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JOHNS HOPKINS
Center for Communication Programs

USAID Maternal and Child Health Program
Health Communication Component

360°
MEDIA REPORT

RSPN

MercyCorps
Be the change

Center for Communication Programs Pakistan

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Analysis of Available Media, Channels and Communication Tools in Focus Districts of Sindh

April 2015

MercyCorps
Be the change

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Abbreviations

AKU Aga Khan University
BHU Basic Health Unit
CAA Civil Aviation Authority
CCP Johns Hopkins Center for Communication Programs
CCPP Center for Communication Programs Pakistan
CMW Community Midwife
CRP Community Resource Person
CSR Corporate Social Responsibility
DBCS District-Based Consultative Sessions
DoH Department of Health
FMCGs Fast Moving Consumer Goods
HCC Health Communication Component
HSS Health Systems Strengthening
IMR Infant Mortality Rate
IPC Interpersonal Communication
KAP Knowledge, Attitude and Practices
LHV Lady Health Visitor
LHW Lady Health Worker
MWRA Married Women of Reproductive Age
MCH Maternal and Child Health
MCHP Maternal and Child Health Program
MMR Maternal Mortality Ratio
MNCH Maternal, Newborn and Child Health
MoU Memorandum of Understanding
MCHIP Mother and Child Health Integrated Program
MICS Multiple Indicator Cluster Survey
NRSP National Rural Support Programme
PDHS Pakistan Demographic and Health Survey
PLCS Provincial Level Consultative Session
PMA Pakistan Medical Association
PSLM Pakistan Social and Living Standard Measurement Survey
PTA Pakistan Telecommunication Authority
PTV Pakistan Television
PSA Public Service Announcement
PWD Population Welfare Department
RHC Rural Health Center
RSPN Rural Support Programmes Network
SBA Skilled Birth Attendant
SBCC Social and Behavior Change Communication
TBA Traditional Birth Attendant
TPS Third Party Survey
USAID United States Agency for International Development

About Center for Communication Programs Pakistan

Center for Communication Programs Pakistan is a nongovernment and nonprofit organization registered under the Societies Act XXI of 1860 of Government of Pakistan. Center's mission to save lives, ensure basic human rights and improve overall wellbeing through social and behavior change communication, advocacy and community mobilization. Its efforts aim at making an impact on the lives of Pakistan's disenfranchised, disadvantaged and most vulnerable populations.

Centre's tools include strategic communication interventions, scripted dialogue, initiatives for collective action and individual behavior, and advocacy campaigns that are culturally appropriate and sensitive to local customs. Centre also compiles and shares information to better meet societal challenges. Research and evaluation is central to Centre's mission as well as training communication experts in public, private and not-for-profit sectors the national, regional and community level.

About Health Communication Component of USAID Maternal and Child Health (MCH) Program

The Maternal and Child Health (MCH) Program is a six-year project (2012-2018) supported by USAID with five interrelated components:

1. Family Planning/Reproductive Health (FP/RH)
2. Maternal, Newborn and Child Health (MNCH)
3. Health Communication
4. Health Commodities and Supply Chain
5. Health Systems Strengthening

This innovative program is designed to improve health outcomes for women and children in the Province of Sindh, as well as to address key issues at the Federal level. Each component of the program is implemented by a different organization, with USAID providing overall management and coordination support.

The Health Communication Component (HCC) transitioned to new leadership in May 2014, and in June 2014, Johns Hopkins Center for Communication Programs (CCP) began implementation working in partnership with Mercy Corps, Rural Support Programmes Network (RSPN) and the Center for Communication Programs Pakistan (CCPP). The Health Communication Component focuses on the identification, prioritization and coordination of a selected set of interventions for reduction of social and cultural barriers that impede uptake of healthy behaviours, improvement in the interaction between clients and providers and increase in the uptake of relevant reproductive maternal, newborn and child health (RMNCH) services.

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Executive Summary

The poor maternal and neonatal health outcomes of Sindh can be improved through health communication, which fosters an enabling environment for communities and facilities to improve health-seeking behaviors. As a key communication activity of the United States Agency for International Development (USAID)'s Maternal and Child Health Program (MCHP), the 360 Degree Media Report analyzes and recommends the most effective media for reaching out to the communities, particularly married women of reproductive age (MWRA) in the current five focus districts for the Health Communication Component in Sindh, namely Umerkot, Sanghar, Sukkur, Mitiari, and Mirpur Khas. The media for analysis is dividing into four main categories, namely mass media, group/community media, new/digital media, and interpersonal communication (IPC).

In order to identify the most effective media for the focus districts, the report gathers and analyzes data from various sources, particularly large-scale national surveys, with district-level information and consultative sessions held for the purpose of 360 Degree Analysis at the provincial and community levels. In addition, two of the largest omnibus surveys conducted by Gallup Pakistan and Ipsos were also included in the analysis. Based on the collected data and analysis, the 360 Degree Media Report has formulated a range of recommendations. It has also outlined the advantages and disadvantages of each medium to ensure that the best decisions related to communication interventions are made across the focus districts.

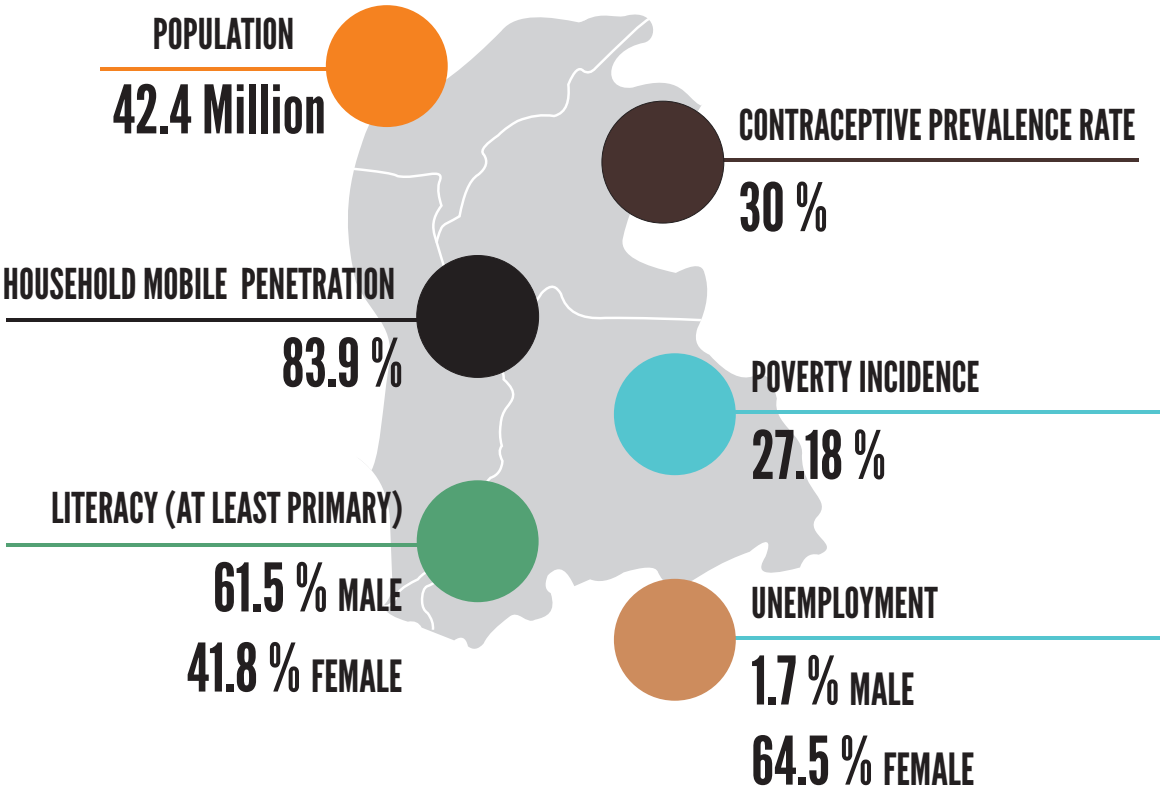
For its primary participant group, MWRA, the report identifies that due to the limited mobility of women in rural areas, messages need to be delivered to them at the household level, either through technology or in person. The general consumption behavior of information among rural women indicates the popularity of visuals rather than written materials. This is a crosscutting observation that can be applied to all the prime categories of media. Women regularly watch television as compared to occasional viewership by men. The high access and reach of television makes it the most effective medium to reach out to women with messages that can be effectively communicated via mass media. However, for messages that require counseling, private discussion must be channeled through community-based health workers, particularly the Lady Health Workers.

For husbands and community elders, who are key influencers for health needs and health seeking behavior of married women of reproductive age, data from multiple sources reveals that except for television, for all other media within mass, group/community and digital media, men have significant access to media as compared to women within the focus districts. The category of group/community level media, especially through outdoor

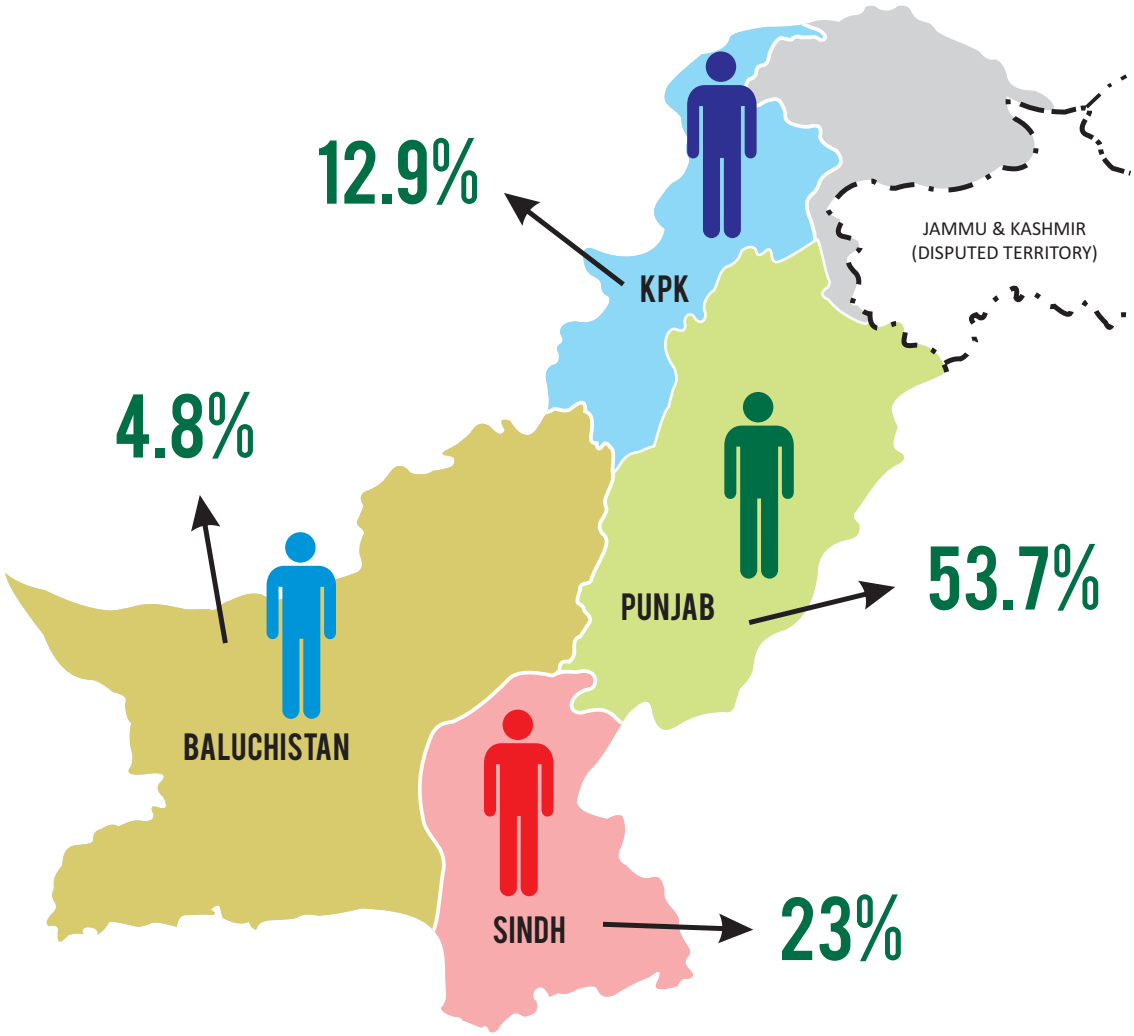
media, can be an effective mode for reaching rural men. This would include community-level gatherings at teashops and during *Autaq*. For any medium that is being recommended, the messages should not be text intensive. Access to technologies such as mobile phones, the internet and radio is also high among men. While the growth of the internet is very high, it still cannot be considered as a medium with significant access within the next one year.

For health managers, who have the power to change the health system within their sphere of authority, the report advocates for policy decisions such as increasing budgetary allocation, increasing investment in social and behavior change communication, improving health systems, providing supplies, and addressing problems of health workers.

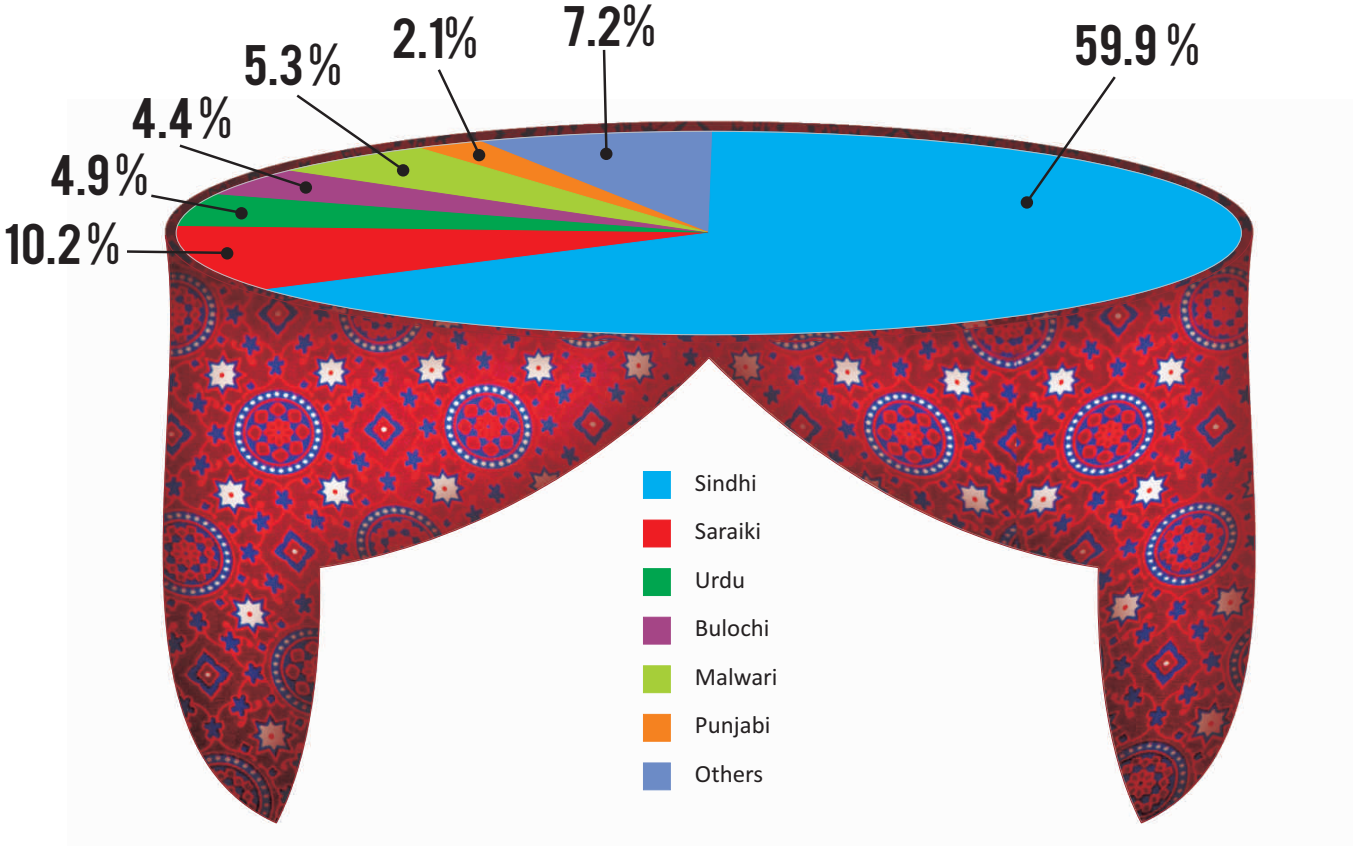
OVERVIEW
SINDH, PAKISTAN



SHARE OF POPULATION IN PAKISTAN BY PROVINCE



PERCENTAGE DISTRIBUTION OF LANGUAGES SPOKEN IN FOCUS DISTRICTS, SINDH



MCH Program Indicator Survey 2013

1 Introduction

Pakistan in general, and its rural areas in particular, has high infant and maternal mortality ratios (IMR and MMR, respectively). The various successions of the Pakistan Demographic and Health Survey (PDHS) have confirmed this. Nearly 12,000 women die during childbirth every year, and one in every eleven children in Pakistan dies before reaching his or her fifth birthday, with more than half of these deaths occurring during the first month of life. Sindh's maternal and neonatal mortality indicators are even poorer than the national averages: 314 mothers die during every 100,000 live births as compared to the 272 national figure, and 81 neonates die during every 1,000 live births as compared to 54 at national level. These poor maternal and neonatal health outcomes are because of a range of both direct and indirect contributors, which critically include many non-obstetric factors also. One of the key ways to support solutions to these problems is through health communication, which can help create enabling environments for communities and facilities to improve health-seeking behaviors.

The Health Communication Component (HCC) is part of the United States Agency for International Development (USAID)'s Maternal and Child Health Program (MCHP), which is a five-year initiative for reducing IMR and MMR in 10 focus districts of Sindh. The Johns Hopkins Center for Communication Programs (CCP) is leading the HCC. Consortium members include the Center for Communication Programs Pakistan (CCPP), Mercy Corps, and the Rural Support Programmes Network (RSPN). HCC aims to support an enabling environment in communities and facilities to foster beneficial health-seeking behaviors, by designing an effective package of interventions. The interventions will focus on changing the behaviors and practices of the targeted communities as well as advocacy to the provincial health and population welfare departments. HCC is being implemented in all the focus districts of Sindh, namely Umerkot, Sanghar, Sukkur, Mitiari, Mirpur Khas, Shikarpur, Larkana, Ghotki, Jacobabad, and Naushahro Feroz. Most of these districts have a high percentage of rural populations as well as a high incidence of both IMR and MMR.

HCC proposes to reach out to the communities and district-based stakeholders of MCHP to reduce the incidence of IMR and MMR. This requires a deep and accurate understanding of the message carriers, channels and media that exist in these focus districts. Such an understanding will enable HCC to take better decisions based on evidence, and less on a 'gut' feeling. This process includes reaching out to the stakeholders at all levels, from families to health workers to decision makers, so that an all-inclusive environment is fostered.

Understandably, a single medium, or an entire category of mediums (like mass media, group/community media,

interpersonal communication and new media) does not have access to the target population of our focus districts. Depending upon some key characteristics of each district, it is however possible to explore and identify key channels that can help us reach out to a significant proportion of the population through targeted activities and communication interventions. This report broadly identifies the main mediums available in the targeted districts and goes further by deeply analyzing the various channels and tools within each medium as well. This enables better planning of program activities in terms of choosing a media mix as well as the best methods and practices to use for that media mix. For instance, not only does this report identify the leading mediums of Mass Media in the targeted districts, but it also establishes the best channels, singles out the best time slots and pinpoints the popular products (TV Advertisements, Dramas etc.) which can be produced for disseminating the message.

Pakistan has a scarcity of reliable data and statistics on media consumption, especially for noncommercial (mostly non-mass media) mediums. Whatever little, limited data that exists is either too generalized or too urban-specific. For example, the two most widely used media planning tools in the country, the People's Meter and Gallup, are unable to be representative of MCHP's focus districts in their data. Moreover, these media planning tools have the bias to overstate the consumption of mass media nationwide. Based on these observations, no particular medium is clearly the only ideal medium for penetration. The report categorizes all the mediums to create a universe of available options. It further classifies them on the basis of their availability and effectiveness in the targeted districts for maximizing the message outreach and penetration.

1.1 Purpose of the Report

The 360 Degree Media Report provides a response to existing gaps in understanding media consumption, particularly in MCHP's focus districts. The term 360 Degree represents a rounded analysis of available media, channels therein and communication tools in terms of their reach and impact in focus districts. An effective 360 Degree Media Analysis helps in maximizing penetration and retention of health communication messages to intended groups of audiences. The 360 Degree Media Report conceptually divides media into four distinct categories, namely:

1. Mass media;
2. Group/ community media;
3. New/digital media; and
4. Interpersonal communication (IPC).

As a key part of a focused and harmonized communication strategy for MCHP, the report comes under the broad activity set of specifically supporting the Health Systems Strengthening (HSS) component of MCHP. This report analyzes and recommends the most effective media for reaching out to the communities in the focus districts. CCPP has developed this media mix through a three-pronged, integrated process:

1. Data mining from existing sources of information on effective media within the focus districts;
2. District media profiling through official data and a district-level consultative process; and
3. Identifying the best practices and documented sources of information from communication experts, through consultation at the provincial level.

This report contains individual findings of each process, builds upon, and aggregates these findings to reach an overall insight on the most effective media for the focus districts. This report is intended for dissemination to provincial health as well as population welfare ministries, for informing their respective communication strategies on selection of the best communication channels to serve thier needs.

1.2 Geographical Focus

The five program districts of Sindh analyzed are Umerkot, Sanghar, Sukkur, Matiari, and Mirpur Khas. The districts are selected from a comparative review of the program's district-wise socioeconomic status indices for Sindh, which identified these as best to represent the top, middle, and bottom tiers.

1.3 Audience Groups

The participant groups identified for this analysis are Married Women of Reproductive Age (MWRA), whose lives are inextricably linked with their husband, mothers in law, and other community gatekeepers. Adolescent boys and girls are also included as they are the mothers and fathers of the future. This selection of participant groups is based on the recommendation from USAID's Health Communication, Social Mobilization and Advocacy Strategy for Health Department, Sindh, prepared by John Snow Inc. in 2012.

1.4 Objectives

The analysis has three main objectives:

1.4.1 Objective I

To identify and prioritize communication medium and channels and tools within them that are accessed by the participant groups in the identified five districts of Sindh from available mass, community/group, interpersonal, and new media.

Prioritization of communication channels is based on their coverage, effectiveness, efficiency, and sustainability. An explanation of these criteria follows.

- *Reach and Access:* How many people in the participant communities does the communication medium reach? To what extent do the communication medium and channels reach the different groups that form the participant communities?
- *Pattern and Structure:* Measuring the pattern of growth as well as the structure of the medium. For example Mass Media is a highly structured medium, it takes less than a week to broadcast your products across Pakistan. On the contrary, if you have to brand tea stalls in Sindh, it might require negotiation with each stall owner owing to lack of a common structure representing them. This will entail a lot of time and resources to be able to use the medium effectively.
- *Sustainability:* How likely are the communication medium and its benefits to continue once funding has been withdrawn?

1.4.2 Objective II

To assess how stakeholders make decisions related to media and channel selection to reach out to intended audiences and provide recommendations on how to improve the process. It is important to note that the findings of Objective I will inform recommendations provided as part of this objective.

1.4.3 Objective III

To get an enhanced understanding of MCHP's participant groups' behaviors i.e. their communication preferences, behaviors related to buying habits, use of public services, attitudes towards those services, access to private health facilities, and positive deviance.

2 Methodology

By Mohammad Faisal Khalil and Dr. Azeema Faizunnisa

This Chapter discusses the methodology used to conduct the 360 Degree media analysis by its three main objectives.

2.1 Objective I

For Objective-I, the methodology is provided separately for identification and prioritization of the communication medium, as well as of channels and tools within, to effectively reach the participant groups.

2.1.1 Identification of communication medium and channels

Analysis of secondary data

Specific communication mediums and channels are identified through an analysis of existing data (published and unpublished), on mass, community/group, interpersonal, and new media in the program districts. In addition to large-scale surveys, i.e. Pakistan Social and Living Standard Measurement Survey (PSLM), secondary data sources are analyzed. It is important to note that secondary datasets accessed during this exercise did not have accessible data on many of the variables of interest.

Consultations

Communication mediums and various channels within those used by public, corporate, and not-for-profit sector organizations are identified through individual and group consultations. The information collected through this process is divided into three broad approaches i.e. group consultation, snowballing, and key informant consultations.

Group consultation

A key part of this information collection process was consultative sessions with corporate stakeholders relevant to social and behavior change communication (SBCC) on maternal and child health (MCH) in program districts. A joint consultative session framed around the 'knowledge café' approach was first held. The purpose of this consultation was to acquire responses from participating stakeholders from the corporate sector to the following three queries, within the context of available mass, community/group, interpersonal, and new media:

- What precise strategies, within this particular media, are recommended to reach to intended audiences in program districts?
- What sources of information are relied upon to make informed decisions/ choices with respect to media use/selection, what existing sources are recommended to be explored?
- Are there best practices, success stories and/or innovations, within particular media that can be drawn upon?

Snowballing

This approach involved contacting stakeholders and asking them for further relevant contacts. This approach was used to quickly collect data from sources that are known to the Maternal and Child Health Program (MCHP)'s staff and their contacts. Information was collected through in-depth guidelines during and/or consultative sessions. As a follow-up to group consultation and key sources of information identified therein, selected individuals and organizations were approached for further information based on criteria set under Objective I.

Key informant consultation

The purpose of this consultative process was to acquire an overall perspective of the environment in which the participant groups reside. The process provides an understanding of the social, cultural, physical, legal and political environments of the participant groups for this analysis. To achieve this goal, consultations were undertaken with key informants at the community-level, who could provide an in-depth view of the context where the communication interventions are planned.

Specifically, the consultations involved holding information sessions with selected individuals who held an expert opinion about accessing the participant groups through mass media, interpersonal communication (IPC), and other community mobilization strategies. The informants were selected from a group of people concerned with SBCC campaigns or knowledgeable about these strategies from government, community-based groups, local influencers, and the business community (see section on district-based findings for more details on sample size and selection).

For each of the five categories of interviewees, five different structured guidelines tailored according to the expertise of the key informant were used. The tools were divided as per the identified participant groups and available communication media and channels in their communities. These were developed in English and administered in Urdu and Sindhi for the consultations. To ensure that quality information is collected, the tool was pretested in Islamabad/Rawalpindi.

The specific indicators measured through key informant consultations at the community-level, include:

- Usage and viewership of mass media including television, radio, newspapers, cinema
- Modes of mass media that are most popular in the communities
- Most popular mass media channels and strategies
- Most popular modes of IPC, community media and other new technologies
- Success stories of other communication interventions
- Constraints and opportunities including best practices

Field Implementation Plan

Two interviewers conducted informative sessions, in which training was provided on the objectives of the study and administration of the tool. Information collection took five days, as interviewers conducted five information sessions per day. To ensure that the work plan timelines are met accordingly, appointments were sought before implementation of the field activity.

Information Analysis

In an effort to ensure that no errors were made in the field and analysis of information, the Lead Researcher examined the completed questionnaires and also monitored community-level field activity firsthand.

Ethical considerations

Ethical considerations and protocols regarding confidentiality, anonymity and informed consent were followed for the information sessions. Each participant was

asked for their signature before starting a session. No incentives were provided for participation.

2.1.2 Prioritization of identified communication medium and channels

Prioritization of identified communication mediums and channels on the basis of their coverage, effectiveness, efficiency, and sustainability is performed through:

- An analysis of existing documents and data that provide an assessment of the respective communication medium and channels. In addition to large-scale national surveys, the existing documents and data at community and provincial levels are also reviewed that was identified through internal meetings, in consultation with key experts, a thorough review of literature, and direct contact with the organizations involved.

- Assessments conducted where existing assessments and data were unavailable for all or a selection of the evaluation criteria. Assessments of coverage, effectiveness, efficiency, and sustainability typically involve data collection from beneficiaries/customers. However, due to resource constraints, results from the key informant consultations were used. The key informants were asked to assess the coverage, effectiveness, efficiency and sustainability of the given communication medium and channels.

2.2 Objective II

Key informant consultations are also used to assess the communication-related decision-making process of the organizations identified for Objective I. In addition to large-scale surveys, existing relevant documents and data is analyzed. This data was identified and collected through internal meetings, consultation with key experts, through direct contact with the organizations involved and with the help of literature search and review.

Similarly, recommendations regarding effective media-mix approach have also taken into account internal meetings, consultation with key experts, and through the participation of the organizations involved. The recommendations are based on findings form analysis conducted for objective-I and objective-II.

2.3 Objective III

Existing data on MCHP's participant groups' behaviors is collected through:

- Analysis of provincial- and district-level datasets from large-scale surveys;
- Literature search and review of published and unpublished material;
- Group and individual consultations with stakeholders;
- Follow-up on consultations, collection of additional information from organizations and individuals identified for Objective I.

2.4 Secondary Sources of Information

In addition to the primary data collected through consultations carried out at the provincial and district levels, the following surveys were used to conduct a district-level analysis of relevant indicators for the five focus districts of Sindh:

1. Pakistan Social and Living-Standard Measurement Survey, 2012-13
2. Multiple Indicator Cluster Survey, 2003-04
3. Maternal and Child Health Program Indicator Survey 2013

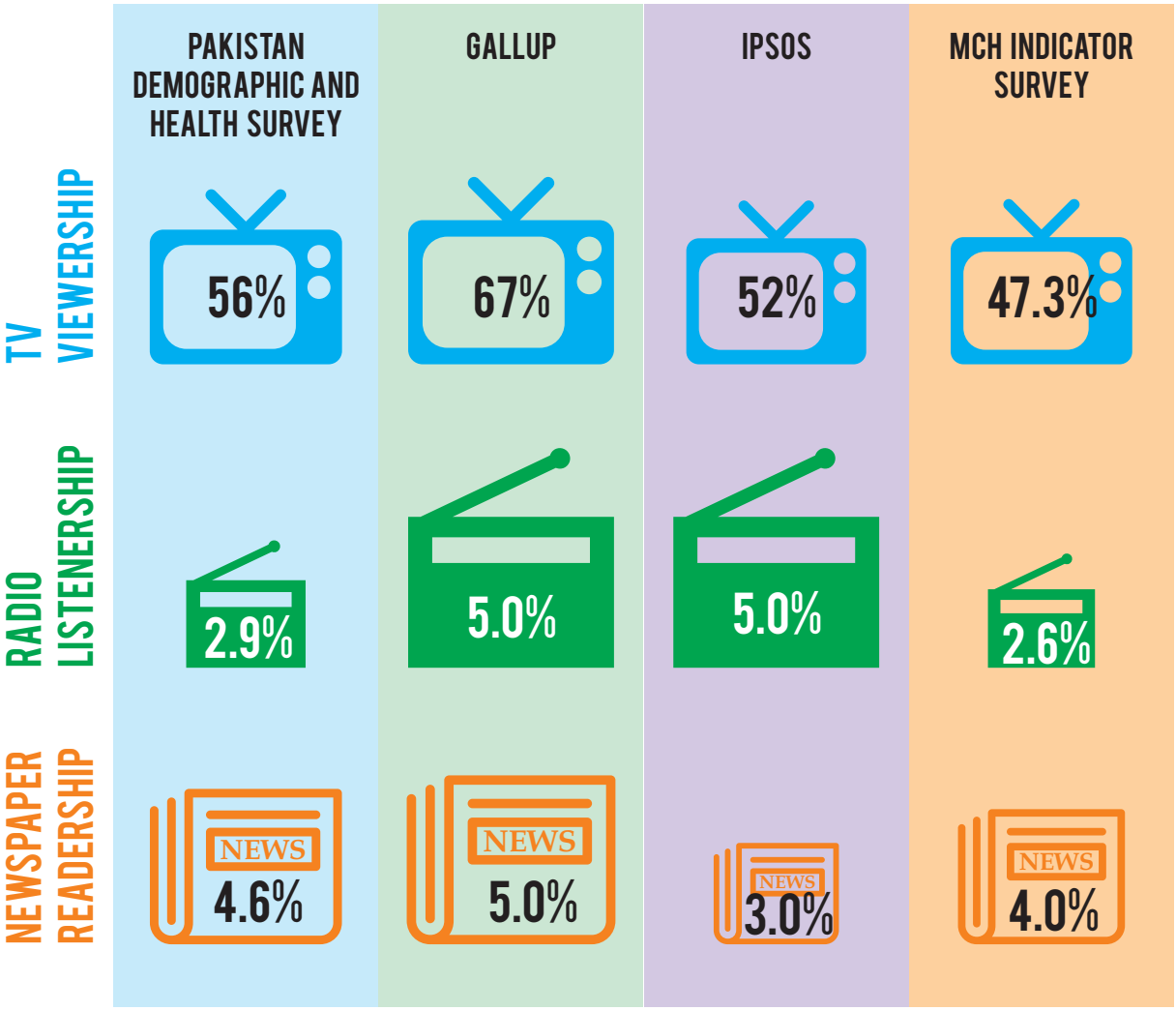
Furthermore, two available omnibus media survey are also used, namely:

4. Gallup Sindh Media Report for 2013, which provides

information for Karachi and Interior Sindh. Interior Sindh has representation of all of the Health Communication Component (HCC) districts.

5. Ipsos Media Book 2012-13, which also contains information for Sindh as a whole and divides it into Urban and Rural Sindh.

ACCESS TO MASS MEDIA IN SINDH



3 District Media Profiles

By Rahal Saeed

This Chapter provides district media profiles of five focus districts of the Maternal and Child Health Program (MCHP), under which the Health Communication Component (HCC) is currently operational. These profiles provide an overview of the province, including media and communication habits such as television, newspaper, and radio use, and to the extent possible, internet and mobile telephone coverage. Relevant information on maternal and child health (MCH) and education is also included. It is important to note that information on district-level social indicators in Pakistan is scant while there are only a handful of sources that provide some information on media and communication. District-level information for this section has mainly been compiled from the latest available data of Pakistan Social and Living Standard Measurement Survey (PSLM) and the Multiple Indicator Cluster Survey (MICS). Some district-level indicators, where valid, are taken from the Indicator Survey conducted by the Mother and Child Health Integrated Program (MCHIP), one of the components of the MCHP. Importantly, two omnibus media surveys conducted by the private sector, namely Gallup Pakistan and Ipsos, provide data for rural Sindh as a whole rather than at the district level.[1]

3.1 The province of Sindh

Sindh is the second largest province in Pakistan, and is home to approximately 23 per cent of the country's population.[2] The southern coast of the province is on the Arabian Sea. It borders India on the east, Punjab province on the north, and Baluchistan province on the west. While much of the land in the province is irrigated, Sindh also features the extensive Thar Desert to its east and northwest.

Sindh has been named after the local name of the River Indus, which has flowed through the province for hundreds of years, and has been a significant source of irrigation and livelihood. The province is rich in history and culture. The Indus Valley Civilization, which was more than 5,000 years old, was centered in Sindh and many until today visit the ruins of the famous city of Mohenjo-Daro. Sufi culture and poetry have flourished in the province through the centuries, and the province still has many ancient temples, shrines and mosques.

The country's largest city as well as its commercial and financial hub, Karachi, is located in this province and is also Pakistan's main sea port. Karachi attracts large numbers of people from all over the country who move here to seek a

[1] Combined report on the following districts: Badin, Dadu, Hyderabad, Thatta, Jacobabad, Larkana, Shikarpur, Mirpur Khas, Sanghar, Tharparkar, Umer Kot, Ghotki, Khairpur, Naushahro Feroze, Nawabshah, and Sukkur.
[2] Pakistan Demographic and Health Survey 2012-13

living, and the city generates much of the revenue for Pakistan. However, despite Karachi being a part of the province, parts of Sindh are extremely poor, especially the district of Tharparkar, which borders Rajasthan in India.[3] Such differences also appear pronounced in terms of use of and access to media and communication sources.

3.1.1 Health and education

The total population of Sindh is 42.4 million.[4] The maternal mortality ratio (MMR) for the province is 314 deaths per 100,000 women, which is higher than the national MMR of 276, and the second highest in the country after Baluchistan.[5] The contraceptive prevalence rate in Sindh is 30 per cent, which is lower than the national average of 35 per cent.[6] The percentage of women who deliver at a health facility and go for at least four antenatal check-ups is higher in Sindh than it is in the rest of the country. Nearly two-thirds of women (58.6 per cent) deliver at a health facility, as compared to only 48 per cent at the national level. A little less than half (44.4 per cent) of women in Sindh have at least four antenatal checkups as compared to 37 per cent of women at the national level.

The infant mortality rate (IMR) for Sindh is the same as the national average, at 74 births per 1,000 live births.[7] Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 74 per cent of children are immunized in Sindh, 75 per cent male and 73 per cent female. These rates are lower than the national average of 82 per cent (84 per cent for males and 81 per cent for females), but are relatively similar for boys and girls, indicating parents' interest in ensuring immunization coverage for their male and female children alike.[8] Coverage by the Lady Health Workers (LHW) program, which supports the health sector's efforts to improve maternal, newborn and child health, and provision

Table 3.1: Selected Maternal and Child Health Indicators of Sindh and Pakistan (per cent)

	National	Sindh
Contraceptive use	35.4	29.5
Delivery at a health facility	48.2	58.6
At least four antenatal visits	37.0	44.4
Infant Mortality Rate	74	74
Immunization Rate	82	74
Contraceptive Prevalence Rate	35	30

Source: Pakistan Demographic and Health Survey 2012-13

[3] Report on the Status of Millennium Development Goals: Sindh October 2012
[4] http://www.pwdsindh.gov.pk
[5] Pakistan Demographic and Health Survey 2006-07
[6] Pakistan Demographic and Health Survey, 2012-13
[7] Ibid.
[8] Pakistan Social and Living Standard Measurement Survey, 2012-13

of family planning services in addition to providing support to other vertical programs such as immunization is 46 per cent in Sindh,[9] which is considerably lower than the national average of 83 per cent.[10]

Contraceptive prevalence is five per cent lower than at the national level (30 percent versus 35 percent), but the rates of women who deliver at health facilities and go for ante-natal check-ups are higher than at the national level, indicating a relatively higher knowledge of the essential steps that need to be taken for maternal health. Immunization coverage is slightly lower than the national level, however immunization rates for girls and boys are similar, showing that most parents do not discriminate between female and male children in terms of basic, essential health care.

The situation for education is somewhat different. The percentage of those completing primary school or higher in Sindh is 52, which is about the same as the national average of 51 per cent. The province has a total of 48,914 schools, of which only 8,458 are for girls. There is also a stark difference in the number of primary schools in the province for boys and girls. There are 37,410 primary schools for boys, and only 7,112 schools for girls, indicating that far greater priority is placed on boys' education at the institutional level.[11] When broken down by gender, the level of completion of primary or higher education in Sindh is only 41 per cent for females, far lower than for it is for boys at 62 per cent. This is almost the same as the national average, which is 42 per cent for girls and 60 per cent for boys (see Table 3.2).

The most significant gender disparities exist in terms of education, including at the institutional level. The number of primary schools for girls in Sindh is a mere fraction of the number of primary schools for boys. Similarly, or perhaps as a consequence, the level of completion of primary or higher education for females is much lower than it is for boys.

Table 3.2: Population that has completed primary level or higher education in Sindh by Region (per cent)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Sindh	76	63	70	46	16	32	62	41	52
National	74	62	68	53	31	42	60	42	51

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

3.2 Media and communication

As explained above, HCC has divided social and behavior change communication (SBCC) into four main areas, namely mass media, interpersonal communication (IPC),

[9] Report on the Status of Millennium Development Goals, Sindh, October 2012
[10] Pakistan Millennium Development Goals Report 2013
[11] Development Statistics of Sindh, 2011

community/group media, and the use of new technology and new media. Mass media includes television, radio, film, newspapers, and magazines, while IPC includes community-level networks of LHWs, Community Midwives (CMWs), medical professionals, community elders and leaders, peer interaction, and support groups. Community/group media includes local groups, religious gatherings, press clubs, performing arts such as street theatre, billboards and other forms of public branding, festivals, and sports competitions. New media refers to the internet, mobile telephones, helplines, and use of other technological advancements to communicate social messages. Any analysis on media and communication is hampered by the lack of data at the district level. This includes information on television viewing habits and practices, the use of radio and television, and the use of and access to mobile telephones and the internet.

As per the information available on mass media, television emerges as the most popular medium. More than half (56.1 per cent) of ever-married women of reproductive age (MWRA) surveyed for the Pakistan Demographic and Health Survey (PDHS) 2012-13 reported watching television at least once a week compared to 52.2 per cent of men. Radio is the least popular medium, with only 2.9 per cent of women and 6.1 per cent of men listening to the radio at least once a week. The greatest discrepancy in women and men's practices in use of mass media is in newspaper readership: only 4.6 per cent of women read the newspaper at least once a week, as compared to 20.7 per cent of men.[12] As per the survey, Sindh has slightly better access to the media if compared with national averages in terms of television viewership, newspaper readership, and radio listening. Importantly, 43.0 per cent women and 42.1 per cent men do not access either of these media even once a week, signifying the need for community-level interventions (see Table 3.3).[13]

Table 3.3: Access to media among women in Sindh (multiple sources)

	Television Viewership	Radio Listening	Newspaper Readership
Pakistan Demographic and Health Survey 2012-13*	56.1	2.9	3.0
Gallup Media Survey 2013 **	67.2	5.0	58.6
Ipsos Media Book 2012-13***	52	5.0	5.0
Indicator Survey 2013****	47.3	2.6	4.0

** At least once a week, ever-married women of reproductive age*
*** Interior Sindh only, regular*
**** All Sindh, daily*
***** At least once a week, ever married women of reproductive age*

According to the Gallup Media Report also, television is the most popular medium in the province, especially among the youth, with nine out of ten (89 per cent) in the age range of 18 to 34 years watching television. Television's popularity

[12] Pakistan Demographic and Health Survey 2012-13, P. 45
[13] Ibid

decreases, as the population gets older. Overall, as per the Gallup Media Report, television viewership is 81 per cent in interior Sindh and slightly higher at 88 per cent among women. Understandably, the viewership is less in rural areas at 79 per cent compared to 88 per cent in urban settings.[14] In terms of ownership, nearly two-thirds (64.8 per cent) of the households have television compared to one-fourth (24.6 per cent) owning a radio set. The data from PSLM corroborates slightly higher access to communication sources in Sindh as compared to the national averages (see Table 3.4). This is comparable with 65 per cent regular viewership as reported by Gallup Media Report. Regular viewership of the television is higher among women at 67.2 per cent as compared to what it is among their male counterparts.

Table 3.4: Ownership of television, radio and mobile sets, Sindh and Pakistan (multiple sources)

	Radio	TV	Mobile
Pakistan (PSLM, 2012-13)	19.7	61.7	88.7
Sindh (PSLM, 2012-13)	24.6	64.8	88.1
Sindh (Indicator Survey 2013, Focus Districts)	4.1	53.0	74.3

The most popular television channels in interior Sindh are KTN (a regional channel with Sindhi language content), followed by Geo News, KTN News, Star Plus and PTV Home. PTV Home is a government-owned terrestrial channel, while others are accessed through satellite. Interestingly, more households have satellite viewership (69 per cent) in interior Sindh as compared to around one-third (31 per cent) accessing channels through terrestrial signals. According to the Ipsos Media Book for 2012-13, the most popular news channels are Geo News followed by PTV News in rural Sindh, while PTV Home and Star Plus are most watched in the entertainment genre.

In new media technologies, mobile phone penetration is the highest as compared to what it is in other provinces. Mobile phone ownership in Sindh is 88.1 per cent while 83.9 per cent households have functional mobile connections (see Table 3.5).[16] According to the Pakistan

Table 3.5: Households access to telephone in Sindh and Pakistan

Does the household (or any member) have a working telephone connection?					
	None	Only Landline	Mobile	Both (landline and mobile)	Total
Pakistan	10.8	0.3	84.8	41	100
Sindh	11.1	0.2	83.9	4.7	100

Pakistan Social and Living Standard Measurement Survey, 2012-13

[14] Gallup Media Report 2013
[15] Ibid
[16] Pakistan Social and Living Standard Measurement Survey, 2012-13

Telecommunication Authority (PTA), teledensity in Sindh stands at 72.8 per cent as compared to 64.2 nationally. In Sindh and in Pakistan as a whole, Mobilink has the highest number of mobile phone subscriptions, followed by Telenor. Both telecoms account for more than one-third (34 per cent) of overall subscriptions in Sindh.

According to the Ipsos Media Book, 11 per cent people are regular users of the internet in rural Sindh. Google followed by Facebook are the most frequented websites by internet users in Sindh. As per the Gallup Media Report, new media penetration is even more conservative. Only 7 per cent of the population has access to computers, 3 per cent to the internet, and only 36 per cent own a personal mobile phone in interior Sindh. Among women, computer, internet and mobile phone usage is 11, 4 and 17 per cent respectively. Women's access to computers and internet, interestingly, is higher than it is in the case of their male counterparts as per both Ipsos Media Book and the Gallup Media Report. The MCH Program Indicator Survey Report for 2013 also confirms limited access to new media technologies, i.e. internet and computers. According to the survey, it is 4 per cent and 1.5 respectively.

Based on available information, published and unpublished, the following sections provide media profiles of five of the program focus districts. The profile covers mass media and communication preferences such as television, newspaper and radio use; new media coverage including internet and mobile telephone coverage; and IPC, such as LHWs. Relevant information on MCH, and education is also included.

3.3 District Matiari

Map 3.1: District Sanghar

Matiari is a relatively new district in Sindh province. It was originally a part of Hyderabad, but created into a separate district in 2005. It is divided into three talukas or tehsils (administrative sub-divisions), namely Matiari, Hala, and New Saeedabad. Matiari is located about 25 kilometers north of Hyderabad and covers an area of 1,152.55 square kilometers.[17] Its population is estimated at 705,000 inhabitants, of which 78 per cent live in rural areas.[18] The average household size in Matiari is 6.2, which is slightly less than the national average of 6.3. Matiari is the birthplace of the famous Sufi poet, Shah Abdul Latif Bhittai, and an annual festival is held at his shrine every year in the district, attended by people from all over Sindh.

3.3.1 Education

In terms of educational attainment, 43 per cent of the population aged 10 years or above in Matiari has completed primary or higher levels of education (54 per cent for males and 30 per cent for females). Gender disparities are apparent across both rural and urban areas, and are more pronounced in rural areas, where the percentage of girls who have completed primary education or higher is half of that for boys.[19]

[17] OCHA, Pakistan Floods 2010 – Matiari District Profile, 15 December 2010. www.pakresponse.info
[18] Development Statistics, Sindh 2012, Table 2.09
[19] Pakistan Social and Living Standard Measurement Survey 2012-13

Overall, the percentage of those who have completed primary or higher levels of schooling in Matiari is 43 %, which is less than the provincial and national averages of 52 and 51 per cent respectively.

Table 3.6: Percentage of population (10 years and above) that has completed primary or higher levels of education

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	74	62	68	53	31	42	60	42	51
Sindh	76	63	70	46	16	32	62	41	52
Matiari	64	47	55	51	25	39	54	30	43

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

3.3.2 Source of Drinking Water

Hand pumps are the most popular source of drinking water in the district, especially in rural areas. 68 per cent per cent of the population uses them, 80 per cent in rural and 20 per cent in urban areas. The second most popular source of drinking water in the district is motor pumps, used by about 25 per cent of the population, 47 per cent in rural areas, and 18 per cent in urban. The only other source of drinking water in Matiari is the tap, which is used at an overall low seven per cent: 25 per cent in urban areas and only two per cent in rural areas.[20]

Table 3.7: Percentage of households by their sources of drinking water

Does the household (or any member) have a working telephone connection?					
	Tap water	Hand pump	Motor pump	Dug well	Others
Pakistan	30	27	30	3	9
Urban	56	8	27	1	9
Rural	17	37	31	5	10
Sindh	43	34	9	4	10
Urban	72	8	10	1	8
Rural	11	63	8	7	11
Matiari	7	68	25	0	0
Urban	25	28	47	0	0
Rural	2	80	18	0	0

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

[20] Ibid.

3.3.3 Maternal and child health

Contraceptive use in the district is 22.5 per cent.[21] This is far lower than the provincial average of 30 percent, and considerably lower than the national average of 35 per cent.[22] However, the rates for other factors that have an impact on women's reproductive health, such as ensuring at least four antenatal visits during pregnancy and delivering at a health facility, are significantly higher than at the provincial and national levels. This may indicate a greater awareness of the need for skilled care during pregnancy and childbirth in Matiari than in the rest of the province.

In terms of health service delivery, district Matiari fares considerably better than national and provincial averages in prenatal and postnatal care, as well as in terms of women who received tetanus toxoid injection and had a skilled birth attendant (SBA) managing birth (see Table 3.8). District Mitiari was part of Hyderabad during the time when the MICS 2003-04 was held, and hence the IMR for the district is not available. The MICS 2003-04 estimates the provincial IMR to be 71 deaths per 1,000 live births in 2004, slightly less than the national rate (estimated in 2006-07) of 78. ,[23 24]

Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 81 per cent of children are immunized, with 85 per cent for boys and 76 per cent for girls. While these rates are relatively close to being higher than the provincial average of 74 per cent (75 per cent for males and 73 per cent for females), and close to the national average of 82 per cent (84 per cent for males and 81 per cent for females), the fact that immunization rates for boys are consistently higher than for girls across urban and rural areas indicates that greater attention needs to be paid to eliminating gender disparities in immunization, which have a direct impact on children's health throughout their lives.[25]

3.3.4 Media and communication

One out of ten (nine per cent) households own a radio and little more than half (51 per cent) own a television.[26] In

Table 3.8: Percentage of women of reproductive age by selected reproductive health indicators

	Contraceptive use	Delivery at a health facility	At least 4 antenatal visits	Prenatal consultation	TT injection in pregnancy	Birth managed by skilled birth attendants	Postnatal consultations
Pakistan	35	48	37	69.0	69.0	55.0	29.0
Sindh	30	58.6	44.4	68.0	60.0	53.0	35.0
Matiari	22.5	76.3	49.4	83.1	82.0	61.0	49.0

Source: Pakistan Social and Living Standards Measurement Survey 2012-13, MCHIP 2013 and PDHS 2012-13

[21] Program Indicator Survey, 2013
[22] Pakistan Demographic and Health Survey, 2012-13
[23] Pakistan Demographic and Health Survey 2006-07
[24] According to Pakistan Demographic and Health Survey 2012-13, the national level IMR is 74 per 1,000 live births.
[25] Pakistan Social and Living Standard Measurement Survey, 2012-13
[26] Ibid.

Table 3.9: Percentage of children aged 12 to 23 months that have been immunized (based on recall and record)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Pakistan	89	86	87	82	79	80	84	81	82
Sindh	87	87	87	66	65	65	75	73	74
Matiari	100	72	90	81	76	79	85	76	81

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

terms of mass media, as per the Program Indicator Survey 2013, 41 per cent of women watch television on a daily basis, three percent listen to the radio on a daily basis, and 0.6 percent read a newspaper or magazine every day in district Matiari. This indicates women's greater preference for television as compared to radio and newspapers.

As stated above, less than one per cent of women in Matiari read a newspaper every day. This is lower than the rest of interior Sindh, where three per cent of women and 31 per cent of men read the newspaper on a daily basis.[27] Radio listenership of three per cent is lower than the provincial rate of listenership at nine per cent.[28]

Regarding new media, two per cent of women in Matiari have access to the internet, 20.6 per cent own a mobile telephone while 61.3 per cent of women say that they have access to a mobile when needed.[29] This, if compared to district-level data from the PSLM for 2012-13, holds ground, which reports more than three-fourths (76.9 per cent) of households as having a working mobile phone connection and four per cent having both landline and mobile phone connections in working order. Similarly, in terms of ownership, more than 80 per cent of households own a mobile phone.

3.3.5 Sources of maternal and child health information

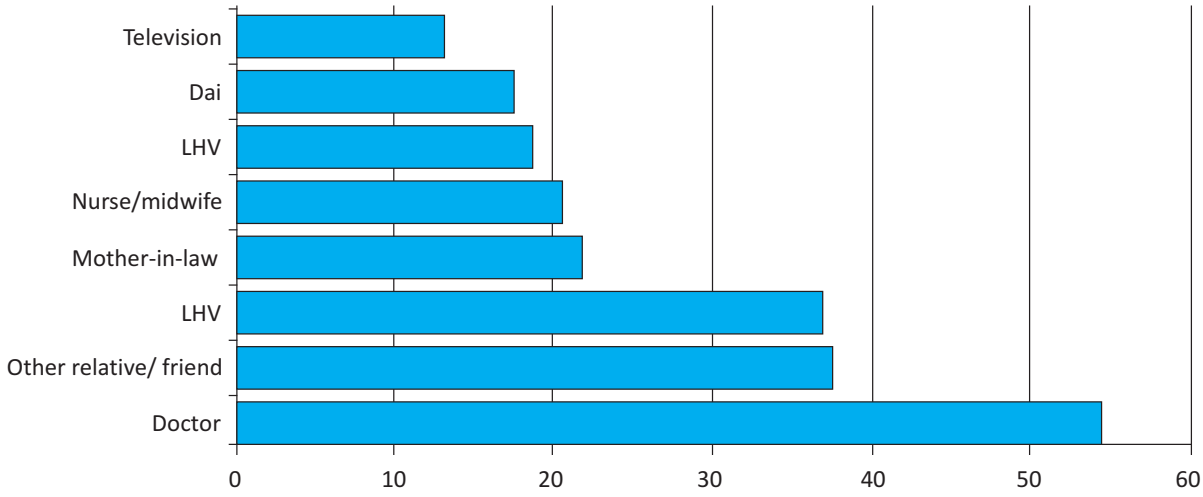
For information on MCH, IPC is the most popular source, since more than half (54.4 per cent) of the women say that they receive information on MCH from doctors. This is followed by friends or relatives including husbands at 37.5 per cent, LHWs at 36.9 per cent, mothers-in-law at 21.9 per cent, nurse/midwives at 20.6 per cent, Lady Health Visitors (LHVs) at 18.8 per cent, and dais/traditional birth attendants (TBAs) at 17.5 per cent. The only form of mass media that has provided women with information on MCH is television, at 13.1 per cent.[30]

3.3.6 Lady Health Worker coverage and health care facilities

Coverage by the LHW program – which supports the health sector's efforts to improve maternal, newborn and child health, and provision of family planning services in addition

[27] Gallup, Sindh Media Report 2013.
[28] Ibid.
[29] Program Indicator Survey, 2013
[30] Program Indicator Survey, 2013

Figure 3.1: Percentage of women by the sources of information on MCH



to providing support to other vertical programs such as immunization – is 65 per cent in Matiari.[31] This figure is considerably higher than the provincial average of 46 per cent, but lower than the national average of 83 per cent.[32] According to available data, there are 546 LHWs in the district, one 30-bed hospital, four Rural Health Centers (RHCs) with 52 beds, and 21 Basic Health Units (BHUs) with 42 beds. There are also 73 dispensaries, three MCH Centers and seven Tuberculosis Clinics in the district.[33]

3.4 District Mirpur Khas

District Mirpur Khas is situated at the southeast corner of the province of Sindh in Pakistan. It is bordered by the district of Sanghar on the north, Umerkot on the east, Hyderabad on the west, Badin on the southwest, and Thar district on the south, bordering the Rann of Kutch.[34] The district has seven *tehsils/talukas:* Mirpur Khas, Sindhri, Hussain Bux Marri, Digri, Jhuddo, Kot Ghulam Mohammad, and Shuja Abad.[35] The district covers an area of 2,925 square kilometers. It has

Map 3.2: District Mirpur Khas

[31] Report on the Status of Millennium Development Goals: Sindh October 2012
[32] Pakistan Millennium Development Goals Report 2013
[33] Pakistan Social and Living Standard Measurement Survey, 2012-13
[34] http://sindhdevelopmentinstitute.blogspot.com/2005/03/mirpurkhas-economic-profile.html
[35] http://www.dawn.com/news/771105/new-taluka-in-mirpurkhas-notified

a population of 905,935 persons, of which 300,175 are urban and 605,760 are rural. Fifty-two per cent of the population is male and 48 per cent is female. The average household size in Mirpur Khas is 5.9, which is slightly less than the national average of 6.3.[36]

3.4.1 Education

In terms of educational attainment, only 36 per cent of the population (10 years or above) in Mirpur Khas has completed primary or a higher level of education (46 per cent for males and 24 per cent for females). Gender disparities across both rural and urban areas are stark: educational attainment for girls is considerably lower than it is for boys, even at the urban level. In rural areas, it is much lower than it for boys, standing at about one third the figures for boys. Overall at the district-level, educational attainment for girls is almost half of what it is for boys.[37]

Table 3.10: Percentage of population (10 years and above) that has completed primary or higher levels of education

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	74	62	68	53	31	42	60	42	51
Sindh	76	63	70	46	16	32	62	41	52
Mirpur Khas	75	54	65	33	10	23	46	24	36

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

Table 3.11: Percentage of households by their sources of drinking water

	Tap water	Hand pump	Motor pump	Dug well	Others
Pakistan	30	27	30	3	9
Urban	56	8	27	1	9
Rural	17	37	31	5	10
Sindh	43	34	9	4	10
Urban	72	8	10	1	8
Rural	11	63	8	7	11
Mirpur Khas	35	28	7	1	29
Urban	79	7	13	1	1
Rural	20	36	5	0	39

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

[36] Pakistan Social and Living Standard Measurement Survey 2012-13
[37] Ibid.

Overall, the percentage of those completing primary or higher schooling in Mirpur Khas, at 36 per cent, is considerably lower than the provincial average of 52 per cent and the national average of 51 per cent.

3.4.2 Sources of drinking water

Overall, tap water is the most popular source of drinking water in Mirpur Khas, used by 35 per cent of households. This is the preferred source in urban areas, where it is used by 79 per cent of the population. In rural areas, hand pumps are the preferred source of drinking water, at 36 per cent. Motor pump use is low, at 13 per cent in urban areas and five per cent in rural areas, and usage of dug wells is one per cent in urban areas; these are not used in rural areas in Mirpur Khas.[38] In rural areas, around four in 10 households use "other" forms of drinking water, which includes "tanker, mineral water, filtration plant and sea/river/pond/ stream."[39]

3.4.3 Maternal and child health

While the MMR at the district-level are unavailable, it is important to recognize that the MMR for Sindh, at 314 per 100,000 women, is higher than the national MMR of 276 per 100,000 women, and is the second highest in the country after Baluchistan.[40] Regarding other reproductive health indicators, contraceptive use in the district, at 22.6 per cent,[41] is far lower than the provincial average of 30 percent, and considerably lower than the national average of 35 per cent.[42]

The percentage of women who have at least four antenatal visits during pregnancy is slightly lower than the provincial average, and slightly higher than the national average. The percentage of women who deliver at a health facility is far higher than the provincial and national rates.

In terms of health service delivery, the rate for prenatal care in district Mirpur Khas is far lower than the national and provincial rates, but the percentage of women going for postnatal consultations is significantly higher than the provincial and national levels. Rates for women who received tetanus toxoid injections are also lower than the provincial and national levels, and the percentage of women whose deliveries were performed by SBAs is close to the provincial and national levels (see Table 3.12). The

Table 3.12: Percentage of women of reproductive age by selected reproductive health indicators

	Contraceptive use	Delivery at a health facility	At least 4 antenatal visits	Prenatal consultation	Postnatal consultations	Tetanus toxoid injection in pregnancy	Birth attended by skilled birth attendants
Pakistan	35	48	37	69.0	29.0	69.0	55.0
Sindh	30	58.6	44.4	68.0	35.0	60.0	53.0
Mirpur Khas	22.6	70.4	41.3	45	48.0	36.0	51.1

Source: Pakistan Social and Living Standards Measurement Survey 2012-13, MCHIP 2013 and PDHS 2012-13

[38] Pakistan Social and Living Standard Measurement Survey, 2012-13
[39] Pakistan Bureau of Statistics http://www.pbs.gov.pk/sites/default/files/ pslm/publications/pslm_prov_dist_2012-13/housing_water_supply.pdf
[40] Pakistan Demographic and Health Survey 2006-07
[41] Program Indicator Survey, 2013
[42] Pakistan Demographic and Health Survey, 2012-13

data indicates that while awareness of the need for skilled care during pregnancy and childbirth exists, there is a need to improve important maternal health indicators such as prenatal care and tetanus toxoid injections, both important determinants of maternal and child health.

The MICS 2003-04 estimates district-level figures for the IMR for Mirpur Khas at 85 deaths per 1,000 live births. According to the same survey, the provincial IMR is 71 deaths per 1,000 live births in 2004, slightly less than the national rate (estimated in 2006-07) of 78. [43 & 44]

Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 56 per cent of children are immunized, with 59 per cent for boys and 52 per cent for girls. These rates are lower than the provincial average of 74 per cent (75 per cent for males and 73 per cent for females), and considerably lower than the national average of 82 per cent (84 per cent for males and 81 per cent for females). There is a stark difference in immunization rates in the urban and rural areas, with immunization coverage at nearly 76 per cent in urban areas and barely above 50 per cent in rural areas.[45] There are gender disparities, especially in urban areas, where immunization rates for girls are far lower than for boys, though there are slight disparities in rural areas as well. These factors highlight the need to increase immunization coverage for girls throughout the district, as well as for both boys and girls in urban and rural areas.

Table 3.13: Percentage of children aged 12 to 23 months that have been immunized
(based on recall and record)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Pakistan	89	86	87	82	79	80	84	81	82
Sindh	87	87	87	66	65	65	75	73	74
Mirpur Khas	82	67	76	52	49	51	59	52	56

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

3.4.4 Media and communication

Radio ownership is reportedly low with 14 per cent of households owning a set and slightly less than half (43.1 per cent) owning a television.[46] In terms of mass media utilization, as per the Program Indicator Survey 2013, 33 per cent of women watch television on a daily basis and 1.7 per cent listen to the radio on a daily basis. None of the women reported daily readership of newspapers or magazines in the district. It is evident that women in this district prefer television to any other form of mass media. While newspaper readership, especially among women is not very high across Sindh (at three per cent for women and 31 per cent for men[47]), it is certainly surprising to note that no women in Mirpur Khas read newspapers at all. Radio

[43] Pakistan Demographic and Health Survey 2006-07
[44] According to Pakistan Demographic and Health Survey 2012-13, the national level IMR is 74 per 1,000 live births.
[45] Pakistan Social and Living Standard Measurement Survey, 2012-13
[46] Pakistan Social and Living Standard Measurement Survey 2012-13.
[47] Gallup, Sindh Media Report 2013.

listenership is lower than the rest of interior Sindh, where overall radio listenership is nine per cent.[48]

Regarding new media, three per cent of women in Mirpur Khas have access to the internet, 22.2 per cent own a mobile telephone while 52.6 per cent of women say that they have access to a mobile when needed.[49] This, if compared to district-level data from the PSLM for 2012-13, is somewhat surprising, since the PSLM Survey reports that 87.2 per cent of households have a working mobile phone connection. Only 0.2 per cent has both landline and mobile phone connections in working order.

3.4.5 Sources of maternal and child health information

For information on maternal and child health (MCH), IPC is the commonly cited source, since 60.4 per cent of women say that they receive information on MCH from doctors, followed by friends or relatives including husbands (54.8 per cent), mothers-in-law (42.2 per cent), LHWs (36.5 per cent), dais/traditional birth attendants (TBAs) (33.5 per cent), nurse/midwives (22.6 per cent), and LHVs (21.3 per cent). Television is also a fairly popular source of information and 27.8 per cent of women receive information on MCH from it.[50]

3.4.6 Lady Health Worker coverage and health care facilities

Coverage by the LHW program – which supports the health sector's efforts to improve maternal, newborn and child health, and provision of family planning services in addition to providing support to other vertical programs such as immunization – is 62 per cent in Mirpur Khas.[51] This is considerably higher than the provincial average of 46 per cent, but lower than the national average of 83 per cent.[52]

According to available data, there are 983 LHWs in the district, twelve hospitals with 616 beds, five Rural Health Centers (RHCs) with 46 beds, and 38 Basic Health Units (BHUs) with 76 beds. There are also 78 dispensaries, four MCH Centers, 14 Tuberculosis Clinics and one Leprosy Clinic in the district.[53]

3.5 District Sanghar

District Sanghar is one of the largest districts in Sindh, covering an area of 10,608 square kilometers. It borders India on its east, Khairpur on the north, Nawabshah on the northwest, Hyderabad on the west, and Matiari and Mirpur Khas on the south. It has six talukas, Tando Adam, Shahdadpur, Jam Nawaz Ali, Sinjhoro, Sanghar, and Khipro.[54]

Map 3.3: District Sanghar

Sanghar has a population of 1,421,977 persons, of which 331,316 (23 per cent) are urban and 1,090,661 (77 per cent) is rural. The male to female ratio is 1.11, slightly higher than the national ratio of 1.06, indicating around 11 more males for every 100 females. The average household size in

[48] Ibid.
[49] Program Indicator Survey, 2013
[50] Ibid.
[51] Report on the Status of Millennium Development Goals: Sindh October 2012
[52] Pakistan Millennium Development Goals Report 2013
[53] Pakistan Social and Living Standard Measurement Survey 2012-13.
[54] Population Welfare Department, Sindh. http://www.pwdsindh.gov.pk/districts/Sanghar.htm

Sanghar is 6.7, slightly higher than the national average of 6.6.[55]

3.5.1 Education

In terms of educational attainment, less than half of the population aged 10 years or above has completed primary or higher levels of education (57 per cent for males and 27 per cent for females). Gender disparities across both rural and urban areas are stark: educational attainment of girls is considerably lower than what it is for boys, even at the urban level. In rural areas, it is less than half of than that of boys, and overall, at the district-level, educational attainment for girls is less than half of what it is for boys.[56]

3.5.2 Sources of drinking water

Hand pumps are the most popular source of drinking water in Sanghar, used by 61 per cent of households. In urban areas, motor pumps are the most popular source, used by

Table 3.14: Percentage of population (10 years and above) that has completed primary or higher levels of education

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	74	62	68	53	31	42	60	42	51
Sindh	76	63	70	46	16	32	62	41	52
Sanghar	66	45	56	53	19	37	57	27	43

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

Table 3.15: Percentage of households by their sources of drinking water

	Tap water	Hand pump	Motor pump	Dug well	Others
Pakistan	30	27	30	3	9
Urban	56	8	27	1	9
Rural	17	37	31	5	10
Sindh	43	34	9	4	10
Urban	72	8	10	1	8
Rural	11	63	8	7	11
Sanghar	14	61	23	0	2
Urban	34	20	44	0	2
Rural	7	78	14	0	1

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

[55] Pakistan Bureau of Statistics, District at a Glance. http://www.pbs.gov.pk/sites/default/files//tables/District per cent20at per cent20a per cent20glance per cent20Sanghar.pdf

[56] Pakistan Social and Living Standard Measurement Survey 2012-13

44 per cent of households. In rural areas, hand pumps are the preferred source of drinking water, and are used by 78 per cent of households. In urban areas, hand pumps are used the least (20 per cent) and in rural areas, tap water is used by only seven per cent of households. Dug wells are not used at all in Sanghar.[57]

3.5.3 Maternal and child health

While the MMR at the district-level are unavailable, it is important to recognize that the MMR for Sindh, at 314 per 100,000 women, is higher than the national MMR of 276 per 100,000 women, and is the second highest in the country after Baluchistan.[58] Regarding other reproductive health indicators, contraceptive use in the district at 19 per cent[59] is far lower than the provincial average of 30 percent, and considerably lower than the national average of 35 per cent.[60]

The percentage of women who have at least four antenatal visits during pregnancy is slightly lower than the provincial average and slightly higher than the national average. The percentage of women who deliver at a health facility is far higher than the provincial and national rates, possibly indicating that there is greater awareness of the need for skilled care during pregnancy and childbirth than in the rest of the province.

In terms of health service delivery, the rate for prenatal care in district Sanghar is only slightly lower than the national and provincial rates, and the percentage of women going for postnatal consultations slightly lower than the provincial and slightly higher than the national levels. Rates for women who received tetanus toxoid injections are much lower than the provincial and national levels, and the percentage of women whose deliveries were performed by SBAs is also lower than the provincial and national levels (see Table 3.16). The data indicates that while awareness of the need for pre- and post- natal care exists, there is a need to increase awareness about the importance of having deliveries assisted by SBAs, as well as about the need for tetanus toxoid injections during pregnancy, both of which are important determinants of maternal and child health.

Table 3.16: Percentage of women of reproductive age by selected reproductive health indicators

	Contraceptive use	Delivery at a health facility	At least 4 antenatal visits	Prenatal consultation	Postnatal consultations	Tetanus toxoid injection in pregnancy	Birth attended by skilled birth attendants
Pakistan	35	48	37	69.0	29.0	69.0	55.0
Sindh	30	58.6	44.4	68.0	35.0	60.0	53.0
Sanghar	18.8	62.6	39.8	64.7	31	43	40.6

Source: Pakistan Social and Living Standards Measurement Survey 2012-13, MCHIP 2013 and PDHS 2012-13

[57] Ibid.
[58] Pakistan Demographic and Health Survey 2006-07
[59] Program Indicator Survey, 2013
[60] Pakistan Demographic and Health Survey, 2012-13

The MICS 2003-04 provides a district-level estimate for IMR, which is 79 deaths per 1,000 live births. According to the same survey, the provincial IMR is 71 deaths per 1,000 live births in 2004, slightly less than the national rate (estimated in 2006-07) of 78. ,[61 62]

Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 55 per cent of children are immunized, with 51 per cent for boys and 60 per cent for girls. These rates are lower than the provincial average of 74 per cent (75 per cent for males and 73 per cent for females), and considerably lower than the national average of 82 per cent (84 per cent for males and 81 per cent for females). There is a stark difference in immunization rates in the urban and rural areas, with immunization coverage at 62 per cent in urban areas and barely above 50 per cent in rural areas.[63] Moreover, gender disparities in both urban and rural areas are reversed in favor of girls. These factors highlight the need to increase immunization coverage throughout the district, especially for boys.

Table 3.17: Percentage of children aged 12 to 23 months that have been immunized (based on recall and record)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	89	86	87	82	79	80	84	81	82
Sindh	87	87	87	66	65	65	75	73	74
Sanghar	58	70	62	46	57	52	51	60	55

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

3.5.4 Media and communication

About a third (30.7 per cent) of households own a radio and more than half (60.5 per cent) own a television.[64] In terms of mass media behavior, according to the Program Indicator Survey 2013 of the USAID's Maternal and Child Health Program (MCHP), 29.4 per cent of women watch television on a daily basis while 1 per cent listens to the radio. Newspaper or magazine readership for women in Sanghar is 1.2 per cent. It is evident that women in this district prefer television to any other form of mass media.

Daily listenership of radio, at one per cent, is lower than the rest of the province, where overall radio listenership is nine per cent, and for women, five per cent.[65]

Newspaper readership, especially among women, is not very high across Sindh (three per cent women, 31 per cent men[66]), but in Sanghar, it is even lower at 1.2 per cent.

Regarding new media, 2.6 per cent of women in Sanghar

[61] Pakistan Demographic and Health Survey 2006-07
[62] According to Pakistan Demographic and Health Survey 2012-13, the national level IMR is 74 per 1,000 live births.
[63] Pakistan Social and Living Standard Measurement Survey, 2012-13
[64] Ibid.
[65] Ibid.
[66] Gallup, Sindh Media Report 2013

Table 3.18: Ownership of radio, TV and mobile phones

Radio	TV	Mobile
30.7	60.5	82.7

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

have access to the internet, 22.4 per cent own a mobile telephone while 52.2 per cent of women say that they have access to a mobile when needed.[67] if compared to district-level data from the PSLM for 2012-13 these figure are somewhat surprising, since the PSLM Survey reports that 89.1 per cent of households have a working mobile phone connection, although only 1.3 per cent have both landline and mobile phone connections in working order.

3.5.5 Sources of maternal and child health information

For information on MCH, IPC is the most preferred source, since 40.6 per cent of women say that they receive information on MCH from doctors, followed by friends or relatives including husbands (39 per cent), mothers-in-law (35 per cent), LHWs (29 per cent), dais/TBAs (24 per cent), LHVs (17 per cent), and nurse/midwives (16 per cent). Interestingly, TBAs – who are mostly uneducated local women – are the primary source of information, over and above LHVs and nurse/midwives. Television is also a fairly popular source of information and 20 per cent of women receive information on MCH from it.[68]

3.5.6 Lady Health Worker coverage and health care facilities

Coverage by the LHW Program, which supports the government of Sindh's health sector efforts to improve maternal, newborn and child health, and provision of family planning services in addition to providing support to other vertical programs such as immunization, is 67 per cent in Sanghar.[69] This is considerably higher than the provincial average of 46 per cent but lower than the national average of 83 per cent.[70]

As per available data, there are 1,206 LHWs in the district, 45 hospitals with 566 beds, six Rural Health Centers (RHCs) with 70 beds, and 59 Basic Health Units (BHUs) with 118 beds. There are also 135 dispensaries with 208 beds, six MCH Centers, 13 Tuberculosis Clinics and one Leprosy Clinic in the district.[71]

3.6 District Sukkur

District Sukkur is located on the banks of the River Indus in Sindh. It is divided into three talukas or tehsils (administrative sub-divisions), namely, Sukkur City, Rohri, and Pano Aqil. Sukkur borders the districts of Ghotki on the northeast, Shikarpur on the northwest, and Khairpur

Map 3.4: District Sukkur

[67] Program Indicator Survey, 2013
[68] Ibid.
[69] Report on the Status of Millennium Development Goals: Sindh October 2012
[70] Pakistan Millennium Development Goals Report 2013
[71] Pakistan Social and Living Standard Measurement Survey 2012-13.

on the southwest, and Jaisalmir (India) on the east. The district covers an area of 5165 square kilometers.[72] It has a population of 908,000, 462,000 of which is urban and 446,000 is urban. 53.19 per cent of the population is male and 46.8 per cent is female.[73] The average household size in Sukkur is 7.1,[74] higher almost by one person than the national average of 6.3.[75]

3.6.1 Education

In terms of educational attainment, 50 per cent of the population in Sukkur has completed primary or higher levels of education (63 per cent for males and 35 per cent for females). Gender disparities across both rural and urban areas are stark: educational attainment for girls is considerably lower than it for boys, even at the urban level. In rural areas, it is more than 30 per cent below than what it is for boys and overall, at the district-level, educational attainment for girls is almost half of what it is for boys.[76]

Overall, the percentage of those who are completing primary or higher schooling in Sukkur is slightly lower than the provincial average of 52 per cent, which in turn is lower than the national average of 51 per cent.

3.6.2 Sources of drinking water

Hand pumps are the most popular source of drinking water in Sukkur, and are used by 46 per cent of households. Particularly in the rural areas, these appear to be most common source, with 81 per cent of the rural households using them. In urban areas, tap water is the most common source and is used by half the households, while only 14 per cent use the same in rural areas. A little more than one-third (36 per cent) of urban households and five per cent of the rural population use motor pumps. Dug wells are not used at all in the district.[77]

3.6.3 Maternal and child health

While the MMR at the district-level is unavailable, it is important to recognize that the MMR for Sindh, at 314 per 100,000 women, is higher than the national MMR of 276 per 100,000 women, and is the second highest in the country after Baluchistan.[78] Regarding other reproductive

Table 3.19: Percentage of population (10 years and above) that has completed primary or higher levels of education

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	74	62	68	53	31	42	60	42	51
Sindh	76	63	70	46	16	32	62	41	52
Sukkur	76	55	66	51	17	34	63	35	50

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

[72] Pakistan Bureau of Statistics, http://www.pbs.gov.pk/pco-sindh-tables
[73] Development Statistics, Sindh 2012, Table 2.09
[74] Pakistan Social and Living Standard Measurement Survey 2012-13
[75] Ibid.
[76] Ibid.
[77] Ibid.
[78] Pakistan Demographic and Health Survey 2006-07

Table 3.20: Percentage of households by their sources of drinking water

	Tap water	Hand pump	Motor pump	Dug well	Others
Pakistan	30	27	30	3	9
Urban	56	8	27	1	9
Rural	17	37	31	5	10
Sindh	43	34	9	4	10
Urban	72	8	10	1	8
Rural	11	63	8	7	11
Sukkur	32	46	20	0	1
Urban	50	11	36	0	3
Rural	14	81	5	0	0

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

health indicators, contraceptive use in the district, at 22.2 per cent,[79] is far lower than the provincial average of 30 percent, and considerably lower than the national average of 35 per cent.[80]

However, the rates for other factors that have an impact on women's reproductive health, such as ensuring at least four antenatal visits during pregnancy and delivering at a health facility, are higher than at the provincial and national levels, possibly indicating that there is greater awareness of the need for skilled care during pregnancy and childbirth than in the rest of the province.

In terms of health service delivery, district Sukkur fares better than national and provincial averages in prenatal care and postnatal care, but the percentage of women going for postnatal consultations is lower than at the provincial and national levels. Rates for women who received tetanus toxoid injections are higher than the provincial level but lower than the national level, and the percentage of women whose deliveries were performed by SBAs is slightly higher than it is at the provincial and national levels (see Table 3.21).

The MICS 2003-04 provides a district-level estimate for IMR, which is 70 per 1,000 live births, quite close to the provincial IMR of 71 deaths per 1,000 live births. The rate is slightly less than the national rate, which is 78 deaths per 1,000 live births (estimated in 2006-07).[81,82]

Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 71 per cent of children are immunized, with 68 per cent for boys and 73 per cent for girls. These rates are slightly lower than the provincial average of 74 per cent (75 per cent for males and 73 per cent for females), and considerably lower than

[79] Program Indicator Survey, 2013
[80] Pakistan Demographic and Health Survey, 2012-13
[81] Pakistan Demographic and Health Survey 2006-07
[82] According to Pakistan Demographic and Health Survey 2012-13, the national level IMR is 74 deaths per 1,000 live births.

Table 3.21: Percentage of women of reproductive age by selected reproductive health indicators

	Contraceptive use	Delivery at a health facility	At least 4 Antenatal Visits	Prenatal consultation	Postnatal consultations	Tetanus Toxoid Injection in Pregnancy	Birth attended by skilled birth attendants
Pakistan	35	48	37	69.0	29.0	69.0	55.0
Sindh	30	58.6	44.4	68.0	35.0	60.0	53.0
Sukkur	22.2	66.6	48.8	79	27	63	61.0

Source: Pakistan Social and Living Standards Measurement Survey 2012-13, MCHIP 2013 and PDHS 2012-13

the national average of 82 per cent (84 per cent for males and 81 per cent for females). There is a stark difference in immunization rates in the urban and rural areas, with immunization coverage at close to 100 per cent in urban areas and barely above 50 per cent in rural areas.[83] Interestingly, gender disparities exist in favor of girls, for whom immunization rates in urban areas as well as overall at the district-level are higher than for boys, and more or less the same in rural areas. These factors highlight the need to increase immunization coverage for boys throughout the district, as well as for both boys and girls in rural areas.

3.6.4 Media and communication

Almost one out of ten (9.4 per cent) households own a radio and about two-thirds (63.5 per cent) own a television.[84] In terms of mass media usage, as per the Program Indicator Survey 2013, 44 per cent of women watch television daily, 1.6 per cent listen to the radio daily, and 1.2 per cent read a newspaper or magazine every day in district Sukkur. This indicates women's greater preference for television as compared to radio and newspapers.

As stated above, 1.2 per cent of women in Sukkur read a newspaper or magazine every day.[85] This is lower than the

Table 3.22: Percentage of children aged 12 to 23 months that have been immunized (based on recall and record)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	89	86	87	82	79	80	84	81	82
Sindh	87	87	87	66	65	65	75	73	74
Sukkur	92	97	95	53	52	52	68	73	71

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

[83] Pakistan Social and Living Standard Measurement Survey, 2012-13
[84] Ibid.
[85] Program Indicator Survey, 2013

rest of the province, where 3 per cent of women and 31 per cent of men read the newspaper on a daily basis.[86]

Radio listenership of 1.6 per cent is lower than the rest of interior Sindh, where overall radio listenership is nine per cent.[87]

Regarding new media, 5.2 per cent of women in Sukkur have access to the internet, 32.4 per cent own a mobile telephone while 75.6 per cent of women say that they have access to a mobile when needed.[88] This, if compared to district-level data from the PSLM for 2012-13, holds ground, which reports 90 per cent of households as having a working mobile phone connection and 1.4 per cent having both landline and mobile phone connections in working order. Similarly, in terms of ownership, 90 per cent of households own a mobile phone.

3.6.5 Sources of maternal and child health information

For information on MCH, IPC is the most commonly cited source, since 35 per cent of women say that they receive information on MCH from doctors, followed by friends or relatives, including husbands (27.2 per cent), LHWs (18.6 per cent), mothers-in-law (17.4 per cent), dais/TBAs (9.4 per cent), LHVs (4.4 per cent), and nurse/midwives (4 per cent). Television is also a fairly popular source of information and 21.8 per cent of women receive information on MCH from it.[89]

3.6.6 Lady Health Worker coverage and health care facilities

Coverage by the LHW program, which supports the health sector's efforts to improve maternal, newborn and child health, and provision of family planning services in addition to providing support to other vertical programs such as immunization is 77 per cent in Sukkur,[90] which is considerably higher than the provincial average of 46 per cent, but lower than the national average of 83 per cent.[91]

As per available data, there are 1,232 LHWs in the district, 22 hospitals with 1,147 beds, three Rural Health Centers (RHCs) with 34 beds, and 27 Basic Health Units (BHUs) with 54 beds. There are also 73 dispensaries with 12 beds, six MCH Centers with 32 beds, six Tuberculosis Clinics, and one Leprosy Clinic in the district.[92]

3.7 District Umerkot

District Umerkot covers an area of 5,608 square kilometers. It borders district Sanghar on the north, Tharparkar on the southeast, and Mirpur Khas on the west.[93] Umerkot has a population of 1,045,000, persons, of which 179,000 (17 per cent) are urban and 866,000 (83 per cent) is

Map 3.5: District Umerkot

[86] Gallup, Sindh Media Report 2013
[87] Ibid.
[88] Program Indicator Survey, 2013
[89] Ibid.
[90] Report on the Status of Millennium Development Goals: Sindh October 2012
[91] Pakistan Millennium Development Goals Report 2013
[92] Pakistan Social and Living Standard Measurement Survey 2012-13.
[93] Thardeep Rural Development Program. http://www.thardeep.org/thardeep/umerkot.html

rural.[94] Around half (53 per cent) of the population is male and 47 per cent is female. The average household size in the district is 6.2, slightly below the national average of 6.3.

3.7.1 Education

In terms of educational attainment, less than one-third (31 per cent) of the population aged 10 years or above in Umerkot has completed primary or higher levels of education (44 per cent for males and 15 per cent for females). Gender disparities across both rural and urban areas are stark: educational attainment for girls is considerably lower than it for boys, even at the urban level (34 per cent for girls vs. 62 per cent for boys). In rural areas, only 11 per cent of girls have completed primary or higher education, as compared to 41 per cent boys.[95]

3.7.2 Sources of drinking water

In Umerkot, the most popular source of drinking water is the tap and is used by 30 per cent of the population. It is particularly popular in urban areas, where it is used by 58 per cent of the population. However, only 24 per cent of the population uses tap water for drinking in rural areas. In rural areas, hand pumps are slightly more popular than tap water and are used by 27 per cent of the population. The use of motor pumps is low, at five per cent in urban areas and six per cent in rural areas. Dug wells are used by nine per cent in rural and two per cent of the population in urban areas.[96] It is also important to note that for around a third of the population in rural areas and a little more than one-tenth in urban areas, the main source of drinking water are non-traditional (listed as others).[97]

3.7.3 Maternal health and child health

While the MMR at the district-level are unavailable, it is important to recognize that the MMR for Sindh, at 314 deaths per 100,000 women, is higher than the national MMR of 276 death per 100,000 women, and is the second highest in the country after Baluchistan.[98] Regarding other

Table 3.23: Percentage of population (10 years and above) that has completed primary or higher levels of education

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	74	62	68	53	31	42	60	42	51
Pakistan	84	70	77	66	39	53	72	50	51
Sindh	76	63	70	46	16	32	62	41	52
Umerkot	62	34	49	41	11	27	44	15	31

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

[94] Pakistan Social and Living Standard Measurement Survey 2012-13.
[95] Ibid.
[96] Ibid.
[97] The category "others" include tanker, mineral water, filtration plant and sea/river/pond/stream (Pakistan Bureau of Statistics), http://www.pbs.gov.pk/sites/default/files/pslm/publications/pslm_prov_dist_2012-13/housing_ water_supply.pdf
[98] Pakistan Demographic and Health Survey 2006-07

Table 3.24: Percentage of households by their sources of drinking water

	Tap water	Hand pump	Motor pump	Dug well	Others
Pakistan	30	27	30	3	9
Urban	56	8	27	1	9
Rural	17	37	31	5	10
Sindh	43	34	9	4	10
Urban	72	8	10	1	8
Rural	11	63	8	7	11
Umerkot	30	26	6	8	30
Urban	58	23	5	2	12
Rural	24	27	6	9	34

Source: Pakistan Social and Living Standard Measurement Survey, 2012-13

reproductive health indicators, contraceptive use in the district at 19 per cent[99] is far lower than the provincial average of 30 percent, and considerably lower than the national average of 35 per cent.[100]

The percentage of women who have at least four antenatal visits during pregnancy is slightly lower than both the provincial and national averages. The percentage of women who deliver at a health facility is almost the same as the provincial average, and higher than the national average, possibly indicating awareness of the need for skilled care during pregnancy and childbirth.

In terms of health service delivery the rate for prenatal consultations in district Umerkot is lower than the national and provincial rates. However, the percentage of women going for postnatal consultations in the district is far higher than the provincial and national rates. Rates for women who received tetanus toxoid injections are much lower than the provincial and national levels, and the percentage of women whose deliveries were performed by SBAs is also lower than the provincial and national levels (see Table 3.25). The data indicates that while awareness of the need for pre- and post- natal care exists, there is a need to increase awareness about the importance of having deliveries assisted by SBAs, as well as about the need for tetanus toxoid injections during pregnancy, both important determinants of maternal and child health.

District Umerkot was part of Tharparkar during the time when the MICS 2003-04 was held, and the IMR reported for that area is 87 deaths per 1,000 live births. The MICS 2003-04 estimates the provincial IMR to be 71 deaths per 1,000 live births in 2004, slightly less than the national rate (estimated in 2006-07) of 78 deaths per 1,000 live births.[101],[102]

[99] Program Indicator Survey, 2013
[100] Pakistan Demographic and Health Survey, 2012-13
[101] Pakistan Demographic and Health Survey 2006-07
[102] According to Pakistan Demographic and Health Survey 2012-13, the national level IMR is deaths per 1,000 live births.

Table 3.25: Percentage of women of reproductive age by selected reproductive health indicators

	Contraceptive use	Delivery at a health facility	At least 4 Antenatal Visits	Prenatal consultation	Postnatal consultations	Tetanus Toxoid Injection in Pregnancy	Birth attended by skilled birth attendants
Pakistan	35	48	37	69.0	29.0	69.0	55.0
Sindh	30	58.6	44.4	68.0	35.0	60.0	53.0
Umerkot	19	57	35.2	46.3	54	32	27.9

Source: Pakistan Social and Living Standards Measurement Survey 2012-13, MCHIP 2013 and PDHS 2012-13

Immunization information for children aged 12 to 23 months by recall and record indicates that a total of 84 per cent of children are immunized, with 85 per cent for boys and 84 per cent for girls. These rates are higher than the provincial average of 74 per cent (75 per cent for males and 73 per cent for females), and almost the same as the national average of 82 per cent (84 per cent for males and 81 per cent for females). Immunization rates in rural areas are higher than in urban areas, with immunization coverage at 85 per cent in rural areas and 75 per cent in urban areas. Gender discrimination against girls is apparent only in urban areas, where the immunization rate for girls is almost 20 per cent points below what is it for boys, at 67 per cent for girls and 86 per cent for boys.[103]

Table 3.26: Percentage of children aged 12 to 23 months that have been immunized (based on recall and record)

	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
National	89	86	87	82	79	80	84	81	82
Sindh	87	87	87	66	65	65	75	73	74
Umerkot	86	67	75	84	87	85	85	84	81

Source: Pakistan Social and Living Standards Measurement Survey 2012-13

3.7.4 Media and communication

A little more than a tenth (14 per cent) of households in the district own a radio and less than one quarter (23 per cent) own a television.[104] In terms of usage of mass media as per the Program Indicator Survey 2013 of USAID's Maternal and Child Health Program (MCHP), 27 per cent of women watch television on a daily basis. This is almost half of the viewership of television for Sindh (56 per cent).[105]

[103] Pakistan Social and Living Standard Measurement Survey, 2012-13
[104] Pakistan Social and Living Standard Measurement Survey, 2012-13.
[105] Pakistan Demographic and Health Survey 2012-13

The survey also reports that a small proportion of women in the district (0.6 per cent) listen to the radio on a daily basis, which is lower than the rest of Sindh, where overall listenership is three per cent for married women. According to Gallup, radio listenership is nine per cent and for women, five per cent in interior Sindh.[106]

Newspaper readership, especially among women, is not very high across Sindh (3 per cent women, 31 per cent men),[107] but it is even lower in Umerkot, at 0.6 per cent.

Regarding new media, 1.2 per cent of women in Umerkot have access to the internet and 18 per cent own a mobile telephone, while around one half of women reported that they have access to a mobile when needed.[108] Women's access to mobile telephones is somewhat restricted, since 76 per cent households have a mobile telephone with a working connection. Interestingly, none of households reported a landline in the district.[109]

3.7.5 Sources of maternal and child information

For information on MCH, IPC is the most common source reported. A little less than one half (43 per cent) of the women in the survey reported that friends or relatives (including husbands) are their source of information on MCH, followed by doctors (38.6 per cent), mothers-in-law (34.6 per cent), dais/TBAs (35.6 per cent), LHWs (33.8 per cent), LHVs (17.8 per cent), and nurse/midwives (17.6 per cent). Interestingly, TBAs – who are mostly uneducated local women – are a preferred source of information, over and above LHVs and nurse/midwives. Television is the least popular source of information and 12.8 per cent of women receive information on MCH from it.[110]

3.7.6 Lady Health Worker coverage and health care facilities

Coverage by the LHW program, which supports the health sector's efforts to improve maternal, newborn and child health, and provision of family planning services in addition to providing support to other vertical programs such as immunization, is 55 per cent in Umerkot.[111] This is higher than the provincial average of 46 per cent but lower than the national average of 83 per cent.[112]

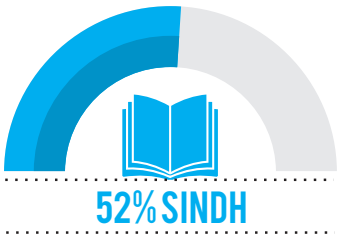
As per available data, there are 585 LHWs in the district, five hospitals with 115 beds, six Rural Health Centers (RHCs) with 78 beds, and 31 Basic Health Units (BHUs) with 62 beds. There are also 35 dispensaries, one MCH Center, and six Tuberculosis Clinics with ten beds. There are no Leprosy Clinics in the district.[113] Given the fact that Umerkot has a population of more than one million, it is apparent that the available health facilities are probably inadequate and more health facilities therefore require to fulfil the current population needs.

[106] Gallup, Sindh Media Report 2013
[107] Ibid.
[108] Program Indicator Survey, 2013
[109] Pakistan Social and Living Standard Measurement Survey 2012-13.
[110] Program Indicator Survey, 2013
[111] Report on the Status of Millennium Development Goals: Sindh October 2012
[112] Pakistan Millennium Development Goals Report 2013
[113] Pakistan Social and Living Standard Measurement Survey 2012-13.

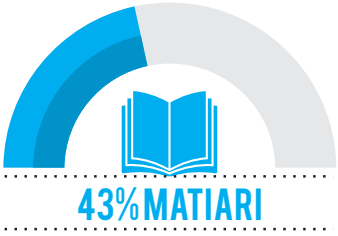
PERCENTAGE OF POPULATION (10 YEARS AND ABOVE) THAT HAS COMPLETED PRIMARY OR HIGHER EDUCATION

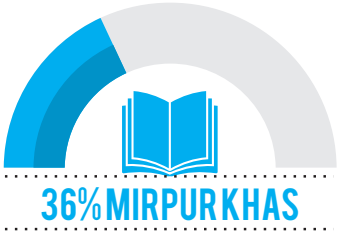
NATIONAL

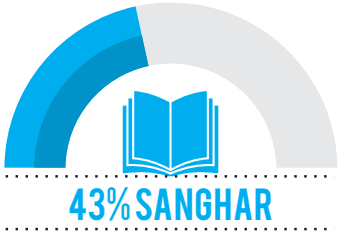
PROVINCIAL



FOCUSED DISTRICTS

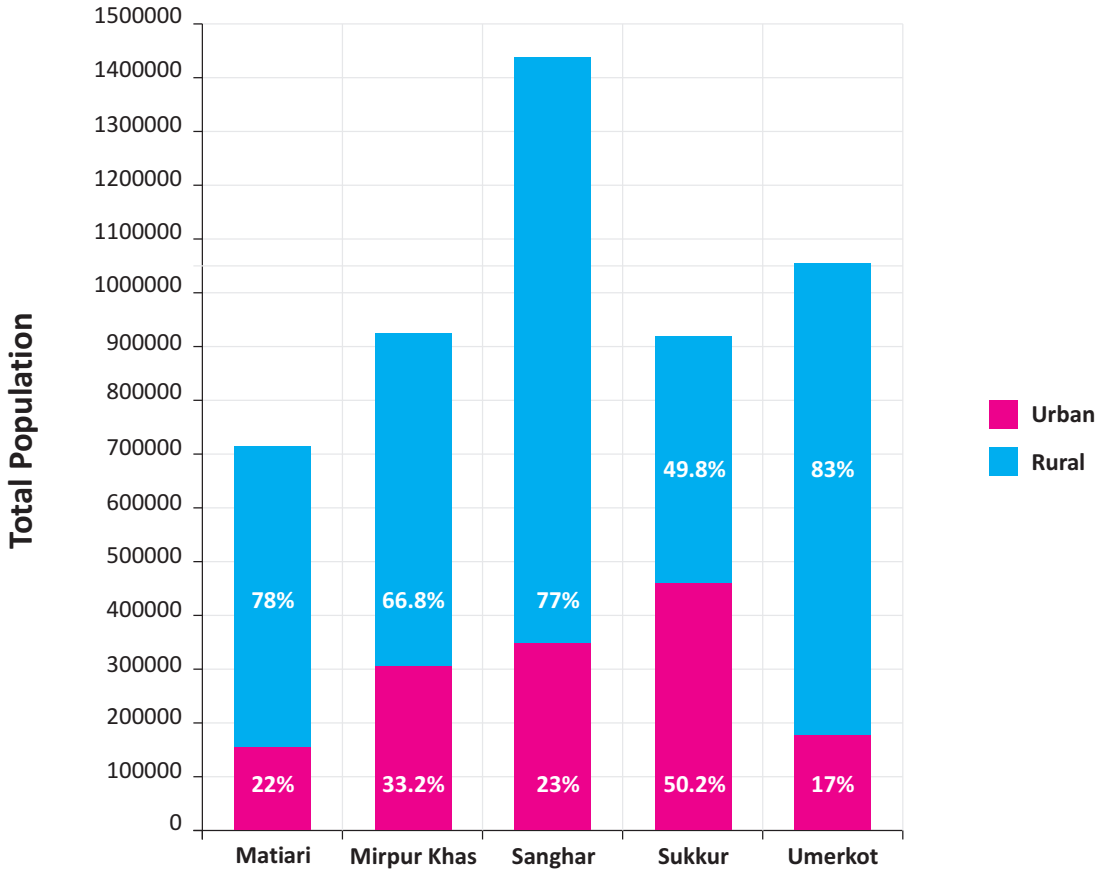






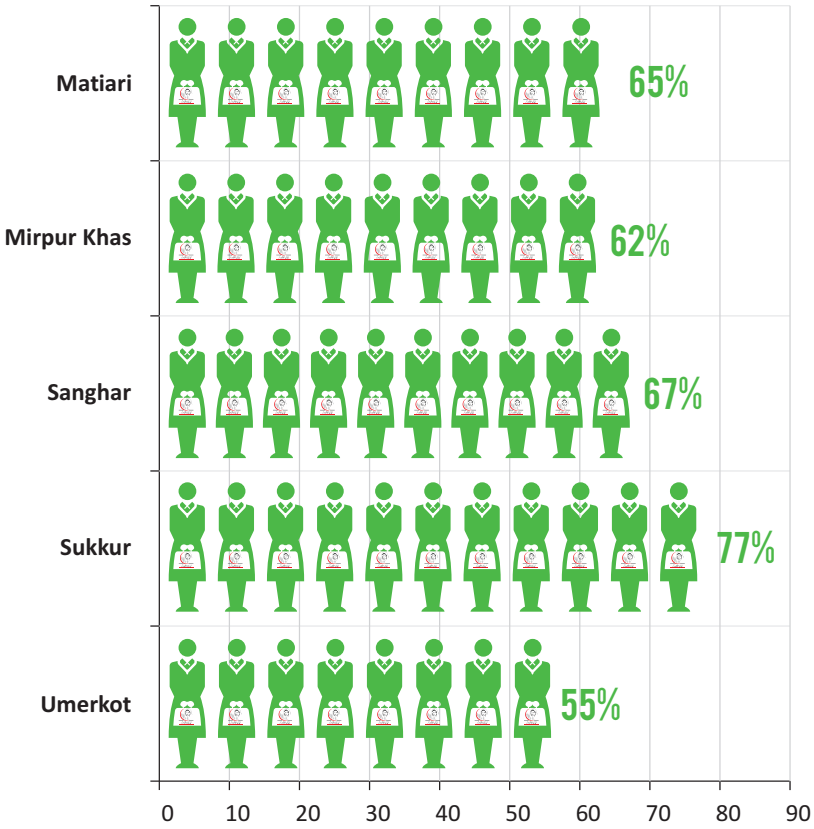
Source: Pakistan Social and Living Standards Measurement Survey 2012-13

POPULATION OF FOCUS DISTRICTS BY REGION

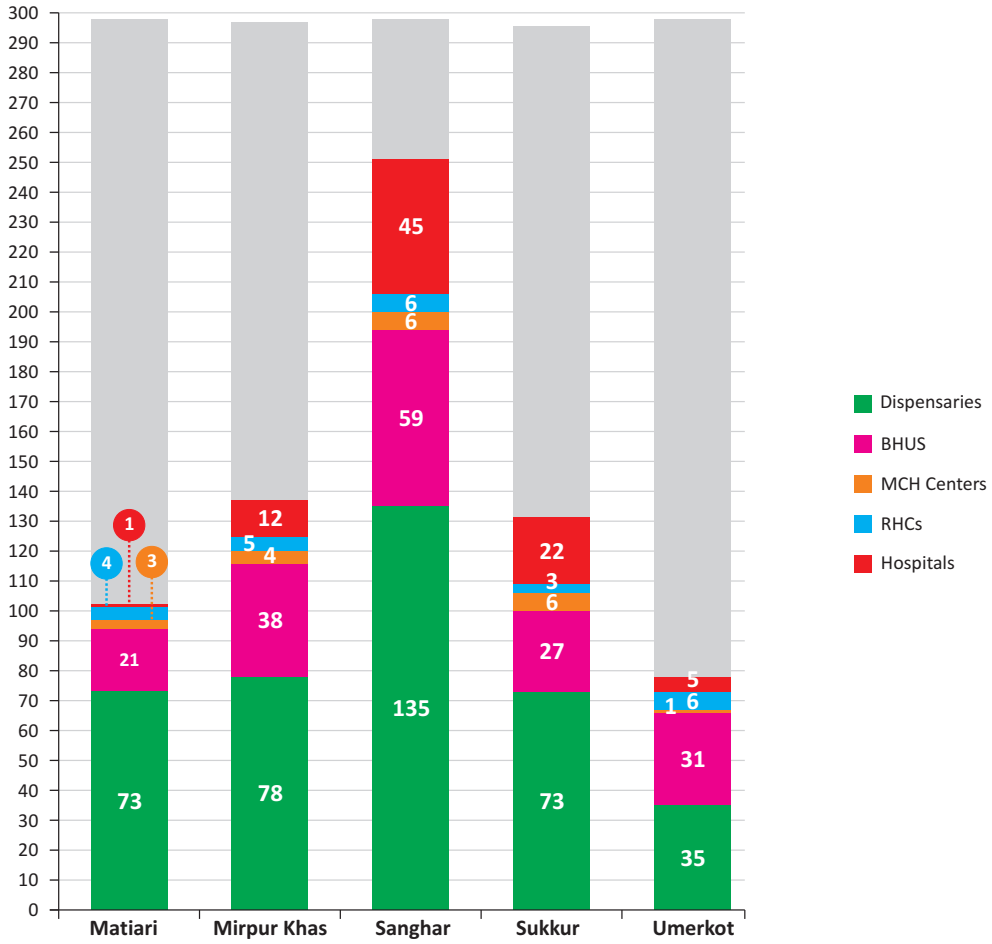


Source: Pakistan Social and Living Standards Measurement Survey 2012-13

LHW COVERAGE IN FOCUS DISTRICTS

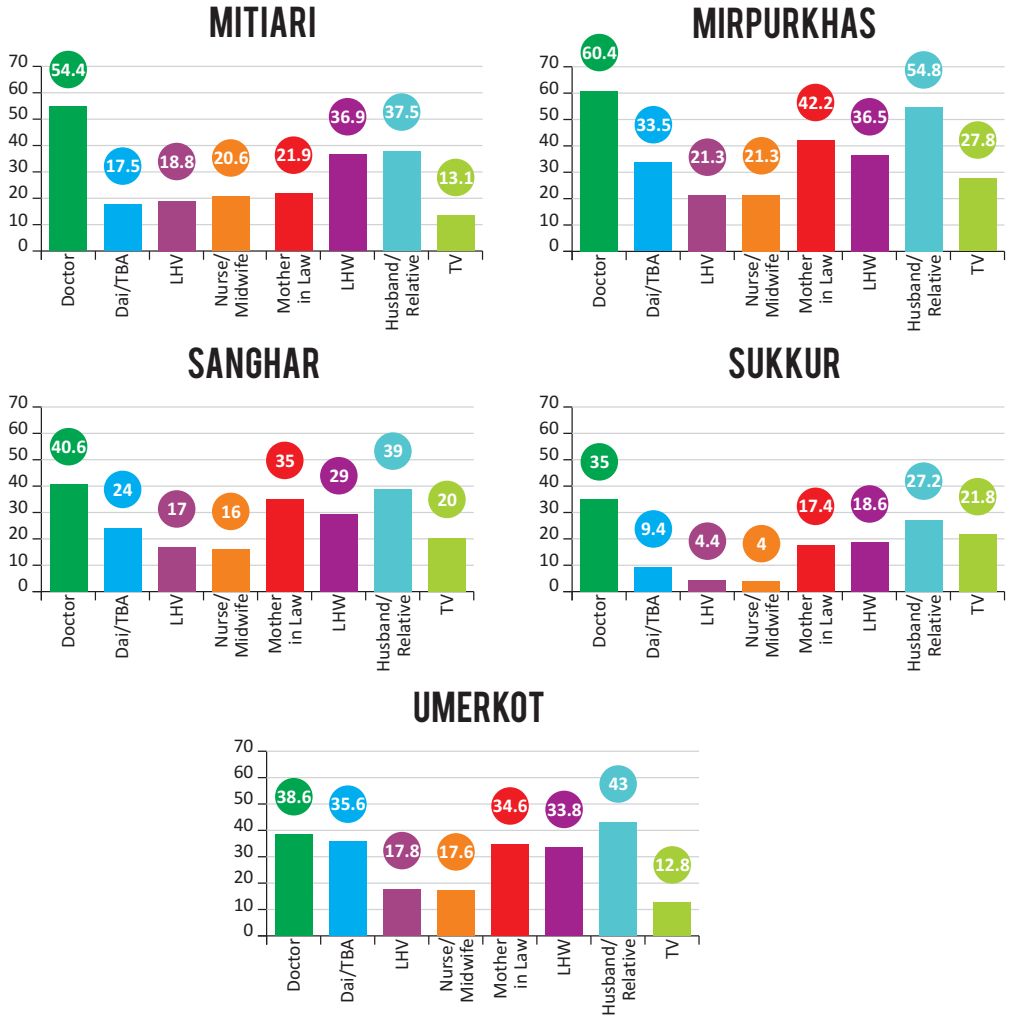


NUMBER OF HEALTH CARE FACILITIES IN FOCUS DISTRICTS



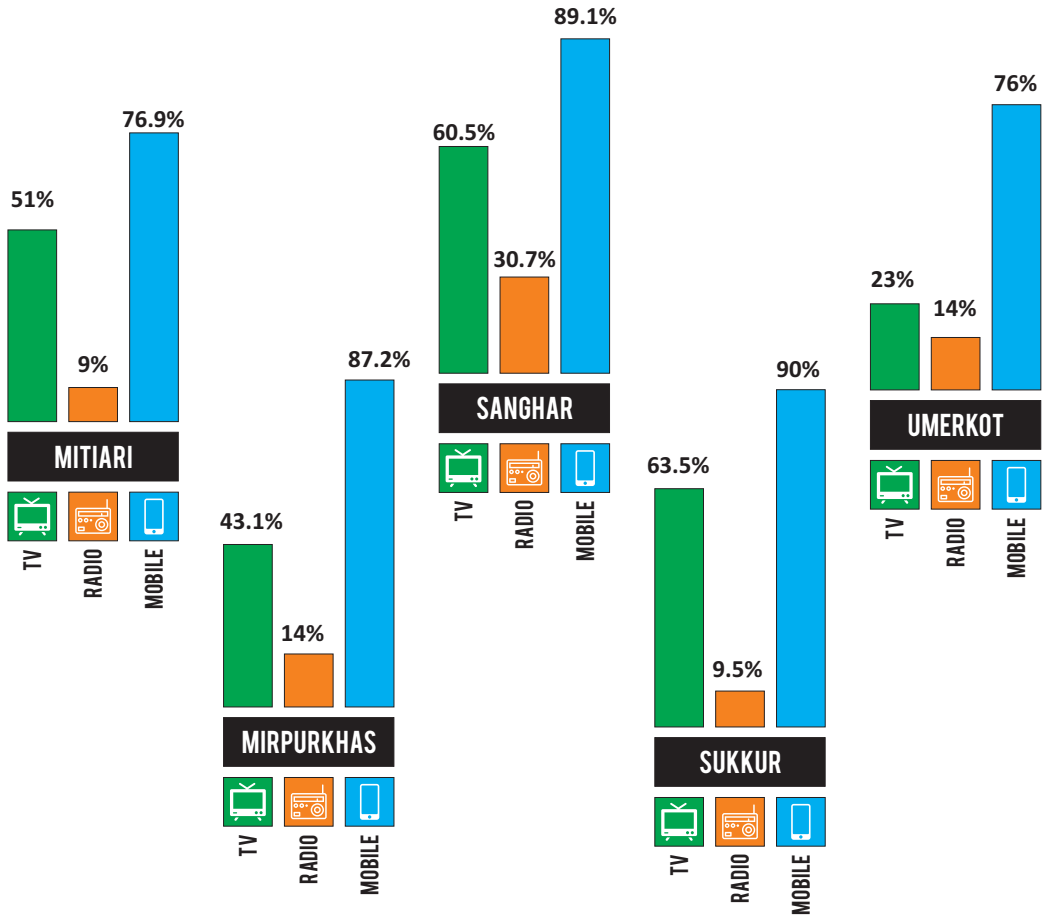
Source: Pakistan Social and Living Standards Measurement Survey 2012-13

PEOPLE WHO MATTER THE MOST: MAIN SOURCES OF INFORMATION ON HEALTH ISSUES



Source: Pakistan Social and Living Standards Measurement Survey 2012-13

ACCESS TO NEW AND MASS MEDIA



Source: Pakistan Social and Living Standards Measurement Survey 2012-13

4 Consultation Findings

By Ehtesham Abbas

Consultations with the corporate-sector media and also other relevant key communication professionals were an integral part of the report. These discussions were important for soliciting their insights on the media-mix that they have been successfully using in rural Sindh for promoting their products and services. A consultative session entitled "Communication Saves Lives – Inspiring Healthy Behaviors" was accordingly organized on 23 December 2014 in Karachi. The session's objective was to specifically collate and analyze the solicited insights in order to determine optimal ways of communicating with various groups of audiences at the district and community levels in Sindh. Participants included representatives from multinational organizations, media agencies, print and broadcast media groups, government-sector counterparts, professionals from non-governmental organizations, and activists working at the grassroots levels in rural Sindh (see attached Annex I for list of participants). This section summarizes the proceedings of the session and highlights its major findings.

Convened by the Centre for Communication Programs Pakistan (CCPP), with support from the Johns Hopkins Center for Communication Programs (CCP), a comprehensive list was first developed of potential participants with diverse representation from the corporate-sector based in Karachi with extensive reach in rural Sindh. Invitations were dispatched to potential participants well in advance along with the agenda, which was intentionally kept short to generate maximum interaction and consultation. In order to ensure substantial discussion in an interactive and participatory manner, the knowledge café approach was used. Based on this approach and after introductory presentations on the program and the 360 Degree Media Report, participants were divided into four groups, with the moderator and the discussion topic changing after every 15 minutes. Discussions focused one-by-one on the four outlined categories of the media

In each of the four media categories, discussions centered on three broad points of:

1. Optimal strategies to reach intended audiences;
2. Existing sources of information for making informed choices for media selection; and
3. Best practices, success stories and/or innovations from which the Maternal and Child Health Program (MCHP) could also learn.

In addition to discussion guidelines, groups were provided with a 'media map' that specified media available under each of the four media categories (see Annex II for the Media Map). The main findings from the consultation are given below and organized around these categories of media.

4.1 Mass media

In response to a question on precise strategies under mass media to reach out to intended audiences in focus districts, television emerged as the preferred medium over others. Among the main recommendations, engaging locally known folk artists for communicating messages through television and radio was considered as having the potential to generate a dedicated following. In terms of radio usage, participants agreed that listenership has lately transformed from use of traditional radio sets to use of mobile phones for accessing digital radio. As for print media, participants considered locally published newspapers to have higher readership and longer life in rural areas compared to urban locations, as it is usually read by more people and well beyond its date of publication. In general, participants recommended using a media-mix approach, with contents being produced in the Sindhi language. Content in Sindhi, both written and visual, is comparatively more popular more than content in other languages, including Urdu. It was also recommended by participants to use television programming in conjunction with popular local festivals, especially through the production of jingles and songs in Sindhi for creating higher impact. Participants also highlighted the popularity of cable channels operated by local cable operators and the local tradition of watching television programs in groups in small teashops. In particular, participants recommended soap operas and films depicting mother and child health issues through the depiction of different life stages of women, from adolescence to marriage, and pregnancy to childrearing.

In terms of available information sources for making informed media selection at the district and community levels, participants recommended a syndicated study Consumer Multimedia Index 2012 conducted by Ipsos Pakistan. The study periodically provides, previously in 2009 and 2010, 360 degree information on media reach and frequency, product and service consumption, and psychographic segments from all over Pakistan, covering 10

Together with its electronic platform, the campaign Azme Alishan (the Glorious Resolve) was launched in 2010 to celebrate Pakistani identity and culture. The campaign aimed at bringing together positive voices from all over the country to celebrate the best in Pakistan, and to find solutions to shared challenges and concerns. The campaign's media-mix approach used broadcast and digital media as well as community-level events and competition to encourage support for the initiative. The campaign's online pledge initiative attracted nearly 150,000 pledges, supported by street-level events where people were invited to sign-up for the campaign in person. Azma Alishan's celebratory and positive outlook is unique in addressing deep-seated issues in Pakistan.

key cities, 40 urban centers and 400 villages with 15,000 interviews. Additionally, participants suggested exploring recent Knowledge, Attitude and Practices (KAP) studies conducted by the Sukkur Institute of Business Administration and the Aga Khan University (AKU). Participants also mentioned Nielsen Corporation's Mobile Consumer Report that shows demographic and behavior trends associated with the use of mobile devices in emerging countries, including Pakistan. However, participants recognized the scarcity of media related information at the district or community levels.

The discussion on best practices, success stories and innovations in use of mass media communication brought forth several interventions from the corporate sector. Among the salient ones, Behtar [Better] Pakistan, a weekly television magazine show aired on a nationwide television network News One, was mentioned as a media product distinct from other primetime shows in its approach by celebrates successes to promote peace, tolerance, and opportunity for all in Pakistan. A recent campaign by Unilever in Pakistan was also cited. The campaign was run under the umbrella of Mother's Day celebrations with Lifebuoy Shampoo, and asked consumers to give a missed call to a short-code for receiving a return call based on an Interactive Voice Recording System whereby consumers could record a message for their mother to be played back to her during the duration of the campaign. Furthermore, the top 50 messages received prizes of a return ticket to Dubai, mobile phones and an iPod. A similar call-based campaign Pampers Mobile Clinic by Procter & Gable asked mothers to call on a 0800 number, and receive free checkups and health advice for their infants at their doorsteps. The campaign claims to be reaching out to more than five million mothers in Pakistan.

The participants highlighted deeply entrenched social and cultural issues affecting mother and child health, and identified greater efficacy of dramas and films produced on such issues that have the flexibility to highlight various facets of the problem much better than the narrow form of television commercials. The participants emphasized the value of entertainment for such products for becoming popular and generating impact. The scripting, casting, and story of television content also needs to be mindful of ethnographic information, collected prior to any planned initiative.

4.2 Group and community media

While discussing group and community media, participants generally recommended organizing local events as a preferred means for reaching communities at grassroots level. The consultation revealed that a sporadic and small cluster of villages and towns in Sindh makes mass communication channels and activities expensive and, therefore, less feasible. The corporate sector, instead, prefers directly communicating with relevant audience groups through below-the-line activities (more niche focused). Community and group media were therefore essential in terms of reaching the desired audiences. In this respect, the National Tuberculosis Programme's community activist approach, the application by UNICEF's Every Child in School of street theatre, and the use of mobile floats by Tapal Tea and Lifebuoy Shampoo in "rural high streets" were cited as informative examples. These campaigns aspired for direct communication by engaging local private-sector stakeholders through designing festivals and other events catering to local interests and simultaneous dissemination of messages.

The participants recommended engaging community activists to spread messages across communities and complementing this approach with puppetry, street theatre, roadshows, and the use of flotillas to appeal to the rural populations of Sindh. The participants also suggested leveraging cultural, religious and sports events organized at the local level as well as integrating messages in regular

community and group practices to reach the desire audiences. In addition, branding of transit points and public places was also recommended as a low cost but high impact communication intervention.

When asked which sources of information do they rely upon for making informed decisions for selecting media and channels to design group/community media activities for interior Sindh, there was less coherence in the discussion as compared to consultations on other media categories. This was, perhaps, a representation of the absence of credible sources of information existing to inform organizations for designing community-level interventions. This vacuum in available information has led companies to decide their interventions on the basis of their field experiences. For instance, a participant involved in designing and executing street theatres in rural Sindh for UNICEF's "Every Child to School Program" used pre- and post-intervention surveys among participant groups to gauge their approval. He also emphasized the importance of having locals within the team who are usually very helpful in the identification of the right venues, places, and for signifying any barriers and opportunities for designing an impactful intervention at the grassroots level. The participants, however, agreed that local district officials have some pertinent information about their catchment areas, especially with respect to existing public spaces. Competitor tracking and peer review was also identified as one basis for decision making by the corporate sector, whereby companies closely monitor marketing and promotional activities of their competitors. Often, the same vendor serves multiple competitors and, thereby, brings crosscutting knowledge and experience on a specific area. Such an experience has high value within the private sector, as it is leveraged over years with a considerable investment.

In group and community media, the best practices discussed were mostly centered around carrying out activities in communities at known places. These included widely used transit routes, i.e. from Sukkur to Hyderabad, that offer spots for erecting billboards and placing banners. The participants suggested using common public places also for this purpose due to their high visibility, especially for reaching out to the youth and other segments of the male population. The youth was considered an important audience group for the success of crowdsourcing and word-of-mouth campaign strategies. Universities and colleges provide excellent avenues for message transmission because of their concentrated population. Some participants also suggested developing "cultural calendars" for the identification of important congregational events and other seasonal festivals, and linking these with campaign. In this respect, festivals that celebrate local Sufis, and regular cultural and sporting events were especially considered important. The participants, however, also agreed that female participation in these events is limited and large-scale women-specific events do not take place.

In addition to insights on channels and media, the participants recommended using certain approaches for maximizing the potential of community-level interventions. For instance, one of the recommendations was to divide focus areas into segments, with appropriate messages allocated in terms of segment audience. Print material was also cited for its potential, but suggestion were given to make it more culturally sensitive and also more adapted to specific areas within a focus district. The participants mentioned the meeting-place, *Autaq*, of community leaders, mobile phone franchises, and teahouses as places where locals frequently visit and which can be used as effective platforms for disseminating messages.

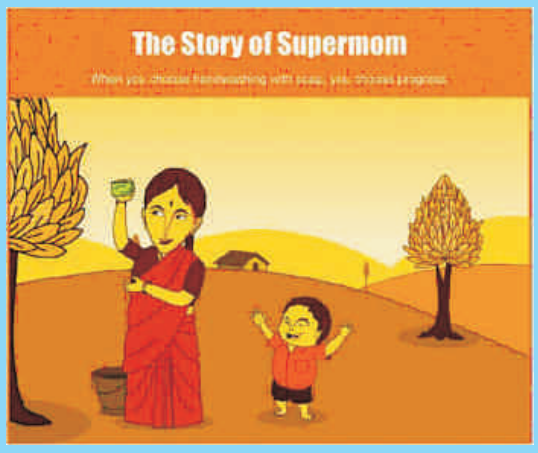
4.3 Interpersonal communication

The participants primarily came from the corporate sector and strictly viewed interpersonal communication (IPC) in the context of door-to-door selling. Participants recognized the corporate sector's limited capacity for either

establishing or activating local networks for the purpose of conducting door-to-door campaigns. Loosely grouped individuals, including mothers-in-law, husbands, and married women, are effective in communicating messages but can only be engaged if such groups exist at the village or neighborhood levels. Most participants mentioned Lady Health Workers (LHWs) as having considerable influence and rapport at the community level and within households. However, participants were also cognizant of their limited capacity and monetary needs, which become key barriers for their effective engagement. Community-based health workers in general, i.e. LHWs, traditional birth attendants (TBAs), Lady Health Visitors (LHVs) and Community Midwives (CMWs), can be equipped with technology to become more effective in their community mobilization and communication interventions. Digitization of existing educational material and its use through mobile phones was considered an important innovation for overcoming gaps in IPC skills and the unavailability of printed material. This can also enable community-based workers to make group discussion more interesting, lively and informative. The participants also mentioned educational institutions, especially government and low-end private schools, as important platforms for carrying out IPC activities. The public sector employs a large number of male and female teachers across Pakistan, including Sindh. This network was reported to have the credibility, capability and influence to discuss mother and child health issues within their respective spheres of authority and reach. This is true for issues like family planning, which needs to be addressed in privacy. While many identified IPC as impactful, a need was also felt for making IPC more interesting through engaging activities. The participants recommended applying IPC in conjunction with the use of other media products, for instance short films, for stimulating discussion and interest. Local political workers were also identified as valuable sources of communication in the community.

IPC, like group and community media, had a scarcity of

In 2014, the National Rural Support Programme (NRSP) signed a Memorandum of Understanding (MoU) with Unilever Pakistan and the Business Research and Support Channel to train 5,700 women and girls by 2016 under the project called Guddi Baji. Together with its subsidiary organizations, NRSP is providing training services and helping build capacities of potential Guddi Bajis as beauticians and brand ambassadors for Unilever over a period of three years. Guddi Baji is an initiative driving Unilever's sustainability agenda of empowering rural women by enhancing their livelihoods, and extending sales of and promoting Unilever selected brands. It establishes a platform to enable rural women to earn dignified livelihoods by becoming certified beauticians.



The Supermom hand-washing campaign, which was jointly funded by SHARE and the Wellcome Trust, applied emotional motivators - such as feelings of disgust and nurture - rather than health messages. Results from the campaign, published in Lancet, showed significant and long-lasting improvements in people's hand-washing behavior. The campaign is expected to have a long-term impact on reducing the risk of infectious diseases. The campaign was evaluated for its impact through a cluster-randomized community trial across 14 villages. The campaign used the slogan of 'supermom' to convince mothers and children to wash their hand with soap. As part of the campaign, an IPC toolkit was developed that featured animated films and setup follow-up comic skits. In addition, public pledging ceremonies were also held during the campaign in which mothers promised to wash their hands at key occasions and to help ensure their children did the same.

credible sources of documented information. Informal surveys containing responses of community workers, religious leaders, teachers and parents were used as key sources of information for designing IPC activities. A number of activities were identified as successful IPC interventions by the corporate sector. For example Unilever's Guddi Baji project, a joint initiative of Unilever and the National Rural Support Programme (NRSP), was identified as one the successful initiatives which enabled rural women to earn dignified livelihoods by becoming certified beauticians and selling products made by Unilever.

Some regional examples also came into discussion. These examples hold significance because of their similarities to Pakistan's context. In India, the Supermom campaign was launched to address hygiene and sanitation issues. It brought about an increase of 31 per cent in hand washing with soap, following a six-month campaign in 14 villages in India.

Another example from neighboring India that was discussed was of DKT-India, particularly because of its applicability to the context of rural Sindh. DKT-India uses a network of responsive sales representatives to distribute contraceptives throughout India. Most rural villages in India, like Pakistan, do not have pharmacies, and many villagers purchase necessities during weekly visits to markets in nearby towns. DKT-India conducts special promotional activities in these towns, providing affordable contraceptives to over 80,000 retailers. With reference to Sindh, participants also mentioned *Much Kachehri* as a potential communication platform, which is a common site in rural areas where men sit around a bonfire for socializing.

In addition to information about key channels, participants provided some useful insights on how to improve the approach of conducting IPC. Community-level dialogues among focus audiences were recommended, so that multiple perspectives are understood (for instance,

between married women and their mothers-in-law). It was highlighted that IPC workers, especially LHWs and other community-based health workers, face multiple problems, including being overburdened with additional responsibilities that are not part of their job descriptions, non-payment of salaries for extended periods, and issues around regularization of their employment. The participants recommended bringing local decision-makers and community leaders onboard from the very beginning for bring lasting social change. It was also recommended that training programs for addressing women empowerment issues could specifically be launched, by engaging girls either through livelihood schemes or networking them for implementing community-led initiatives.

4.4 Digital and new media

The participants highlighted the need to utilize the near universal teledensity in the country. According to the Pakistan Telecommunication Authority (PTA), teledensity in Pakistan is more than 77 per cent and rising. There are 130 million active mobile phone users in Pakistan. The current broadband penetration is about 16 per cent, with around 30 million internet users. With the licensing of 3G/4G [Third and Fourth Generation] technology to five companies, the broadband penetration is expected to transform mobile use from text and voice services to a range of other telephony. This will create multiple avenues for advertising and message placement to large groups of population, including those in rural Sindh. According to research sponsored by Google, broadband subscribers have more than doubled in the last two years alone in Pakistan. Within the foreseeable future, of the next two to three years, internet growth is expected to continue its fast pace, driven by a high demographic youth bulge currently concentrated in Pakistan.

While the future outlook of new and digital media is likely to experience a lot of growth within the next two to three years, the participants recommended using mobile phones through traditional voice and SMS for reaching out to the people of rural Sindh. The participants also suggested recording voice messages, especially by popular celebrities, to add interest and credibility. It was also learnt that universities around focused areas have an effective social media presence, especially in Sindhi. These are being utilized as mobilizers or secondary message conveyors. The

Pampers Mobile Clinic by Procter & Gamble in Pakistan has won the global Award for Corporate Excellence. It asked mothers to make a free call at 0800-90090 to receive free basic health checkups and baby care tips at their doorsteps. The campaign directly reached to more than five million mothers. The campaign collaborated with doctors from the Pakistan Medical Association (PMA), and focused on rural communities and suburban areas to deliver mothers with messages of health and hygiene for themselves and their babies.

United States Agency for International Development (USAID)'s social media presence in Sindhi can effectively utilize such platforms. Various producers of Fast Moving Consumer Goods (FMCGs) are using callback strategies to connect to their customer-base. In such campaigns, customers are asked to either give a missed-call or send a blank message to a promotional number, allowing a company representative to call them back. It was noted during the consultation that women callers are more comfortable engaging with women over helplines. It was also noted that mobile data cards as well as pre-filled memory cards are one of the sources of entertainment for people in rural Sindh, who use these memory devices for listening to music and watching movies. It was suggested that entertainment-education content based on the maternal newborn and child health (MNCH) theme could also be added into such devices. Most of these devices can be sourced from the bigger markets in Karachi, and a device-based intervention, carried through primary providers, has the potential to distribute content to a large number of people in rural Sindh. The participants also highlighted that in the past, radio programs have been used to reach mothers-in-law for social marketing purposes.

In terms of available data on new and digital media outlets, participants shared that the PTA regularly publishes credible data on teledensity and broadband penetration. This data could form the basis for assessing the reach and effectiveness of using mobile phones and the internet to reach the intended groups of audiences. The participants also noted that popular internet sites in Pakistan are mostly those hosted internationally, and their ranking is available on the internet. The commercial sector in Pakistan also relies on the same process for making decisions regarding the use of mobile phones and internet for promotion and campaign purposes. Here again, participants mentioned the Ipsos syndicate research called Consumer Multimedia Index, which contains some insights on internet usage and telephony in Pakistan. Neilson and Access are some other private-sector marketing research organizations that regularly collect information on mobile usage in the focus districts.

The participants underscored the importance of text messaging in Sindhi for campaign purposes, since these are more likely to be read and further shared by the local population. It was also recommended that the Health Communication Component (HCC) could have an official mobile phone partner, depending upon its coverage in the focus districts, and that this partner could disseminate messages on shared costs as part of its broader corporate social responsibility (CSR) strategy.

5 District-Level Findings

By Dr. Azeema Faizunnisa

In addition to consultations with corporate-sector media and also other relevant key communication professionals, consultations were also conducted with key informants at the community-level. The purpose of these consultations at the community level was twofold: first, to acquire an understanding of the utilization of various media; and second, to acquire an all-rounded view of the environment (cultural, physical, legal and political) in which the participant groups (married women of reproductive age, MWRA) exist. The consultation provided community-level information on mass media, community media, interpersonal communication (IPC), and other new media, as well as their level of access and utilization. This community-level information was used to have an enriched understanding of the context where the communication interventions are expected to be undertaken under the Health Communication Component (HCC). The sessions with key informants were held in the five focus districts in Sindh, namely Mitiari, Mirpur Khas, Sanghar, Sukkur and Umerkot.

5.1 Methodology and sample

The consultations entailed holding information sessions with selected individuals. These individuals, as key informants, were selected based upon the criteria that they possess expert opinion about access to and utilization by the participant groups of mass media, IPC, and other community mobilization strategies. These key informants were people who are involved with social and behavior change communication (SBCC) campaigns or are knowledgeable about these strategies from government, community-based groups, local influencers, and the business community. The breakdown of the key informant consultations is as follows:

Table 5.1: Breakdown of key informant consultations

Key Informants	Umerkot	Sanghar	Sukkur	Mitiari	Mirpur Khas	Total
District health officials	2	2	2	2	2	10
	2	2	2	2	2	10
CBO representative (rural/urban)	3	3	3	3	3	15
Community leaders (rural only)	2	2	2	2	2	10
Cable operators (urban only)	1	1	1	1	1	5
Total	10	10	10	10	10	50

A total of 50 key informants from the five selected districts were individually interviewed in December 2014. A structured guideline was developed and divided as per the identified participant groups and the available communication media and channels in their respective communities. The tool was developed in English, but administered in Urdu or Sindhi for the consultations. To ensure that quality information is collected, the tool was pretested in Islamabad/ Rawalpindi.

The specific indicators measured through key informant consultations at the community-level, include:

- Usage and viewership of mass media, including television, radio, newspapers, and cinema
- Modes of mass media that are most popular in the communities
- Most popular mass media channels and strategies
- Most popular modes of IPC, community media, and other new technologies

5.1.1 Field implementation plan and ethical considerations

Two interviewers, who were trained on the objectives of the report and the administration of the tool, conducted the key informant consultations. It took five days to collect information covering the five districts. Appointments with government officials were sought before implementation of the field activity. The rest of the participants were selected on location with the help of local NGOs. The data from the field was entered into MS Excel, and subsequent analysis was conducted in SPSS.

The ethical considerations and protocols about confidentiality, anonymity and informed consent were followed for the information sessions. Participants were asked for their signatures before starting a session. No incentives were provided for participation. Findings from the consultations are discussed in the following sections and arranged according to four main media categories.

Figure 5.1: Most popular television channels among married women in focus districts

5.2 Mass media

5.2.1 Television

Television access

According to the estimates provided by the key informants, eight out of ten people in focus districts have access to television. The experts noted that married women and their husbands, who have access to television, watch television every day. For mothers-in-law, however, viewership is considered to be slightly less. The national television network, Pakistan Television or PTV as it is widely known, is a terrestrial network and is the most widely accessible television network all over the country, including in the focus districts. However, it is also the least popular. Besides PTV, cable services are also popular across Pakistan, especially in urban areas. In rural areas, especially where cable is not very common, dish antennas are also used to watch satellite channels.

Popular television channels

The key informants provided a long list of channels that are popular with married women in the five focus districts. Overall, the Indian cable channel Star Plus emerged as the most popular channel in all the five locations (see Figure 5.1). Among local channels, KTN is the most popular channel, followed by Hum TV, Colours TV, and ARY.

Among married men, the choice of channels seems quite different, as expected. Local channels are more popular: KTN is the most popular, followed by other Pakistan cable networks such as Geo, Geo News, Samaa, ARY, and Express, among others.

The most preferred television channel for mothers-in-law in the focus districts is reported to be the Indian Star TV. Among local channels, KTN is the most popular.

Popular program formats

Television dramas (both serials and series) are reported to be the most popular, followed by morning shows among women. Among men, as expected, news, sports and various talk shows are most popular. Regarding existing community spaces where videos can be shown to couples, less than half (17 of 50) of the key informants noted that there are such places in their district.

Figure 5.2: Most popular television channels among married men in focus districts

5.2.2 Radio

Ownership and listenership of radio is not as common as it is in the case of television. Only a smaller section of the population in the five districts owns a radio, and around a quarter (an estimate much higher than found in national surveys) listens to radio programs. However, it emerged from the discussions that due to electricity blackouts for long hours, it is not possible to watch television throughout the day, and as a consequence, radio is gaining popularity. Moreover, radio is being increasingly accessed on smart

phones these days by a large section of society, as the price of this technology is continuously falling and it is there for more affordable.

Popular radio channels are those accessed through the FM carrier wave. Each district has at least one local FM channel, and which is the most popular in that area. Among program formats, music or songs are the most popular (noted by 46 informants) followed by news, talk shows, and radio drama (Figure 5.3).

Figure 5.3: Most popular radio channel s among married women in focus districts

5.2.3 Newspapers

Newspaper readership in Pakistan is quite low, partly due to illiteracy. However, it should be noted that there is a culture to read the newspapers out loud and share the written word with people, usually gathered in restaurants, barbershops, market, and community areas. Almost all of these public spaces are however used by men.

In terms of popularity, the local newspaper daily Kawaish (Sindhi) is the most popular, with almost all key informants stating this. Jang (Urdu), Ebrat, Express, and Dawn follow. Reading and circulation of newspapers is the highest on Sundays. Most popular formats are news and articles. In particular, *chatpatti* (sensational) news is more popular.

Figure 5.4: Most popular newspapers among married men in focus districts

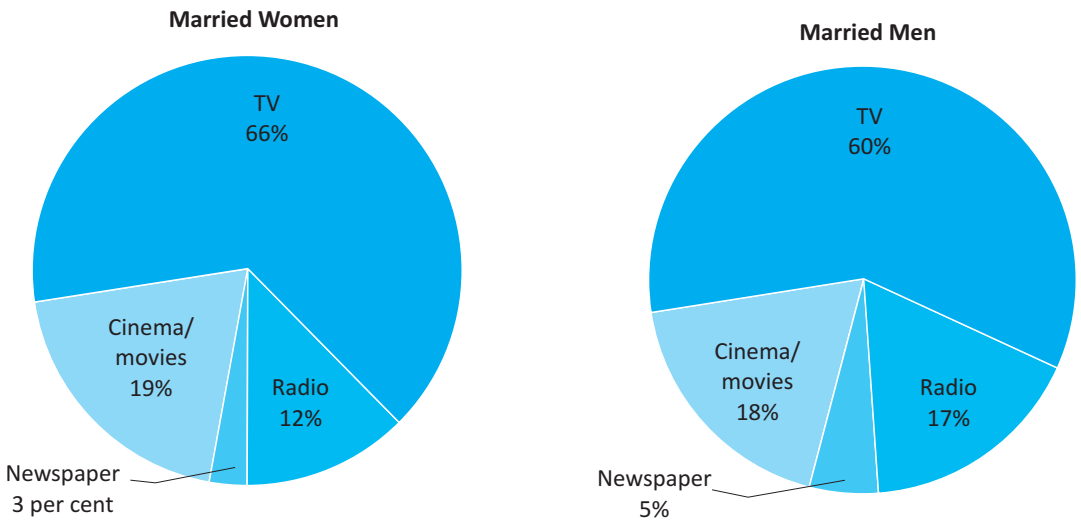
5.2.4 Cinema and films

Cinemas in Pakistan are available only in large cities, and therefore, it is not surprising to see that only Karachi, Hyderabad, and Sukkur have cinemas. However, movies are still quite popular and people access these through the various cable networks. Cable channels showing movies, therefore, are useful avenues to show various public service announcements (PSAs).

5.2.5 Best mass media strategy and format

When asked to list the best strategy to reach married women, men and mothers-in-law, as expected, almost all key informants in all the districts mentioned television. This was followed by movies and radio (see Figure 5.5).

Figure 5.5: Best media strategy to reach married women and men



In terms of effective format, dramas (soap operas) and advertisements were suggested as the best media forms to impart health messages (Figure 5.6).

5.3 Interpersonal communication

5.3.1 Community Resource Persons/Workers

All key informants reported having a community worker in their area. In areas, which are not covered by Lady Health Workers (LHWs), there are workers of various NGOs such as MARVI (they belong to the organization HANDS) and network of Community Resource Persons (CRPs) established by Rural Support Programmes Network (RSPN) (see Table 5.1).

5.3.2 Community media

For married women, the celebration of religious and cultural days, video sessions, and festivals were considered to be among the best strategies to share health information. For married men, billboards, festivals, and video sessions were recommended to be among the best strategies to impart health information (see Figure 5.7). It should be noted that both men and women considered billboards to be most effective at the community level. These have a trickle down effect, with men talking about the shared message at home. When key informants were probed about literacy, they suggested pictorial messages as most effective, e.g. polio drops being given to a child and similar other pictorial campaigns implemented in the recent past by the Government of Sindh and development partners.

Figure 5.6: Best mass media formats to reach married women in focus districts

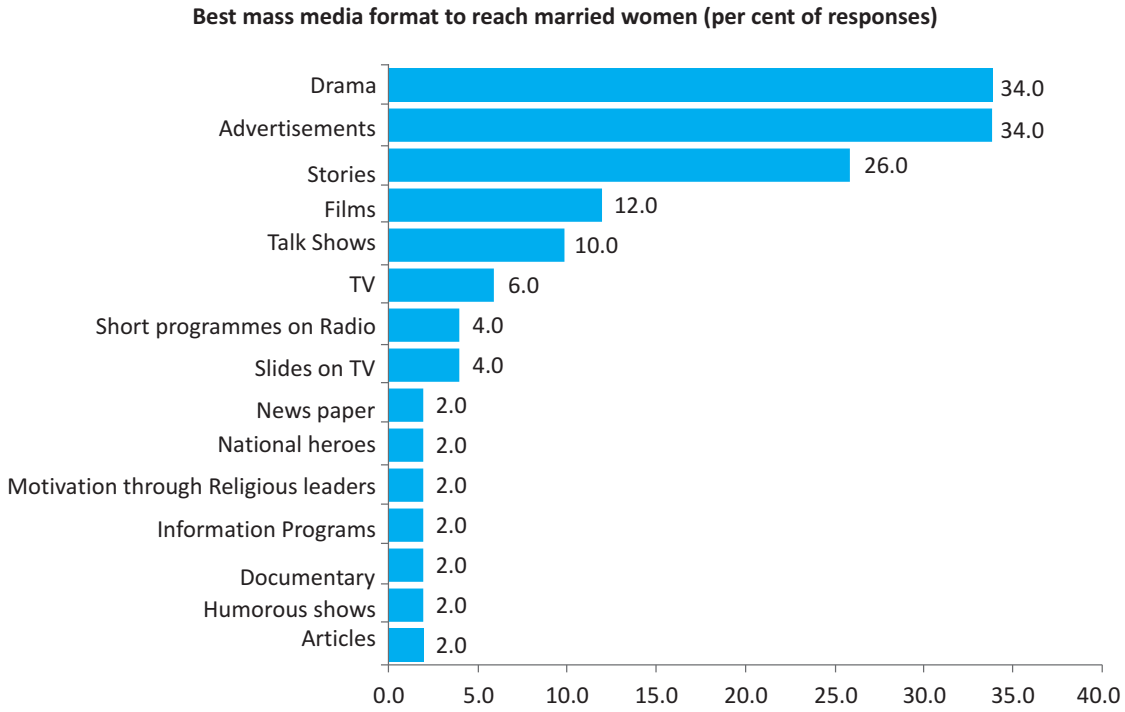
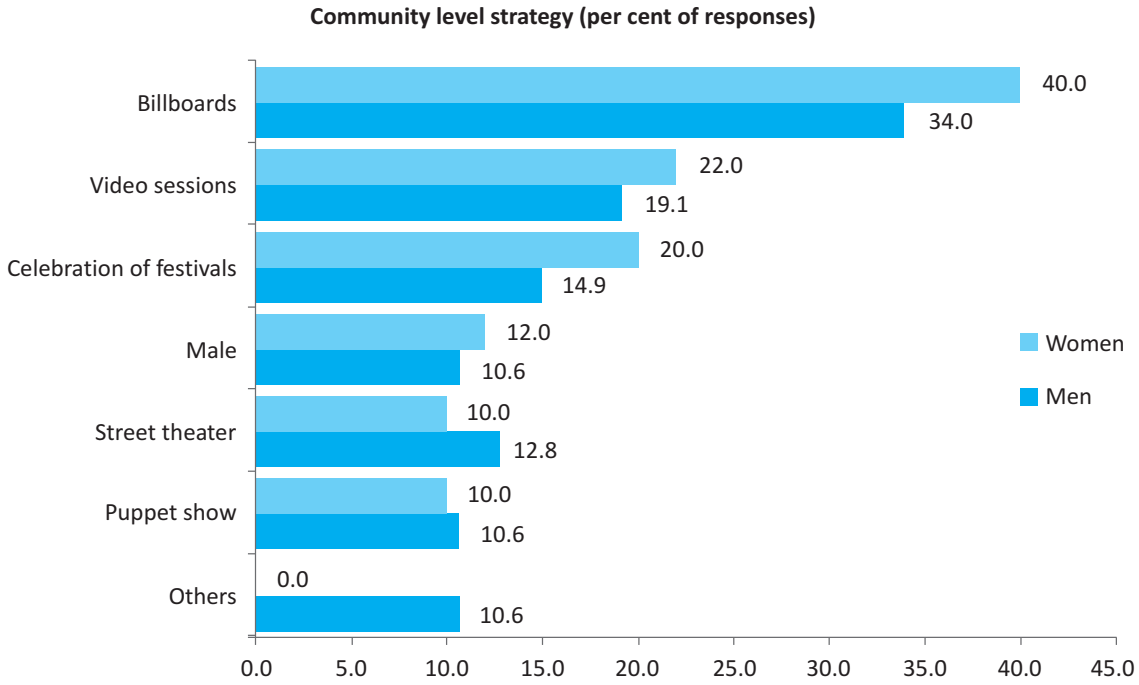


Table 5.2: List of the various health workers in the area

Key Informants	Matiari	Mirpur Khas	Sanghar	Sukkur	Umerkot	Overall
	N	N	N	N	N	N
LHW	10	9	8	9	9	45
Marvi	2	1	6	0	7	16
CRP	4	2	3	5	4	18
Others	1	0	2	0	0	3
Overall	10	10	10	10	10	50

Figure 5.7: Various community level strategies to impart health communication messages to married women and men



5.3.3 Best interpersonal communication and community-level strategies

Various communication strategies were suggested to reach married women through interpersonal techniques. In this regard, group meetings emerged as the most commonly cited approach, which is purported to be useful for health communication activities (see Figure 5.8).

For community level media, the key informants noted street theater and plays as useful exercises. Cultural events such as festivals were also viewed as apt occasions for such programs (see Figure 5.9).

5.3.4 Group meetings

Most of the key informants reported that group meetings are held in their community with married women.

Figure 5.8: Best interpersonal strategies

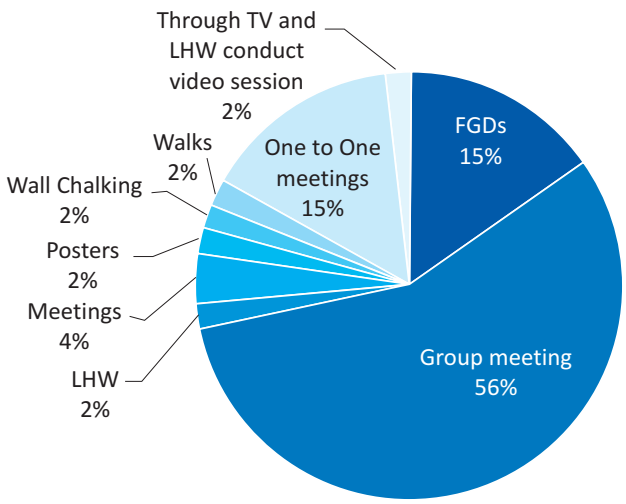


Figure 5.9: Best community-level strategies

According to the information provided, group meetings are also common with mothers-in-laws and husbands. The best strategy to reach married women, as noted earlier, appears to be group meetings where health communication messages can be provided.

5.3.5 Public space for community events

All communities have public spaces for community events. Informants were able to provide a substantial list of such venues. In smaller communities, influencers of the area also lend a room in their house for gatherings.

5.3.6 Cultural and public events

Sindh has a very rich culture with various types of traditional festivals and folk religion. In particular, it should be noted that in all districts the annual festival of a saint (urs) is celebrated which gathers a large number of devotees from all walks of life. These tombs of saints receive a substantial number of visitors on daily basis as well. For example, in Bhit Shah (Mitiari district), a local NGO that provides medical services noted that they treat around 300 patients on average, for minor ailments. In Umerkot, which is predominantly Hindu, Holi and Diwali are celebrated with zeal and Hindu temples are the best places to provide health messages to a large number of people. In Sanghar, most people are follower of Pir Pagara and some even mentioned that they are willing to lay down their lives for him. With such a strong following there of a Pir, it might be useful to include them in various campaigns. Other than festivals, national days and some religious holidays are also celebrated with enthusiasm.

5.3.7 Prominent locations in the districts

The key informants provided a list of various prominent locations that can be used for community-level communication messages, for instance to display billboards and put up banners. The list provided includes traffic intersections, markets, and other such locations.

Interestingly, in Sanghar district, six of the key informants noted that there are no such places.

5.3.8 Health decision-making

The key informants were asked about who has the most influence on decision-making related to maternal and child health. A majority of them (54 per cent) noted that husbands and mothers in law (32 per cent) have the highest level of influence in decision-making related to health issues of women (see Figure 5.10)

When asked about the various people married women talk to regarding their health issues, as in the case of influence on maternal and child health issues, the key informants identified husbands and mothers-in-law as the most commonly approached influencers (see Figure 5.11).

Figure 5.10: Percentage of key informants view on influence on health decision making related to maternal and child health

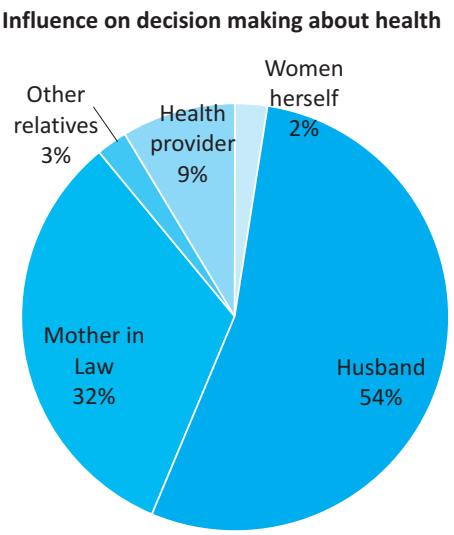


Figure 5.11: Who do women talk to on maternal and child health?

5.4 New technologies

5.4.1 Mobile/cell phones

Mobile technology is one of the fastest growing markets in Pakistan and a large section of the population has access to cell phones. With the proliferation of less expensive cell phones and competitive rates, the use of smart phones that can utilize 3G technologies has also expanded to a larger section of the society and is continuing to show an upward trend. According to the key informant estimates, almost all married men (90 per cent) have access to cell/mobile phones and around 40 percent to smart phones. More than one half of married women are also estimated to have cell phones and about a fifth to have smart phones. Around a quarter of mothers-in-law are also understood to have access to basic cell phone technology and a small proportion to smart phones also (see Figure 5.12).

Figure 5.12: Estimates about proportion of population with access to cell/mobile phones

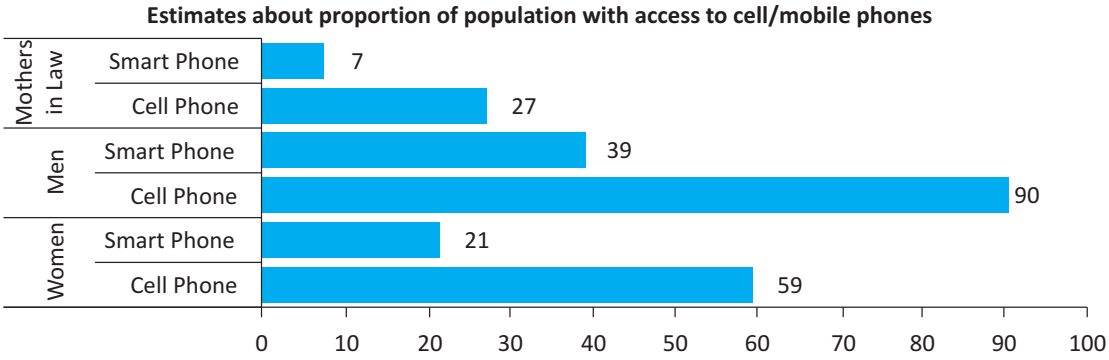
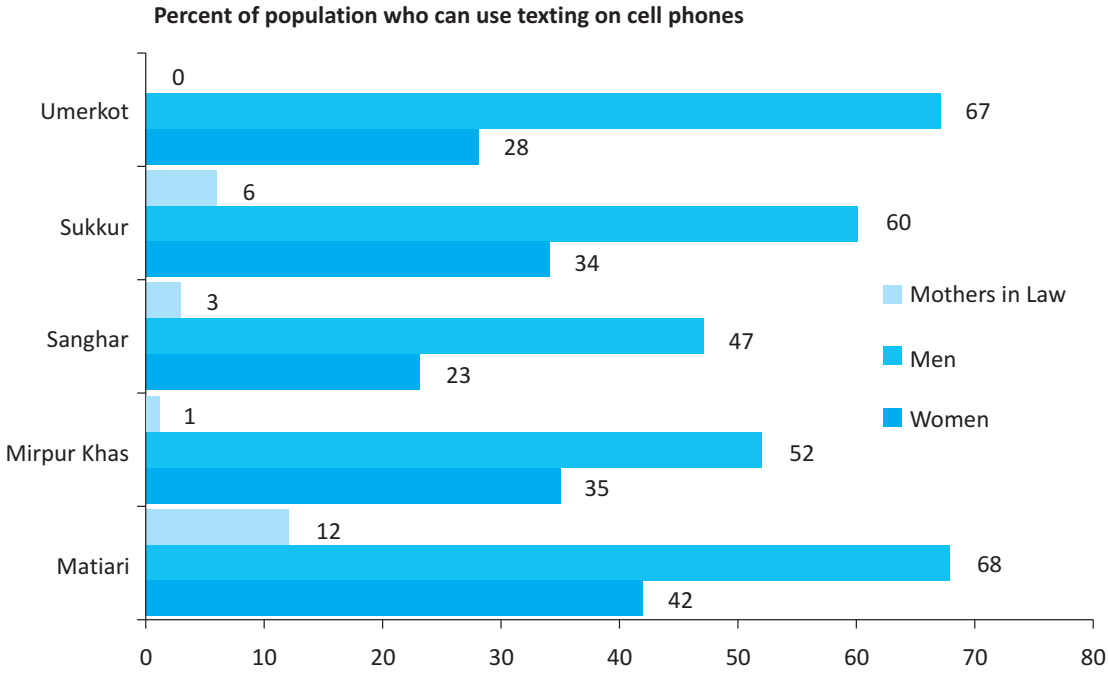


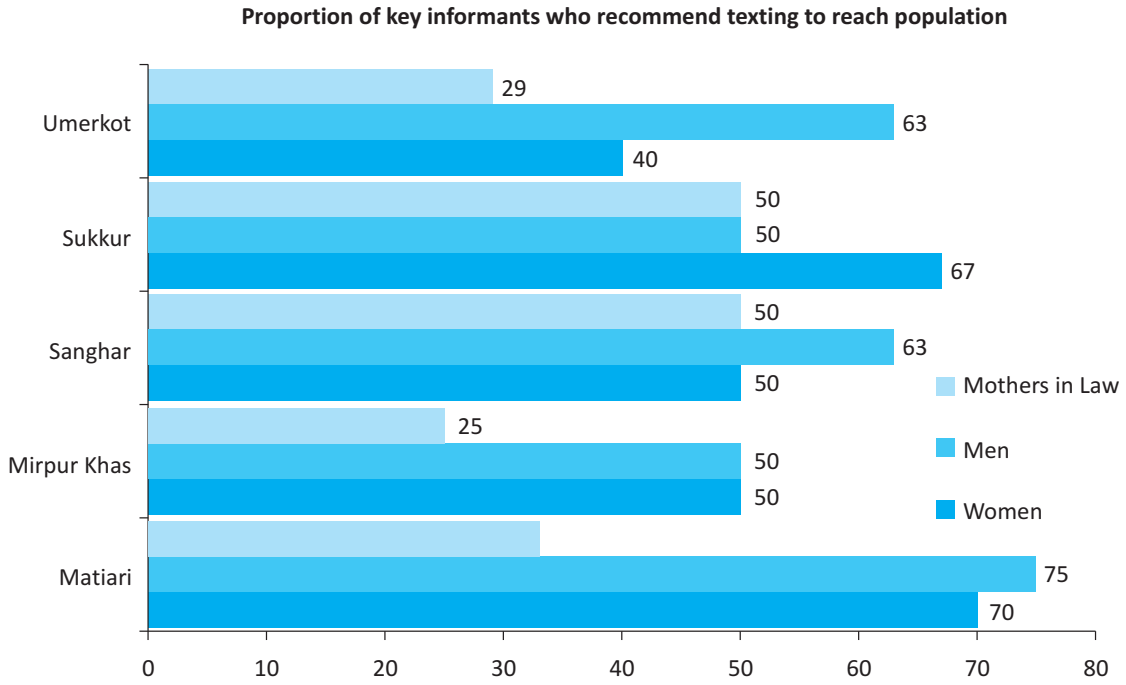
Figure 5.13: Estimates about proportion of population with access to cell/mobile phones



Texting and cell phone use depends on access and literacy, hence it is not surprising to see that in all districts, a large proportion of married men are believed to have access to texting on cell/mobile phones, ranging from 47 per cent in Sanghar to 68 per cent in Mitiari district. Married women tend to have lesser access to cell/mobile phones and are not equally literate; estimates of their usage ranged from 23 per cent in Sanghar to 35 per cent in Mirpur Khas (see Figure 5.13).

It appears that the use of texting to impart SBCC messages is still unexplored in the focus districts. The key informants are aware of various commercial organizations and mobile phone companies that send messages to subscribers. None of the key informants was aware of any government or non-government interventions that use texting for health communication (see Figure 5.14).

Figure 5.14: Percentage of key informants who recommend using texting for health communication



5.4.2 Internet and social media

Access to the internet is limited in Pakistan, especially in the smaller cities and rural areas. Hence, it is not surprising to see that only a handful of the population is estimated to have access to such services. Internet access for married women ranged from as low as 10 per cent in Umerkot to 21 per cent in Mitiari. According to the estimates provided, men have substantially higher levels of access to the internet. With the exception of Mirpur Khas, around 40 per cent of men appear to have access to the internet. Not surprisingly, mothers-in-law have limited internet access (see Table 5.2).

Internet and social media are newly emerging technologies in Pakistan, and have an immense potential for health communication. The key concurred with this view informants subscribed to this notion, and most of them recommended using these platforms for delivering SBCC messages related to maternal and child health (see Figure 5.15).

Figure 5.15: Percentage of key informants who think internet and social media can be used for SBCC

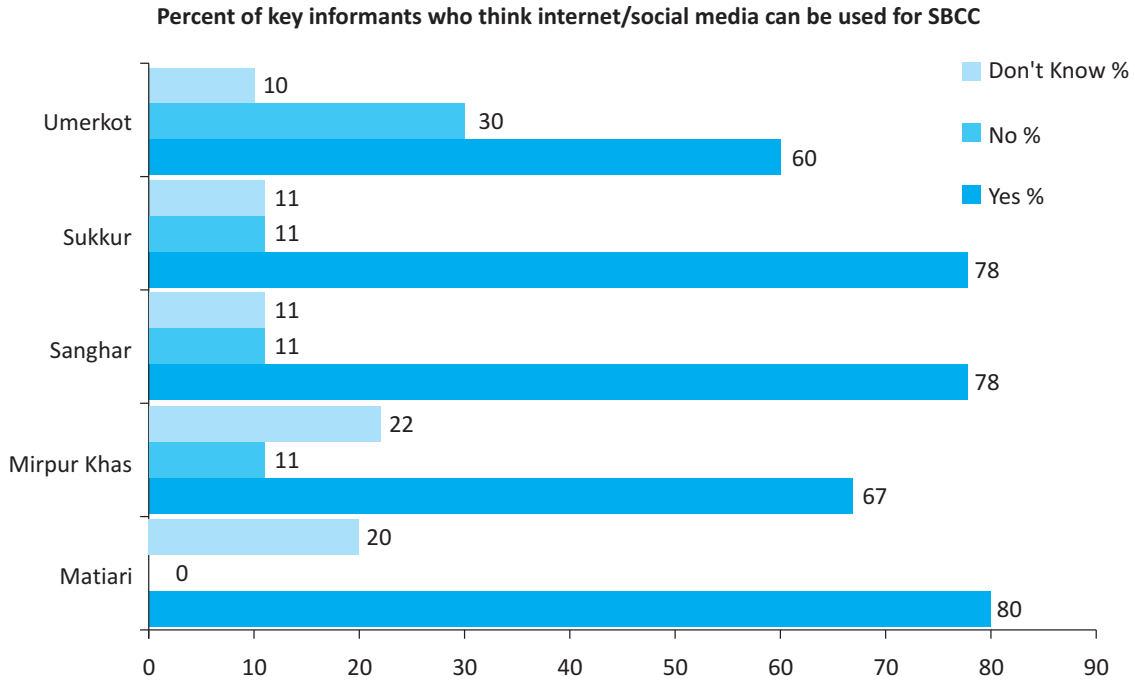


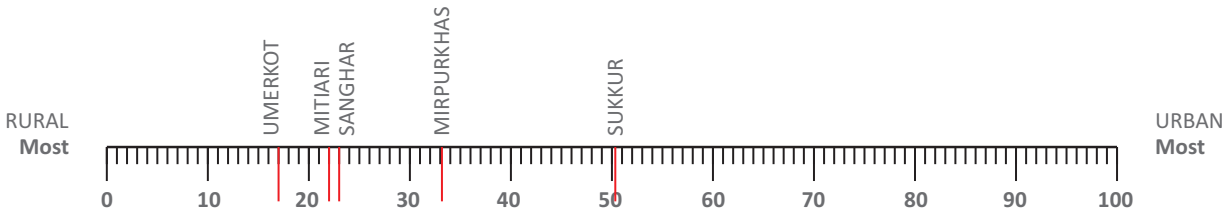
Table 5.3: Proportion of has access to internet in area

Key Informants	Married women - proportion of has access to internet		Married men - proportion of has access to internet		Mother in law - proportion of has access to internet	
	Per cent	N	Per cent	N	Per cent	N
Matiari	21	10	56	10	17	10
Mirpur Khas	14	10	16	10	0	10
Sanghar	20	10	39	10	2	10
Sukkur	19	10	44	10	4	10
Umerkot	10	10	40	10	4	10
Overall	17	50	39	50	5	50

5.5 Conclusion

Consultations held with the key informants reveal that television has a strong presence in the focus districts. However, the most popular channels are not local. The program will have to create a strategy, which considers this fact to reach the maximum number of audiences. The radio is gaining more popularity as it can be accessed through mobile/cell phones and does not require functioning electricity. Local channels can be tapped for SBCC. In terms of IPC, group meetings with families (or couples) were suggested to be the most effective way of reaching them. For community-level SBCC activities, street theater and plays emerged as the top choices. Billboards with pictorial messages were suggested to be very effective as well. All communities celebrate special days, public holidays and religious festivals, and all of these occasions represent the best venues and times for SBCC programs. With the proliferation of new technologies, including mobile phones and the internet, the program can be more beneficial by incorporating these in the communication strategy. However, the impact of such technologies for health communication is yet to be assessed.

POPULAR MEDIUMS IN URBAN AND RURAL AREAS



POPULAR MEDIA

TV Terrestrial Channels
Community Radio
Mobile SMS
Main Bus and Railway Stations
Community Leaders
Regional Newspapers (Male Population)
Health Workers
Mobile Voice Calls
City Centers (Billboards)
District Hospitals
TV Satellite Channels (Both News & Entertainment)

6 Recommendations

By Ehtesham Abbas

This report has gathered and analyzed data from various sources, particularly large-scale national surveys with district-level information and consultative sessions held for conducting a 360 Degree Analysis at the provincial and community levels. In addition, two of the largest omnibus surveys conducted by Gallup Pakistan and Ipsos were also included in the analysis. While these various sources have touched upon on similar exploratory questions, direct comparison between these is not possible due to varied designs and methodologies. Nevertheless, there is substantial information extracted from these sources on mass media, and to some extent on the reach and use of technological innovations and new media as sources of information and communication. It is also important to highlight the fact that no source of information exists which could provide data on the reach, access and effectiveness of community-based media. Most of the information used in this report relies on the consultations conducted at the provincial- and community-level for the purpose of this analysis. Based on the collected information, the next section elaborates the criteria used for formulating recommendations for the proposed media-mix.

6.1 Proposed media-mix

A composite of information is used to formulate recommendations for the media-mix that includes reach, which represents the number of people who can reach a particular medium; access, which represents popularity; pattern, which represents the observed growth or decline in the reach and access of a particular medium; and organization, which represents how practically viable a particular medium is for a communication intervention. For instance, if a particular medium has high reach and is also popular among audience groups in focus districts, it is then included in the proposed media-mix. Also, if a medium has high reach with the potential of becoming popular, or one that lacks extensive penetration but has promising growth, it is also considered and recommended in the media-mix. Importantly, communication sources having high reach and popularity but lacking any organized structure, which implies resource-intensiveness, are also carefully studied.

Recommendations for the media-mix are provided for main audience groups, and combined for women of reproductive ages and mothers-in-law, husbands and community elders and district and provincial levels decision makers. The media-mix has been made on the basis of the consolidated analysis of the earlier sections. Every matrix of the recommendation belongs to one priority audience, which has been grouped together where deemed appropriate. Each of the three columns of the recommendation matrix elaborate an important aspect of the media-mix namely, the specific medium itself, the recommended methods of using the medium, and the data sources that provide information on it. There is also a section of the extended

fallout of the campaign, which in simple terms is the reach of the messages beyond the primary audience. Unless the medium is highly focused, such as in the case of interpersonal communication, the broader dissemination is likely to have an extended effect in addition to reaching the primary audience.

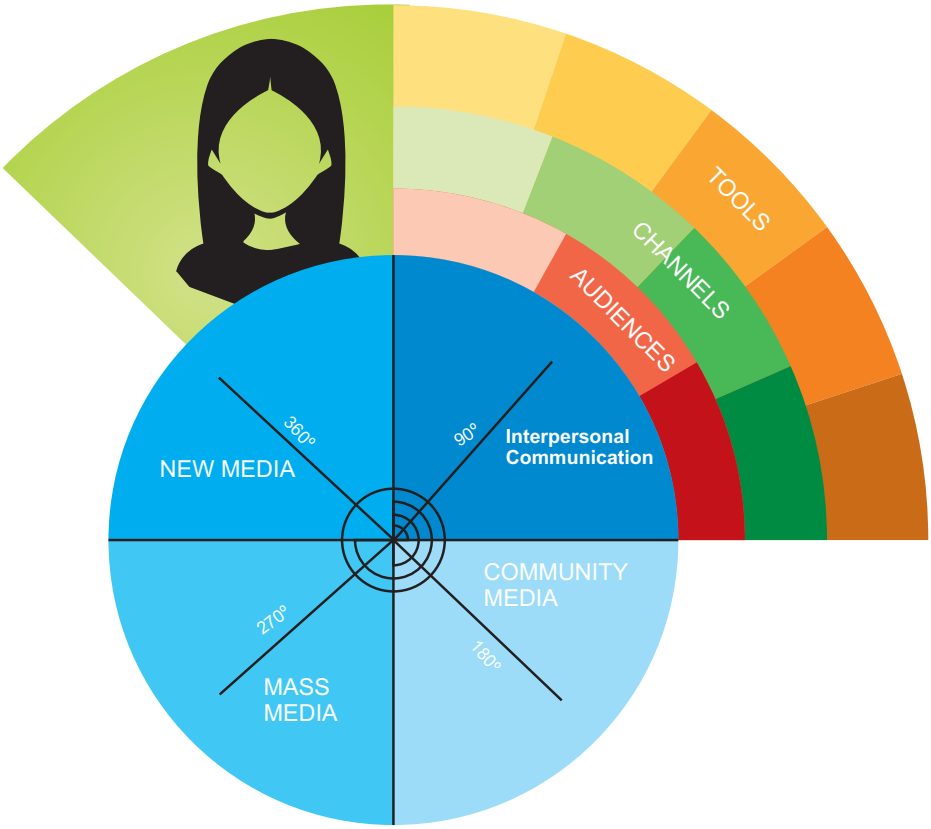
6.2 Media-Mix Matrix

6.2.1 Married women and mothers-in-law

Considering the limited mobility of women in rural areas, any media which has the potential of reaching women within the four-walls of their household is preferred over others. The general consumption behavior of information among women living in rural areas indicates the popularity of visual contents over written material. This is a crosscutting finding applicable to all the prime categories of media. Women regularly watch television as compared to occasional viewership by men. The high access and reach of television, which is accessible within the confined boundaries of one's house, makes it the most effective medium to reach to women. However, for messages that need counseling, private discussion must be channeled through the community-based female health workers, in particular the LHWs who work in those areas.

The secondary extension of messages beyond the primary audience is inevitable, and is more likely when the messages are disseminated through mass, community and new media. Messages are likely to go beyond the geographical boundaries of Sindh, and messages intended through mass media and new-media are likely to reach men, adolescents and children as well. The following matrix proposes particular media and channels for married women and mothers-in-law.

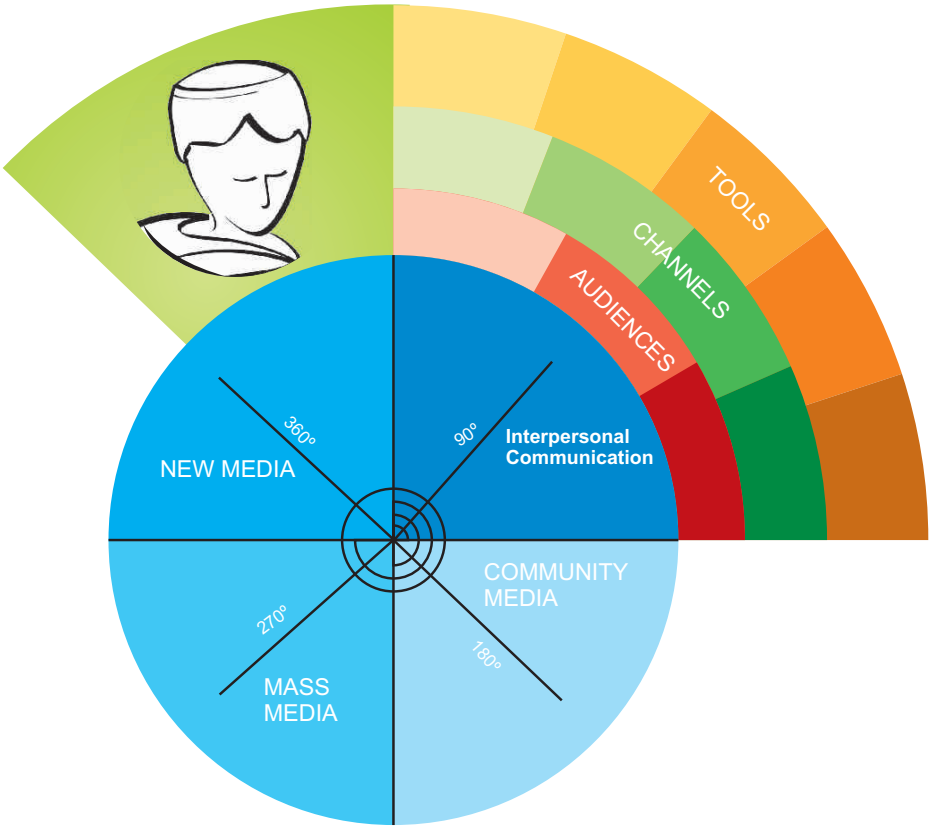
MARRIED WOMEN & MOTHERS-IN-LAW



Married women in focus districts and mothers in law		
Media	Channels/Platforms	Tools
Mass Media		
Television terrestrial	Terrestrial television has high penetration in the rural areas, especially among women. Primetime slots, from 6:00 pm to 11:00 pm, are the most viewed. Popular channels watched during these hours, corroborated through multiple sources, are provided in Annex IV.	Entertainment dramas and soaps are particularly popular among women, especially women of reproductive age. Primetime slots can also be used for campaigning purposes. In addition, morning talk shows are also popular among women belonging to mid-income socioeconomic groups.
Television satellite	Satellite viewership of entertainment channels is highest for HUM TV at the national level, for KTN at the regional level and for Star Plus for international channels relayed on cable television.	Dramas and soaps, particularly during primetime are proposed as a preferred tool of communication. The primetime slot of 6:00 pm to 11:00 pm has the highest penetration.
New Media		
Mobile phones	The majority of women have access to mobile phones but personal ownership as reported by multiple surveys is not very high, implying that the mobile phone is a shared technology for many households in rural communities. It is also worth mentioning that both the ownership and penetration of mobile phones is exponentially growing over the past few years – a trend which is likely to continue.	Considering husbands mostly own mobile phone sets, any campaign around short service messaging should package communication for both women and men. Voice recorded messages have also been used successfully in recent past, especially during the election campaign of 2013. Helplines, with messages in Sindhi, with sex-disaggregated callers, and celebrity endorsements and testimonials through voice recorded messaging are also recommended.
Group Community Media		
Video-on-wheels	Viewership of entertainment content, particularly drama, was very high among women. This is where dramas on social issues can be shown to them through the mobile cinema format, with makeshift arrangements for screening of contents.	Dramas produced on social issues with gender disaggregated sitting arrangements have been tested successfully in the PAIMAN Project. Winters are ideal for such an activity as Sindh has warm summers which are not conducive for outdoor mobilization activities.

Married women in focus districts and mothers in law		
Media	Channels/Platforms	Tools
Support groups	Women support groups organized and held through community-based health workers have proven to be the most widely available structured network for health communication. While attendance is regular, there remains a need to make these sessions more interesting.	Discussion sessions should be made lively and exciting for the participants and transformed into a public space for women and other groups. Health, as a topic of discussion, should be one of many elements to this approach.
Interpersonal communication		
Community-based health workers	Community-based health workers, particularly LHWs and CMWs, have better access to women and remain the most viable option for interpersonal communication. Research has already shown that LHW covered areas have better health indicators as compared to non-LHW covered areas.	Door-to-door interpersonal communication engagement through counseling tools to fulfill the needs of women is highly recommended.

HUSBANDS & COMMUNITY ELDERS



6.2.2 Husbands and community elders

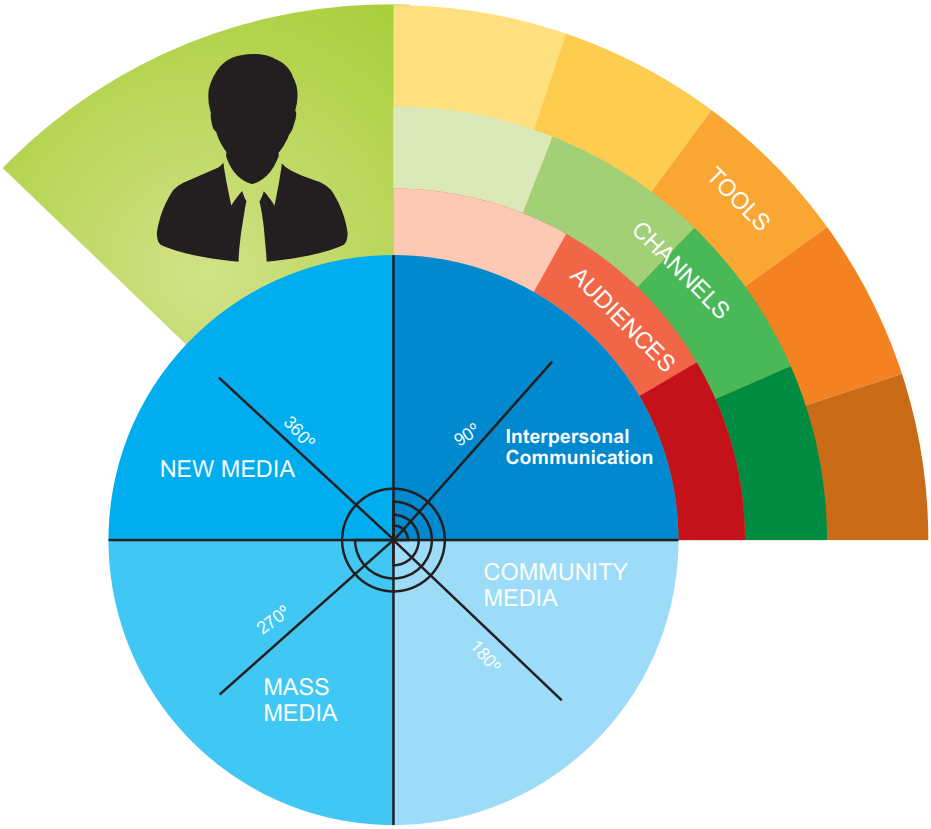
Information from multiple sources reveals that except for television all other media within mass, group community and digital categories have significant reach among husbands and community elders in focus districts. The category of group/community level media, especially through outdoor media, can be an effective source of reaching rural men. Provincial-level consultations have helped identifying several community-level engagement points with men, i.e. teashops and *Autaq*. However, since no formal forum or structure exists to disseminate messages through this network as a whole, it will be difficult to negotiate a separate role by such a network for reaching multiple groups separately. One obvious implication of the findings is that messages should not be text intensive for any medium that is being recommended. Access to technologies like mobile phones, the internet and radio were also high among men. While the growth of the internet is very high, it still cannot be considered as a medium with significant access within the next one year. Similar to media and tools used for married women of reproductive age, communication interventions proposed under the mass media mix will reach not only husbands and community elders, but will go beyond these groups both in terms of reach and access.

Husbands and community elders		
Media	Channels/Platforms	Tools
Mass Media		
Television terrestrial	Terrestrial has high penetration in rural areas, and while viewership is lower than women, it still has a high reach and access.	Dramas and integration of messages in current affair programs during primetime are recommend as effective interventions.
Television satellite	There is considerable viewership among men of satellite channels for news contents, dramas and other entertainment programing, i.e. music and magazine shows.	Programs on leading news and entertainment channels during prime time are recommended for satellite channels also.
Newspapers	Sindh has the second highest readership of newspapers after Khyber Pakhtunkhwa in Pakistan. The readership in the rural areas, as well as in the focus districts is more than 11 per cent. Sindhi language newspapers namely Kawish and Koshish have high readership, whereas Jang is the most read Urdu newspaper. Regional newspapers are more popular in rural Sindh.	Newspapers, especially with a regional outlook, can be effectively used to publicize local stories and highlight positive deviances. It can also be used for advocacy purposes for management decision-making. Newspapers have a high potential to carry endorsements and testimonials of local celebrities and stars to support messages.

Husbands and community elders		
Media	Channels/Platforms	Tools
Mass Media		
Radio	Listenership, daily as well as weekly, is low in relative terms when compared to television and newspapers, but in absolute terms it can disseminate messages to millions of people. Radio is more popular amongst men than women. In fact men between 18 to 34 years tend to listen to the radio the most. However, the radio primarily has occasional access as compared to regular access, and any campaign must be of at least two weeks duration or longer to be able to create an impact. The list of the most popular radio channels in interior Sindh has been attached in the Annex IV.	Messages during cricket matches, folk programs and radio jockeys with loyal listenership can ensure message penetration to as much as nine per cent of the potential listener ship. Music, of different genres, is mostly listened to on radio channels and therefore requires a program to mold messages through the use of music. Community radio can be a good medium to disseminate messages about community-level health interventions and warnings. Local FM channels that can be accessed over mobile phones are also recommended for use.
Mobile phones	Most men own a mobile phone and use it regularly. Mobile phone penetration among men is high in all the focus districts, with the lowest being more than 50 per cent.	Text messages and voice-recorded messages in Sindhi are highly recommended. In addition, pre-filled data cards are sold in rural Sindh from the Rainbow Market in Karachi. Health messaging can also be included in those cards. Point of sales can be used for message integration.
Group community media		
Billboards	Billboards can disseminate message to a significant male population traveling on these routes.	Billboards with pictorial messages on main traffic junctions and public places, especially on popular routes like Sukkur-Hyderabad and Sukkur to other major focus districts are recommended.
Street theatres	Lack of entertainment activities makes theaters a popular local entertainment option at the community level in rural Sindh.	Local Sindhi artists have a huge fan following in rural areas and are likely to draw a large audience. However, the weather, time and venue should be appropriate for an outdoor performance reaching out to a significant population. The story should portray local character and inspire communities for positive deviance.

Husbands and community elders		
Media	Channels/Platforms	Tools
Mass Media		
Mosques and other religious places.	The number of people going to mosques at the provincial or district level is not available. However, Friday sermons have a regular attendance every week by men in all provinces. This varies from province to province. In addition to mosques, seminaries also provide concentrated audiences together with places of worship of other religions.	Influence of faith leaders of all religions can play a great role in complementing health-based messages with messages that inspire males to be responsible, kind and dutiful. This is important for sustaining behaviors and converting individual behavior into social change. Messages can be communicated through congregational sermons as well as through branding of religious places.
Existing public spaces	Public places such as local parks, railway stations and markets are frequented daily by tens of thousands of people and provide a concentrated avenue to communicate messages.	Popular transport stations and routes can be used for disseminating messages to the male population through pictorial posters, billboard signs and audio-video materials at these public places.
Interpersonal communication		
Community Resource Persons (CRPs) and male mobilizers	Male mobilizers and CRPs are especially suited for reaching out to men in rural areas.	Effective counseling sessions through interesting IPC-based materials for men can ensure their interest on a sustainable basis.

HEALTH MANAGERS



6.2.3 Health managers and other decision makers

Important policy decisions such as an increase in budgetary allocations, enhancement of investment in SBCC, improvement of the health systems and adequate, provision of supplies, are discussed and decided centrally at the district and provincial levels. This requires influencing health managers and other decision makers through a range of medium recommended in the following matrix.

Health managers and other decision makers		
Media	Channels/Platforms	Tools
Mass Media		
Television satellite	The decision makers are likely to have access to satellite television, especially those sitting at the provincial Level. Satellite access also gives you access to terrestrial channels like PTV and ATV.	News channels have the highest viewership in Karachi. Policy-level talk shows, fact reports, news reports, magazine shows on the subject of public health and focused discussions that can influence the provincial-level health policy. These can be aired through top news channels at the provincial level during prime time slots.
Newspapers	Newspaper readership is high in the urban districts of Sindh, especially in Karachi. In English language, the Dawn, Express Tribune and The News have the highest penetration while in Urdu language Jang, Nawai Waqt and Express are also widely read.	Opinion pieces, letter to editors or otherwise campaigns containing endorsements and testimonials are effective tools for gaining the attention of policy makers.
New media		
Mobile phones	Mobile access is very high in urban districts where district-based decision makers are likely to be located.	Advocacy messages during important days like Women's Day, Population Day, and other national days could help mobilize policymakers on important issues.
Internet	Social media and the top, highly accessed blogs/news websites are good sources for drawing the attention of policymakers on policy issues.	Digital banners can be used that are usually low cost and have high penetration. In addition, social media pages of HCC or the Maternal and Child Health Program (MCHP) being used by all MCHP partners, and Department of Health (DoH) and Population Welfare Department (PWD) employees could also showcase important policy issues and host debates.

Health managers and other decision makers		
Media	Channels/Platforms	Tools
Group/community media		
Billboards	Billboards on main traffic junctions of the provincial capital.	Occasional billboards on important days with messages to influence policy are also recommended.
Airports' Branding	Branding of leading provincial airports, like Karachi, Hyderabad, Sukkur, Nawabshah and Mirpur Khas could help greatly in reaching this select group of audience.	On important days, the airports can be branded with standees that carry messages for influencing policies and policy makers.
Interpersonal communication		
Meetings	One-to-one meetings, roundtables, seminars and other forms meetings could be helpful in engaging senior-level decision makers.	It is recommended that policy presentations, or otherwise advocacy pieces should be digitized as much as possible using information graphics, animations and motion charts.

Annexes

Annex I - List of participants for consultative session

#	Name	Organization	Designation
1	Abdul Razzak	Nielsen	Director
2	Afzal Shahbuddin	Resource Edge	Managing Director
3	Ahsan Sheikh	KINETIC	Chief Executive Officer
4	Aiman Rizwan	Interflow	Director Strategy
5	Akeel Lalani	Sukkur IBA	Director University Advancement
6	Amin Rammal	Asiatic Public relations	Director
7	Asad Mehmood	Enact Communication	Chief Executive Officer
8	Ayesha Leghari	Greenstar Social Marketing	Head of Departments BCC
9	Basit Hussain	Access Consumetrics Pakistan	Director Research
10	Dileep Kumar	Rural Support Programmes Network	Project Manager
11	Farhan Qureshi	Starcom Pakistan	Chief Executive Officer
12	Favad Somro	Engro Corporation	Director
13	Ghazala Ahmed	Spectrum	Director Social Marketing
14	Iqbal Hussain	News One	Journalist
15	Kamran Ahmed	Express Group	General Manager
16	Khurram Koraishy	Pakistan Advertisers Society	Chairman
17	Laila Hussain	CCP	SBCC Specialist
18	Leanne Wolf	CCP	Project Officer
19	Madiha Zafar	Corp Communication	CSR & Corp Communication Manager
20	Maimuna Shafaqat	Ipsos	Head Quantitative Research
21	Majeed Abbasi	Daily Ibrat	Bureau Chief

#	Name	Organization	Designation
22	Mansoor Ahmed Ali	Starcom Pakistan	General Manager
23	Mehboob Ali Shah	Telenor	Regional Director
24	Muneera Rasheed	Aga Khan University	Senior Instructor
25	Naz Sahito	Kawish Television Network	Bureau Chief
25	Naz Sahito	Kawish Television Network	Bureau Chief
26	Nasir Jamal	Outreach marketing	Operations Manager
27	Nighat Sattar	Indus Resource Centre	Advisor
28	Romina Ali	Express Group	Senior Manager Marketing
29	Shuja Ershad	CandyLand	Brand Manager
30	Syeda Tayyaba Raza Rizvi	Nielsen	Research Executive
31	Usama Ahmed	Interflow	Manager Research
32	Urooj Hashmi	Reckitt Benckiser Pakistan	ABM Personal Work
33	Uzma Nawaz	Pakistan Advertisers Society	Manager Research and Special Projects
34	Uzma Osman	CCP	National SBCC Manager
35	Zeeshan Zahoor	Kolson-LOTTE	Brand Manager
36	Zohra Yusuf	Spectrum	Executive Creative Director

Annex II - Media matrix

Mass media Television Cable television Regional channels National networks Terrestrial Radio FM Community-run Film Cinema Rentals Print Magazines Newspapers	**Community/group media** Networks and local structures Mothers/Women Support Groups Farmers' Group Religious gatherings Press clubs Other associations and unions Existing public spaces Performing arts Street theatre Puppetry Interactive theatre Outdoor media Billboards Transit branding Public places Events Festivals Roadshows Competitions, sports
New media and use of technology Mobile phones Text Messages Voice Messages Interactive Voice Response Mobile Radio Internet Social media Digital radio e-Groups, e-Networks Video games CDs, DVDs Helplines	**Interpersonal communication (IPC)** Community-based Health Workers Lady Health Workers (LHWs) Community Resource Persons (CRPs) Community Midwives (CMWs) Peer-to-Peer Students, adolescents Through Support Group members Professionals/Notables Medical professionals Community elders, leaders

Annex III - Guide for 360 Degree Consultation Community-Based Organizations

Serial No. _____ (Office Use Only)

SECTION 1: BACKGROUND

District:	Tehsil:	Village/City:
Other details of location if applicable:		
Name of Interviewee:		
Organization:		
Designation:		
Languages commonly spoken in that area:		
Date of interview:		
Start Time:	End Time:	
Name of Researcher:		

Any observations about the location:

SECTION 2: MASS MEDIA

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
		Television		
201	How frequently _____ watch television in your area?	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not watch 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not watch 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not watch 99 Do not know
202	IF yes, what type of television network is more popular here?	1 Terrestrial 2 Cable 3 Both 99 Do not know	1 Terrestrial 2 Cable 3 Both 99 Do not know	1 Terrestrial 2 Cable 3 Both 99 Do not know
203	What television channels are more common in your area among _____?	List channels here:	List channels here:	List channels here:
204	Please identify the most popular of all these? (Choose one)			
204	Around what time _____ are more likely to watch television?	Morning From: To: Evening From: To:	Morning From: To: Evening From: To:	Morning From: To: Evening From: To:
205	Is there a particular day of the week when ____ are more likely to watch television?			

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
206	What kind of television programs/ productions is more popular with _____? (List all)	1 Drama serials 2 Drama series 3 Advertisements 4 Evening talk shows 5 Morning shows 6 Cooking programs 7 Political talk shows 8 News 9 sports 77 Others 99 Do not know	1 Drama serials 2 Drama series 3 Advertisements 4 Evening talk shows 5 Morning shows 6 Cooking programs 7 Political talk shows 8 News 9 sports 77 Others 99 Do not know	1 Drama serials 2 Drama series 3 Advertisements 4 Evening talk shows 5 Morning shows 6 Cooking programs 7 Political talk shows 8 News 9 sports 77 Others 99 Do not know
207	In your community, is there any place where couples can be gathered to show them videos?	1 Yes 2 No 99 Do not know		
208	If yes, please note the place.			
		Radio		
209	How frequently do _____ listen to radio in your area?	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not listen 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not listen 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not listen 99 Do not know
210	Which radio channels are more common in your area?	List all for all audiences:		

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
211	From the above, which one is the most popular channel:			
212	At what time people in your area are more likely to listen to radio?			
213	Is there a particular day of the week when they are more likely to listen to radio?			
214	What kinds of Radio programs are more popular in your community?	1 Radio drama 2 Music/songs 3 News 4 Sports 5 Talk shows 77 Others		
Newspapers/Magazines				
216	How frequently do the ____ read newspapers/magazines in your area?	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not read 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not read 99 Do not know	1 Everyday 2 Few times in a week 3 Few times in a month 4 Occasionally 5 Do not read 99 Do not know
217	IF yes, which newspapers/magazines are more popular in your area among _____?			

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
218	Is there a particular day of the week when they are more likely to read the newspaper?			
219	What kind of newspaper/ magazines write-ups is more popular with ____?	1 News articles 2 Columns 3 Women's section 4 Sports 77 Others		
	Cinema			
220	Do _____ watch movies in the cinema?	1 Yes 2 No 3 Not sure	1 Yes 2 No 3 Not sure	1 Yes 2 No 3 Not sure
221	What kinds of films are popular among _____?			
	In your view, how can cinema incorporate messages of maternal and child health?			
	All Mass Media			
222	Of all the mass media strategies, which one is the best to reach _____ for BCC?	1 TV 2 Radio 3 Newspaper 4 Cinema	1 TV 2 Radio 3 Newspaper 4 Cinema	1 TV 2 Radio 3 Newspaper 4 Cinema
223	What programs/format are best for reaching _____?			

SECTION 3: INTERPERSONAL COMMUNICATION/COMMUNITY MOBILIZATION

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
301	Do you have community based health workers in your area?	1 Yes 2 No Don't know		
302	Please list the various health workers in your area.	1 LHW 2 MARVI 3 CRP 77 Others		
303	Who do married women in your community talk to about health problems? (List all sources)			
304	Who has the most influence in women's decision about maternal and child health? (Check all that applies)	1 Women herself 2 Husband 3 Mother in Law 4 Other relatives 5 Friends 6 Health provider 77 Others 5 Do not know		
305	What kind of strategies using community media is used in your area to reach _____?	1 Puppet show 2 Street theater 3 Video sessions 4 celebration of festivals 5 Mela 77 Others 99 Do not know	1 Puppet show 2 Street theater 3 Video sessions 4 celebration of festivals 5 Mela 77 Others 99 Do not know	1 Puppet show 2 Street theater 3 Video sessions 4 celebration of festivals 5 Mela 77 Others 99 Do not know
306	Are there any group meetings held with _____?			

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
307	What is the best strategy to reach _____ through IPC techniques?			
308	What kind of community media is the best to reach _____ in your area?			
Avenues for community media				
309	List if there is a public space for community events?			
310	List the festivals that are celebrated in this area?			
311	List public events that are celebrated in this area?			
312	List the prominent intersections of the area?			

Section 4: New media (text message, social media)

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
401	What proportion of _____ has access to internet in your area?			
402	What proportion of _____ has access to cell phones?			
403	What proportion of _____ has access to smart phones?			
404	What proportion of _____ can use texting on mobile phones?			
405	Is texting used by any organizations to reach _____?	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know
406	In your view can internet/social media be used for SBCC strategies to reach _____?	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know
407	In your view can texting be used for SBCC to reach _____?	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know	1 Yes 2 No 3 Don't know
408	Any example of using internet/social media to reach _____successfully?			

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
309	Reason for success:			
410	What is the best way to reach _____ using cell phones?			
411	Example:			

Section 5: Success and Constraints

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
501	Is there any SBCC strategy that you have successfully carried out in your area with _____?	1 Yes 2 No 3 NA 4 Don't Know	1 Yes 2 No 3 NA 4 Don't Know	1 Yes 2 No 3 NA 4 Don't Know
502	IF yes, please provide details of the activity and whether it can be replicated by other organizations.			
503	Reasons for success of the strategy?			

S#	Questions (please replace the _____ with the audience from the right hand columns)	a. Married Women of Reproductive Age	b. Married Men	c. Mothers in Law
504	Can the strategy be replicated by another other organization for BCCC for maternal and			
505	In your view what are some of the constraints in reaching _____ for SBCC?			
506	In your view what are some of the reasons for lack of success of SBCC in reaching _____?			

Annex IV – District-level insights into mass media and new media

	TV		Radio		Newspaper	Internet	Mobile		
	Ownership	Daily Viewership	Ownership	Daily Listenership	Daily Readership	Internet Access	Ownership Women	Household Ownership	Usage
Matiari	51	41	9	3	0.6	2	20.6	76.9%	61.3
Mirpur Khas	41.3	33	14	1.7	0	3	22.2	87.2%	53.6
Sanghar	60.5	29.4	30.7	1	1.2	2.6	22.4	89.1%	52.2
Sukkur	63.5	44	9.4	1.6	1.2	5.2	32.4	90%	75.6
Umerkot	23	27	14	0.6	0.6	1.2	18	76%	50

Source: PSLM & DBS

Annex V - Popular Media Channels in Focus Districts, Sindh

Sources of Information	Television		Radio	Newspaper
	Married Men	Married Women	Men and Women	Men and Women
Community Level Key Consultations [Focus Districts]	KTN [Regional] Samaa News [Cable] Geo Entertainment [Cable] Geo News [Cable] ARY Digital [Cable]	Star Plus [Satellite] KTN [Regional] Hum TV [Cable] ARY Digital [Cable] Colours TV [Satellite]	FM 88 [Jeay Moro] FM 93.5 [Bhitshah] FM 98 [Solar] FM 106.2 [Hum FM]	Kawish [Sindhi] Jang [Urdu] Ibrat [Sindhi] Dawn [English] Express [Urdu]
Gallup Media Survey [Interior Sindh]	KTN [Regional] Geo News [Cable] KTN News [Regional] Star Plus [Satellite] PTV Home [Terrestrial]		FM 91 [Radio 1] FM 92 [Music Highway] FM 98 [Solar FM 105 [Hot FM] FM 106.6 [Hum FM]	Kawish [Sindhi] Koshish [Sindhi] Jang [Urdu] Khabron [Sindhi] Sham [Sindhi]
Ipsos Media Book [Rural Sindh]	Star Plus [Satellite] Geo News [Cable] PTV Home [Terrestrial] Express News [Cable] Geo Entertainment [Cable]		FM 101[PBC] FM 105 [Hot FM] FM 106.2 [Hum FM]	Kawish [Sindh] Aaj Jang [Urdu] Express [Urdu] Koshish [Sindhi]

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