several child, maternal, and family health indicators in the last

two decades. Infant mortality declined from 138 to 62 between 1979 and 1995, and the level of contraceptive prevalence increased from 19% to 50% in the same period.¹ The percentage of assisted deliveries grew from 26% in 1987 to 40% in 1995,² and the number of prenatal consultations more than doubled between 1987 and 1993, from fewer than 200,000 to over 400,000 per year.³

However, in one area, little if any improvement was evident during this time. The maternal mortality ratio in Morocco was 359 maternal deaths per 100,000 live births in 1978; in 1992, it was 332 per 100,000 live births.⁴ These statistics, translating to a “lifetime risk” of maternal death of 1 in 42 for Moroccan women,⁵ identify Morocco as having one of the highest levels of maternal mortality in North Africa.

Clearly, the increase in prenatal consultations has not significantly affected maternal mortality rates. This is because the majority of obstetric complications are unpredictable. Screening for high-risk pregnancies, the foundation on which prenatal programs have been based, is largely ineffectual in identifying women who will experience complications during delivery. Although there has been an increase in provider-assisted deliveries, it has not produced a strong improvement in maternal survival. This may like-

¹ Ministère de la Santé Publique en Collaboration avec JSI/Maroc, “Plan d’Action 1997, Planification Familiale et Santé Maternelle et Infantile Phase V,” p.1.

² Ibid.

³ Maine D. Presentation at the Congress on the Rights of the Child, Kenitra, Morocco, May 1995.

⁴ Ministère de la Santé Publique et Macro International, “Enquête Nationale sur la Population et la Santé” (ENPS-II), Rabat, Août 1993.

⁵ Ibid.

ly reflect a quality-of-care issue and an inability of medical personnel and facilities to deal successfully with obstetric emergencies, either because they lack the skills and/or the women arrive at the health facility too late. Cultural and socioeconomic factors are also thought to contribute to a woman's delayed decision to seek care. Such factors include: men and mothers-in-law being the decision-makers, the low status of women, the use of traditional medicine as the first-line option, and the fact that any side effects associated with pregnancy and childbirth are considered normal inconveniences, not necessarily as complications.

Given the magnitude of this situation, those responsible within the MOH's Directorate of Population conferred with JSI, JHU/CCP and USAID on prioritizing maternal mortality reduction within the Phase V Project. The Programme of Action advanced by the International Conference on Population and Development⁶ provided a strong environment for this orientation, as did subsequently the *Progress of Nations* report from the United Nations Children's Fund,⁷ which drew unprecedented attention to the tragedy of maternal deaths worldwide.

The maternal mortality prevention program developed for Morocco comprised two essential components. The first, improving women's emergency obstetric care, was initiated as a pilot project in the large Fes-Boulemane region by JSI with technical assistance from Dr. Deborah Maine, a well-known expert on maternal mortality prevention. Launched in June 1995, the project emphasized improving provider skills in emergency obstetric care, provision of medical materials and upgrading facilities.

The second component focused on building public awareness of the problem of maternal mortality and the means to prevent it. The MOH conceived a comprehensive national communication strategy on maternal mortality and safe motherhood, including advocacy, provider motivation and training support, and public outreach and education so that the decision to seek and deliver care would be made in a timely way.

This document describes the development and implementation of the first communication strategy for safe motherhood in Morocco and its key interventions. It summarizes the design and dissemination of materials, and includes material-specific survey results. Evaluation of the communication strategy's impact remains to be carried out.

⁶ Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994. New York: United Nations Population Fund, 1996. viii, 166 p.

⁷ United Nations Children's Fund (UNICEF). *The progress of nations*, 1996. New York: UNICEF, 1996. [2], 54 p.

Communication strategy —

Reducing Maternal Mortality in Morocco

In early 1996, a working group consisting of representatives from the IEC Division within the Directorate of Population at the MOH, in collaboration with the IEC Specialist of Phase V, developed a communication strategy to reduce maternal mortality

in Morocco. The strategy's essential goals were to raise awareness of the unacceptably high level of maternal mortality in the country and communicate to various audiences that obstetric complications can be treated, thereby minimizing maternal deaths.

To achieve its goal, the communication strategy outlined a sequence of activities focused on those specific issues contributing to Morocco's high rate of maternal deaths. Maternal mortality, so long a neglected issue, first had to be acknowledged by key policy-makers as a critical concern for action to be taken on a national level. Concomitantly, MOH policy-makers and health professionals needed to be fully supportive of efforts to improve the quality of obstetric services.

Following this first phase of advocacy and mobilization oriented toward policy-makers and health professionals, the strategy shifted its emphasis toward building public awareness of maternal mortality issues. This second phase comprised interventions designed specifically to reach women of reproductive age and their close family members with information on the signs of complications during pregnancy and childbirth and the ability to prevent maternal deaths through prompt and appropriate medical care.

Underlying every intervention and output of the strategy was the basic yet powerful concept that *women need not die in childbirth*. This theme was intended to resonate with each audience: with policy-makers, who could influence policies and funding for improved services and resources; with health care providers, whose efficient responses to obstetric emergencies could save women's lives; and with women and their families, who could recognize signs of complications and seek immediate and reliable medical care.

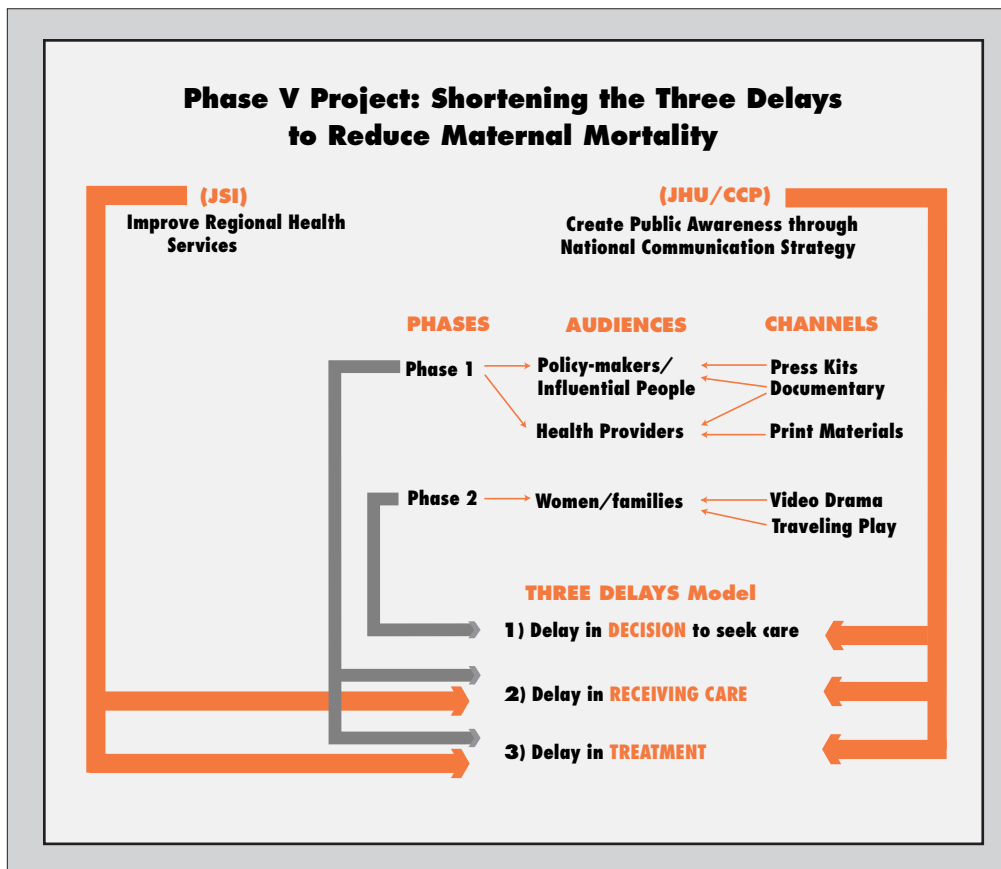




Development of Morocco’s maternal mortality prevention program was based on the Three Delays model. This approach offers a framework for understanding the non-medical factors that contribute to maternal deaths—specifically, those factors preventing women who are experiencing obstetric emergencies from receiving prompt treatment. The three types of delay identified by this model include:

- 1 — DELAY in the decision to seek care due to socio-cultural and cost factors,
- 2 — DELAY in arrival at an appropriate health facility due to distance and/or lack of skilled providers, and
- 3 — DELAY in the provision of adequate care due to lack of skilled providers and/or adequate resources.⁸

In terms of interventions, the model prioritizes inadequacies in care provision, as this is the key factor that affects all of the delays. To make the decision to seek care, women need to know that an adequate health facility with providers trained in emergency obstetric care is available to them and that such care can save their lives.



It is also important to underscore that the national communication strategy was initiated in conjunction with improving regional maternal health services: upgrading facilities and practitioners’ skills and providing adequate medical supplies and materials. The

⁸ Thaddeus S and Maine D. Too Far to Walk: Maternal Mortality in Context. *Social Science and Medicine*, 38(8):1091-1100, April 1994.

phasing of communication interventions by audience group supported and paralleled progress in improving quality of services. The communication component was therefore an intrinsic part of maternal mortality reduction efforts from the beginning with its overall contributions to shortening each delay. Based on these considerations, the Safe Motherhood working group formulated specific goals and strategic approaches for three audiences, and employed appropriate media channels for each.

PHASE 1 Advocacy and Mobilization

Audience—Policy-makers and Influential People

Goals:

- Alert policy-makers and influential people to the elevated rate of maternal deaths in the country;
- Ensure their support for and commitment to effecting changes to reduce maternal mortality.

Strategic Communication Approach:

- Invoke leaders' sense of national pride and achievement by identifying high maternal mortality as a glaring blemish on the country's image;
- Impress upon this group the gravity of the situation in Morocco, and stress that reducing maternal deaths is a matter of priorities—women's lives can be saved by mobilizing human and material resources to improve obstetric care delivery and access.

Three Delays Model Effect—Influence funding to:

- Improve the distribution of facilities capable of dealing with obstetric complications (delay 2);
- Improve the quality of services and resources (delay 3).

Outputs:

- Documentary video, *Khlat Eddar*;
- Press kit featuring *Maternal Mortality in Morocco: the Current Situation*.

Dissemination:

- Mail videos and text to national- and provincial-level policy-makers;
- Mail press kits to members of the media;
- Show documentary at professional gatherings and health conferences.

Audience—Health Professionals

Goals:

- Alert health professionals to the high rate of maternal deaths in Morocco;
- Inspire their commitment to preventive actions; specifically, urgent response to obstetric complications.

Strategic Communication Approach:

- Support health re-training of professionals in emergency obstetric care with print materials;

- Invoke and reinforce providers' sense of responsibility to take appropriate action at every level of the health care system.

Three Delays Model Effect—Motivate and support health providers to:

- Increase their confidence in managing obstetric emergencies before referring (delays 2 and 3);
- Reinforce the life-saving skills they learn by complementing them with print materials (delay 3).

Outputs:

- Information kit featuring a leaflet with cues on life-saving skills;
- Photo pocket calendar, *All for Safe Motherhood*, describing four leading obstetric complications and clinical actions that can prevent death in each case.

Dissemination:

- Portable Safe Motherhood information booth for conferences/events;
- Training workshops.

PHASE 2 Interventions

Audience—Women of reproductive age, their husbands and families

Goals:

- Dispel attitudes regarding the inevitability of maternal deaths;
- Inform women and their family members of the signs of certain obstetric complications, and stress the need to seek immediate medical care;
- Promote attended deliveries.

Strategic Communication Approach:

- Emphasize that pregnancy is a happy occasion, but one that carries potential complications;
- Involve close family members in the welfare and survival of the pregnant woman.

Three Delays Model Effect—Persuade women and their families to:

- Decide to seek immediate medical care for identifiable obstetric emergencies (delay 1).

Outputs:

- Traveling play, *Aide-Toi, le Ciel t'Aidera*;
- Docudrama, *Bent Ettajer*.

Dissemination:

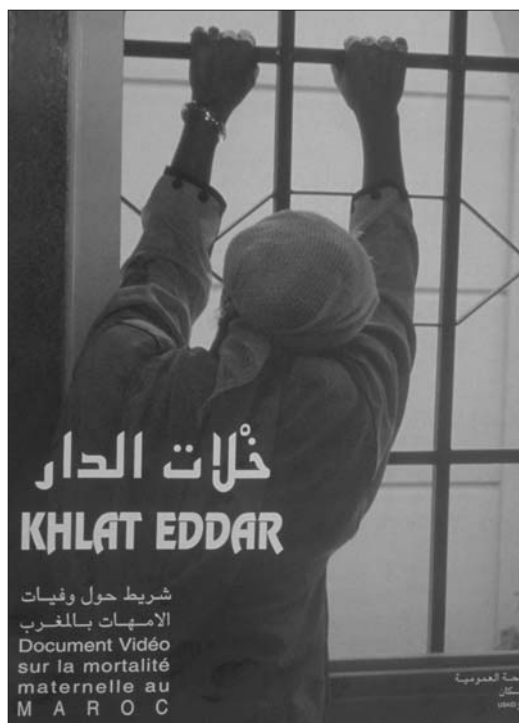
- Promote *Aide-Toi, le Ciel t'Aidera* through national and regional radio and television and local posters, and tour nationally through major cities and remote rural areas; videotape and show on national television and long-distance bus lines;
- Show *Bent Ettajer* through MOH mobile units and at health facilities, women's centers, and on long-distance bus lines.

Communication interventions

1 Galvanizing Policy-makers and Influential People

The centerpiece of the nationwide advocacy effort for maternal mortality reduction was *Khlat Eddar*, an 18-minute, broadcast-quality documentary video designed to alert Moroccan policy-makers to the unacceptably high level of maternal deaths in the country and elicit their support in effecting change.

The title *Khlat Eddar*, literally meaning “the house is now empty,” evokes a traditional phrase of sorrow and condolence. The documentary includes actual testimonials from family members and others who have suffered personal loss due to maternal deaths.



Through vivid graphics and imagery, *Khlat Eddar* establishes at the outset Morocco’s high rate of maternal mortality in comparison with other countries in the region. It emphasizes that this situation is discordant with the nation’s socioeconomic progress. The program then depicts the factors that lead to women’s deaths, drawing on the concept of the Three Delays. The documentary proposes specific actions to reduce maternal deaths, with a long-term goal of improving the overall status of Moroccan women. The fundamental message conveyed by the documentary is that maternal deaths can be prevented, and that both human and material resources must be mobilized to achieve results.

Copies of *Khlat Eddar*, along with the integral text of its narration in booklet form, were mailed to key policy-makers at the national and provincial level: mayors, governors, deputy district administrators, MOH chief medical officers and members of local and regional non-governmental organizations (NGOs). This wide distribution of both video and text was intended to generate awareness of the problem among leaders and prompt them to share information with others.

Because the press is an influential subset of this audience group, a press kit was prepared to promote accurate media coverage of the maternal mortality issue. The kit featured a short booklet, *Maternal Mortality in Morocco: the Current Situation*, describing the main causes of maternal deaths and the exacerbating conditions within the country, and concludes with a direct call to consciousness and action: “Together, let’s take on the challenge” and “Facts to increase your awareness. Make others aware in turn.”

Implementation, Dissemination and Reaction

Khlat Eddar was first screened among members of the various divisions under the Directorate of Population of the MOH. The quality and strength of the video’s arguments were acclaimed by viewers, though a few were disturbed by some of the stark images and uncompromising language. However, members of the Safe Motherhood working group defended the video’s aim of shocking policy-makers out of complacency and spurring them to action.

The documentary was subsequently shown among audiences at professional gatherings, NGO meetings, and at national and international health conferences, including the 1st World Congress on Maternal Mortality, held in Marrakech in March 1997. Screenings of *Khlat Eddar* and dissemination of the press kit generated the appearance of numerous newspaper articles on maternal deaths in the country.

In the months that followed, several television and radio shows featured information from the documentary. As intended through wide distribution of the documentary, the key points of *Khlat Eddar* were promulgated by leaders at the local, regional, and national level. For instance, the Minister in charge of Social Protection, Family and Children and other influential figures have directly drawn from the video script during public addresses on health matters. In a 1997 speech giving praise for the success of the national vaccination drive, King Hassan II subsequently stated that it was now appropriate to address other vital health issues, such as improving the conditions surrounding pregnancy and childbirth. The Chief Medical Officer of the Fes-Boulemane region

Praise for Khlat Eddar

At once sensitive and powerful, this film possesses the courage of images and the effectiveness of numbers. It explains in a few words the complexity and the tragedy of these women, who represent the future of the country. Delayed decision-making, distant health services, belated treatment. Time and the lack of hygienic conditions work against the woman who may, at any moment, die because of infection, hemorrhage, eclampsia, or prolonged labor.

The point of view is uncompromising, but has the merit of making us aware of the role that each of us can play. The conclusion of the film summarizes the issue very well: it is not a matter of fate, but of priorities.

La Vie Economique, March 14, 1997

decided to use funds from his budget to purchase ambulances for rapid transport to emergency medical facilities rather than dialysis units. The effect of this action was to make reduction of maternal mortality a regional priority.

2 Motivating Health Providers

Materials designed for health providers stressed the importance of taking professional responsibility for preventing maternal deaths. This focus was indicated by the frequent tendency of health personnel to refer obstetric emergency cases to a different, often distant facility without taking appropriate life-saving measures. The key message to providers was therefore, “Wherever you are, you can do something to save a pregnant woman’s life.”

An information kit with motivational and clinical skills support materials was designed, featuring a leaflet on life-saving skills. The leaflet reminds providers of the specific actions they should take to treat or stabilize obstetrical emergencies at each level of the health system, from health centers to district hospitals. The information in the leaflet was based on the curriculum being used in the pilot project to improve emergency obstetric care. Also included in

the information kit was a photo pocket calendar, *All for Safe Motherhood*, describing four leading obstetric complications and the clinical actions that can prevent death in each case. The calendar bears the stark reminder, “In Morocco, a woman dies every 3 hours from a complication of pregnancy or childbirth.”

Implementation, Dissemination and Reaction

Materials for health providers were disseminated chiefly via the Safe Motherhood information booth, created by the IEC Division to facilitate awareness-raising and advocacy efforts. This portable stand, visually striking and replete with images, statistics and slogans, was used at over 30 major conferences and events between 1996-99, including leading professional and international health events held in Morocco. At such venues, the stand was visited by



health professionals, policy-makers and officials, local and organizational leaders and members of the press.

In addition to the print and visual materials expressly created for health providers, the documentary *Khlat Eddar* proved an important resource for this audience as well. By depicting the various factors contributing to maternal deaths in Morocco and the responsibility shared by the MOH and other entities in preventing these deaths, *Khlat Eddar* helped health professionals understand the overall situation and their own role within it. As an example, in collaborating with faculties of medicine to revise the curricula for medical students in maternal health care, the Johns Hopkins Program for International Education in Reproductive Health used *Khlat Eddar* as an awareness and orientation tool in training workshops held in Morocco.

3 Reaching Out to Women and Their Families

Two principal interventions were designed to carry vital messages about maternal death to women and their relatives through the Enter-Educate approach. They included: *Aide-Toi, le Ciel t'Aidera* (*Help Yourself, and Heaven Will Help You*), a play which toured the country, and *Bent Ettajer* (*The Merchant's Daughter*), a video docudrama shown largely in rural areas through mobile health units.



The Play: *Aide-Toi, le Ciel t'Aidera* (*Help Yourself, and Heaven Will Help You*)

Aide-Toi, le Ciel t'Aidera is a 50-minute theatrical drama intended for women, their husbands and family members. The play's most fundamental message is that pregnancy and childbirth carry risks, but maternal deaths are neither predestined nor unavoidable.

The drama unfolds at a maternity center, where a young nurse-midwife and an older, routine-bound midwife work side-by-side. Among three women who visit the center that night, one experiences obstructed labor that leads to a fatal outcome. The play highlights conditions that can contribute to maternal deaths, particularly at the health facility level: provider apathy, the absence of emergency transport and the shortage of doctors. It emphasizes the importance of adequate care during pregnancy and childbirth, and underscores the benefits of family planning in reducing the risk of exposure to maternal death. In its moving conclusion, the drama urges women to take responsibility for their lives and the welfare of their families, and impresses upon men the important role they must play in supporting maternal health.

Implementation, Dissemination and Reaction

The play premiered March 23, 1997 in Rabat under the patronage of Princess Lalla Fatima Zohra, president of the Union Nationale des Femmes Marocaines (UNFM). Reactions were positive; many audience members expressed admiration and surprise

that a topic as complex and serious as maternal mortality could be effectively addressed in a dramatic and engaging way.

Over the course of 1997, *Aide-Toi, le Ciel t'Aidera* toured 30 cities and villages throughout the country, reaching an estimated 37,000 people. Initiatives on the part of NGOs, regional media, and the UNFM were central to the tour's success. The play was promoted through announcements on national and regional radio and television, as well as through posters produced by the MOH and provincial mobile teams. One spectator even compared the play to a pilgrimage, in light of the sheer number of people that came to see it.

Following its national tour, *Aide-Toi, le Ciel t'Aidera* continued to reach wide audiences. The play was professionally videotaped and aired on national television. It was also shown on long-distance bus lines of the Compagnie de Transports Marocains for three months.

Evaluation

Response to *Aide-Toi, le Ciel t'Aidera* was evaluated both through short interviews with audience members after performances during its national tour, and during its use in video format on the long-distance bus lines. Over the course of the play's tour, 560 audience members, representing each of the provinces visited, were interviewed. Most of the respondents were women of reproductive age. Virtually all of them liked the play, finding it moving and informative; many felt that similar approaches should be used in treating other health issues. Regarding the play's subject matter, most respondents identified it as dealing with: the risks of pregnancy and childbirth, family planning, or the dangers of unattended delivery at home. After having seen the play, when asked what they would advise a pregnant woman, most respondents replied "Deliver with skilled attendants" or "Have her pregnancy supervised by a health professional."

A more detailed inquiry—including socio-demographic information and a series of open-ended questions—was carried out among passengers on Morocco's principal long-distance bus lines, who viewed the play in its video form. After pre-testing and finalizing the questionnaire, 379 male and female passengers on 50 vehicles were interviewed in December 1997. About 60% of the respondents identified "maternal mortality and morbidity" as the theme of the drama. When asked the cause of the health problems experienced by the pregnant women in the drama, most respondents offered multiple answers. Over half (51%) blamed a lack of skills and resources at the health service level; half (50%) blamed the lack of supervised pregnancy and assisted childbirth; 43% cited an "unawareness of dangers" and 34% the "lack of involvement and support of the husband." Interestingly, more women than men found fault in the health system.

Importantly, a central message of the drama—that every pregnant woman is exposed to dangers during pregnancy and childbirth—was understood by 64% of the respondents, the great majority of whom were of rural origin and lower educational level. Also, when asked if maternal mortality was an important problem in Morocco, 66% of the respondents replied "Yes." Finally, when asked what advice they would give a close relative to avoid risks related to pregnancy and childbirth, 87% of the respondents replied "monitored pregnancy and delivery" and 44% replied "family planning." These results

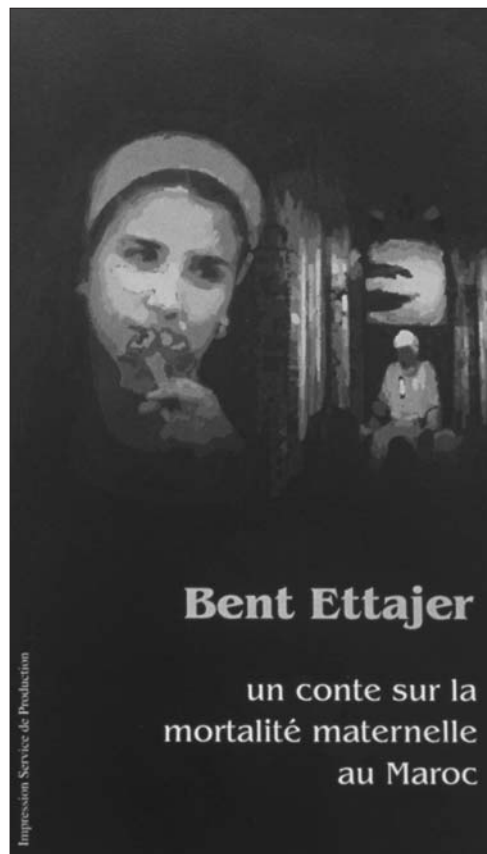
show that viewers understood the messages. They also demonstrate the need for more public information about complication signs during pregnancy and childbirth, and an ongoing need to emphasize the role of husbands in supporting maternal health needs.

The Video Docudrama: *Bent Ettajer (The Merchant's Daughter)*

Bent Ettajer is a narrative about a wealthy merchant and his beloved only daughter. The drama follows the daughter through her marriage, pregnancy, and the consequences of an unrecognized obstetric complication. The message, drawn from real life experiences of women who survived eclampsia during their pregnancies, is poignantly delivered. For example, a ring given to the merchant's daughter by her loving but preoccupied husband cannot fit on her finger because of her swollen hands. Despite her worsening symptoms, no one close to her recognizes the need for medical attention until it is too late and a dramatic eclampsia crisis occurs.

The Merchant's Daughter was designed to provide rural women and their families with information about the danger signs of pre-eclampsia and eclampsia. This focus was based on the fact that although pre-eclampsia and eclampsia present certain recognizable signs, they are unknown to many Moroccan women and their close relatives. Further, pre-eclampsia—unlike hemorrhage—does not usually require immediate emergency care; therefore, women and their families have time to act if they recognize its signs. All too often, however, the symptoms of pre-eclampsia are viewed as normal inconveniences of pregnancy, and the opportunity to seek timely medical care is lost.

It is important to note that while *Aide-Toi, le Ciel t'Aidera* emphasizes obstacles to appropriate care within health facilities (delay 3), *Bent Ettajer* dramatizes cultural attitudes that contribute to women's deaths by delaying the decision to seek care (delay 1). The two productions complement each other. The play lays the groundwork by showing that maternal deaths do occur often in Morocco, and *Bent Ettajer* takes it a step further by focusing on signs of one complication of pregnancy.



Implementation, Dissemination and Reaction

Bent Ettajer was officially launched at a MOH press conference celebrating International Women's Day in March 1998. It was instrumental in mobilizing the Moroccan media around the country's designated Safe Motherhood month—April 1998. Primary dissemination of the video took place through MOH mobile units. Piloted in Errachidia province, mobile outreach activities expanded nationwide from March to October 1999. During this period, *Bent Ettajer* reached an estimated 26,000 people in 33 provinces, particularly in rural, isolated communities where maternal mortality is especially high.

Two to four screenings were held each day during the campaign, taking place in health facilities, women's centers and mutual aid societies. Each screening was followed by a public discussion, facilitated by health personnel (in local Berber dialects when needed) and based on the discussion guide. Brochures and stickers were also distributed.

In addition to its use by the mobile caravans, *Bent Ettajer* has been shown frequently by the MOH and UNFM and other social development NGOs for various training and health information events at women's centers and other venues. The video was shown on Morocco's long-distance bus lines for four months. This activity continued the collaboration between the MOH and the Compagnie de Transports Marocains, while responding to the interest expressed by passengers in viewing programs with health themes.

Appreciated by rural audiences, *Bent Ettajer* also received wide commendation from Moroccan leaders such as Princess Lalla Fatima Zohra, the President of UNFM, and the Minister of Health. The video has achieved recognition on the international level as well. In October 1999, *Bent Ettajer* was selected from among 1,250 entries, and awarded a Finalist Certificate honoring "Outstanding Achievement" in the "Social Commitment" category of the Globals International Healthcare Communications Competition.

Evaluation

In a pilot outreach activity, a series of questions was posed to over 2,000 individuals in 25 villages following the viewing of *Bent Ettajer*, which provided useful information for subsequent national-level dissemination. When asked about the video's subject, viewers observed variously that it dealt with problems associated with pregnancy and childbirth, false beliefs, and the fact that mothers-in-law have a dominant—and detrimental—role in rural areas. When asked why the young protagonist of the video died, viewers included among their responses "She didn't have her pregnancy supervised," "She wasn't taken to the hospital in time," and "Her husband did not help." When asked, "What do you think could have been done to prevent this tragedy?," viewers replied variously that a husband needs to be informed of how to assist his wife, that grandmothers should understand the importance of monitoring a pregnancy, that women are neglected in rural areas, and that emergency transport is scarce. Generally, audience members reported having acquired new knowledge and information relating to maternal deaths.

Following screenings of *Bent Ettajer* in the Agadir region in October 1999 as part of the national mobile outreach campaign, short interviews were conducted among 150

women audience members. Nearly 87% of these respondents said they liked the video “a lot.” After seeing the video, when asked what they would advise a pregnant woman to do, almost all respondents stated that the woman should seek health care services. Over half (53%) said they would urge her to have her pregnancy monitored at a health facility; 28% said she should consult a doctor, and 20% would recommend that she give birth in a hospital or maternity center.

The scope of the impact evaluation was limited, and the findings presented above are not representative of the Moroccan public and therefore cannot be generalized. Nonetheless, respondents’ comments suggest that the video helped to heighten their awareness of the causes of maternal death and of measures that can help reduce its incidence.

Sharing across Borders

The approach and achievements of Morocco’s communication strategy for maternal mortality reduction have



been shared with others internationally. In October 1997, the Chief of the IEC Division shared the Morocco strategy at a technical meeting of the Inter-Agency Working Group on Safe Motherhood in Colombo, Sri Lanka, which marked the ten-year anniversary of the Safe Motherhood Initiative. The World Health Organization also marked that anniversary with an exhibit in Geneva including materials and information on Morocco’s program. The IEC Specialist presented the strategy at the March 1998 African Regional Conference on Men’s Participation in Reproductive Health in Burkina Faso. Further, as the only country in the Arab world to have developed a communication strategy to reduce maternal deaths, a Moroccan representative was invited to present activities and materials at a workshop on the role of media in reproductive health, held in Cyprus in June 1998 with the support of the Ford Foundation.

Observations & lessons _____



The example of Morocco's communication strategy to reduce maternal mortality can offer valuable lessons to those working in IEC, maternal and reproductive health. Among the observations that may be drawn from the strategy's approach and achievements are the following:

Start early. A communication strategy should be conceived from the outset of a major health initiative and carefully coordinated with key program components. In the case of Morocco, a comprehensive perspective on maternal mortality reduction, based on the Three Delays model, shaped all facets of the program and promoted consistency among the communication activities, materials and messages designed for each audience.

Create a communication strategy. The planning and phasing of communication interventions should be based on their affective and chronological relationship to their intended audiences and to one another, within the appropriate context of the country or region. The political and public health context of Morocco at the outset of the MOH's maternal mortality reduction initiative indicated certain strategic communication decisions:

Advocate first: Key policy-makers needed to be made aware of the gravity of the situation within the country and the need for change. Their support was a prerequisite to mobilizing resources, ensuring sustained effort and creating a strong advocacy base for maternal mortality prevention.

Train and prepare before promoting: Provider sensitization, skills improvement, and upgrading of health facilities should precede widespread messages to women and their families that high-quality emergency obstetric care is available and should be sought if signs of complications occur.

Build public expectations: It is essential that women and their families understand that maternal deaths are not inevitable or predestined, that trained providers are ready to help them and that attitudes and decision making about seeking care can help avert fatal outcomes.

Base materials and messages on real stories. Quantitative data and qualitative research findings are essential to support materials development. By incorporating actual life stories and experiences, materials can be further enhanced. Talking with and listening to women and their families were essential steps in creating each of the key Morocco materials: the documentary *Khlat Eddar*, the theatrical drama *Aide-Toi, le Ciel t'Aidera* and the video *Bent Ettajer*.

Directly involve each audience group in achieving change. Interventions for each group were designed to impel audience members from greater awareness to a sense of responsibility to becoming actors and advocates in the effort to reduce maternal deaths.

Make it easy for people to become advocates. Providing leaders with copies of the script of *Khlat Eddar* and distributing press kits enabled them to spread accurate and up-to-date information on maternal mortality more easily to others.

Create innovative channels. The Enter-Educate approach was used to address the serious and complex issue of maternal mortality through a traveling theatrical production and a dramatic video, which was shown on mobile units, in public areas, and at health events. Another innovative channel used was the long-distance bus lines of the Compagnie de Transports Marocains, on which a videotaped version of the play and the docudrama were shown.

Create partnerships. A national-level health communication effort offers a rich opportunity to forge collaborative ties among individuals from different fields—public health, medicine, transportation, media, theatre, cinema—as well as among local, regional and national organizations. Guided by a strategy with clear aims and activities, these groups can share their strengths to work together toward a common end and build skills and capacity for future efforts.

Plan for impact evaluation. Baseline research is a prerequisite for performing impact evaluation of any major health communication initiative. Although survey results of the Moroccan maternal mortality reduction program indicate that various audiences understood the messages of the strategy, baseline information was not gathered prior to implementation. Therefore, it is not possible to determine quantitatively the impact of the strategy's interventions on awareness, attitudes and behavior regarding maternal mortality prevention.

Project conclusion



Under the Phase V Project, the priorities of family planning, child survival and maternal health, in that order, did not include maternal mortality reduction *per se* initially.

However, given the magnitude of the situation in Morocco, committed individuals in the MOH were determined to place maternal mortality reduction on the national agenda.

The communication strategy has been essential to this effort. Through early advocacy activities, maternal mortality became a clear and undeniable priority in Morocco. Through media coverage, it became an increasingly high-visibility issue. Through provider motivation and training in emergency obstetric care, an increasing number of Moroccan women are gaining access to life-saving services. And through public education and outreach, women and their families are learning that an obstetric complication does not ordain death.

Success begets success. It reflects upon the potency of these advocacy, education and communication efforts that USAID extended the Phase V contract specifically and solely for the continuation of Safe Motherhood activities in Morocco. When the US First Lady Hillary Rodham Clinton visited the country in June 1999 and inaugurated a maternity ward operating room, she praised the government's commitment to reducing maternal mortality and USAID's support for increased access to life-saving obstetric care. The MOH, encouraged by the project's success, intends to replicate Safe Motherhood activities elsewhere in the country, and several donors, including the United Nations Population Fund and the European Union, have already committed to supporting this expansion.

communicating
Safe **motherhood**
in morocco

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