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FAMILY ADVANCEMENT FOR LIFE & HEALTH

Communication, Advocacy and Mobilization Strategy for Birth Spacing

Revised January 14, 2009

Population Council

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Dear Partners and Stakeholders,

It is my pleasure and privilege to share FALAH's Communication, Advocacy and Mobilization (CAM) strategy with you for your information.

The CAM strategy was prepared through a detailed and interactive process between the consortium partners of FALAH and a team of resource persons led by Mr. Javed Jabbar, a leading expert in Communications and Advertising in the country. The process was initiated through an internal review and analysis of the communications strategy and materials used by FALAH and partners, with subsequent review of the CAM strategy of other stakeholders including the MOPW, PAIMAN, UNFPA and UNICEF. The drafts prepared by the resource persons were discussed in depth within FALAH partners in May 2008 and subsequently with MOPW, MOH, USAID as well as Provincial Secretaries and Director Generals in a consultation held in Islamabad in June, 2008. Detailed comments received through these consultations contributed enormously to the revision and finalization of this strategy document.

We look forward to the effective implementation of this strategy in close cooperation and coordination with other partners work in this area.

We are grateful to everyone for their contribution and support and to USAID for funding the development of this important communications document.

Shahida Azfar
Chief of Party
FALAH

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Abbreviations and Acronyms

BCC	Behavior Change Communication
BHU	Basic Health Unit
CBO	Community-based Organization
CCA	Client-centered Approach
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DFPAP	Diversification of Family Planning Activities in Pakistan
DHPMT	District Health and Population Management Team
EC	Emergency Contraception
FALAH	Family Advancement for Life and Health
FP	Family Planning
FWWs	Family Welfare Workers
GIS	Geographic Information System
GSM	Greenstar Social Marketing
HANDS	Health and Nutrition Development Society
HC	Hormonal Contraceptives
HHS	Household Baseline Survey
HMIS	Health Management Information System
HTSP	Healthy Timing and Spacing of Pregnancies
IEC	Information, Educational Communication
IP	Implementing Partners
IPC	Inter Personal Communication
IUD	Intra Uterine contraceptive Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KM	Knowledge Management
LAM	Lactational Amenorrhea Method
DCs	Least Developed Countries
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
MC	Mercy Corps

M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MOPW	Ministry of Population Welfare
MWRA	Married Women of Reproductive Age
NGOs	Non-governmental Organizations
NPFHC	National Program for Family Planning and Primary Health Care
PAIMAN	Pakistan Initiative for Mothers and Newborns
PC	Population Council
PMP	Performance Monitoring Plan
PWD	Population Welfare Department
RHC	Rural Health Center
RHS	Reproductive Health Services
RSPN	Rural Support Program Network
SCUS	Save the Children (USA)
SDM	Standard Days Method
SMART	Simple, Measurable, Achievable, Reliable, Time-bound
TBA	Trained Birth Attendant
U.S.	United States
USAID	United States Agency for International Development
VS	Voluntary Sterilization

1 Introduction

The FALAH Project and is partners respect the commitment, insights and resources that all institutions and stakeholders bring to bear for the promotion of public health and population welfare in Pakistan.

FALAH's Communication, Advocacy and Mobilization (CAM) Strategy is formulated with the aim of supplementing and strengthening ongoing communication processes by relevant ministries of the government of Pakistan and non governmental organizations by providing specific emphasis on the practice of Healthy Timing and Spacing of Pregnancies (HTSP), particularly with respect to recommended birth spacing interval for healthier outcomes.

HTSP is a health intervention that helps women and families make informed decisions about the delay of first pregnancy and spacing and limiting of subsequent pregnancies to achieve the healthiest outcomes for women, newborns, infants and children within the context of free and informed contraceptive choice.

The goal of the FALAH project is therefore to improve the health and well being of women, men and their children through an increase in the adoption of birth spacing behaviors and the practice of recommended birth spacing intervals within the context of HTSP in selected districts of Pakistan. This will be achieved through removing barriers, improving understanding of the value of birth spacing for maternal and child health and family well being, increasing awareness of the risks associated with early, late, closely spaced and high parity pregnancies, increasing knowledge of the various contraceptive methods available for birth spacing and limiting, and improving access to and quality of care in both the public and private sectors.

The principal collaborative institutions for this Communication Strategy are the following:

1. The Federal Ministry of Population Welfare
2. The Federal Ministry of Health
3. The four Provincial Departments of Population Welfare
4. The four Provincial Departments of Health
5. The EDOs and the executive officers for PW and Health in the twenty District Governments
6. External partners of FALAH including PAIMAN, TACMIL, UNICEF and UNFPA
7. Consortium partners of FALAH who will plan and implement communication activities, i.e. Population Council, Jhpiego, Greenstar, HANDS, Mercy Corps, RSPN, and Save the Children (USA).

The format of this Strategy was influenced by the PAIMAN Project's *Communication, Advocacy and Mobilization Strategy.* The similarities should be especially useful to FALAH managers and PAIMAN managers in the eight districts where both projects overlap and as a result providing many opportunities for cooperation and synergy.

2 Communications Situation of Family Planning-Related Messages

Communications Situation of Family Planning-Related Messages

Initiated in conjunction with the family planning program launched by the Government of Pakistan in the early 1960s, communication messages about family planning have evolved, expanded and diversified over the past nearly fifty years. Both Government led-communication campaigns and private sector campaigns on family planning have, at varying periods and with differing intensities, duration and scope, addressed virtually all significant aspects relevant to promoting family planning.

The aspects covered comprise:

a. Small family as the ideal family

b. Merits of birth spacing

c. Use of specific contraceptives

d. Joint decisions by wife and husband to plan their family by use of contraceptives

e. Availability of a mobile female paramedic e.g. LHV, LHW, FWW and others at the doorsteps of households which need health care support

f. Comparative condition of couples, i.e., those who have a large number of children, and those who have a smaller number

g. Need to seek expert medical advice about how to use and the potential side-effects of each contraceptive method

h. Convenient availability of contraceptives at pharmacies, stores, clinics, and hospitals

i. Sharing information and opinions about the benefits of family planning, ways to ensure maternal and child health, and contraceptive-related advice from "those who know" - with a wife/mother, husband, with neighbors, friends, relations, community, and influential figures

j. Responsibility of the husband to protect his wife's health

k. Need for immediate family members and relations, specially mothers-in-law, to appreciate the benefits of family planning

l. Negative impact of high population growth rate on living conditions and resources in the country

m. Other sub-themes such as child survival and breastfeeding.

These subjects and content that presents and amplifies them in various forms have been disseminated through the mass media, through community media and through interpersonal communication over the past five decades.

The Federal Ministry of Population Welfare and the Federal Ministry of Health have, with varying degrees of success, been able to coordinate their respective campaigns with each other, with the four Provincial Departments and with the District Governments. Similar cooperation efforts have been attempted with NGO's and private organizations also active in this field.

While being generally respectful of cultural and religious sensitivities in Pakistani society, most of the campaigns on these subjects have been able to project the core substantive messages in a fairly candid and explicit manner. This is why, on occasion, the more orthodox circles do protest at the candor and explicitness of the messages being conveyed. The conduct of campaigns over the past fifty years has stimulated wide-spread interpersonal communication on this subject. However, even now in certain segments of society, couples rarely discuss and intentions and methods of family planning in a frank fashion.

Whether in the relatively more careful, restrained campaigns run by Governments or the more candid and colorful campaigns run by private sector organizations, the cumulative impact of the past communication campaigns has been to, directly and indirectly, make notable improvements in key indicators. Factors other than communication have played a vital role in improving development indicators, e.g. literacy and education, wider availability of contraceptives. But it is evident that the level of awareness about family planning being over 90 percent in 2008 is due largely to the dissemination of communication messages over several decades.

At the same time, a substantial part of the population, including both those who have been exposed to the communication campaigns on family planning as well as those who have not been exposed (due to remote locations or low access to media and services) remain resistant to persuasion about family planning. Poor and erratic communication also shares responsibility, along with other factors, for the modest progress on reducing the population growth rate.

The "non-paid-for" part of mass media content comprising news features, articles, and editorials in print media, and the health, family-related programs, news and current affairs programs on radio and TV have also promoted family planning practices by references over time. Planned mass media and micro-media campaigns in recent decades have thus created a platform of existing awareness about contraceptive use and family planning from which the Family Advancement for Life and Health (FALAH) project can launch its work in 20 districts.

One of the lessons from the communications experience in Pakistan is that while communications does need to help increase demand, communications should not be used far ahead of putting service delivery in place. Even in 2008, prospective users of contraceptives are more frequently in contact with communication messages than they are with service delivery (e.g. convenient availability of contraceptives), leave alone qualitative service delivery.

The other important observation is that the word family planning or "Khandani Mansooba Bandi" in Urdu has come to be strongly associated with the perception of limiting ones family size thus being rejected by many on the grounds that it is against Islam. Past communications campaigns has done little to dispel this notion. For a situation analysis of aspects of the population welfare sector/family planning programs in Pakistan 1960s onwards, please see Annex B.

3 Goals

3.1 Goal of the Ministry of Population Welfare

The *overall goal* of the Ministry of Population Welfare (MOPW) is to achieve population stabilization by 2020. The 2002 Population Policy is focused on: sustaining political commitment to health and population issues, developing inter-sectoral approaches to service delivery, improving access to and quality of care for clients, improving the status of women, and seeking greater male participation in efforts to achieve improved reproductive health. The *overall goal of the MoPW Communication Strategy 2008-2013* is to project Family Planning and Reproductive Health as a facilitator for attaining a balance between population and resources working in tandem and within the framework of national development policies and goals.

3.2 Goals and Objectives of FALAH

The goal of the FALAH project, in addition to contributing towards the overall goal of the MOPW of achieving population stabilization, is to improve the health outcomes of women, men and their children by increasing the adoption of birth spacing behavior and practice of recommended birth spacing interval within the context of healthy timing and spacing of pregnancies (HTSP) in selected districts of Pakistan. This will be achieved by removing barriers, improving understanding of the value of birth spacing for family health and well-being, creating awareness about the risks associated with early, late and closely spaced pregnancies, increasing knowledge of the methods of contraception and improving access to and quality of care in both the public and private sectors. The communication challenge will be to shift the emphasis from family planning to the concept of "birth spacing" for better health and well being of women, men and their children, thereby increasing its acceptance among all segments of the population.

Specific Objectives of the FALAH Project are:

2% per year r. authors

1. Use of modern contraceptive methods in the project districts will increase by an average of 10 percentage points by year five.
2. Eighty percent of public service-delivery points in the 20 project districts will be equipped to provide appropriate birth spacing-related services by year five.
3. Birth spacing and ways of achieving it will be communicated and reported as acceptable by three-fourths of the target population.
4. Public- and private-sector delivery systems will have sustainable and well-integrated service strategies in the project districts.
5. Plans for scale up of cost-effective innovations will be articulated and approved by health authorities, with arrangements for financing specified.

3.3 Conceptual Framework of FALAH

The conceptual framework for the project is depicted in the figure below. The framework is based on an understanding of the needs and aspirations of potential clients, recognizing how their choices and behaviors are shaped by their relationships with their spouses, families, and their communities. At the center of the framework are the primary beneficiaries consisting of women and their husbands who will be reached through improved media messages and are enabled to meet their family planning needs through expanded service delivery, improved quality of services, and efforts to remove or reduce the barriers to access.

Directing efforts toward both the public and private sectors is crucial for ensuring improved access to family planning services. New avenues will be explored, particularly in the private sector, to ensure that service delivery is strengthened, integrated, and synchronized for the full benefit of the women and men living in each of the specified districts.

National and community leaders play a vital role in shaping public discourse on family planning, birth spacing, and health. An important component of this project will be to engage in efforts to direct public discourse toward making the linkage between birth spacing, health, and development. FALAH also

aims to introduce a number of innovative initiatives for social mobilization that will be tested before scale-up (see Annex A).

3.4 Intended Results of FALAH

The Project is working in twenty underserved districts to achieve the following four results:

- Result A: Creation of increased demand for birth spacing and practice of recommended birth spacing interval primarily through the use of social mobilization in the 20 districts (the mass media component will carry core messages throughout Pakistan)
- Result B: Revitalization of high quality birth spacing and family planning services in the public health sector
- Result C: Reinforcement of high-quality family planning and birth spacing services in the private sector
- Result D: Social marketing of family planning commodities

This Communication and Mobilization Strategy addresses Result A **and identifies communications requirements and components in Results B, C and D** which will be closely coordinated with the planning and implementation for Results B, C and D by the partners.

3.5 Result A: Increased Demand Creation for Birth Spacing

- **Interpersonal Communication and Community Media will generate mobilization at the grassroots.** Health providers, counselors and community-based groups, will be trained to implement the Communication and Mobilization Strategy within the framework of Results B, C and D. Together, they will introduce the benefits of all three elements of the concept of healthy timing and spacing of pregnancies, which are delaying the first pregnancy until the woman is 18 years of age, practicing the recommended birth spacing interval and limiting for older, high parity women with the use of modern and natural methods of contraception in rural and urban areas of each district, while working closely with PAIMAN implementers in the eight districts.
- **Mass media motivational campaigns** to promote the benefits of recommended birth spacing intervals and expand the market for contraceptives, particularly modern methods. To avoid potential conflict with the objectives of repositioning family planning, mass media will be limited to promoting birth spacing and temporary methods of contraception. Population Council, the designated lead partner, will coordinate the development and implementation of BCC National Strategy for social mobilization and mass media. It will also identify best practices from each of the partners as part of the strategy-development process.

- The project will set up a committee on **Behavior Change Communication** that will work with concerned stakeholders to continuously review the project's overall strategy, and use the final version of this communication strategy as well as a monitoring and evaluation plan to measure its effectiveness. Ongoing mass-media strategies, including generic messages and the appropriate use of TV and radio, will be reviewed.
- **Integrating with partners.** The FALAH project will work with the Behavior Change Committee (BCC) of the Ministry of Population Welfare (MoPW), the Ministry of Health (MOH), provincial governments, district governments and USAID's PAIMAN project to generate a powerful **whole market approach**. The Project Committee on BCC will support the work of the MoPW in implementing their national Behavior Change Communication strategy and campaign. A set of core messages will be developed and used by all partners in their social mobilization-related activities.

The process will be as follows:

1. Messages communicated through earlier campaigns will be reviewed, while additional messages will be introduced as appropriate.

2. Method-specific knowledge and information campaigns will focus primarily on modern contraceptives including condoms, pills, injectables, IUDs, and emergency contraception and modern fertility-based methods such as LAM and Standard Days Method. The Strategy will aim to increase the awareness of these methods and position them as safe and effective for adopting and continuing use during the recommended interval period for spacing. Messages will identify and correct misconceptions regarding their safety and use and encourage potential users to seek more information from health providers. The idea that method choices exist, and that switching methods is possible if a user is not satisfied, will be promoted to encourage clients to use a method most appropriate for their needs and circumstances.

3. In this context, our communications messages will provide information on the strengths and limitations of all methods including fertility-based methods such as LAM and SDM. A set of IEC/BCC materials that recognize the linguistic diversity of Pakistan will be made available in all outlets offering services. These will serve as both information and resource material, including posters addressing the Mexico City Policy (MCP), Tiahrt and PD3 requirements for client information. The Population Council, along with Jhpiego, will develop and print a set of posters, consumer leaflets, and provider booklets for widespread use.

4 The What

Principles that Shape the Content of the Communication Strategy to promote HTSP for Maternal and Child Health

Determinant Principles

Need to ensure three singularities:

1. **Singularity of message:** the benefits of healthy timing and spacing of pregnancies, particularly of recommended birth spacing interval. This singularity will be supported by a multiplicity of sub-themes (detailed later).
2. **Singularity of images and words in all three media:** Inevitably, due to the diversity of media and diversity of districts, there will be a multiplicity of supporting or explanatory words and images. Yet, the core singularity of image and words should remain intact in all districts.
3. **Singularity of project identity**: FALAH as a composite name representing the efforts of all partners. At the same time, the name and identity of each partner will remain intact and visible in the districts where that Partner is implementing the project.

Overarching Principles

FALAH's communication strategy is fundamentally shaped by three factors:

1. FALAH uses the MOPW's *Communication and Advocacy Strategy, 2008-2013*, to define the framework within which FALAH conducts its own communication campaigns.
2. FALAH promotes the concept and practice of healthy timing and spacing of pregnancies with emphasis on the recommended birth spacing interval as the most convenient, practical, affordable, socially and culturally acceptable, sensible way to secure maternal and child health in particular – and the well-being of the family in general.
3. FALAH's communication campaigns supplement and develop synergies with, to the optimal extent possible, all other Government-led and private contraceptive-related communication campaigns, including the PAIMAN project.

This strategy will be firmly rooted in explicit principles and concepts and therefore reflect clarity, but also will possess flexibility. This flexibility through periodic consultation is particularly relevant in the phase of pre-testing as well as in the implementation part of the strategy.

4.1 Healthy Timing and Spacing of Pregnancies (HTSP)

HTSP is an intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and

informed choice. Evidence shows that HTSP has potential as an effective intervention that can help women achieve healthy pregnancies and deliveries. Becoming pregnant too soon after a previous birth, miscarriage, or abortion places mothers and newborns at a higher risk of adverse health consequences. When women younger than 18 years of age become pregnant, the mothers and their newborns face increased risks of health complications compared to women 20-24 years old. At the same time, women older than 35 or with high parity suffer from significantly increased risks of pregnancy related complications.

WHO recommends an interval of at least 24 months between the birth of the last child and when the next pregnancy is attempted in order to reduce the risk of adverse maternal, perinatal, and infant outcomes. In other words, couples should continue using a contraceptive method for at least two years from the birth of the last child. In the case of miscarriage or induced abortion, WHO's recommended interval to the next pregnancy is at least 6 months.

- **Benefits for mothers.** Mothers greatly benefit from healthy timing and spacing of pregnancies: compared with women who give birth at shorter intervals, those who space births by at least 24 months are more likely to survive childbirth, to avoid pregnancy-induced high blood pressure, obstructed and prolonged labor, iron-deficiency anemia, and to have more time to care for the family in general and infant in particular.
- **Benefits for fathers.** There is nothing more catastrophic for a family than the death of a mother of small children. Fathers benefit from recommended birth spacing intervals when they see the health of the mother improve and know that she has a better chance of survival. Fathers also benefit financially as they avoid the unwanted burden of raising a child born from an unintended pregnancy.
- **Benefits for the newborn.** Babies spaced at least 24 months after the birth of the youngest child are more likely to survive than babies spaced by less than 24 months; and they are less likely to be premature, to have low birth weights, or to be malnourished.
- **Benefits for existing children.** Chances of survival of the youngest existing child are also improved through adequate birth spacing. And babies spaced by three years or more are even healthier than those spaced by two years. For example, infant mortality in Pakistan could be reduced almost by half – from 76 per 1,000 births to 50 – if all births were spaced by at least three years.

4.2 Behavior Change

Behavior Change is the desired end-result of *all communication disseminated through interpersonal communication, community media and mass media. Behavior Change Communication (BCC)* is aimed at one primary outcome: increasing the number and proportion of couples who adopt birth spacing behavior and the practice of recommended birth spacing intervals using modern methods of contraception. In addition BCC will contribute effectively towards other HTSP outcomes including increasing the proportion of women delaying their first pregnancy until 18 years of age and limiting child birth after the age of 35. FALAH's BCC strategy is a framework of linked activities that work together in an integrated, synergistic process.

4.3 Responsibility of Husbands and Males

FALAH recognizes the importance of men and boys – including adolescents. FALAH will encourage male participation in developing longer birth intervals while addressing their needs and interests. Male participation will emphasize the role of men as family leaders who want to do the right thing, including ensuring the health of their wives and daughters. For example, they can be encouraged to play an important role in reducing the social pressure on the married women to have a child before 18 years of age.

4.4 Gender Equity

FALAH's perspective ensures that the needs and interests of girls and women – including adolescents – are served. FALAH strives to strengthen the value of the girl- child throughout the entire continuum of care.

4.5 Unmet Communication Needs

FALAH's communication content in all the three media- IPC, Community and Mass Media fulfills unmet needs of the following types:

1. Lack of awareness and knowledge among married couples, family and community influencers about the benefits of HTSP and in particular about the recommended birth spacing interval on the health outcomes of the mother, child and the well being of the family.
2. Lack of accurate information about the range of choices available through different contraceptive methods, namely condoms, oral contraceptive pills, injectibles, emergency contraception, IUDs and

sterilization including fertility-based methods of contraception such as Lactational Amenorrhea Method (LAM), and Standard Days Method (SDM).

3. Those that know about some or all choices but are reluctant to use them because of fear of side-effects or resistance from the husbands/in-laws.

4. Lack of information about where to go for counseling and how to obtain and effectively use contraceptives.

5. Need to inform *ulema* and other religious leaders about specific advantages of birth spacing and recommended birth spacing interval on the health of mothers and children and well being of the whole family and the need to advocate it to the community.

6. Need to produce and disseminate customized messages for specific groups and audiences to promote HTSP and the practice of recommended birth spacing interval in particular.

7. Need to persuade couples who have recently had a child to delay their next pregnancy for at least two years from the birth of the last child for achieving optimal health benefits.

8. Need to persuade younger couples to delay their first pregnancy until the wife is 18 years of age or older , couples with high parity and women above 35 years of age to limit having more children to avoid pregnancy related complications for the mother and the child.

FALAH's response to unmet needs is aimed at the very large proportion (about 33%) of married women who say they want to delay or limit births but are unprotected from pregnancy. They and their husbands will learn that they can delay pregnancies for as long as they wish by using a safe, reliable modern method of contraception.

4.6 Evidence-based Messages

Communication content is based on evidence from fieldwork through systematic research that is simultaneous and coordinated with field activities throughout the life of the project. Professional researchers will gather evidence directly from clients and potential clients through qualitative and quantitative formative research, along with direct observations of field activities during monitoring and supervision visits.

4.7 "Tell the Truth"

When we "Tell the Truth" in our communications we target three of the most-reported barriers to contraceptive use. Each message will tell the truth about a specific fear, ending on a positive note, with a recommendation to use contraception for birth spacing.

- **Fear of side-effects.** Consistent messages through the media to all audiences including health providers will prepare potential users and recent adopters about the risk of experiencing side effects with the use of hormonal contraceptives and the IUD and reassure them that these are not damaging to their health and usually go away with regular use.
- **Fear of objections by family members.** "Tell the Truth" to all family members about contraception for birth spacing to garner support of the relatives for those couples who wish to space pregnancies and births.
- **Fear of religious objections.** "Tell the Truth" to religious leaders, specially that modern temporary contraceptive methods, e.g., the pill, IUD, injections and condoms are reversible methods for birth spacing and therefore benefit the health of the mother and children. Use religious figures to endorse the recommended birth spacing interval.

4.8 Informed Choice

By providing information in the context of unmet needs as above, FALAH's communication provides adequate information that allows *informed* choices to meet each couple's changing needs. The range of choice includes reliable, affordable, modern contraceptives including condoms, oral contraceptive pills, injectibles, emergency contraceptive pills, IUDs, LAM, SDM and sterilization. FALAH will use the evidence available to inform and recommend specific contraceptives for specific circumstances. For example, condoms and pills can be an excellent introduction to contraception, and may provide reliable birth spacing for couples with relatively high education or wanting to delay their first pregnancy, but they are known to have high failure rates among couples who have no schooling. Couples who are ready to practice birth spacing but are resistant to adopt a modern method will be informed about the various fertility-based methods available for spacing and how to effectively use them.

4.9 Continuum of Care

excellent

The continuum of care concept focuses on the health of the mother and her children as a *continuum* throughout the prenatal period, the baby's birth, neonatal life and the breastfeeding period. FALAH's Continuum of Care ensures that the project will not be viewed as a stand-alone family planning activity. Instead, the FALAH introduction of healthy timing and spacing of pregnancies is presented as a component of an integrated reproductive health activity in each district. Other interventions to help improve maternal and child health are the focus of the USAID-funded PAIMAN project with which FALAH will collaborate and coordinate its activities to ensure complementarities and synergy.

5 The Who

Description of the Target Audience

5.1 Audiences

The strategy will focus on three major audience groups based on the each group's proximity to the core behavior change, which is to increase the adoption of birth spacing behavior and practice of recommended birth spacing interval using modern or natural methods of contraception.

The First Audience is the primary beneficiaries and is comprised of Married Couples of Reproductive Age in four categories:

1. **Currently practicing birth spacing using contraceptive methods** which may require continued reminders and encouragement for continuing contraceptive use at least until the recommended period of spacing interval that is when the youngest child is two years old.
2. **Those with Unmet Need for spacing:** couples who show a desire to space their next child but are not using any contraceptive method; they may have used contraceptives in the past and discontinued or may never have used any method.
3. **Those with Unmet Need for limiting:** couples who show a desire not to want any more children but are not using any contraceptive method. This category represents the majority of those with unmet need and is likely to respond most favorably if their reasons for not adopting a method are identified and addressed. They also constitute an important component of the HTSP target group since a majority of these women are older (> 35 years) and of higher parity and therefore have a greater risk of complications from pregnancies.
4. **Couples who do not have Unmet Need and are not current users:** Couples who show no desire to adopt birth spacing behavior and not using any contraceptive method.

The Second Audience comprises providers of contraceptives and health care services. These include sub-audiences, each with different levels of education, professional skills and vocation.

The Third Audience comprises of influencers including six sub-audiences of persons with varying degrees of proximity to **The First Audience** i.e. Married Couples, yet being able to exert influence on Married Couples in favor of birth spacing. The composition of the four audiences is as follows.

Target Audiences
1. Married Couples of Reproductive Age
• *Currently practicing BS using either modern or natural methods of contraception*
• *Unmet Need for spacing(Never user of contraceptives; discontinued users)*
• *Unmet Need for Limiting (Never user of contraceptives; discontinued user)-*
• *No Unmet Need, Not using contraceptives.*
2. Providers
• *Medics*
• *Paramedics*
• *Community Outreach Workers (LHWs/FWWs/ Male Mobilizers)*
• *Traditional (Hakeems/Homeopaths)*
• *Chemists/ Shopkeepers*
3. Influencers
• *In-laws*
• *Natal family*
• *Religious Leaders*
• *Community Notables*
• *Media*
• *Elected Representatives/parliamentarians*

5.2 Objectives, Messages, Media and Activities

Objectives and Messages

Objectives and sub-objectives for each audience follow the SMART principle: all objectives should be Specific, Measurable, Achievable, Realistic and Time-bound. Messages for each audience are tailored to fit each objective and related sub-objectives. Many FALAH messages have benefitted from the PAIMAN project's experience. Before use, messages will be translated into local languages and pre-tested for clarity, comprehension and cultural acceptability.

Media and Activities

This strategy uses three media: interpersonal communication (IPC), where necessary, supported by print media such as leaflets, flip charts, and posters and by community media and the mass media. Interpersonal communication refers to discussions between individuals, such as counseling a wife, a

mother or a husband by a health provider. Community media refers to group activities such as meetings, street theatre, special group and community events, such as puppet shows and other forms of "live" education-entertainment.

Mass media includes channels such as radio, TV, cinema, large scale circulation print media and billboards that may be targeted at specific audiences but also can reach undifferentiated audiences. Although activities may differ by medium and district, the messages will be uniform. Planners will determine the most effective media mix for each message. Annex C describes the roles, advantages, disadvantages and examples of each of the three media.

Execution of Communications Strategy through the Private Sector

The CAM messages will be communicated to a large group of audience through the various activities of FALAH's private sector social marketing partner Greenstar and commercial sector partners ZAFA pharmaceuticals and UDL which is described more elaborately under the Social Mobilization strategy.

Greenstar Social Marketing: Greenstar (GS) is the only social marketing organization in the consortium of FALAH. In addition to managing a large scale sales and marketing operation, Greenstar operates a franchise of trained providers who offer quality products and services in family planning and birth spacing. These providers are supported through intensive IPC and community-based activities sponsored by Greenstar within their catchment areas. The activities include household visits by Greenstar female outreach workers, neighborhood meetings and group meetings of women and men, and orientation meetings with community influencers. Its IPC staff provides information on birth spacing and method choice, addresses misconceptions related to use of various contraceptive methods available and provides tokens to married women for seeking subsidized family planning services from a nearby GS service provider on a given day known as the Clinic Sahoolat.

The messages that will be developed by the project to promote the concept of healthy timing and spacing of pregnancies with particular emphasis on recommended birth interval and use of contraceptive methods will be communicated to all three target audiences - Married Couples, Providers and Influencers - who are reached through the IPC and community-based programs managed by GS. In addition, Greenstar will incorporate the key generic messages promoting the benefits of birth spacing with their brand specific mass media campaigns. Greenstar will also scale up a successful

model to mobilize employers and employees in workplaces to support the practice of birth spacing for improving the overall health and well being of families.

Commercial private sector partners: To help improve contraceptive security in the country, FALAH plans to provide technical assistance in sales, marketing and communications to selected commercial private sector partners to help increase sales and revenues and ultimately the sustainability of their contraceptive products. To the extent that these companies call on health providers to promote their products and advertise their contraceptive brands through the mass media, FALAH will ensure that the messages constructed on HTSP and recommended birth spacing intervals along with contraceptive method choices are incorporated through the doctor detailing sessions, promotional seminars and the mass media campaigns that will be aired to promote their contraceptive brands.

Collaboration with PAIMAN, MOPW and MOH

The major area of collaboration between FALAH and its key external partners, PAIMAN, MOPW and the MOH will be in the development of the main messages and themes that FALAH will produce to promote the concept of healthy timing and spacing of pregnancies and incorporating them into the partner's communication strategies and activities. As part of this process, FALAH will review the partner's existing message strategy and content as they relate to family planning and birth spacing and help to incorporate new messages that will be developed for the various target audiences that the partners reach. Guided by the broader objective to reposition family planning, messages will focus on specific areas such as recommending clients for IUD's within 48 hours post partum, effective use of LAM and use of progestin only pills during the period of exclusive breast feeding to ensure full protection from an accidental pregnancy. FALAHs communication team will work closely with the partners on a regular basis during the process of message development. The internal BCC committee of FALAH as well as the BCC committee instituted by the MOPW will be the forums for discussions and the final agreement on the communication messages.

Part of "The What" and "The How"

Objectives, Messages and Media for each Audience

Target Audiences	Objectives
1. Married Couples	
• Currently practicing birth spacing using modern or natural contraceptive methods	i)Ensure understanding of the benefits of recommended birth spacing interval, that is, 24 months from last birth to planning conception, (stoppage of contraceptive use) ii) Ensure continuation of methods by providing choices and improved counseling for side effects if needed
• Unmet need for spacing (Never used contraceptives, discontinued user of contraceptives)	i) Help couples to adopt a modern contraceptive method ii) Educate on the advantageous and limitations of various methods; their effective use; reassure them that side effects from hormonal methods are not harmful and go away with regular use iii) Reinforce the benefits of the recommended spacing interval to the health of mothers and the newborn, infants and children and overall family well being.
• Unmet need for limiting	i) Inform families about the greater risks of pregnancy complications for high parity women aged 35 and above ii) Educate on the various long acting and permanent methods of contraceptives
• No unmet need (Not currently using contraceptives)	i) Inform couples of the benefits of birth spacing and recommended interval to the health of the mother, child and family well being ii) Inform couples about the higher risks of pregnancy complications for women under the age of 18 iii) Inform couples about the benefits, possible side effects and effective use of various contraceptive methods available iv) Help couples to adopt birth spacing behavior and choose a contraceptive method of choice by addressing

	socio-religious barriers
2. Providers • Medics • Paramedics • Community Outreach Workers (LHWs, Male Mobilizers) • Traditional practitioners • Chemists/ Shopkeepers	i) Make all cadres of health care providers proactive in promoting the benefits of healthy timing and spacing of pregnancies and particularly on the importance of practicing the recommended birth interval ii) Improve knowledge and remove misconceptions about different modern contraceptive methods. iii) Improve knowledge about the management of side effects and counseling skills iv) Promote postpartum contraceptive opportunities v) Educate clients on the use of emergency contraceptive pills to prevent an unintended pregnancy
3. Influencers • In-laws • Natal family • Religious Leaders • Community Notables • Media • Elected Representatives	i) Sensitize them to the benefits of birth spacing in general and recommended spacing interval in particular ii) Seek their partnership to become active advocates of birth spacing. iii) Inform them about the potential for pregnancy related complications for women under the age of 18 and therefore to delay marriages or child birth until a woman has reached at least 18 years of age

Messages for each Audience:

The following messages are formulated as basic, broad conceptual statements. Except where the medium of communication makes it appropriate or necessary to use the exact wording of such basic statements, the actual text of the themes, propositions, and slogans to be used in IPC-support material, in community or in the mass media may be derived from the following without having to reproduce each word. Related sub-messages are listed in Annex B. This list is a "basket" from which a particular sub-message that is relevant to a specific audience, medium of communication or situation may be chosen and used in context.

segmenter audes

Audience: Married Couples

Currently practicing birth spacing using modern contraceptive methods

Message:

"You are a married couple that is demonstrating an admirable in ensuring the health of the wife and of your children by practicing birth spacing. Remember to ensure the maximum health benefits for your wife and your newborn child, as well as the overall well being of your family, you must delay your next pregnancy for at least 24 months after your last child was born. You can do this by continuing to use a contraceptive method until your youngest child is at least two years old. A range of well qualified, trustworthy providers are available to you with the most reliable information and support you need now and in the future."

Message:

"Women who start using hormonal contraceptives may initially face some side effects such as headache and nausea which usually go away with regular use. There is no need to worry. If these problems persist, even after three months of regular use, consult a health provider before you decide to stop using the method. A range of well qualified, trustworthy persons and partners are available to you with the most reliable information and support you need now — and in the future."

Unmet need for spacing, never used contraceptives

Message:

"Many couples don't want to have another child in the near future but have not adopted any method to delay their next pregnancy. Remember that birth spacing has many benefits and is a practice sanctified by religion, by historic tradition and now advocated by contemporary scientific knowledge. A range of different methods of contraception that are safe and reliable is now available to you to

delay your next pregnancy. These are provided by well qualified, well trained persons who will give truthful answers to any questions or concerns you may have. You can take a vital step forward to ensure the good health and well being of your family by going to a provider and selecting a method of your choice today. Remember to ensure maximum health benefits for your wife and child, you must delay your next pregnancy for at least 2 years after your last child was born."

Unmet need for spacing, past users of contraceptives

Message:

"*Many couples don't want to have a child in the near future but have stopped using a contraceptive method to delay the next pregnancy either because the wife experienced side effects or the quality of after-care was not available when it was most needed. Perhaps there is also some other reason. Nevertheless a couple must ensure that they are protected from another pregnancy at least for 2 years from the birth of their last child to ensure maximum health benefits for the mother, the new born child and for the overall well being of the family. A range of methods of contraception that are safe and reliable is now available to you to delay your next pregnancy. These are provided by well qualified, well trained persons who will give truthful answers to any questions or concerns you may have. You can take a vital step forward to ensure the good health and well being of your family by going to a provider and selecting a method of your choice today."*

Unmet need for limiting

Message:

"*Many couples don't want to have any more children in the future or are not sure, but have not adopted any contraceptive method to prevent pregnancy. Remember, a woman who already has delivered a number of children and is 35 years of age or older can suffer from serious pregnancy-related complications that can be life threatening. A range of long acting or permanent methods are available to meet their needs that are safe and effective. You can take a vital step forward to ensure the good health and well being of your family by going to a provider and selecting a method of your choice today."*

No unmet need, not currently using contraceptives

Message:

"Birth spacing has many benefits and is a practice sanctified by religion, by historic tradition and now advocated by contemporary scientific knowledge. To ensure maximum health benefits for the wife and children, a couple must delay their next pregnancy at least for 2 years after their last child birth was born. Even though you may not have previously considered practicing birth spacing or have used contraceptives for delaying pregnancy, for ensuring the good health of your wife and benefits for your family, this is the right time to adopt the practice of birth spacing. You now have the opportunity to choose from a range of contraceptives that are safe and effective. These are provided to you by well qualified, well trained persons who will give truthful answers to any questions or concerns you may have. It is up to you to take this vital step for the good health and well being of your family."

Audience: Providers

General Message (to be adapted for each sub-audience)

"You are in an advantageous position to help fellow human beings in general and married couples in particular to attain good health for their wives and children and to ensure the well being of the husband and the whole family. It is your words, actions and care that can also make the difference between life and death. When you communicate with married couples, raise the topic of the importance of ensuring the delay in pregnancy until a woman is at least 18 years of age; having an interval of at least 24 months from when their last child was born to plan their next pregnancy; preventing pregnancies for women with high parity and above 35 years of age. Ascertain each couples needs, fears and concerns. Provide them promptly with all the relevant information, contraceptive products, advice and support that they require."

"Encourage clients to also consider postpartum contraceptive opportunities. There is a range of family planning methods that can be used during the year after child birth. Certain methods can even be safely and effectively used for birth spacing within 48 hours after a live birth without interfering with breastfeeding, or after a miscarriage or postabortion to protect the health of the mother".

Audience: Influencers

Of the six sub-audiences, in-laws and the natal family closest to the married couple require a specific message distinct from the messages for the four other sub-audiences.

Message for these two sub-audiences:

"As close relatives of the married couple, you are highly respected by them and are therefore in a specially privileged position to give valuable advice, guidance and support to them on the practice of birth spacing to ensure the good health and well being of the wife, the children and the husband. Also advise your loved ones that for the sake of ensuring better health and to reduce risks of pregnancy-related complications, they should avoid becoming pregnant too soon or too late in their reproductive life. All relevant information and support required by married couples is now available on a completely reliable, trustworthy basis. Please use your unrivalled influence for the benefit of those who are so dear to you."

Message for the other four sub-audiences of influencers:

"You are persons who enjoy high regard and respect in your country and in your community. Your opinions and comments on important issues are noted with care and attention by large number of people. Birth spacing is a practice sanctified by religion, by historic tradition and now advocated on the basis of contemporary scientific knowledge. A comprehensive and reliable package of information, a range of contraceptive methods and well trained health care support is now available to married couples. Your advocacy of birth spacing and recommended spacing interval as a very appropriate way to ensure the good health and well being of mothers, children and husbands can make a vital difference in enhancing the standards of health of the people Pakistan."

6 The How: Media

6.1 Three Media

The FALAH project uses three major media – Interpersonal Communication (IPC), Community-Based Media (CM) and Mass Media (MM). Annex C outlines the roles, advantages, disadvantages and examples of each medium.

6.2 Organization and Management of the "How"

- By the FALAH leadership on the basis of this strategy
- Coordinated by FALAH's in-house Communication Unit
- Competitively selected media agency and production houses
- Partners
- Occasional inputs from external consultants

6.3 Audiences, Objectives, Media

Audiences	Objective	Communication Media
1. Married Couples		
• Currently practicing birth spacing, using modern or natural methods of contraception	Improve understanding of the benefits of recommended birth spacing interval and emphasize need to continue contraceptive use	IPC Household visits by Greenstar Counseling by public and private sector health providers (Doctors, LHV's, LHW's, FWW's Male Mobilizers etc) Distribution of audio cassettes with information on HTSP and contraceptive use Community Media Group/Meetings by RSPN, MC community mobilizers Interactive /Street Theaters by HANDS Sensitization meetings by RSPN community facilitators Messages communicated through local media, community events Mass Media Television
• Unmet need for spacing (never user, past users)	Help couples to adopt a contraceptive method for spacing and practice birth spacing at recommended intervals	
• Unmet need for limiting	Help couples to adopt a long acting or permanent method of contraception	
• Not current users, not with unmet need	To help couples adopt a method for spacing	

	and provide knowledge regarding the benefits of recommended spacing interval.	Billboards
2. Providers ➢ Doctors ➢ Medics ➢ Paramedics ➢ Community Outreach Workers (LHWs, Male Mobilizers) ➢ Traditional ➢ Chemists/ Shopkeepers	1. To make all cadres of health care providers proactive in promoting the benefits of HTSP. 2. Remove misconceptions and improve correct knowledge about contraceptive methods 3. Educate on management of side effects from use of hormonal contraceptives and IUD 4. Promote postpartum contraceptive opportunities 5. Educate on use of ECP	IPC Detailing to private sector health providers through GS and commercial private sector partners Clinic Sahoolat by GS Seminars with LHV's by private sector partner, ZAFA Chemist orientation meetings by private sector partner UDL Training of health providers by GS CCA training of LHWs, FWWs, paramedics by PC SBMR training for RHS A centers and FWCs of MOPW by Jhpiego Training of hakeems/homeopaths by Greenstar Mass Media Print advertisements in ethical magazines/journals Sponsorship of health programs and discussion shows on TV
3. Influencers ➢ In-laws ➢ Natal family ➢ Religious Leaders ➢ Community Notables ➢ Media ➢ Representatives	To sensitize them to the benefits of birth spacing and seek their partnership to become active advocates for birth spacing. Promote delaying the age at marriage of women to 18 years	Community Media Sensitization/Orientation meetings with community gatekeepers by implementing partners Village Health committee meetings Distribution of Advocacy kits for the media, religious leaders and notables Mass Media Television commercials, drama, discussion programs

6.4 Centralized Planning: Decentralized Dissemination

To attain coherence and continuity, a well-coordinated, centralized planning process was conducted. FALAH used a consultative approach to develop this strategy. The consultants and the FALAH partners discussed planning issues at the FALAH office, during field visits and through correspondence. The consultants also circulated drafts of the strategy to partners for comments and suggestions, while arranging meetings with partners and stakeholders to develop consensus on the content of this strategy, the role of the core team, and each of the consortium partners.

FALAH's centralized planning and partially decentralized approach to implementation takes advantage of an important fact: our highly-experienced partners are very well-positioned to have a strong role in implementation of some aspects of the campaigns in their respective districts. While using this Communication Strategy as a guide, each partner will use content that is centrally produced by FALAH. Where required, each partner in concurrence and discussion with PC's communication team may also develop and pretest its own mix of media, activities, materials and language formats that are culturally and technically suited for interpersonal communication and community mobilization in each district. This decentralized approach to implementation also gives each partner the opportunity to conduct brief field tests, then monitor them and discuss them with FALAH's communication team before scaling up. In some districts the partners will also be able to complement and supplement the communication activities of the PAIMAN project.

Mass media entertainment has become an important part of daily life for a large part of the population, rural and urban. For example, the *Aahat* serial drama was enjoyed every Monday night on PTV in the 1990s by huge audiences who reacted well to the soap opera format that included unwanted pregnancies, birth spacing and family abuse – topics that had rarely been discussed in mass media. FALAH will use a variety of education-entertainment such as radio and TV stories, dramas, serials and quiz shows that will enter millions of homes throughout Pakistan.

6.5: Innovative Initiatives in the How that can be effective communication medium

Cell Phone

- One new medium of communication that has a unique capacity to span all communication media categories is the cell phone. This device is <u>intensely inter-personal</u>; it is shared and visible at the

community level like community media and it transmits and receives mass media programs. It has a further capacity to originate content and to transmit it to others.

- There has been phenomenal growth in the use of cell-phones in all districts in recent years. One estimate of current cell-phone users is as high as 80 million cell-phones.
- Cell-phones are used by some of our targets groups in the 20 FALAH districts.
- FALAH will explore the possible collaboration with telecom companies to help project the FALAH message by cell phones with support of an advertising sponsor who may or may not want to be associated with birth-spacing. FALAH itself does not necessarily wish to be associated with a commercial brand name.

Website

Although most of the core target audiences in the 20 districts are not IT literate, there should be an attractive, informative and updated website on FALAH, providing comprehensive information on the project, its communication strategy and its status of implementation.

Advocacy Forum

Periodic high profile round-tables are planned for opinion leaders focusing on FALAH mission and the progress achieved to date.

New Interactive Events such as a New Game Show

We may devise a new game show as a community, participatory event and/or for TV/radio programming based on the concept of "advantages of spacing" or adapts an existing sport or game to promote the concept of birth spacing. While presenting this as a national-scale show, a special focus could be applied to the 20 districts, e.g., all participants of the game show are chosen only from the 20 districts. Participants comprise representative examples of lower income, semi-literate, "un-educated" yet credible couples or individuals from our core target groups. Questions in the game show will be related to the texture and reality of their real lives and not simply conventional "general knowledge" questions. The climactic part of the game show would be always around the concept of "spacing", with examples from nature. The game show would be full of music, light entertainment, comedy, dialects and idioms reflective of the culture of the 20 districts. Prizes would be of special relevance to our primary audiences.

IVR (Interactive Voice Response)

IVR is a highly innovative and modern tool recently introduced in Pakistan. It can be used effectively on TV as well as the radio. It is a system where a question is displayed on a TV screen, on the ticker or otherwise, which can have multiple answer choices. Viewers are requested to give their response through the pre-devised procedure of pressing numbers on a phone. To attract the audience to participate, there is often a gift hamper or the prize which is awarded to one of the participants with right answers. In case of more one correct respondent, the winner is decided by a draw. They can call directly to a given 0800 number and by pressing a digit they register their response to a certain question. The response can also be generated through SMS and email. The same thing can be used in radio in audio.

The advantages of this medium are numerous as it generates a lot of interest among the viewers/listeners. It's comparatively inexpensive, and can quantify the exact data on people's response. It can also indicate how people react to certain questions. Although many people in our target audience may not be able to respond because they may not have access to phones, email or mobiles to answer the question, they will still be motivated to know the correct answer. Keeping in mind the provincial and district focus of FALAH, this innovative program can be used on regional TV stations as KTN, ATV or Khyber and conducted in regional languages.

7 Social Mobilization

FALAH'S SOCIAL MOBILIZATION STRATEGY AND ACTIVITIES

INTRODUCTION

The FALAH Communication, Advocacy and Social Mobilization (CAM) strategy provides the over arching framework for undertaking social mobilization at the family, community and national level by the FALAH project. The key principles of FALAH are to simultaneously, mobilize couples, families and communities in the twenty districts in support of adoption of birth spacing as an initiative to improve their health and well being while also addressing the improvement and expansion of access to good quality services to meet their needs. This is to ensure that we do not mobilize couples or families without commensurate efforts to ensure their access to birth spacing services. The ultimate goal of the Communications and Mobilization strategy of the FALAH project is to improve the health and well being of women, men and their children through tackling the major obstacles in adoption of birth spacing to improve maternal and child health outcomes and family well being, by increasing knowledge of the benefits of HTSP as well as knowledge, increased demand for and effective use of contraceptive methods.

While the larger CAM strategy paper describes in detail the messages and media through which overall communication will be carried out, this Social Mobilization strategy focuses on activities which are to be undertaken in support of healthy timing and spacing of pregnancies (HTSP) foremost amongst Married Women of Reproductive Age (MWRA) and their husbands. This is the primary target group for social mobilization and also the main beneficiary of the strategy. The strategy aims to achieve a significant increase in couples knowledge and understanding of the need for and benefits of birth spacing and the recommended spacing interval; to sensitize providers to proactively inform clients and their partners on the benefits of birth spacing as well as to advise couples on the different contraceptive methods available for spacing pregnancies and if needed to refer them to the appropriate facilities in order to meet their unmet demand.

Additionally, advocacy and social mobilization activities will also be undertaken to address other influential members at the national and district to sensitize their attitudes and opinion in support of birth spacing and to make them advocates within the family and to the community. Their mobilization is the key for removing some of the major barriers facing women and couples and contributing to reduced levels of unmet need for birth spacing.

CURRENT SITUATION AND OPPORTUNITIES

The Pakistan Demographic Survey 2007 reveals that contraceptive prevalence has stalled and remains relatively low at about 30 percent. Unmet need for family planning in Pakistan remains high at 25 percent (PDHS 2006/2007) suggesting that there are major barriers to adopting family planning even among those who already wish to delay or limit childbearing. These barriers have been studied

extensively and found to vary significantly according to place of residence, education level, and income levels of families. The latest survey also shows an unwanted fertility rate whereby women on average are having one additional child beyond their planned desired family size over their reproductive lives. The current situation suggests both challenges and opportunities in reaching women, their families, and their communities with better information and services. The challenge is to increase the demand both for spacing (and limiting) pregnancies and to increase the uptake in contraceptive use by reducing the gap in unmet need. This is seen by FALAH as an opportunity as the outcomes are expected to be hugely beneficial for families and children in the FALAH districts.
A variety of structural conditions in Pakistan perpetuate the lack of acceptance of family planning services and birth spacing practices. For example, the low levels of education, especially among women, reduce demand for family planning in specific and well-understood ways. The weak primary health-care system not only contributes to high infant and child mortality (thus maintaining the felt need for large families), but more directly deprives the population of a potentially effective source of quality family planning counseling and services, especially in rural areas. The situation has been aggravated by limited understanding and a lack of focus on the value and need for birth spacing as a means to improve mother and child health.

The findings direct us to target the following central barriers:
Gender relations. In general, women in Pakistan have extremely limited independence and economic power to make important decisions, including those regarding pregnancy and childbearing. Poor spousal communication is a further constraint, as is the discrepancy in the thinking between husbands and wives in the timing and strength of their desire to space and limit births (women want to begin spacing earlier and the long process of convincing husbands and their families about the value of spacing leads to high levels of unwanted pregnancies).

Social/religious concerns. The word family planning has largely become associated with the perception of limiting family size among the population. Therefore, there is a widely shared sense that family planning, although practically useful, is wrong or unnatural. Mass media messages and interpersonal communication seeking to counter this viewpoint have limited reach and impact in rural areas. Sometimes these concerns are stated in explicitly religious terms (more in some parts of Pakistan than in others). Men tend to be more conservative, and because they are generally considered the authority on Islam within the family, a husband's views on family planning can be an important barrier. The focus of family planning programs has mostly been on promoting small family norms. Not enough attention has been given to emphasizing the value of birth spacing to improve maternal and child health and family wellbeing.

Fear of side effects. Studies show that a strong fear of side effects, particularly those resulting from the use of hormonal methods, is an important factor inhibiting both adoption and continuation of certain methods. Limited knowledge regarding the management of side effects of contraception, misconceptions and lack of confidence in contraceptive methods often lead providers to advise discontinuing contraception or switching methods, inappropriately without guidance about alternative strategies for protection against unwanted pregnancy Provider counseling is poor, resulting in enhanced fear of side effects and missed opportunities to link child spacing with health benefits.

Lack of knowledge about the availability of services. Most couples know of at least one place to obtain contraceptives. However, they often lack specific information about where they can obtain specific services, what quality of the services available or their costs. Furthermore, distances are often great, leading to high costs for transportation; clinics may not be open, or are out of stock; service quality, especially counseling, is often poor; and choices are limited.

THE NEED FOR SOCIAL MOBILIZATION:

The key focus of the mobilization strategy is centered on an understanding of the needs and aspirations of potential clients, recognizing how their choices and behaviors are shaped by their relationships with their spouses their families, and the communities and societies in which they live. At the center of our approach are the primary beneficiaries—women—who, along with their husbands, are to be reached through interpersonal communication and improved media messages and are enabled to meet their family planning needs by expanded service delivery, improved quality of services, and efforts to remove or reduce the barriers to access embedded in the gender and social relations within families and communities. The next most influential group is the people most in contact with the couples with unmet need, health care providers, and family members, who share their social perspectives and are respected for their advice. These groups will be especially addressed.

An important component will be to engage in efforts to direct public discourse with national and community leaders and policy makers who play a vital role in shaping public discourse on family planning, birth spacing, and health. This will give a renewed emphasis on making the linkages between birth spacing, health, and development.

The key message is repositioning family planning as a health intervention: There appears to be limited understanding of the value of birth spacing for improving maternal and child health, and a stagnant demand for modern methods. Consequently, birth spacing as a means to enhance the survival and improve the health of the mothers and the child as well as the technology to recap the health benefits of birth spacing are not well understood by influential leaders, health-care providers, or eligible couples. The main thrust of the project activities will be to reposition family planning in the public view by stressing birth spacing rather than limiting childbearing for health. This repositioning of family planning will be reflected consistently in all of the proposed activities, including messages through mass media, training of providers, and social mobilization. This repositioning will bring new support, defuse persistent opposition, and reach a new market for family planning.

NATIONAL MOBILIZATION STRATEGY

Aims and Objectives

At the national level, our strategy will mobilize major influential groups to become strong proponents of the benefits of birth spacing to the population in general and to remove myths and misconceptions surrounding family planning in the past. This will also ensure both enhanced and sustained political commitment. Our work will involve advocacy with:

- Prominent religious leaders/ scholars
- Community influencers
- Media representatives
- Parliamentarians
- Elected representatives
- Policy makers at the district, provincial and national level
- Professional health associations and academic institutions

These key players can be instrumental in creating an enabling and supportive environment, either directly or through the influencers at the community level, to bring about behavior changes in favor of birth spacing among eligible couples.

Target Group: Religious Leaders and Scholars

Since the views and opinions of the religious scholars and *Ulemas* are critical in shaping public opinion, FALAH will work towards making them active promoters of birth spacing as a health intervention to improve the health of the mother and the child and the overall well being of the family and the nation. This will also help in mitigating perceived religious opposition.

Proposed Activities

A number of activities are proposed to be undertaken by FALAH to advocate and mobilize religious leaders as follows:

- Consultation meetings with religious scholars at the national Level to solicit their views and involvement in promoting birth spacing.
- TV discussion programs with prominent religious scholars on the topic.
- Study tours to Islamic countries such as Egypt, Tunisia and Morocco to observe their advocacy program with the religious leaders and identify and discuss how they can be applied within the context of Pakistan.
- Assist MOPW in reviewing and revising the national training curriculum for *Ulemas* to ensure that the messages and materials on birth spacing and family planning are consistent with those agreed upon and adopted by all partners.
- Endorsements: Wherever possible and relevant, communication materials such as audio cassettes, videos would contain endorsements by noted national religious scholars particularly when targeting religious leaders at the community level.
- Develop informational packages for newlyweds and work with the *NIKKAH* Registrars to help communicate the key messages on delaying the first child to avoid complications for women under 18 and ensure the health benefits of birth spacing.
- All implementing partners including Greenstar will conduct a number of orientation and sensitization sessions with key influencers to discuss FALAH operations and encourage them to be active advocates of the practice of birth spacing and the recommended spacing interval. Advocacy kits will be developed and provided to community notables, Masjid Imams and other religious leaders, and local media journalists, cable TV operators, among others. Key community influencers such as the Nazims, Councilors and the Masjid Imams/ Khateebs will be invited to attend and speak in favor of birth spacing in the male meetings that will be organized by the project in the FALAH districts.

Target Group: Community Influencers

Social mobilization at the community level will consist of a number of community-based activities involving influencers who are community leaders and gatekeepers including district officials, elected representatives and informal leaders identified by the community as important sources of advice.

Proposed Activities

These activities will seek to garner support of these groups in favor of birth spacing and the recommended birth spacing interval to improve maternal and child health and overall family well-being in the communities.

- At the community level, Implementing Partners will organize various community activities to create excitement and publicity for promoting the practice of birth spacing on special events such as the World Population Day, Breastfeeding Day and Mother's Day.
- Short commercials promoting the benefits of birth spacing and recommended interval will be shown at cinema halls and through local TV cable networks to reach a wider audience and reinforce the messages.
- Radio, especially popular FM channels, will also be used to mobilize support for the cause of improving maternal and child health through birth spacing.
- Billboards will be installed in prime locations of the FALAH districts advertising the theme of the birth spacing campaign that will reinforce the core key messages.

Target Group: Media Representatives

Media, both electronic and print, is known to be most effective method for sharing information and shaping people's perceptions and attitudes. FALAH's strategy to involve media is follows: First, FALAH intends to orient representatives of both print and electronic media to create awareness about the benefits of birth spacing. In addition, media will be encouraged to raise the issue of the need for health providers and other important influential groups to proactively promote birth spacing. The media can play a major role in creating socio-cultural acceptability for birth spacing. This will in turn facilitate politicians and other influential groups to support birth spacing.

Proposed activities

Advocacy with the media representatives at the national level will include:

- Consultative meetings and advocacy forums
- Briefing of editorial boards of major newspapers
- Organization of visits by media representatives to FALAH districts to observe project activities and speak with local influentials.

Second, media could also be involved in promoting birth spacing through:

- Newspaper articles by informed and respected journalists about birth spacing and its acceptance at the community level as well as by religious leaders
- Talk shows, panel discussions and lectures by eminent personalities on different topics related to birth spacing on various electronic medium – radio, TV
- Airing of docu-dramas and videos on various themes related to birth spacing and positive health outcomes of adopting the recommended spacing interval.

Target Group: Elected Representatives/Parliamentarians

Elected representatives and influencers can also wield a key role both at the national level by influencing the development of policies and programmers as well as in their local constituencies to change people's perceptions and behavior in adopting birth spacing. FALAH will undertake the following to mobilize elected representatives:

Proposed activities

- Orientation on birth spacing for members of Parliament, in particular the members of the Parliament Committee on Population, highlighting the need to reposition family planning and respect client's choices to be successful in meeting national goals
- Orientation visits to activities in FALAH districts to see the acceptance of birth spacing messages at the community level
- Mobilization of influentials in the 20 FALAH districts by the Parliamentarians of those districts.

Target Group: Policy Makers

FALAH's work with policy makers is two-old. The first is to identify issues for policy makers to address that will facilitate in enhancing access and quality of family planning/birth spacing services in the country, and particularly in the 20 districts. The other is to advocate for increased resources to support the private sector, both subsidized and commercial to enhance the overall contraceptive security in the country. This may involve the transfer of commodities to social marketing efforts as well as policies facilitating the involvement of private sector companies in the support of birth spacing efforts.

Proposed activities

FALAH will organize dissemination seminars to share project experiences on some of the innovative initiatives planned particularly in the areas of collaborative activities with the MOPW and the MOH. In

addition, the forum of the Population Association of Pakistan will be used to pursue policy discussions on key topics focusing on addressing barriers to achieving the national objectives in population and health.

Target Group: Professional Health Associations and Academic Institutions

Advocacy efforts will be undertaken with Professional, Medical, and Paramedical institutes including PMDC, Population Association of Pakistan, Pakistan Nursing Council, and Pakistan Society for Obstetrics and Gynecology for their support in getting the health professionals involved in proactively promoting the HTSP effort.

Proposed Activity

FALAH project staff will address the routine meetings of the PMA held in district and provincial capitals and will provide participants with a simple list of items that they could do in their district to facilitate the repositioning effort.

COMMUNITY MOBILIZATION STRATEGY

Aims and Objectives

The community mobilization strategy is designed to create an enabling environment that will promote birth spacing through direct interaction with the eligible women and their husbands and active mobilization of support from key influencers and the health providers practicing in the community using various IPC and community based interventions and approaches. At the Community level, the target audience for mobilization will include the following:

Primary: Married Women of Reproductive Age (MWRA) and their Husbands

- Currently practicing birth spacing and using modern contraception
- Currently not using contraceptives but have unmet need for spacing or limiting
- Have no interest or desire to space or limit at the present time
- Pregnant women during ANC and immediately after delivery during the post partum period.

Secondary: Providers in the Public and Private sector including doctors, paramedics, LHWs, LHS, LHVs, FWWs, and other health service providers

Tertiary: Influential members at the community level senior family members, mothers-in-law

- Religious leaders: *Imam Masjids, Khateebs, Nikkah* Registrars, *Ulemas*
- Elected Leaders: Elected Representatives such as *Zila Nazims*, Union Council members, Parliamentarians (members of the provincial and national assemblies)
- Media representatives including journalists and columnists

FALAH will pursue a number of specific communication objectives with each of the following target groups as follows:

Primary: MWRA and their Husbands

- Increase understanding of the benefits of birth spacing and WHO recommended spacing interval on the health of the mother, new born and for overall family well being
- Encourage male responsibility and Inter-Spousal discussion on birth spacing
- Minimize fear of side effects from contraceptive use as well as practical ways of managing side effects when they occur
- Increase knowledge regarding correct and effective use of contraceptives
- Create awareness of the various sources of acquiring contraceptive information, products and services

Secondary: Public and Private Sector Health Providers

- Encourage providers to become proactive advocates of birth spacing to their clients and the community they serve
- Remove myths and misconceptions regarding modern contraceptive methods, including LAM and SDM
- Improve knowledge and confidence by providing comprehensive information on management of side effects of contraceptives
- Reiterate higher risks of pregnancy related complications among younger women (below 18) and high parity, older women (above 35) as well as for those with short birth intervals
- Promote opportunities for post partum counseling and support for contraceptive use in support of birth spacing

Tertiary: Influencers (Religious leaders, elected representatives, community notables, media representatives):

- Increase understanding and acceptance of birth spacing and WHO recommended birth spacing interval
- Encourage influencers to become strong proponents of birth spacing and its benefits to the community and the nation
- Remove myths and misconceptions and clarify religious view point on birth spacing
- Raise awareness about higher risks of pregnancy related complications as well as short birth intervals among younger women (<18) and high parity, older women (>35) as well as those with short intervals between pregnancies

A series of messages will be developed in line with these objectives for each target audience. The messages will be developed in consultation with FALAH's internal and external partners including the MOPW and the MOH and through the creative inputs of its appointed advertising agency. Messages will be translated into regional languages in addition to Urdu as applicable to FALAH districts and extensively pre tested among the target groups before finalization. The project is confident that ultimately all other partners working in the area of reproductive health and family planning will incorporate these final messages into their campaigns to ensure consistency and continued reinforcement.

Three major communications media will be utilized to ensure that the tested messages reach their intended audiences:

- The main channel of communication will be interpersonal (IPC) and community based media (CM). IPC is defined as communication exchange between two individual such as communication between a husband and a wife, and counseling of a client by a provider

- Community media (CM) refers to communication of messages to a group in a community e.g. group meetings with husbands, advocacy meetings, messages through a local cinema/radio channel among others.
- Mass media will be utilized in collaboration with the MOPW and the MOH as a means to reinforce the core messages on birth spacing as well as reach a wider target audience beyond the 20 FALAH districts.

Mobilization Approach

The community mobilization approach will rely on a number of interventions. In the areas where LHWs are present, community mobilization will be undertaken by them as a part of their ongoing activities. These include:

- House to house visits by LHW to convey information both on the benefits of HTSP as well as on the different contraceptive methods for promoting informed and voluntary choice by MWRA
- In order to undertake this, all LHWs in the 20 districts of FALAH will be trained in Client Centered Delivery of Family Planning Services
- LHWs will also conduct Women Group Meetings comprising MWRA as well as women influencers in the family and community to further reinforce the messages delivered through house to household visits and to remove any existing myths and misconceptions.
- Male mobilization would be undertaken through the Village Health Committees comprising the husbands of MWRA and male influencers in the family and community, like the religious leaders, locally elected leaders which will be set up by the male mobilizers and male FWA of MOPW for which they will trained by FALAH.
- Sensitization of public and private sector providers in providing facility-based and domiciliary family planning services. For this purpose providers will be trained in the client centered service delivery methodology by Master Trainers trained by FALAH.

In areas where LHWs are not present, male and female group meetings will be conducted by Community Mobilization Officers (CMO) of the Implementing Partners, and the use of interactive theaters. In addition, Greenstar will mobilize MWRA in all the districts through household visits by their IPC workers as well as communities and arrange neighborhood group meetings for the MWRA through their female health service providers.

The project will undertake the following approaches in executing the strategy as stated above:

- Maximize the overall coverage of eligible women and their husbands through IPC and Community-based activities of LHWs in the LHW covered areas and complemented by project Implementing Partners in the non-LHW areas.

- Set up or strengthen Group Meetings as mechanisms to reach and motivate husbands of eligible women as well as other influential male members of the community.
- Mobilize support through advocacy meetings by the project Implementing Partners with key influencers in the community.

ACTVITIES IN THE LHW AREAS

A major part of all FALAH districts, an estimated 63% of the population of MWRA, are within the coverage of the Lady Health Workers (LHW) program (MIS Report, 2008). The National Program for Family Planning Primary Health care was evaluated in 2001 as a successful public health sector program (OPM, 2001). The role of the LHWs was duly recognized as instrumental in improving the overall health status and family planning use in rural Pakistan. There is clear evidence to suggest that where the LHW's are active in the promotion of family planning/birth spacing and provision of services, there is significant improvement in the CPR.

The availability of an LHW in an area within the FALAH districts provides a cost-effective and sustainable medium for the project to reach and counsel the majority of eligible women in the about the benefits of birth spacing and the recommended birth spacing interval and adopt contraceptive use. Earlier a USAID funded project entitled the Optimal Birth Spacing Initiative (OBSI) has already trained about 7000 LHWs and counselors in the strategies and benefits of birth spacing. While the training was provided, the policy and service support was inadequate to ensure that those wishing to space births had the information and means to do so. We plan to build on the expanding network of LHWs coverage to build on that sustainability and to ensure that there are other mechanisms to reach those communities not covered by LHWs

FALAH will work with the NPFP&PHC to build on their existing work to ensure their full capacity is harnessed to mobilize support for birth spacing. Due to their wide acceptance and close proximity to the rural areas where health problems are most acute, the LHWs have been given the responsibility to address a wide range of health issues which generally drives the focus of their interaction with women in the community. FALAH working closely with the LHWs aims to refocus the attention of LHWs towards their responsibility of providing family planning services as well as facilitate their work.

The following activities will be undertaken:

- *Build LHWs capacity through training on Client Centered Approach (CCA) to deliver client focused messages on birth spacing* and help women choose an appropriate contraceptive method. CCA was developed by Population Council as an innovative framework that enables providers to assist underprivileged clients with assessing and negotiating a broad array of constraints to adopting family planning. An evaluation of the pilot conducted by the Population Council in Sargodha revealed that the training helps to bring about an attitudinal change and enables providers to understand and adopt a client friendly approach thus making their interaction with clients more productive. Providers reported much greater job satisfaction and

self confidence as a result of this training. The training has been scaled up to several districts and also added to the curriculum of other trainings offered by the Council such as TBAs and Leadership training.

- *Incorporate the core informational and motivational messages on benefits of birth spacing* as well as information on different contraceptive methods the CCA training curriculum. The project will strengthen the capacity of the LHWs to bring about a tangible improvement in the quality and attention given to the topic of birth spacing and contraceptives in their regular interaction with the eligible women in the communities. The training strategy is given as Annexure 1.

- *Ensure that the communication on birth spacing by the LHWs at the household level is linked with the regular provision of contraceptive products* at the doorstep and referral for other maternal and clinical services to the nearby health units. . This will require that the LHW have a secure source of contraceptive methods and the procedures for supporting and respecting referrals are recognized with the District.

- *Build LHS s capacity to effectively monitor step down training of LHWs on CCA and monitor and supervise LHWs activities on the mobilization of community support for birth* spacing. This will be done through training LHS in supportive supervision as per the training strategy attached as Annexure 1.

- *Provide orientation to LHWs through participation of Implementing Partners female CMOs in LHW and LHS monthly meetings* to expedite the transmission of birth spacing messages to the households by LHWs

- *Revitalize and expand the objectives of VHC* in collaboration with the NPFP& PHC to increase focus on birth spacing and reach husbands and male influencers through this activity. Plans for revitalization will be developed in those villages where the committee's have been dormant or where their priorities do not include birth spacing and maternal health.

- *Revitalize and expand the objectives of women's group meetings* in collaboration with the NPFP& PHC to reach and motivate eligible women in the community through focused discussions of birth spacing.

Revitalize and expand the role of Village Health Committees to reach husbands and male influencers: The LHW's job responsibility requires that she organize regular group meetings with members of the VHCs to discuss the range of health matters affecting the community. Since members of the committee are usually men and influencers in the community, the LHWs generally involves her male relatives such as her husband, brother or uncle to organize and conduct these meetings. There is no formal training given to these men on how to conduct the VHC meetings and they are unfamiliar with the strategies being proposed to change social norms related to spacing

FALAH will work with the national NPFP&PHC to revitalize and utilize the mechanism of the village health committees tapping on MOPW's male mobilizers and male FWA as well as Implementing Partners' male CMOs to organize male group meetings of husbands of eligible women in the community thus providing an ideal forum to raise awareness of the benefits of birth spacing. Involving the husbands including the local influencers/members of the VHC in group interactions will encourage a positive change in attitude and behavior towards birth spacing among the eligible men.

The main strategy employed would be to organize Male Group Meetings through the VHCs using the male mobilizers and the male Family Welfare Assistants (FWA) of the MOPW as well as by the male CMOs of the Implementing Partner. MOPW has already endorsed this strategy. This decision will be further reinforced in a bilateral meeting between MOPW, MOH facilitated by FALAH. The role of the project Implementing Partners will be to facilitate and monitor the effective execution in close collaboration with DPW and the LHS in the districts

Male Mobilizers (MM) and the Male FWAs of the MOPW in close collaboration will set up Village Health Committees (VHC) or utilize those existing ones in close alliance with the LHWs and the CMOs of Implementing Partners. VHCs will be the forum to invite the husbands of the MWRA as well as eligible male influencers to attend group meetings. It is expected that each mobilizer/ FWA will cover all eligible men within the catchment areas of the LHWs in an effective union council. They will receive extensive training from the project on group meeting methodologies, key messages, and reporting requirements. They should also refer to the efforts being made with women's groups and link where possible the initiatives of each group in support of the common goals.

The overall design of these meetings will follow the FALAH Male Group Meeting Model that will be executed by the Implementing Partners in the non-LHW areas described later. However, the actual modalities of the approved design and the respective roles and responsibilities of all partners will have to be agreed upon with the MOPW and NPFP&PHC in a Letter of Understanding prior to starting this initiative.

Revitalize and expand the objectives of the Women Group Meetings: In addition to making household visits and organize Village Health Committee (VHC) meetings, LHWs are expected to convene at least one monthly group meeting of women where influencers from the community meet to advice and guide on matters related to safeguarding the health of the women and children in the community e.g. birth preparedness, breast feeding, immunization.

FALAH intends to utilize the opportunity of women's group meeting to discuss maternal /child health matters with an emphasis on birth spacing and contraception as well as to share the discussions being held with the male influencers. If needed a special session on contraceptive methods would also be organized by the LHW with the support of the LHS, female health service provider from the nearest public or private sector facility including from FALAH's partner Greenstar's franchise. FALAH will

initiate this approach starting with one district in each province, and based on the experience and lessons learnt, will scale it rapidly with the intention of reaching all 20 districts by year 3 of FALAH.

The detailed strategy for training as well quality assurance of LHWs training is reflected in Annexure 1. The responsibility of the Implementing Partners will be to organize and facilitate the training of the LHW's as well as the TOTs for trainers and master trainers in CCA and in Group Meeting methodology. The Implementing Partners will also assist in the monitoring of these group meetings and provide feedback and recommendations to the LHS and the concerned health officials of DOH in the district for improving their content, coherence and links to existing service strategies. The LHS assisted by the FCMO will provide on the spot coaching to improve the quality of these sessions.

Orientation Meetings with LHW/LHS: All LHWs and LHS in the project districts will be trained on CCA but because of their large numbers, the increase in coverage will be gradual and not reach full completion until the end of year three of the project. Therefore to help gain momentum and expedite the transmission of messages to reach large numbers of eligible women early on in the project, the female CMOs of the implementing partners will participate in the monthly group meetings of the LHWs/LHS to provide an orientation on the project and core birth spacing messages, and emphasize the importance of disseminating this information to the eligible women and the families they serve in the community.

These monthly orientation meetings will be attended by the CMO's mostly during year two of the project period since by that time, a significant number of LHWs would have already received comprehensive training through CCA. All CMOs will be trained by the project on the objectives and the methodology of conducting these brief orientation sessions in addition to receiving comprehensive training on other IPC and CM activities that will be undertaken by them. Female CMOs will regularly interact and periodically make joint visits to the households with the LHWs and the LHS to monitor the quality and attention given to the dissemination of the birth spacing messages and the availability of contraceptives with the LHWs at the time of visits and provide feedback and support for improvements.

In addition, male CMOs of Implementing Partners will also be conducting male group meetings through setting up of VHC to involve husbands of MWRA as well as male influencers of the community. Where feasible, the activities and messages addressed to the men's and women's groups will be mutually supportive.

ACTIVITIES IN THE NON-LHW AREAS

In non-LHW areas, the Implementing Partners will focus their attention on eligible women. This division will minimize the duplication of messages to the same target audience and thus ensure greater overall coverage in the project districts. Core messages will be reinforced to the primary target audience through mass media which will be implemented in collaboration with other FALAH partners. It is estimated that about 40% of the population in the 20 FALAH districts are not covered by the LHW visits, which is where the IPC activities of the implementing partners with the MWRA will be emphasized.

We will implement the following activities among eligible women and men in these areas:

- ***Group meetings of eligible women and their husbands:*** Group Meetings will be the primary community-based methodology used to reach eligible women and their husbands to provide information on the benefits of birth spacing and on contraceptive methods to make informed and voluntary choice whether to adopt birth spacing or not in the non-LHW areas. The model consists of a female group meeting that will be conducted by the female community mobilization officer (FCMO) and a husband's model that will be organized separately and conducted by the male community mobilization officer (MCMO), both employed by the Implementing Partner. While the meetings will be separate, they will provide mutually supportive message and follow-up actions.

Description of female group session:

- Introduction to the participants; purpose of the meeting
- Pre awareness check of participants (PreTest) to gauge their attitudes and knowledge on key concepts that will be covered in the meeting
- A story in a pictorial format that will communicate the core concepts of FALAH's communications strategy followed by a recap phase to reinforce the main messages
- A brief introduction phase to all contraceptive methods
- Playing of a taped audio drama that will address some of the common myths and misconceptions on modern contraceptives
- A post awareness check (PostTest) using the same methodology as the pre-test to gauge any positive change on participants' attitudes and knowledge
- A conclusion phase where the CMO will thank the participants and provide names and addresses of nearby public and private sector outlets where the clients can go to get more information or seek products and services.

At the end of the sessions, participants will be given a package containing a copy of the pictorial, two cassettes- one which was played in the session and another with more comprehensive information on the various contraceptive methods available. Participants will be encouraged to listen to the information in the cassettes with their husbands and make a joint decision to adopt birth spacing. On average, each group session will have 25 participants although the numbers may vary between districts due to variation in population sizes. Women attending the first session will be invited to attend a follow-up session to share what issues if any still remain as a barrier in the couple's decision to adopt birth spacing and what they might do to support birth spacing messages in the community.

A majority of the group meetings will be organized by RSPN in the ten or more districts where their existing community rural support programs (RSP's) are most active. In the other 10 FALAH districts where RSPN will not be active in the project, the lead partner in those districts will organize the group sessions. However in the four districts of Sindh under HANDS, RSPN will be the only partner implementing this activity while HANDS will organize Interactive Theaters as their primary community based activity to reach the eligible women and men in the community. To maximize the reach of the target audience, these group meetings and the theaters will be organized in different UC's/locations to minimize duplication of reaching the same audience with the same messages.

Prior to holding a group meeting, RSPs will organize a community meeting with their members to discuss the importance of mother and child health and the need to provide important information on birth spacing to the eligible women and men in the community. The members will also be asked to nominate a volunteer (community facilitator) who would be responsible for compiling a list of eligible women and their husbands in the community and organizing the group sessions. The CMOs will have the actual responsibility for conducting the meetings.

The Male session: The male session will be organized by the male community facilitator and conducted by the male CMO. The majority of the participants will be husbands of women who have already attended the female sessions. The Male meetings will be similar in structure and content to the female sessions except that the information contained in the audio cassette that will be played at the session will be motivational in nature having endorsements on birth spacing from prominent religious leaders and respected personalities. In addition, wherever possible the CMO shall invite the local Imam Masjid and the Nazim and Councilor. The reason for adopting this approach is because there is clear evidence to indicate that religious and social barriers to adopting family planning /birth spacing are more pronounced among men than women. Detailed information on contraceptives would already be accessible to these men through the audio cassettes that were given to their spouse while attending the female sessions.

The project will contract an independent training organization to train the CMO's in conducting these group sessions as a part of their overall training in community mobilization and developing effective communication and motivational skills.

Interactive Theater/plays: The concept of Interactive Theatre (IT) is relatively new in Pakistan. An interactive theater is a performance in front of an audience to make a political or social faux pas in the conclusion. The audience is then asked whether they agree with the conclusion. If not, those who disagree among the audience are asked to take on the role of the performers and present his/her own conclusion. Interactive theater is therefore a very productive methodology to engage the audience in which people are not merely viewers, but are also active as performers (participants).

FALAH's implementing partner HANDS has vast experience using Interactive Theater for mass mobilization in its other development initiatives. HANDS have well experienced master trainers available. They have conducted this activity as part of their community mobilization strategy to raise

awareness of maternal/child health issues under the USAID-funded "PAIMAN" project. The level of enthusiasm and participation that these theaters have generated in the community has led the project to propose this specific activity for implementation in the districts assigned to our partner HANDS.

The objective of using Interactive Theaters will be to sensitize the target communities on the importance of birth spacing and other elements of HTSP, communicate the key FALAH messages, increase community participation in creating an enabling environment at community level and create linkages between the communities and the public and private sector service providers for enhancing access to health facilities. While the Interactive Theatre is open to all segments of society, efforts will be made by the members of the Interactive Theatre group to enlist MWRA and their husbands with the support of local influentials or existing community groups of HANDS or other community-based organizations working in the area. It is important that community leaders are aware of these events and are supportive of the strategy and content for the mobilization to be effective.

Description of Interactive Theaters:

Participants attending the theaters are from all sections of community though the focus of the project will be to enlist eligible women and a mix of current users, lapsed users or those who may never have practiced birth spacing since prior screening on the basis of use status will not be possible for an open event like this. It is therefore important to ensure that the core messages developed by the project and communicated through this medium appeals to a cross section of the women audience including the health providers and the influencers. Service providers of neighboring health facilities of Health & Population Welfare Department and private sector providers, in particular those belonging to the Greenstar franchise network, will be invited and introduced at the end of the plays.

Two master trainers from each FALAH District of HANDS will be identified for the ToT on interactive theatre methodology. The selection criterion will include adequate experience, familiarity with the local communities and credibility and acceptability. These master trainers will conduct a 3-day ToT of all 8 trainers (2 from each of four FALAH-HANDS districts).

MOBILIZATION OF HEALTH CARE PROVIDERS IN ALL AREAS

The role of the heath care providers, both public and private, is critical in mobilizing clients and the community influentials in favor of birth spacing. The majority of women who adopt a modern contraceptive method such as pills, injections or IUD first seek advice from a health provider. Where female health is concerned, women rely almost exclusively on female health providers and their advice; suggestions and prescriptions are highly valued and generally followed. Views of female health practitioners are also highly respected by the husbands of their clients.

In Pakistan, the majority of the population seeks health care from private sector health providers. However most of this is for curative services only. Providers, especially doctors, generally don't see themselves as playing the role of advocates of the prevention of unwanted pregnancies. Therefore there is tremendous missed opportunity for female providers to actively promote prevention (birth spacing) for positive health outcomes of the mother and the new born child. We will therefore tap the following opportunities:

- Develop health providers, both in the public and private sectors, to be proactive advocates of birth spacing and HTSP to their clients and their husbands.
- Encourage eligible women and men to seek accurate information and services on birth spacing from Greenstar providers, private sector health practitioners and public sector outlets in both LHW and non-LHW covered areas.

Public Sector Approach

Through training of LHWs, FWWs, Paramedics and other district level providers on the Client Centered Approach (CCA) by FALAH and on clinical methods, the project will significantly raise the quality of their interaction with the clients and increase access to services which will eventually lead to enhanced utilization of public sector services especially at the primary level. (See the FALAH training strategy for a more comprehensive description of all training activities planned by the project). All training programs for providers conducted by FALAH partners will emphasize the need for providers to give comprehensive information on all contraceptive methods, including their advantages and disadvantages and encourage informed choice by the clients.

Private Sector Approach

Through Greenstar Social Marketing and FALAH's commercial private sector partner ZAFA, the project will raise the salience of this issue in their detailing calls to private sector providers and encourage doctors to proactively advocate birth spacing to low parity clients. Training programs for Sales Promotion Officers will include how to effectively communicate this idea, particularly to female doctors and LHV's. Both Greenstar and ZAFA will design and produce effective detailing materials on these concepts with the support of PC and the project appointed advertising agency. In addition Greenstar will include these messages as part of their training program for the private sector franchise providers.

Both Greenstar and ZAFA SPOs will organize a number of doctor/LHV seminars in the FALAH districts where the importance of advocating birth spacing. They will invite prominent gynecologists or general practitioners from the area as speakers, whose views are likely to have a strong influence in changing provider's attitude and behavior in general.

- Train Greenstar community-based IPC workers to become effective communication agents of birth spacing with integration of products and services through their household visits and neighborhood meetings
- Implement Advocacy meetings with community Influencers through the project Implementing Partners
- Train public sector providers (FWWs, LHVs, doctors, paramedics) on Client Centered Family Planning Services (CCFPS) and quality improvement skills
- Undertake detailing visits to providers by Greenstar and commercial private sector partners of the project to emphasize birth spacing

Greenstar IPC Activities:

Greenstar Social Marketing already conducts extensive IPC and community-based activities across the country. The main objective of their IPC program is to identify clients with unmet need for spacing and limiting in the community and refer them to a nearby Greenstar provider to seek counseling and services on family planning/birth spacing at subsidized rates offered through their Clinic Sahoolat program. With the development of the new messages on birth spacing by FALAH, Greenstar IPC programs will now incorporate these generic messages for disseminating to the target audiences through their community based activities while also recommending them to visit health providers for seeking services.

Since Greenstar providers are located both in the LHW covered areas and non-LHW areas, its IPC activities will cover both these two areas. Therefore there may be some reinforcement of FALAH messages reaching the same audience through the IPC meetings of Greenstar and the mobilization activities in the LHW areas. This reinforcement of messages will ensure that key messages are covered and that both groups are supportive of this innovation. In the non-LHW areas, the IPC activities of other FALAH implementing partners shall be planned in coordination to avoid duplication in areas where Greenstar IPC programs are active. Under FALAH, Greenstar is not going to employ community-based officers like other FALAH implementing partners but continue to use their existing IPC structure of outreach workers and health officers to conduct household visits, neighborhood meetings and orientation sessions.

Household Visits: These are conducted by Greenstar outreach workers and the female health officers within the catchment area of the Greenstar service provider to achieve the following purpose:

i. Identify current users of family planning/birth spacing and encourage them with supportive messages to continue using the method or to consult a nearby public sector or a Greenstar service provider if they need counseling on side effects
ii. Identify eligible women with unmet need – those who want to delay or want no more children but not using any contraceptives, and refer them to a nearby public sector clinic or a Greenstar service provider. These women are given a token by the outreach workers that allows them seek subsidized services and products from a Greenstar provider on a particular day known as the Clinic Sahoolat.
iii. Invite women who are non practicing or resistant to the idea of family planning or birth spacing to attend a Greenstar neighborhood meeting for an in-depth briefing on the benefits of family planning/ birth spacing and the different contraceptive methods available. Where feasible, women who are considering contraceptive use will be put in contact with willing satisfied contraceptive users in their neighborhoods so that they learn firsthand about their experience.

Neighborhood Meetings: These are group meetings held separately for eligible women and men to discuss and share experiences on the character and use of family planning/birth spacing products to help correct common myths and misconceptions. Each group consists of between 8 and 12 participants who are married women or men of reproductive age and a mix of current users and non contraceptive users.

The meetings are conducted by the Greenstar outreach worker and are held in the household of a participant in the community. A counseling card is used and one of the four case studies is read out depending on the need and profile of the participants present. The GS staff conducts a questions and answer session to interact with the participants and generate support for the concept of birth spacing. All participants are provided with a brochure and invited to attend the Clinic Sahoolat and tokens are handed to those interested to seek subsidized services from Greenstar providers.

Under the FALAH project, Greenstar will continue to implement the neighborhood meetings within the catchment area of its providers and incorporate and disseminate the core FALAH messages through these meetings. In addition, Greenstar will explore the possibility of including the wife/husband approach and use of audio cassettes to overcome myths and misconceptions as described in the group model that will be implemented in the non LHW areas. The project will train all Greenstar outreach workers in the 20 FALAH districts to improve their communication and motivational skills and achieve better results from their IPC and community-based activities. In addition, FALAH will train a group of trainers within Greenstar who would train IPC workers and supervisors outside the 20 FALAH districts on the new family planning repositioning messages.

how will GS convey the message

DISTRICT RESPONSIBILITIES

The activities of FALAH's Implementing Partners - HANDS, Save the Children-US and Mercy Corps will be limited to the twenty FALAH districts, while Greenstar in addition to the 20 districts will operate their program in all provinces except for the NWFP. RSPN is initially assigned 10 districts which can be extended in the future in line with needs and resource availability. Each Implementing Partner has been assigned to work on specific districts based on their experience and knowledge. The activities implemented by the partner RSPN however will overlap with those of the lead implementing partners in 10 districts where their rural support programs (RSPs) are most active. The district wise allocation of partners of FALAH is shown below.

Lead Partner	FALAH Districts
Greenstar Social Marketing	All FALAH districts and National
HANDS	Sukkur, Dadu, Thatta, Sanghar
Mercy Corps	Kech, Turbat, Lasbella, Jafarabad, Zhob, Khuzdar, Gwadar, Larkana, Ghotki
RSPN (Supporting Partner)	Currently working in 10 districts in years II (Khuzdar, Jaffarabad, Gwadar, Turbat, Thatta, Dadu, Sukkur, Sanghar, D.G. Khan and Battagram) – to be expanded as needed
Save the Children-US	Jhelum, D.G. Khan, Buner, Charsadda, Battagram, Mardan, Mansehra and Swabi

All Implementing Partners (with the exception of Greenstar) shall employ a team consisting of a Male and a Female Community Mobilization Officer (CMO) and a District Coordinator (DC) for each district assigned to them. In addition, RSPN will also have a separate team in the 10 districts where their activities will complement that of the lead partners. Greenstar shall continue to support the project through their existing IPC staff and structure in the field which consists of outreach workers, health officers and supervisors.

The CMOs will have primary responsibility for directly executing the mobilization activities with the eligible women and their husbands in the non LHW covered areas and in undertaking the advocacy activities with influentials in all project area. In the LHW covered areas, the team will facilitate and coordinate with the LHWs and the concerned district DOH and DPW officials to ensure proper execution of our strategy. The DC will supervise the CMO's and will be responsible for overseeing all mobilization activities of the implementing partner in a particular district.

Monitoring and evaluation of these activities will be the responsibility of the Population Council. Some of the output indicators are reflected below:

- By end of year three of the project period, FALAH envisages 9034 LHWs in the 20 districts to have received the CCA training. These trained LHWs will continue to deliver and reinforce the core messages on birth spacing to nearly 1.36 million women the households that they will visit regularly.

- By the end of project, the Implementing Partners plans to conduct 15,000 female group sessions and 15000 sessions with their husbands in the twenty districts and reach an estimated 363,000 couples with the informational and motivational messages on birth spacing and knowledge of the source of availability of products and services.

Annexure A : SUMMARY OF EXPECTED ACTIVITES CONDUCTED AND PERSONS REACHED

Type of Activity	End of Project Total
No. of married women of reproductive age in 20 districts (Year 2012)	3,190,628
No of LHWs trained on CCA by PC (a maximum number of 600 LHWs trained in districts with more than 600 LHWs)	9,034
Number of eligible women reached through household visits by LHWs (150 HHs in high density and 100 HH in Low density districts/LHW)	1,355,100
Number of eligible women reached through women group meetings by LHWs (80% of trained LHWs coverage)	1,084,080
Number of eligible women reached through CMOs group meetings	401,155
Total No. of eligible women reached in the target districts through LHWs, CMOs and GSM*	2,515,613
No. of eligible men and women reached through GS neighborhood meetings, household visits and orientation meetings	922,856
No. of Interactive Theatres session planned	2,484
No. of people reached through Interactive Theatres	248,400
No. of Community Dialogue Meetings planned	13,287
No. of advocacy meetings with religious leaders in the community	550
No. of Religious Leaders oriented through advocacy meetings	7,080
No. of advocacy meetings with elected representatives, media and other community influential planned	1,112
No. of elected representatives, media and other influential oriented through advocacy meetings	19,456
% of eligible women reached in the FALAH districts	79
No. of husbands/ eligible men reached in the target districts**	2,223,484
% of eligible men/ husbands reached in the FALAH districts	70
No. of people reached through GS neighborhood meetings, household visits and orientation meetings nationally	3,200,000

* Total number of MWRA reached includes household visits by LHWs, household visits by GSM, two-thirds of the GSM-neighborhood meetings, 45% of participants of Interactive theaters and women group meetings by female CMOs in twenty districts.

** Total number of men/husbands reached includes one-third of GSM-neighborhood meetings, male group meetings by Male Mobilizers of MoPW, male group meetings by Male CMOs and 45% of participants of Interactive Theaters.

Annexure B: Strategy for Training Lady Health Workers

The strategy envisages developing teams of master trainers through a training program of nine days each, which would be conducted at the provincial level by a FALAH team consisting of Population Council and JHPIEGO. Each team of master trainers would consist of two/three members .These master trainer teams consisting of senior doctors, health technicians and LHSs will train the staff of all health facilities including the BHU's and RHC (Doctors, LHSs and Health Technicians) who are both the trainers of the LHWs as well as their supervisors. The BHU staff will be trained in CCA as well as in training methodology so that they can become proactive advocates of birth spacing themselves, become more effective trainers as well as train LHWs in the CCA and on the core FALAH messages. This will enable all LHWs in the 20 FALAH districts to develop their capacity for improved counseling, communication and knowledge of contraceptive methods so that they can perform their functions more effectively as well as become proactive advocates of HTSP. Through cascading of training it would be possible to scale up the training of LHW in CCA as well as make the training in CCA more sustainable and effective.

Trainers from Population Council and Jhpiego will conduct the TOT's for master trainers who in turn will train the trainers of LHWs. The Implementing Partners in consultation with the relevant district health officials and the LHW program and based on given eligibility criteria will identify and select the master trainers, the trainers of LHW as well as the LHWs that would attend the step down training sessions to be conducted by the LHW trainers. The step down trainings of the trainers of LHWs will be conducted at the district level, while the training of LHWs will be conducted at the facility level.

FALAH will ensure that quality assurance is emphasized at all steps to improve the effectiveness of this initiative. Three basic areas that will require constant monitoring and close vigilance are as follows:

- Step down trainings of the LHW's to ensure that they are conducted as planned
- LHWs are trained on CCA by the trainers as per the training module
- LHWs trained on CCA are giving sufficient time and attention to discuss birth spacing with their clients and accurately communicate the messages

Ensuring Quality of Step down Trainings:
The Master Trainers who have been trained by the Population Council and Jhpiego will not only train the trainer of LHWs but will also monitor the quality of step down training conducted by them. A facilitative supervision and follow-up mechanism has been developed as described below in order to maintain the quality and uniformity of these step down trainings.

Direct Supervision of first training by PC team:
Facilitators from FALAH will observe the first step down training conducted by each team of LHW trainers. They will help the trainers in preparing the sessions, assist with logistic issues and specifically provide onsite feedback and guidance. The Master Trainers prepared by FALAH will join the FALAH team in monitoring the first step down training and thereafter conduct the quality assurance/ monitoring of step down training.

Quality Assurance by National Program of Family Planning and Primary Health Care
In addition the district, and provincial coordinators as well as the officials in charge of overall planning and monitoring of the LHW training program at the national level of the National Program for Family

Planning and Primary Health Care would also be involved in selective monitoring and quality assurance of the step down training of LHWs in CCA.

Video of TOT:
A complete video of TOT will be developed covering all the sessions being conducted. A copy will be provided to each team of trainers to view it and prepare their sessions in conjunction with the trainer's manual.

Peer Assessment:
A checklist to assess the training sessions will be developed, which would be used by the co- trainers to assess each other after the session and provide constructive feedback to improve any deficiencies.

Monitoring by Partners:
Members of the implementing partners from each district, preferably the DC and CMO's will attend the TOT so that they are fully aware of the contents and methodology. They will be involved in monitoring the subsequent step down trainings. Review of pre and post tests of the trainings will be done by the facilitators to assess the impact of training.

Reinforcement through Supportive Supervision:
The Lady Health Worker Supervisors will be provided with an intensive training on supportive supervision. They will also be provided with a checklist that enumerates the steps that must be carried out in order to provide client centered services. The supervisors will make use of the checklist during their routine supervisory visits to observe the services being delivered by both the male and female providers and provide onsite guidance and support. This will ensure that the essential theme of the training is reinforced and that key messages are refreshed

Annex C: Innovations in Social Mobilization

Testing the Innovations

FALAH's development of Social Mobilization will include encouragement of all partners to identify the most promising approaches, test promising innovations and scale-up proven strategies. Shifting the paradigm to emphasize birth spacing will help to remove social, gender, and religious barriers to birth spacing and contraceptive use, especially in rural and poorer communities.

The FALAH project will undertake field trials of promising innovations with a view to scaling-up as soon as possible,.if successful.

1. **Testing a workplace communication package.** Workplaces can be ideal educational sites because many workers will be interested in learning about birth spacing, and will discuss the topic with their fellow workers after a meeting. Employers are also enthusiastic because they want their workforce families to be healthier. A communication package will be developed for motivating employees in the workplace, for example, road workers, police, teachers, manufacturers and industries. If successful, the package will be scaled-up.

2. **Nikah registration communication package**. This field trial will examine ways of involving *nikah* solemnizers as advocates of birth spacing. The aim will be to provide information and advice on birth spacing to bridegrooms and their families and increase the awareness of *nikah* solemnizers about the advantages of birth spacing for couples and families. Efforts will be made to motivate *nikah* solemnizers about the virtues and concept of birth spacing during the prayer/blessings that they deliver after the solemnization of the *nikah*. Koranic versus about the balanced approach in life and the responsibility of couples to each other would be highlighted. The pilot will include identifying, training, and motivating the *nikah* solemnizers regarding the concepts, benefits, and methods of birth spacing. The results will be examined with the potential for scale-up within the 20 districts during the remainder of the project, and for possible replication elsewhere.

3. **Micro-credit link to birth spacing.** While respecting the guidelines that the FALAH project will allow neither incentives nor disincentives to couples for birth spacing, initiatives will be formulated to recognize couples who have practiced birth spacing even before the inception of the FALAH project, or couples who accept the advice on birth spacing and support the practice

of recommended birth spacing intervals in the community. These initiatives may include micro-credit, schemes that offer collective benefits to the community and identify selected couples as role models for the community. National or local micro-credit networks operated by partners or local organizations that are willing to support FALAH's objectives could be made part of the campaign to define birth spacing as an acceptable social practice to improve maternal and child health. This innovation could be tested in selected communities for a period, then scaled-up if successful.

4. **Corporations as partners.** Successful industries and commercial firms will be invited to "adopt" districts and support educational campaigns aimed at individuals, families and communities that promote birth spacing for better family and child health.

5. **President's Initiative for Primary Health Care.** Various field trials will be introduced involving the President's initiative for primary health care in those FALAH districts where the initiative is being implemented.

6. **Branding of birth spacing methods.** Branding has proven its worth in both international commercial marketing and in social marketing because promotion of brand names leads to much greater use than marketing a generic product. For example, *Pepsi* instead of cola drink; *Tide* instead of laundry powder, *Sathi* instead of condom. Two important birth spacing method might be an appropriate candidates for branding, namely the IUD and implants. (Branding or over-branding of pills or injectbles would probably be difficult because they are already well known by brand names.) Successful branding of the IUD and implants should include developing a more positive image as the current image is fraught with dysfunctional myths and implants are relatively unknown. This field trial could begin with a brief formative study among past and current IUD users and potential implant users to identify acceptable brand names plus the positioning, qualities and benefits to be projected by the brand. The field trial will require enough time to measure growth in recognition of the brand name among husbands as well as wives, followed by growth prevalence. Tests of acceptable pricing and tests of special price promotions will help to ascertain prices that poor couples will pay. If branding of IUDs and implants succeed, there could be substantial increases in use that would lead to proliferation throughout Pakistan.

   The health implications could be significant because these methods provide several years of protection for the couple, as compared with much shorter protection for other spacing methods.

Annex D: Audience Specific Sub-Messages for Consideration

Audience: Married Couples

Sub-Messages:

1. "Spacing your next pregnancy at least until your baby's second birthday is good for your health and for your children's health. You and your husband can learn about the health benefits of birth spacing by joining a *mohalla group meeting* or *clinic sahoolat* to learn about the health benefits of birth spacing and about the contraceptive choices. Remember: you can have your next baby by choice, not by chance."

2. "There are various contraceptive choices after birth that you could choose from which will not interfere with breastfeeding. An IUD can be inserted within 48 hours after birth and is highly effective for contraception. For women who will exclusively breastfeed after birth, the Lactational Amenorrhea Method (LAM) can be effectively used as a transitional method until couple decides on or meet the criteria for another safe and effective method that can be used. Condoms can also be used during postpartum period without having any affect on breastfeeding. After your breastfeeding is diminished you can switch to any spacing method that you and you husband wish. IUDs and injections are among the most reliable for birth spacing. Sterilization will prevent you from ever having another pregnancy. Remember: you can have your next baby by choice, not by chance."

3. "Your wife and children respect you as their leader. You must provide what your wife and children need, including food and health care. You can learn how to provide your family with affordable food and health care from trained health providers in your community."

4. "As a respected husband and father, you should explain to your wife how to have healthy babies and to be healthy herself. You and your wife should discuss how to have only as many children as you can afford. And you and your wife should discuss and agree on having at least a 24 month interval between the birth of your last child and attempting her next pregnancy to ensure better health for the mother, unborn and the youngest living child. You can also decide together not to have any more children after your wife reaches the age of 35 due to the risk of increased pregnancy-related complication. You can explain to her how to avoid pregnancy

until your youngest child's second birthday or if you have decided not to have any more children. You and your wife can join a special *mohalla group meeting* to learn together about which contraceptive should be used for birth spacing. Remember: have your next baby by choice, not by chance."

5. "Some people believe that the IUD operates by interrupting a pregnancy, but the truth is that the IUD prevents conception. Both of you can learn together about how your wife can use an IUD to space your babies. Just one IUD can prevent pregnancy until your baby is two years of age, or longer, if you wish. Both of you should also know that the IUD can also be inserted immediately after birth of your child. Remember: have your next baby by choice, not by chance."

6. "Some people believe that using contraceptives to space a birth is against their religion but the truth is that most *ulema* support birth spacing. And they know that birth spacing is good for the health of babies and mothers. Both of you can learn from community health providers about safe and affordable ways of spacing your next pregnancy until your baby's second birthday, or even longer. Remember: have your next baby by choice, not by chance."

7. "As soon as you are pregnant, ask a trained female health worker such as a LHW or LHV how to have a healthy pregnancy and a healthy baby. Also ask how to space your next pregnancy and how to discuss birth spacing with your mother-in-law and your husband. Also, ask your husband to join a special m*ohalla group meeting* with you to learn how to have a healthy space before your next pregnancy."

8. "Some people believe that contraceptives are not reliable or safe. But modern contraceptives are safe and reliable. And you can *choose* the best contraceptive for you and your family situation. When you are pregnant with your first child, learn from an LHW or LHV about the choices of contraceptives for women and for men to be used while breastfeeding and after breastfeeding. Remember: have your next baby by choice, not by chance!"

Audiences: Providers

Sub-Messages:

1. "Encourage couples to join a *mohalla* group meeting in the neighborhood to learn about the utility and benefits of optimal birth spacing."

2. "Tell couples that IUD's can be inserted within 48 hours after birth It will prevent pregnancy until the baby's second birthday, or even longer. IUD's are better than the pill during lactation because it will not affect the quality of breast milk. If the woman has a problem, the couple must inform the provider. Then the couple can use condoms or injections because condoms and injections will not affect the quality of breast milk. Once a woman stops exclusively breastfeeding a child, her husband can stop using the condom or the she can stop the injection and they can use any other method of their choice."

3. "Tell the couple that after the woman has completed breastfeeding, the husband can stop using condoms while the woman uses another method, because the woman can get pregnant if the husband does not use a condom on every occasion."

4. "Advise the couples about the misconceptions among some people that the IUD operates by causing an abortion, but the truth is that the IUD prevents conception."

5. "Dispel the belief among some people that using contraceptives to space a birth is against religion. The truth is that most *ulema* support birth spacing."

6. "Educate the families that pregnant women need help and support of the family. Encourage pregnant women and their husbands to talk to each other about their future fertility intentions. Inform them about the need to practice the recommended birth spacing interval after her childbirth or not to have any more children if she already has the children she wants and is above 35 years of age to avoid pregnancy-related complications. Encourage husbands and other family members to help the pregnant woman with her routine household chores."

Audiences: Influencers

Sub-Audience: In-laws and natal family

Sub-Messages:

1. "Encourage pregnant women to join a *mohalla* group meeting in her neighborhood or clinic *sahoolat* to learn about the utility and benefits of birth spacing."

2. "Within 48 hours after birth the mother-in-law should help her daughter-in-law to decide about using an IUD because it will prevent pregnancy until the baby's second birthday, or even longer. The IUD is better than the pill during this period because it will not harm the quality of the mother's milk. If the daughter-in-law/daughter has a problem after insertion,

the provider should be informed. Then the couple can use condoms or injections, because condoms or injections do not cause problems with breast milk. When the woman is not exclusively breastfeeding, she can choose any method that she desires and is comfortable with. Tell the daughter-in-law/daughter that after she breastfeeds for two years or more and the couple would still like to delay or prevent their next pregnancy, they can stop using the condoms, pills or, injections and switch to an IUD because an IUD is a very reliable and safe long-term method. She and her husband can always choose another appropriate method."

3. "Many in-laws and family members put pressure on a newly married couple to get pregnant soon after marriage. However they need to know that a pregnancy for a woman before she is 18 years of age can create health-related complications for her and the unborn child. Therefore tell your daughter/daughter-in-law if she is below 18 to delay her first pregnancy at least until she reaches 18 years of age."

4. "Some people believe that the IUD operates by interrupting a pregnancy, but the truth is that the IUD prevents conception."

5. "Some people believe that using contraceptives to space a birth is against religion but the truth is that most *ulema* support birth spacing for the better health of the mother, her children and overall family well being."

Sub-Audience: Religious Leaders

Sub-Messages:

1. "Tell your audience that birth spacing is allowed in Islam. Educate your followers that birth spacing is necessary for the health of the mother and the child. Tell them how pregnancies too soon, too frequent, too close together or too late in life can badly affect the health of the mother, the child and the overall family well being."

2. "Tell the people what the Quran says about complete breastfeeding for two years. Quote the Verses in the Quran regarding the duration of breastfeeding. Inform the people that it is the right of every child to be breastfed. Educate the people about the benefits and protection provided by the mother's milk to the child's health. Tell people that breastfeeding reduces the risk of breast cancer among women. Tell couples to delay their next pregnancy at least

until the youngest child in two years old for him/her to get the maximum benefits from the mother's milk."

3. "Tell the men about their responsibility towards their wives, children and family. Explain the Quranic verses to teach men about their responsibility towards the families."

4. "Tell the people about the rights of women. Teach them about the status of women in Islam as mothers, daughters and wives. Tell people that women have the right to the best health care especially during pregnancy. Pregnant women have special needs for extra food, rest and medical check-ups. Tell the men how women's health is necessary for the children and the family and the important role played by women in the upbringing of future generations. They should not have to die from complications during pregnancy, during delivery or after delivery. Any pregnancy could become an emergency. Encourage the community to make arrangements to meet any emergencies during pregnancies and child births. It is men's responsibility to do everything possible to help women survive."

Sub-Audience: Community Notables

Sub-Messages:

1. "Play a lead role in promoting birth spacing and recommended spacing interval for the better health of the mother, child and family well being. Encourage men to ensure extra food, proper rest and antenatal checkup of their pregnant woman. Promote the concept of breastfeeding the baby for at least two years."

2. "Take initiatives to set up village health committees and women's groups in your area. Mobilize other influential leaders in the area to join in the campaigns for improving the health of the mother and the child by preventing births too soon, too close to each other or too late in life. Take initiatives to ensure that every child in your community is breastfed for at least two years. Organize and sponsor healthy mothers, healthy baby and healthy family contests in the community and between communities. Arrange at the community level a grand party on the second birthday of children whose parents are not expecting another baby yet. Institute an *Azeem Maan* (Great Mother) Award for mothers who have completed two years of breastfeeding to their children."

3. "Join the birth spacing promotion campaign and be recognized. Support the breastfeeding promotion effort. Sponsor healthy baby, healthy mother, healthy family contests and special events."

Sub- Audience: Media

Sub-Message:

1. "Communicating the basic messages about birth spacing and supporting related messages through the news, current affairs, entertainment programs will help bring positive behavioral change in your audiences."

Sub-Audience: Elected Representatives

Sub-Message:

1. "As an elected representative you have received the trust and confidence of the people you represent. Notwithstanding the divisiveness of partisanship in party-based democracy, you could serve as an inspiring role model and as behavior change agent in making birth spacing a social norm."

Sub-Audience: Senior Government Officials

Sub-Message:

1. "As persons directly exercising authority in governance, you are in a specially privileged position to facilitate and oversee the extension of official support to the FALAH mission in specific aspects of maternal health care services."

Annex E: The Three Media

Examples, advantages and disadvantages of Interpersonal Communication, Community Media and Mass Media are outlined in the table below.

Communication Channels: A Comparison of Three Major Media			
Interpersonal Communication (IPC)			
Description	**Examples of Activities**	**Advantages**	**Disadvantages**
Between wife and husband, provider and client, teacher and student, parent and child, or among peers	• Interspousal communication • Telephone hotline • Client counseling • Instruction • Informal discussion	• Can be more credible because of intimacy • Permits dialogue and immediate response • Can motivate, influence, and support	• Can be expensive initially and/or costly to scale up • Reach may be limited • Difficult to keep messages consistent • Requires specific training
Community Media			
Description	**Examples of Activities**	**Advantages**	**Disadvantages**
Community mobilization, group interaction	• Discussion groups, peer groups, listening groups, workplace groups • Community meetings • Rallies	• Greater opportunity to use participatory approaches • May have more credibility because trusted local leaders and/or organizations are involved • Enhances sustainability of effort • Can cost little depending on number of participating communities	• Costly to scale up • Low reach compared with mass media • Low frequency • Difficult for intended audience to keep or pass on material (for community media)
Outreach activities by program staff or community members	• Community, village-to-village • Household • Peer-to-peer		
Live performances	• Street theater • Puppet shows • Talent shows • Contests (talent, art, or dance)		
Community media	• Community newspapers • Local radio • Local cinema		

Communication Channels: A Comparison of Three Major Media			
Mass Media			
Description	**Examples of Activities**	**Advantages**	**Disadvantages**
Broadcast: television or radio at national or regional level	• Public service announcements (PSAs), commercials • Talk shows • Call-in shows (for example, "ask the expert" shows, contests) • Diaries (reality programming) • Serial dramas • Situation comedies • Magazine or variety shows • Animated cartoons • Music videos • Songs and jingles, cinema • Celebrity endorsements	• Range of formats conducive to health messages available, particularly for television • Can be highly creative • Dramas and comedies can depict behaviors rather than describe them. • Reaches a large percentage of the intended audience • Opportunity for direct audience involvement through call-in shows • Can use local languages and dialects • Comes into the home and can promote family discussion	• Difficult for intended audience to keep or pass on material • Production and air time can be costly (radio less costly than television) • Message may be obscured by commercial clutter
Print media	• News coverage and advertising in newspapers and magazines • Direct mail • Decision-making aids for clients and providers • Comic books, photonovelas (a comic book-like form that uses photos to tell a dramatic story) • Pamphlets, fliers • Posters, billboards	• Reaches a large percentage of the intended audience • Can cover news more thoroughly than television or radio • Intended audience has the chance to clip, reread, contemplate, and pass along material. • Small-circulation papers may take PSAs free of charge.	• For literate audience only • News coverage demands a newsworthy item • Larger circulation papers may take only paid ads and inserts • Exposure usually limited to one day • Keeping up good relations with news media can be time-consuming
Information and Communication Technology	• Internet Web sites, social media (for example, e-forums, blogs, and chat rooms), distance learning • CD-ROMs • Mobile phone programs	• Can reach large numbers of people rapidly • Many formats are available whenever the user wants access. • Can instantaneously update and disseminate information • Can be interactive and user-directed • Can combine the audio-visual benefits of television or radio with the self-pacing of reading	• Many intended audiences do not have access to the Internet • Intended audience must search or sign up for information • News groups and chat rooms usually require monitoring

Annex F: Situation Analysis

This Annex describes major demographic, social, economic and health-related topics that can have a bearing on FALAH. As such, it forms a partial basis for the aims, approaches and activities described in various sections of the Strategy. Sources of the evidence described here are listed in Annex E: Bibliography.

Pakistan Population and Maternal Health Scenario

Pakistan's population has increased from 34 million in 1951 to over 160 million in 2007 due to the high population growth rate (PGR) over the years. Continuing high PGR will result in Pakistan's population reaching 220 million by the year 2020. Pakistan, the sixth populous country in the world, adds about 3 million people to the world population every year. An analysis of Net Addition in Population shows 4,210,000 births and 1,320,000 deaths in one year; 350,833 births and 110,000 deaths in one month and 11,534 births and 3,616 deaths in one day (NIPS 2005).

Overpopulation is one of the multiple causes of poverty, high levels of malnutrition, ill health of women and children and environmental degradation. The population living below poverty line in Pakistan is 35 million with 56 million having no access to safe drinking water, 57 million with one room and 77 million with no sanitation facilities. Health indicators show a dismal picture with an Infant Mortality Rate (IMR) of 77 per thousand live births, Maternal Mortality Rate (MMR) of 350 per 100,000 live births, eight million malnourished children under 5, eight million anemic women of child bearing age and one million low birth weight babies.

Pakistan is faced with its ever-largest adolescent population, because of its high levels of fertility over the last few decades. The adolescent population, in the age group of 15-24, as it enters into its reproductive phase embodies potential population growth for several decades. It will have serious implications for provision of schooling, health services and other basic amenities of life for the coming decades.

Since the launch of Population Welfare Program (PWP), some fifty years ago, the pace of fertility decline has been slow except for the rapid drop in the 1980s. The goal of the PWP was to increase public awareness about the negative consequences of unchecked population growth, and meet the unmet need for family planning services.

The PWP has been able to create awareness among 95 percent of the population about family planning with the current contraceptive prevalence rate of 36 percent as compared to 11 percent in 1990. This achievement is commendable, but still a long way to go to achieve the overall goal of population stability. The population growth rate (PGR) has declined from over 3 percent in the previous decades to its current level of 1.86 percent per annum. Same is the case with the total fertility rate (TFR) which has dropped to 3.9 from 6.8 in the 1970s but has leveled off since 1998. The Government of Pakistan attaches a high priority to the lowering of the PGR to reaching replacement level of fertility by the year 2020.

The unmet need of 33 percent is a major opportunity and a challenge for FP planners and managers. At least one-third of women wants to avoid further childbearing or postpone their next child for at least 2 years but is using not using contraception. The challenge is to ensure continuous use by current users and increase CPR by meeting the unmet need for family planning services of currently married women along with sustaining the demand of new entrants in the reproductive age group.

Population stabilization in Pakistan is necessary for economic growth, poverty alleviation, and improved quality of life. Under the MOPW Population Policy of 2002 and the MOH National Health Policy 2001 complementary strategies have been designed to raise the political commitment and funding for the population and health programs and to develop intersectoral approaches for improved service delivery. To achieve population stabilization we need programs that educate and motivate individuals to adopt and maintain positive reproductive health behaviors. To achieve this we will have to surmount the prevailing barriers and factors that perpetuate resistance to accept FP.

Low CPR and Market Stagnation

The 2006/2007 PDHS data reveals that the overall contraceptive prevalence in the country remains low at 29.6% and almost static over the past several years. Trends show that changes in the use of specific methods over the past 16 years have been small with a slight decline since 2003 in the use of pills, IUD, injectables, and withdrawal, while female sterilization has remained the same and use of condoms has increased during this period. Overall the CPR for sterilization and condoms are found to be 8 percentage points and 7 percentage points respectively which is more than twice as high as those from pills, injections and IUD combined. In other words, except for condoms, CPR of temporary contraceptive methods remains extremely low and has been stagnating. The relatively low CPR for sterilization, a permanent method, corresponds with the finding of a high unmet need for limiting.

The Past Communication Interventions

The Population Programs in Pakistan since early days have had communication campaigns as an essential component to improve service delivery efforts. The past IEC campaigns relied heavily on mass media for creating awareness and focused on increased visibility of the program. People were made aware of the FP choices through field workers. These efforts have led to increased awareness regarding family planning methods to almost universal levels. In view of the social taboos, cultural barriers, religious restrictions and inhospitable field conditions, that is a significant achievement. The program has worked under extremely difficult circumstances and communication activities have been particularly subjected to a number of constraints and difficulties.

Lack of Audience Specific Interventions

Most of the plans and messages have been general in nature and did not adhere to the principle of being audience-specific. There has been a lack of focus on role of the men and their responsibility towards their spouses and children. Before designing any messages or media products, target audience has to be defined. Who they are, to whom we want to reach? Are they women who fear side effects or newly married couples. Perhaps one reason was that planners did not have enough information about the specific needs of various target groups. The general messages did work for creating awareness. However, specific strategies are vital for addressing communication needs of target audiences enabling them to make informed choices.

Rural Audience and the Media

The main focus of our communication programs in the earlier years remained on the urban population. The information needs of rural people who are two-thirds of the total population remained neglected. Bringing desired change in peoples' attitudes towards family size and contraceptive behavior, in rural areas is critical to the success of any population program. There is also a need to review the existing population segmentation approach on rural and urban lines. With rapid urbanization and deep penetration of the means of communication, telecommunication and mass media, the project areas of the 20 districts will have to be segmented as per their situation while selecting a particular medium for each district. In the MOPW's 2008-13 Strategy it has been recognized that the rural population should be the prime focus of communication strategies. The PRHFPS 2000-01 revealed that three fourth of women in rural areas did not watch family planning messages on TV while around 78 percent of them did not listen to these messages on radio.

Mass Media Expansion

Recent developments in the expansion of private TV channels and cable TV, and FM radio channels need to be reviewed. PTV National is broadcasting programs in different regional languages; PTV Bolan in Balochi, AVT Khyber in Pashto, APNA TV and Punjab TV in Punjabi, Waseb, Kook and Rohi in Seraiki, KTN, Sindh TV, Ajrak, Dharti and Mehran in Sindhi and Geo, ARY, ATV, Hum, Sun TV in Urdu for entertainment and Health line TV for health issues are some of the channels now available to the rural audiences. Similarly FM radio channels are available for the rural audiences in some of the project districts of FALAH.

Heavy Reliance on Mass Media

Communication campaigns in the past have relied heavily on radio and TV for creating awareness about family planning. Media, especially TV, has played an important role in achieving the goal of mass awareness. Exposure to electronic media was not universal in the past. PFFPS-1997 revealed that three out of every five women reported watching TV rarely or never during the previous month. Three-fourths of respondents did not listen to radio. However, the media landscape and media habits have changed in the last decade. According to a 2005 Gallup survey 44 percent of the population aged 10 years and above watches television on a regular basis. The total radio listening audience is 21 percent, and of those listeners, only 30 percent listen on a regular basis. Among radio listeners in Karachi, Lahore, and Rawalpindi/Islamabad, 23 percent of FM 100 listeners tune in to the call-in family planning program 'Online Family Clinic'. The Gallup Report in 2005 suggested that the TV spots about family planning, child spacing and maternal and infant health broadcast on PTV1 were viewed by 72 percent of its viewers.

Gap between Awareness and Practice

PRHFPS have also found a rising proportion of women stopping contraceptive use due to a number of reasons including disinformation, lack of specific information, fears of side effects and contra-indications with the methods they prefer. This is compounded by the absence of effective and accessible sources for receiving much needed information. The IEC campaigns, though successful in creating awareness, have not been able to close the gap between awareness and practice, especially among couples with less education. Strategies are needed to help the potential clients develop confidence in the safety, efficacy and acceptability of family planning methods.

The Enter-Educate Campaign

The momentum of contraceptive prevalence achieved over a five year period during 1991-96 was not maintained in recent years. The CPR increased 100 percent from 12 in 1990-91 to 24 in 1996-97. Perhaps the Enter-educate approach through TV drama serials '*Aahat*' and '*Janjaal Pura*' was useful but too short-lived. We need to look into the reasons why the increase in CPR has slowed down. The current CPR of 36 percent is a 50 percent increase over the last 10 years. This situation warrants the attention of both planners and communication professionals. Was it due to the discontinuation of the Enter-educate approach, dwindling resources for services or the difficulty in reaching the harder to change segments of the population?

Limited Capacity in Communication

There is limited capacity in Pakistan to develop and disseminate appropriate and quality communication materials. There are few skilled communication practitioners with advanced training in message and materials design that are available to the stakeholders and advertising agencies. Funding has also been inadequate for disseminating appropriate communication materials. While there has been a general lack of specialized staff, even those who had training or had developed a good understanding of the communication issues owing to their job experience could not contribute enough due to frequent transfers and turnovers. These frequent changes affected the quality of design and implementation of campaigns highlighting the need to have effective institutional mechanism for posting trained staff on IEC positions on a long-term basis.

Capacity building in communication was not given much attention. The staff lacked specialized training and guidance to make effective strategies. According to a recent study, none of the teaching staff in Population Training Institutes had attended any course in communication (NIPS-2000). Field staff plays a major role in increasing the CPR but their communication skills remained weak leading to drop-outs and rumors about side effects of contraceptives. Field workers are also faced with a shortage of IEC material to facilitate their job.

Lack of Political Will

The FP program did not enjoy strong political support in the past. It's IEC and media campaigns were most affected as most governments under some pretext placed undue restrictions social communication on family planning. Criticism from a section of the society has led to frequent interference in the media campaigns resulting in irregular airing of product/ method-specific messages. This led the media managers to go for indirect and discrete messages that may have had little impact on the behavior of the audience. MOPW and MOH officials do encourage programs to sensitize and mobilize the people to achieve maternal and reproductive health goals. The funding to develop and implement these programs, and to develop and disseminate quality communication materials for specific intended audiences is insufficient. There needs to be a translation of political will into funding and coordinated action.

Need to Strengthen Communication Interventions

While developing future IEC initiatives, recommendations received from the evaluation of past programs along with research findings were rarely incorporated. Also the pre-testing of media products was not done through independent sources on a regular basis and therefore gave little idea about the effectiveness/ impact of the campaigns.

It is clear from the above that any IEC strategy needs to focus on catering to the needs of the large majority of the people. The 'communication-knowledge gap' needs to be understood within the strategy. What exactly people do not know or what is being misperceived? The messages should take into account the context and have to be research-based and pre-tested before their formal release to the media. The choice of appropriate media suitable to the needs of the target audience is also vital for any meaningful effort for making a change in the attitudes and practices of the people.

Research and Evaluation

There is a need to make extra investments in research and evaluation to assess the impact of communications interventions and provide critical support to communications strategies. Systematic feedback to communication activities is required at all levels to take corrective measures. There is also paucity of timely baseline, monitoring and impact evaluation studies of the FP/RH Program that would allow communication team to make adjustments in program activities. Attention must be paid to these challenges for effective implementation of a National BCC Strategy for FP/RH/BS in the country.

Socio-Cultural Factors Affecting FP/RH

Low Level of Education

According to recent public data 37 percent of men and 64 women in Pakistan are illiterate. This illiterate segment is growing rapidly in absolute numbers and has consistently shown lower CPR in relation to more educated groups both in urban and rural areas. Previous research suggests that the number of surviving children and women's education are also key determinants in decision-making about contraceptive use. Women's education seems a key intervention to increase contraceptive use and to reduce fertility. According to PRHFPS 200-01, the fertility levels are strongly associated with levels of education. Women with some education have a TFR at least one and a half child lower than those with no education.

Innovative communication interventions are required to bring about a change in the attitude of illiterate populations. The expansion of communication means also suggests more opportunities for those who can't read and write but are extensively exposed to the modern means of communication and can be reached though by-passing the traditional barriers of literacy.

Women's Restricted Mobility

Women's ability to leave their home alone has an important bearing on their awareness and adoption of contraceptive methods. Three-fourths of female respondents of the PFFPS 1996-97 reported their inability to go to a hospital or clinic alone. If going to clinics is constrained due to cultural values, the FP program must address such issues by strengthening infrastructure and access at the community level. Women should be approached through community-based workers and through other family members.

Lack of Decision Making Opportunities for Women

Women in Pakistan have limited independence and economic power to make important decisions, including those regarding childbearing and FP/RH within the family. Husband or a male head of household or even mother-in-law decides whether a woman should adopt a contraceptive method, and if and when she should visit a health facility. Hence there is a need to inform husbands and male relatives about FP/RH. There is need to dispel misconceptions of male members of the family about contraceptives and contraceptive use. Women want to begin spacing earlier, and the long process of convincing husbands leads to unwanted pregnancies. According to a recent study the unwanted fertility rate is more than one child per woman.

Lack of Spousal Communication about Family Planning

Poor spousal communication is another constraint. Research studies have identified this 'source of information' for potential users as an important factor to enhance contraceptive acceptability and use. According to the PFFPS 1996-97one-third of all married women received information from their husbands, friends or sister. Among those who had discussed FP, husband or friends emerged as important sources of information. However a large number of married women do not discuss FP issues with anyone. There is a need to increase discussions between husbands and wives about FP/RH. This gap is wide between both uneducated and educated women. In the past, communication efforts did not evolve any strategy to successfully address this issue.

The presence of mothers-in-law and other extended family members in the household may contribute to the unmet need for FP. Studies have shown that women who reported discussing family size or FP with their husband or mother-in-law were more likely to use contraceptives than women who did not have such discussion. The communication strategy will include messages that address barriers that mothers-in-law and other extended family members may have toward FP/RH or birth spacing.

Religious Barriers

These are very important and sensitive factors that hinder the dissemination of direct, informative, and effective communication messages about FP. According to a KSM study on "*Ulema*a Knowledge and Perception about Family Planning" (October 2006) there is a need to highlight differences in definition of birth spacing and family planning to those *Ulema* and others who had no objection to birth spacing. There is a need to project the FP campaign as beneficial for the entire family and particularly for mother's health.

The FALAH and stakeholders should develop communication campaigns that are acceptable to *Ulema*. They prefer that the messages about FP should not be 'open' or loud. Rather they should be in low key and 'concealed'. It is therefore essential that the training program be organized for *Ulema* on family FP / birth space issues before a major media campaign. The *Ulema* need to be given support and facilities, especially to *Nikah* Registrars, to disseminate the information on birth spacing effectively. Many other studies have found that most religious leaders are aware of the implications and consequences of population growth, but they do not want to openly support family planning. Hardly one-third of them

are willing to discuss family planning with their followers. Most of them advocate early marriage for girls. However they support birth spacing and breastfeeding, two of the major messages for maternal and child health proposed by FALAH.

The Islamabad Declaration by the 2005 International Ulema Conference on Population included a decree with recommendations for implementing population program with the support of religious communities. The BCC interventions should support Ulema in their efforts to discuss FP/RH and behavior change among targeted communities.

Desire for More Children

Desire for more children is strongly associated with education, age, number of living children, urban /rural residence and province. A significant proportion of population does not want to use FP under any circumstances because they want to have more children. Generally, the rural population's desire to use contraceptives is low due to lack of understanding of its benefits. When family planning services outreach is expanded and there is increased awareness of the options for FP, it does have an impact on the desire for more children.

Among the women wanting no more children there is a clear divide between urban and rural populations. The desire for more children does not vary much between provinces. However, there is a clear difference in the proportion of women who do want to stop childbearing. This is very strong in Balochistan, where more than 16 percent of married women believe whether or not to have another child is 'up to God'. The remaining 84 percent of women stated a clear preference whether or not to have another child. According to PRHFPS 2000-01 the proportion of women wanting no more children is increasing. When comparing the change in fertility preference since the early 1990s, it is clear that from family size of three children onwards, the desire to stop childbearing has increased over the past decade.

Son Preference

The preference for sons is deeply rooted in Pakistani culture and society, and a barrier to future fertility decline. Studies have shown that sex of the surviving children is strongly associated with subsequent fertility and contraceptive behavior. Son preference and preferential treatment to sons usually leads to larger family size and higher fertility in case of increased female births.

Early Age at Marriage

The age at marriage has gradually increased in Pakistan, but still in rural areas early marriage of the girls is the norm. This is because initiation of sexual activity is culturally approved only after marriage. Young men and women have very limited knowledge about biological and emotional development at their age. Discussing matters related to sexual activity is a taboo. Early marriage of girls results in early childbearing and increased fertility.

Unmet Need

In the past, the FP program had an emphasis on family limitation over birth spacing. However, recent policy changes encourage women to use FP to improve maternal health by increasing the interval between two births. Women desiring to have more children but currently using contraceptives indicate that they are using FP to space their births (Population Policy 2002). All Married Women of Reproductive Age (MWRA) are considered as having a need for family planning if they have expressed a desire to have no more children, they wish to limit their family size, or delay their next child for at least two years. This means they have a need for birth spacing.

Among all the MWRAs 33 percent do not want another child immediately or any time in the future but are not using a method indicating the magnitude of the unmet need for FP. Of these, 21 percent need it for limiting and 12 percent for spacing. According to survey findings 60 percent of MWRAs have a demand for family planning, and of these 27 percent are current users. Among the 20-24 age group the demand for FP is 45 percent and it rises to 77 percent for women 40-44 years old. For younger women with 1-2 children the demand for spacing is higher compared to limiting. However, women aged 35-39 with 3 or more children largely want to limit rather than space childbirth.

It is important to note that the demand for limiting as well as spacing is higher among urban women while the demand for child spacing is similar across the provinces. The demand for FP increases with educational level and the correlation of met need for FP with education is stronger. This indicates both a smaller family norm among the better educated and a greater ability to act on fertility preferences. The 2006/2007 PDHS also shows that desire for spacing is on the rise. According to the study, 50 percent of married women with one child desire to have the next child delayed and 40 percent of married women with 2 children desires to have the next child delayed.

The Non–Users

The main reason given for non-use by 41 percent of women who had never used a method was that they want to have more children. Of these 18 percent were women without any child or recently married while 23 percent were those who have not completed their desired family size yet. Among the other reasons mentioned by never-users were 16 percent natural spacing, 9 percent husband/others opposition and less than five percent due to religion beliefs. Religious reason is more predominant among Balochi women. In remote rural areas non availability of FP services has also been cited as the reason.

Social Perceptions

There is a widely shared perception that family planning, although practically useful, is wrong or unnatural. Mass media messages and interpersonal communication seeking to counter this viewpoint have limited reach and impact in rural areas. Sometimes these concerns are stated in explicitly religious terms in certain areas. Men tend to be more conservative, and because they are generally considered the authority on Islam within the family, a husband's views on FP can be an important barrier.

Fear of side effects

Studies show that a strong fear of side effects, particularly with hormonal methods, is an important factor inhibiting both use and continuation of certain FP methods. Limited knowledge of contraception and lack of confidence in contraceptive methods often lead providers to advise discontinuing contraception or switching methods inappropriately. Provider counseling is poor, resulting in enhanced fear of side effects and missed opportunities to link child spacing with health benefits.

Factors Affecting Service Delivery of FP/RH

Lack of Information about Services

Provision of adequate information about location of the FP service providers have been weak and needs to be strengthened. According to a GSM informal survey in 2006 none of the respondents, in the villages around Islamabad, knew about those facilities. There is a need to communicate to the intended audiences the locations where FP services can be obtained.

Availability of services

Most couples do not find their local outlets for family planning services satisfactory, especially in rural areas. Distances are often great, leading to high costs; clinics may not be open, or are out of stock of the products desired; service quality, especially counseling, is often poor; and practical choices are limited.

Costs

The costs of obtaining contraceptives are often prohibitive. These include purchasing of the contraceptives, travel to the clinic, and the imputed costs of dealing with side effects. These costs vary between providers of FP services. The choices can be quite varied in urban areas, where the private sector is more dominant, while it is restricted in rural and remote areas.

Remote Areas

Two-thirds of the country's population lives in rural areas. The fertility rates vary across the rural and urban population, and between rural groups in different regions of the country. In remote rural areas, MCH /RH services are inadequate. Difficult to reach areas and language differences are key barriers to disseminating culturally, linguistically, and knowledge-level appropriate messages and materials about FP/RH.

Public-Private Partnerships

At least 70 percent of the population seeks health care from the private sector. The government recognizes the need to strengthen partnerships between public and private sector organizations. There is need to have a special focus on male involvement for responsible parenthood as well as concern for family health. In the past male involvement in FP/RH has been modest because of various misconceptions or general indifference of men, yet are major decision-makers in deciding the size of the family. There is need to strengthen public-private collaboration for providing comprehensive FP/RH information and services through their infrastructure to both men and women.