

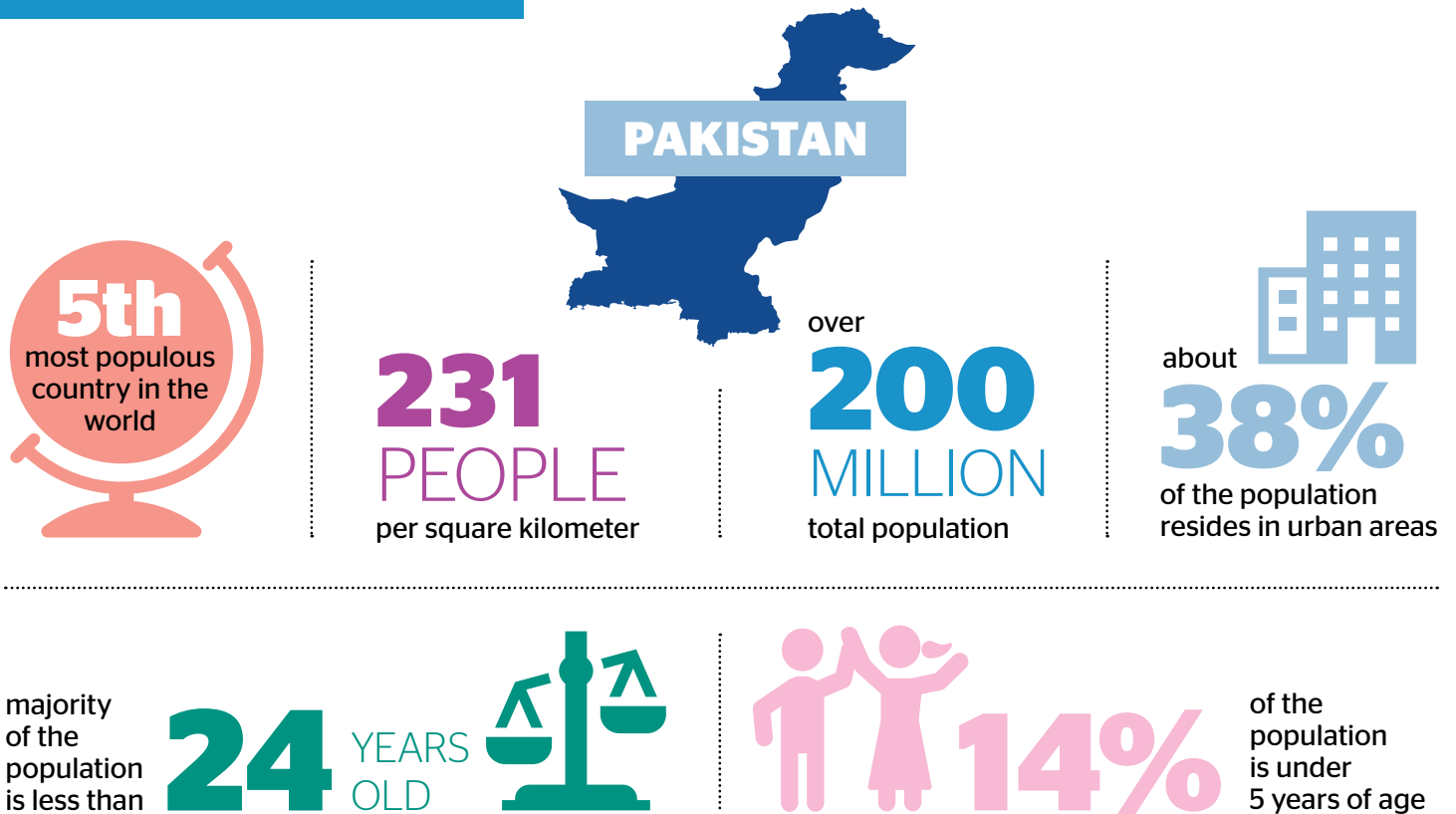
Health Communication Component

Infographic Report
March 2018





PROBLEM STATEMENT



Pakistan is the fifth most populous country in the world with a total population of over 207 million people (Washington Post). The population structure is pyramidal and described as young and youthful with the majority of the population being less than 24 years old; 14 percent of the population is under 5 years of age. About 38 percent of the population resides in urban areas (PDHS, 2012-13).

Sindh Province is the second largest province in Pakistan and comprises about 23 percent of the total population (PDHS, 2012-13). The 2012-13 PDHS showed that the total fertility rate was 3.9 children and over 40 percent of children in Sindh were born before the recommended 24 months after the last birth. The mean ideal number of children for women and men in this province was 4.5, which is higher than the national average of 4.1. In addition, the use of any modern Family Planning method among married women was very low at only 29.5 percent overall, with a higher rate in urban areas (42.7 percent) compared to rural areas (17.4 percent). In this province, 76.2 percent of pregnant women stated that they saw a doctor for antenatal care (ANC), however, only 44.4 percent of women reported having the recommended four ANC visits and slightly more than one-fifth (21 percent) of women received no ANC. Delayed ANC is also an issue, especially when there are complications during pregnancy or delivery. Additionally, a skilled provider attended only 61 percent of births. In Sindh Province, the Maternal Mortality Ratio of 314 per 100,000 live births far exceeds the national ratio of 276 deaths per 100,000 live births, which is also one of the highest in the world.

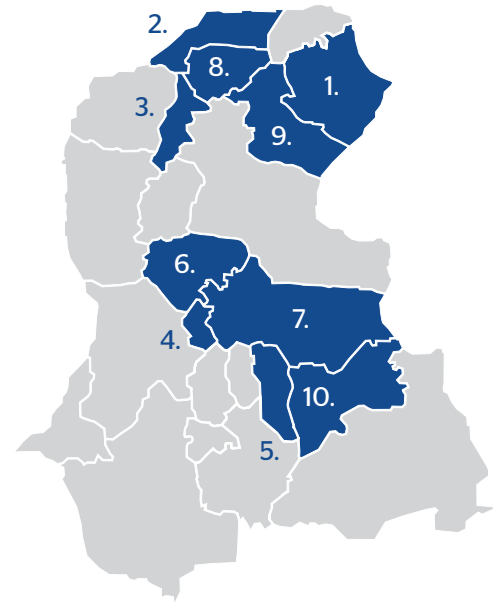
Citation: https://www.washingtonpost.com/world/asia_pacific/a-disaster-in-the-making-pakistans-population-has-more-than-doubled-in-20-years/2017/09/08/4f434c58-926b-11e7-8482-8dc9a7af29f9_story.html?utm_term=.39a4700f70be

PROBLEM STATEMENT

Sindh Province is the **second largest province**, by population, in Pakistan, comprising about **23%** of the total population

Project Districts:

- | | | |
|--------------|--------------------|--------------|
| 1. Ghotki | 5. Mirpur Khas | 8. Shikarpur |
| 2. Jacobabad | 6. Naushahro Feroz | 9. Sukkar |
| 3. Larkana | 7. Sanghar | 10. Umer Kot |
| 4. Matiari | | |



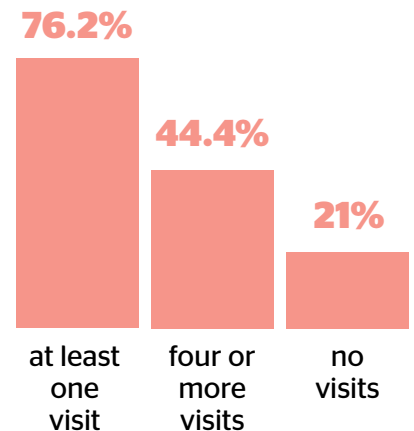
Fertility rate:

3.9 CHILDREN

40%

children born before the recommended 24 months after the previous birth

Pregnant women who saw a doctor for antenatal care:



Use of any modern family planning method among married women:

29.5% TOTAL **42.7%** URBAN **17.4%** RURAL

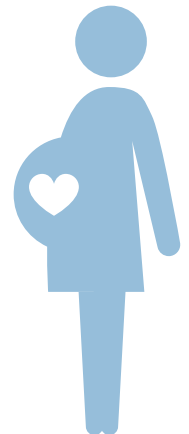
Attendance of skilled provider at birth:



Maternal Mortality Ratio:

SINDH PROVINCE
314
PER 100 BIRTHS

NATIONAL AVERAGE
276
PER 100 BIRTHS



HEALTH COMMUNICATION COMPONENT DESCRIPTION & VISION



We, the **Johns Hopkins Center for Communication Programs (CCP)**, envision a Pakistan where individuals, families and communities advocate for their own health, practice positive health behaviors and engage with a responsive health care system. As part of USAID's Maternal and Child Health Program, we implemented HCC in partnership with Mercy Corps, Rural Support Programmes Network (RSPN) and the Center for Communication Programs Pakistan (CCPP) in Sindh.

Under the Health Communication Component (HCC), we used evidence-based research, theoretical frameworks and innovative design to develop a high-impact, integrated health program. Our work actively addressed not only the immediate drivers and barriers to change, but also the contextual factors that determine health outcomes.

- *We contributed to an enabling environment at the community level to foster health-seeking behaviors*
- *We designed and delivered an effective and coordinated SBCC package for individuals and households in Sindh*
- *We built capacity to improve design, implementation, monitoring and evaluation of high-quality SBCC*

WORKING TOGETHER FOR A BRIGHTER FUTURE - *HUM ROSHAN TO KAL ROSHAN*

HCC worked across the socio-ecological model to engage at multiple levels, including: individual/ household, community, district/ provincial and system/ institutional.

SYSTEM/ INSTITUTIONS

HCC used advocacy and capacity strengthening for the Government of Sindh. HCC also used mass media to trigger people to “rise up” and to be part of a bigger movement of people working together for a Brighter Sindh.

DISTRICT/ PROVINCIAL

HCC engaged key stakeholders at this district level to establish strategic partnerships within the public and private sector for buy-in and sustainability. HCC aimed to foster an enabling environment that engaged communities and families to seek health services.

COMMUNITY

Lady Health Workers (LHWs) and Community Health Workers (CHWs) are recruited and trained to ensure that the MNCH/FP messages reach households across project districts. HCCs work also included a series a standardized, easy-to-use, scalable community and family mobilization tools and processes.

INDIVIDUAL/ HOUSEHOLD

Lady Health Workers (LHWs) and Community Health Workers (CHWs) were recruited and trained to ensure that the MNCH/FP messages reach households across project districts. HCCs work included a series a standardized, easy-to-use, scalable community and family mobilization tools and processes.



The Department of Health (DOH) and the Population Welfare Department (PWD), Sindh in collaboration with Johns Hopkins Center for Communication Programs (CCP), jointly launched the **Bright Star Movement (Working Together for a Brighter Future - Hum Roshan To Kal Roshan)** in May 2016. The Bright Star Movement defines a symbol for healthy mothers, healthy and smart children, and happy and prospering families, and also inspires its audience to take action related to MNCH and Family Planning. A Bright Star can be any individual who is working to improve mother and child health in his/her community. It can be a government official, a Lady Health Worker or Lady Health Supervisor, a teacher, a student, a journalist, a religious leader, etc.

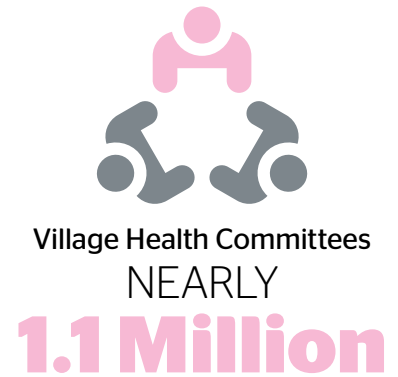
HCC BY THE NUMBERS

THROUGH HCC, WE HAVE DEVELOPED:

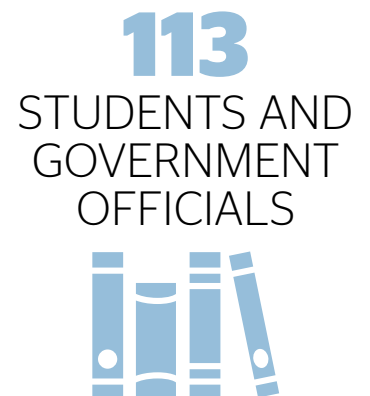


With these mass media products, we reached an estimated audience of **38.8 million people**.

IN COMMUNITIES ACROSS 10 DISTRICTS, HCC REACHED:



10,600+ INDIVIDUALS PARTICIPATED IN HCC CAPACITY BUILDING EFFORTS



10,600+ individuals participated in HCC capacity building efforts

BRIGHT STARS ACROSS SINDH



Dr. Shazia received training on interpersonal communication through HCC. “The IPC skills training has changed my professional as well as personal communication,” she says. “Now, my patients are satisfied more than ever and that gives me a sense of being on the right track...”



With the support of HCC, Sughran has been able to revitalize the Village Health Committee of her community and to regularly conduct its monthly meetings. These meetings provided a platform to address health issues of women and children and the importance of institutional deliveries.



Allah Dino became a member the Village Health Committee and Health Communication Sub-Committee in order to learn about maternal and child health. “Now, I spiritually feel at peace with myself because I am working towards saving the invaluable lives, in whatever little capacity I can.”



Through HCC, Salma learned of a nearby clinic, where she received a prenatal checkup, and later, gave birth to her third child. “Compared to my last two deliveries, this one was easier as I received proper care and recovered quickly.”

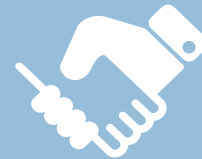
MAJOR ACTIVITIES



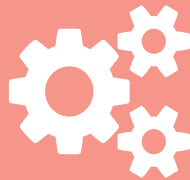
Led development of the **popular television serial**, Sammi. Since 2017, Sammi has reached more than 9 million viewers through television and social media. Entertainment-education played a key role; characters and engaging storytelling, to **raise awareness of social issues and prejudices rarely discussed in mainstream Pakistani society.**



Created **toolkits** designed to **engage in discussions** around the issues of gender and health, as well as social norms raised by the TV drama.



Established **partnerships**, including with local universities, to help Pakistanis create their own **behavior change programming.**



Developed **mobilization tools**—both print and digital—to help Lady Health Workers and Community Health Workers counsel their clients and lead community meetings on issues of maternal and child health, nutrition and immunization and family planning. One such tool, the IPC toolkit, **equipped more than 7,500 health workers to reach more than 2 million community members.**



Implemented an **award-winning family planning campaign** that reached more than 95,000 people through community fairs and more than 10 million people through mass media, including two short films. The successful campaign spurred an **increase in referrals for family planning from 8,230 to 11,686 per month.**



“Sammi” was one of the most popular drama serials telecast in recent times on Pakistani television. Using entertainment education, HCC partnered with embedded educational information into a gripping storyline reflecting current social and cultural issues. The TV drama focused on healthy inter-spousal communication, family planning as a health measure, issues of son preference, the importance of mothers as strong role models for their children and the value of the girl child are also highlighted.

This exciting television serial reached over 9,434,745 viewers (including both viewers reached on television, and on social media).

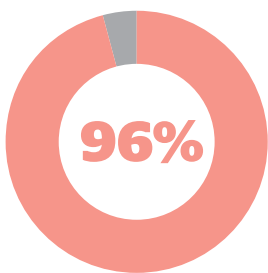
HCC also designed a toolkit to engage community members in discussions around the issues of gender, health and social norms raised by the television drama.

INNOVATIVE INTERPERSONAL COMMUNICATION

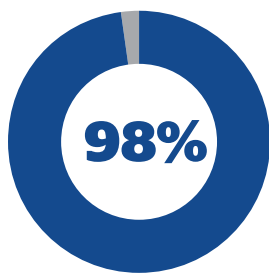
LHWs and CHWs benefitted from an **Inter-Personal Communication (IPC) Toolkit called Roshan Mustaqbil**. The toolkit (and related trainings) were developed in partnership with the LHW Program and is designed to support ongoing Community Support Group Meetings and Household Visits. An expanded and adapted IPC toolkit is now available as part of a mobile smartphone app that aims to further encourage health seeking behaviors among community members. The Roshan Mustaqbil app contains two components- mCounseling and mLearning. mCounseling supports community counseling on MCH and FP behaviors. mLearning offers opportunities for continuous self-learning for the LHWs using the app.

In 2017, HCC conducted an mHealth assessment to examine five important areas related to LHWs usage of the Roshan Mustaqbil app: **app design, ease of use, knowledge building, effectiveness as a job aide and productivity**.

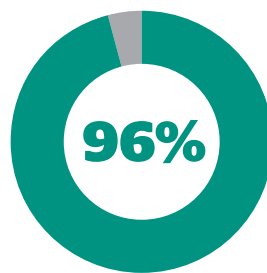
APP DESIGN



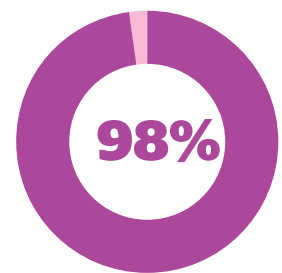
agreed it was **visually appealing**



agreed information was **clear**

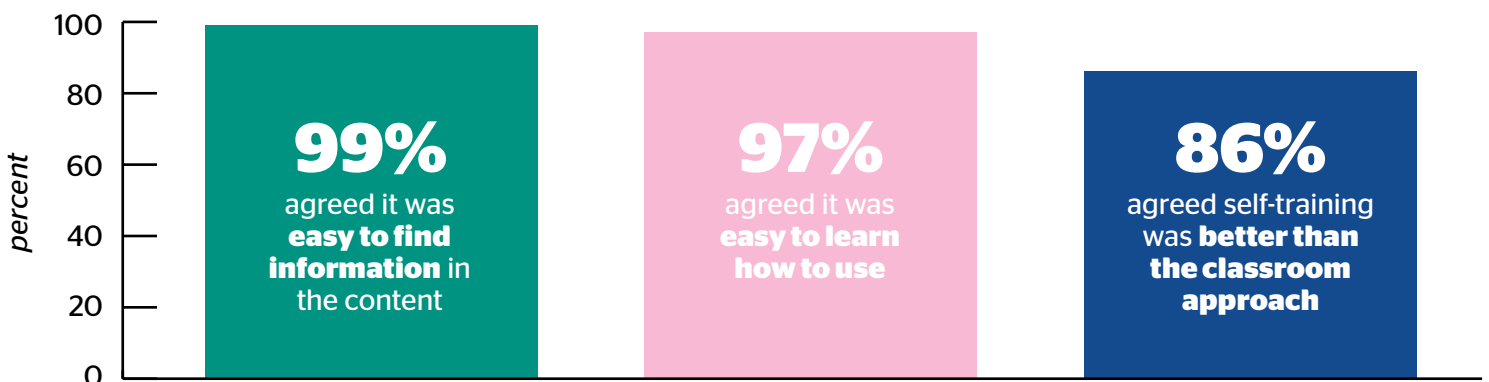


agreed information **flowed logically**

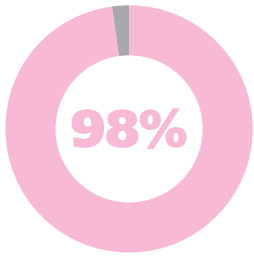


perceived that the **graphics** used on the app **were pleasing**.

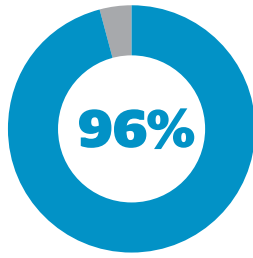
EASE OF USE



KNOWLEDGE BUILDING



agreed that it **comprehensively covered FP and MNCH topics and content**



agreed that it helped to **refresh their knowledge**



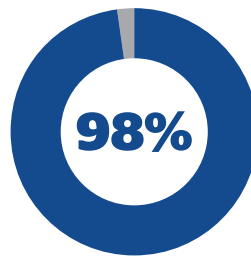
agreed that it helped:

- managing **pregnancy complications**
- assisting households to **plan for maternal emergencies**
- recognizing **danger signs** of fever/cough and **facilitating referrals**

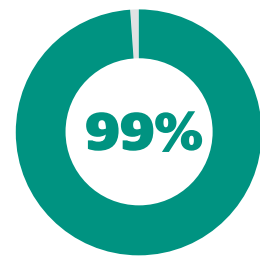


EFFECTIVENESS AS A JOB AID

A much-needed feature was its bank of resources on 22 health topics

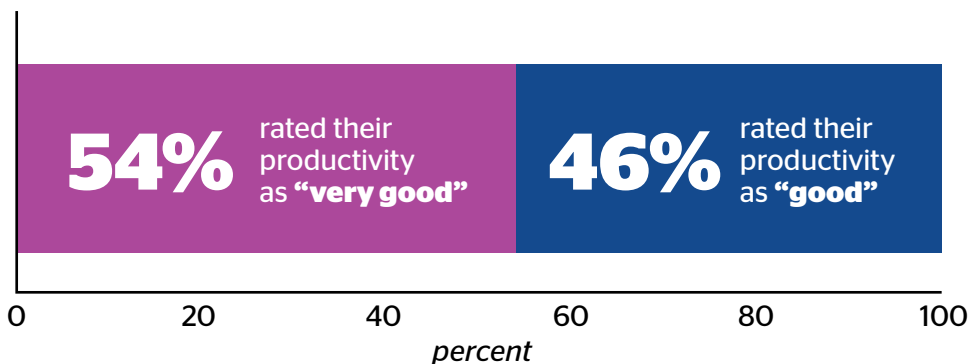


perceived that their **use of resources to counsel clients** was “very good” or “good”



agreed that it increased their overall ability to **provide information and counsel clients** on health topics

PRODUCTIVITY



All participants rated their productivity as either “very good” or “good”



agreed that using it had **increased their productivity**

THEMATIC FAMILY PLANNING CAMPAIGN

The overall goal of the Bright Star FP Thematic Campaign was to support Pakistan's commitments made at the 2012 London Summit to raise the contraceptive prevalence rate (CPR) to 55 percent by 2020.

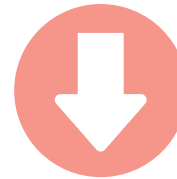
The Bright Star FP Campaign Strategy aims to contribute to this goal by:



Increasing knowledge and access to family planning services



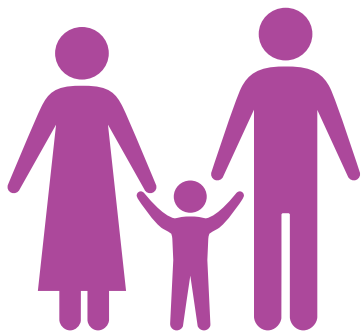
Enhancing the contraceptive prevalence rate



Reducing unmet need for family planning

Design of the Campaign

Following a consultative design workshop, PWD, HCC, and Costed Implementation Plan designed a campaign strategy to reach married women and men (with one child) through a number of wide-ranging community, mid- and mass media level activities. The strategy focused on the ideational factors around family planning and identified gateway behaviors.



Activities include:

- health talks
- health stalls
- mohalla (neighborhood) meetings
- flotillas (mobile video units)
- grand mela events
- Bright Star outreaches
- Bright Star recognition

Campaign activities were held in

TEN

HCC intervention districts

The campaign reached

96,719

BENEFICIARIES

through mid-media (mela, mohalla, flotilla activities)

Mass media, including two short films, reached

10,447,500

BENEFICIARIES

The campaign spurred an increase in referrals for family planning from

8,230 TO 11,686 PER MONTH

COMMUNITY RESPONSE TO FP CAMPAIGN



“I really liked the way we received information about the importance of family planning. This is very important for our health as well as our children’s health.”

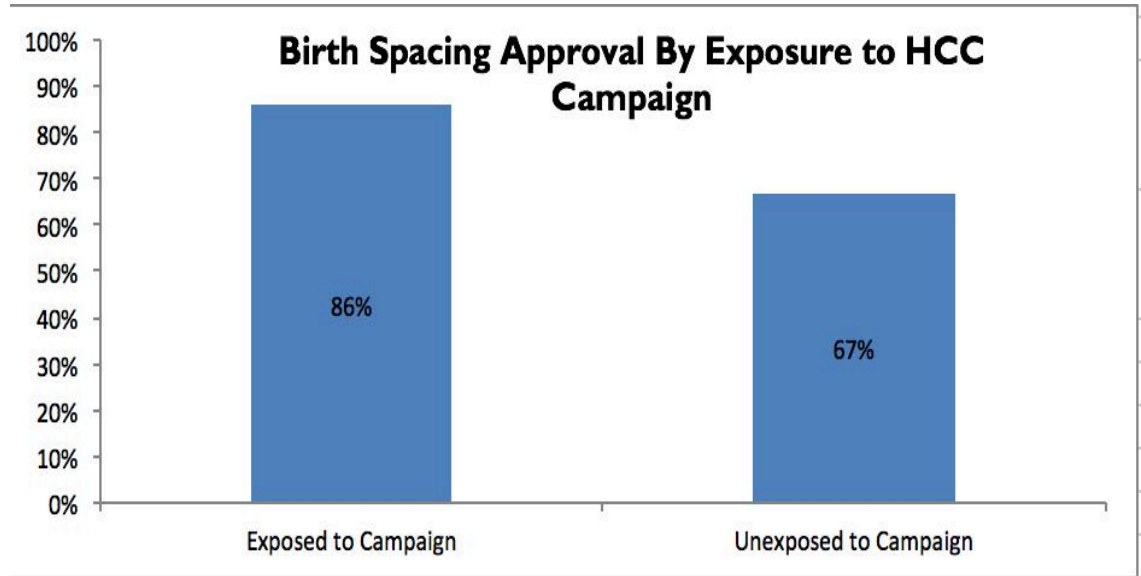
“We [women] will return to our homes with this knowledge; we will share it with our families, particularly with our husbands. It has become clear to me that for my family’s long-term wellbeing, my husband and I need to make a mutual decision when adopting family planning and should seek support from his mother, as well.”

Kaushaliya, a 20-year-old married woman from the Shiv Nagar village of district Umerkot

USE OF FAMILY PLANNING BY EXPOSURE TO HCC PROGRAM CAMPAIGN

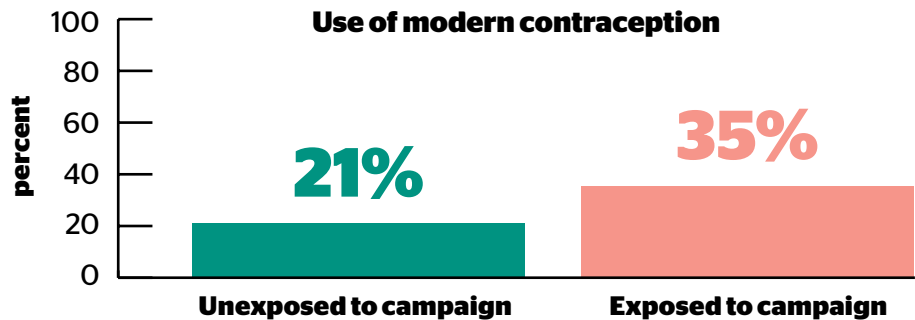
The proportion of participants exposed to the HCC Bright Star campaign who also **approved of birth spacing (86%)** was significantly higher than the proportion of those who were not exposed to the campaign (**67%**).

Significantly higher proportions were seen among participants from **Matiari, Umerkot, Sukkur, Larkana, and Jacobabad** districts.



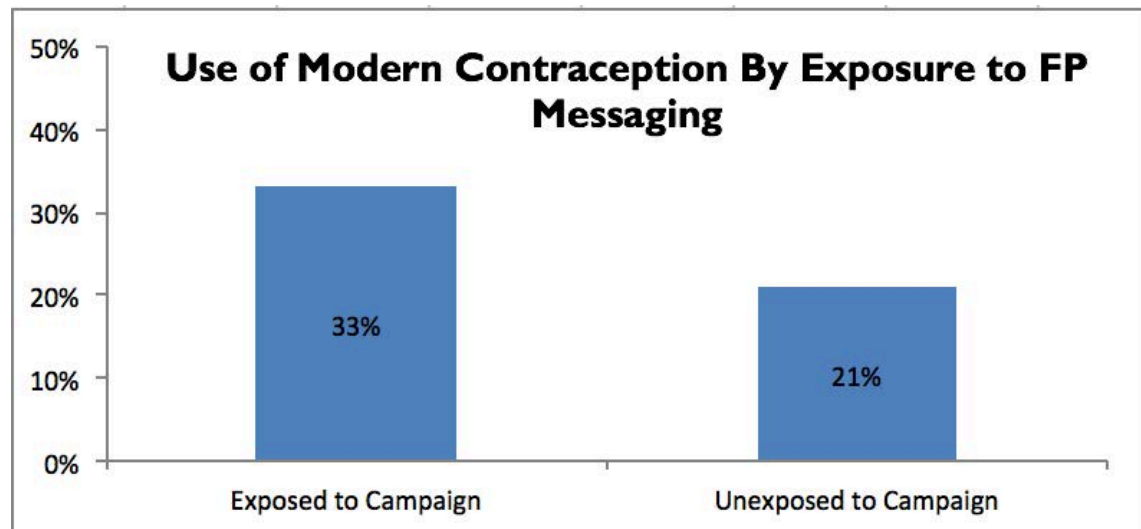
CURRENT USE OF MODERN CONTRACEPTION BY EXPOSURE TO HCC PROGRAM CAMPAIGN (BRIGHT STAR)

Over 35% more participants who were exposed to the Bright Star campaign reported that they were **using modern contraception** compared to those who were not exposed to the campaign.



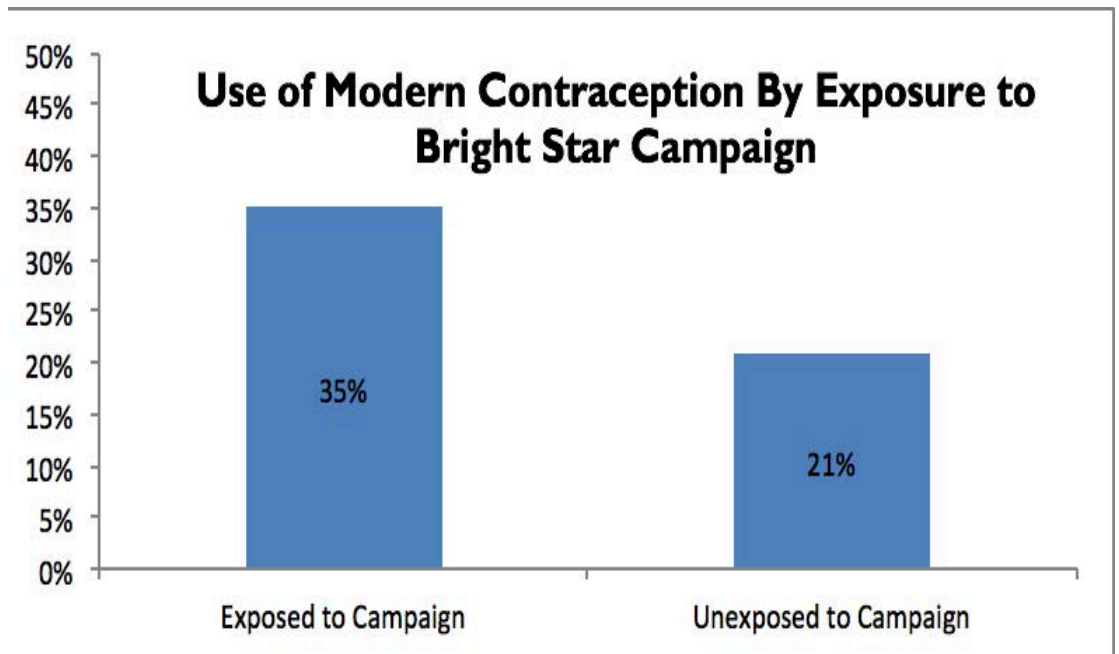
There were higher proportions **using modern contraception** among exposed groups for all except Matiari district which had similar estimates for each exposure category.

Significantly higher proportions were observed among participants from **Larkana, Shikarpur, Ghotki, and Jacobabad** districts



IMPACT

The proportion of participants exposed to the HCC family planning messages who currently **use modern contraception (35%)** was significantly higher than those who were not exposed (**21%**).

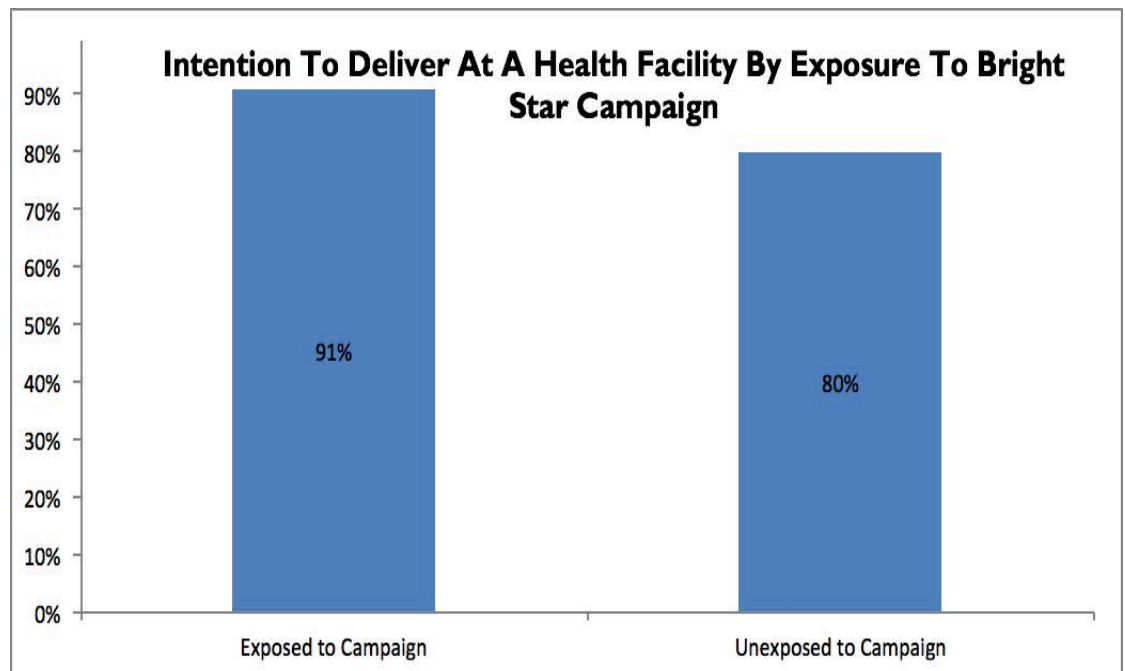


Significantly higher proportions of women surveyed using modern contraception methods were observed among exposed participants from many districts, specifically **Mirpukhas, Naushero Feroz, Sukkur, Larkana, Shikarpur,** and **Ghotki** districts.

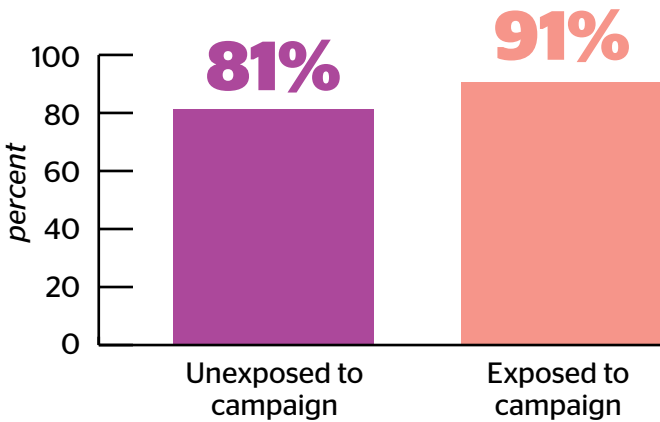
INTENTIONS TO HAVE A FACILITY-BASED BIRTH BY EXPOSURE TO HCC BRIGHT STAR CAMPAIGN

There was a positive association between exposure to the Bright Star campaign and intentions to have a facility-based birth. Specifically, the proportion of participants exposed to the HCC Bright Star campaign who **intend to deliver their next child at a health facility (91%)** was significantly higher than those who were not exposed (**80%**).

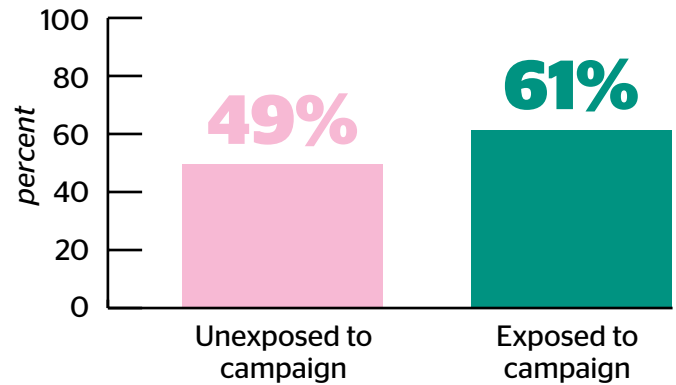
All but one program district had higher proportions reporting intentions to have a facility-based birth.



Intentions to **have a Skilled Birth Attendant (SBA) at next delivery** by exposure to HCC Bright Star Campaign



Participants who **initiated BF within one hour after the birth of their child** by exposure to HCC Bright Star Campaign

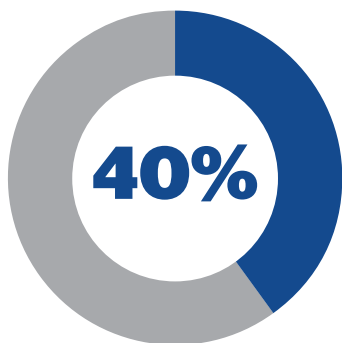
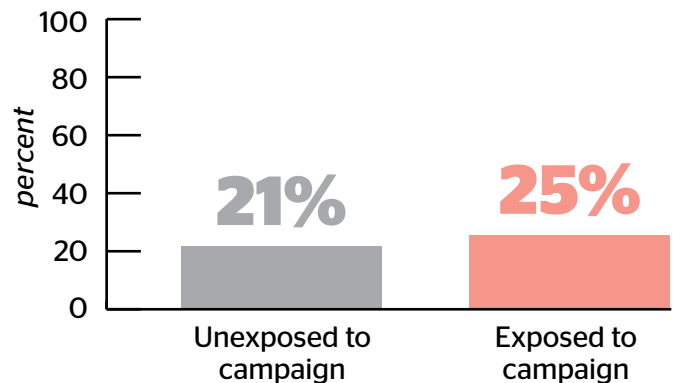


The proportion of participants exposed to the HCC Bright Star campaign who **practiced appropriate handwashing behaviors (59%)** was significantly higher than those who were not exposed (**51%**).

A majority of the participating districts had **higher proportions of participants initiating discussions about FP with their spouse** among those exposed to the HCC Bright Star campaign compared to the proportions for participants who had not been exposed to the HCC campaign.

Significant differences between exposed and non-exposed groups were observed for **Sanghar, Naushero Feroz, Sukkur, Larkana, Shikarpur,** and **Jacobabad** districts.

Participant-initiated discussion of FP by exposure to HCC Bright Star Campaign



Overall, **40%** of participants were able to **recall the HCC program messages** on either FP, RH, or MNCH. Recall was higher in Matiari (**62%**) and Sanghar (**60%**).

ACKNOWLEDGEMENTS



The Health Communication Component Pakistan—a four-year project funded by USAID—was led by Johns Hopkins Center for Communication Programs in Baltimore, Maryland, USA. We would like to thank partners, including USAID Pakistan, Population Welfare Department, Department of Health, Lady Health Workers Program, Center for Communication Programs Pakistan, Mercy Corps and Rural Support Programme Network for their support.

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