**CREATIVE BRIEF – SPOT ON LHWs**

**1. PURPOSE OF THE ASSIGNMENT**

The purpose of this assignment is to produce a radio spot and its adaptation for the Department of Health, Government of Sindh.

**2. STATEMENT OF COMMUNICATION PROBLEM**

The National Program for Family Planning and Primary Health Care launched a cadre of Lady Health Workers (LHWs) in 1994 to provide primary health care services at the community level. Currently, there are more than 100,000 LHWs serving about two-thirds of the country’s population. The LHWs are local females, from 20 to 50 years age range, preferably married and have at least middle level education. They receive three months classroom and 12 moths of field training. In their respective communities, LHWs undertake 20 different tasks covering essential maternal and child health and family planning services, and common ailments. They serve around 1,000 people in their communities, or “catchment areas”, with visits to 5-7 houses on a daily basis. Other programs, i.e. Expanded Programme on Immunization, Directly Observed Treatment Short-Course of Tuberculosis and Malaria Programme and others, also use their services at times but their primary mandate is MNCH and family planning. LHWs also collect statistics from their communities related to maternal and child health, along with health utilization, and also maintain a family register.[[1]](#footnote-1) The total cost to maintain a health worker has been estimated to be $517 per year including the salary and supplies making it a cost effective program.[[2]](#footnote-2)

Since the inception of the Programme, Lady Health Workers have been playing a vital, life-saving role in Pakistan. Numerous independent evaluations have shown this “as a successful initiative”.[[3]](#footnote-3) A study by Aga Khan University reports that areas where LHWs worked had “21 percent fewer stillbirths and 15 percent fewer newborn deaths than in non-LHW covered areas.” Hafeez et al recommends that the “health system in Pakistan has to generate reforms envisaging more appropriate resource allocation…to sustain these gains.”[[4]](#footnote-4) The Programme has also had its fair share of challenges including the fact that it took more than 20 years for LHWs to get recognized as regular government workers. In the past, there have been constant delays in payment of salariesand LHWs in few locations have also been targets of terrorism.[[5]](#footnote-5) Moreover, it is evident that they are overburdened with tasks for which they usually do not get any due recognition.[[6]](#footnote-6) An external evaluation conducted by Oxford Policy Management revealed that the pay system at the time of the survey was not working well in Sindh.[[7]](#footnote-7) The evaluation further noted lack in provision of medical supplies and equipment essential in ensuring an effective community health service also undermining the credibility of an LHW amongst her community when she is unable to distribute contraceptives and other medicines as expected. The evaluation recommends that for improving performance among LHWs, it is essential that they are better supervised and better supplied with drugs and equipment and for that the Programme needs to improve its organizational support. A commentary by Sabeena Jalal published in the European Journal of Public Health on the Lady Health Workers Program in Pakistan makes similar argument and highlights the “lack of sustained motivation” among Lady Health Workers.[[8]](#footnote-8) In her commentary, she recommends that LHWs performance can be improved by incentivizing, not just in terms of timely disbursement of their salaries, but also through nonmonetary rewards, i.e. provision of essential medicines, equipment and other resources; re-evaluation of goals; job security; increasing their ambit of services; affiliation of LHW with the government hospitals—servicing as gatekeepers within community. Indeed, the TV radio spots that is the subject of this creative brief should become an additional non-monetary incentive for the LHWs.

In the post-devolution scenario, there has been a re-launch of the LHW Programme and the overall outlook is promising. The Government of Sindh has recommitted to the scale-up of LHWs, recognizing it as a valuable program and last year, services of 24,000 LHWs working in Sindh were regularized. Efforts are also underway to streamline the funding mechanism with timely release of salaries and necessary resources to LHWs to overcome cycles of low performance and supply shortages that have somewhat tarnished their image in communities. There is also increasing recognition among groups that have made large investments into the LHWs and the provinces have now effectively taken the ownership of the Programme. This radio spots will help propel this re-launch.

*This backdrop of management challenges coupled with overwhelming support for the program’s effectiveness requires that we now focus on promotion of the LHW and the work she does at the community level. We must rebuild the image of the LHWs as well-placed cadre linking first-level care facilities to the community, improving the delivery of primary healthcare services, revitalizing the primary healthcare system and also helping to overcome the major obstacles to women’s access of basic services as a result of gender divisions in the public and privates spaces. This requires promoting the image and recognition of LHWs as a vital resource for the primary health care delivery system for the Province of Sindh, in communities and among community-level decision makers, for increased acceptance and ownership of the Programme.*

**3. OVERARCHING THEME**

The overarching theme in both radio spots is of “Bright Star”. The central concept of “Bright Star” is to provide a unified theme to all communication interventions being carried out under the Health Communication Component (HCC) of the USAID-funded Maternal and Child Health Program. This will bring quick recognition and coherence between different components of the HCC, the overall MCH program, and the activities of its public and private sector partners. The “Bright Star” branding and platform will also provide an aspirational and participatory approach to the health communication interventions. It will become the symbol for healthy mothers, healthy and smart children and happy and prospering families. Each member of society will be able to understand his or her role in helping to make the bright future and bright star a reality. Essentially everyone involved in MNCH/RH improvement is a “star” and their respective groups formed under HCC are “star groups.” For instance, most prominent health staff, managers and policy makers, as well as popular athletes and celebrities are “bright stars,” and so is a supportive husband, a responsive community-based health worker, a caring mother-in-law and the range of other actors and organizations that work towards improved maternal and child health in the Province of Sindh. Under HCC, there are also plans for creating an annual award to honor Stars and create national-level support for MNCH/RH. Thus, high performers from all levels of society -- from a rural mother to an LHW, a medical officer, a program manager, a district administrator or a prime-minister – is conferred “star” award from the same platform. The Bright Star initiative cuts across all the communication activities and all the relevant audiences, including the radio spots described in the creative brief.

**4. OVERALL COMMUNICATION OBJECTIVES**

Married women of reproductive age (and their husbands) recognize Lady Health Workers as a reliable and trusted source for information on maternal and child health, family planning, and provision of contraceptives to improve the health of mothers and their babies. Through this radio spots, the married women of reproductive age (and their husbands) would:

* 1. Know the role (basic curative services and referrals) of LHWs that they are an important part of the primary healthcare system.
  2. Believe and accept that LHWs are a trusted, reliable and trained source of information (or “Bright Stars”) for family planning, provision of contraceptives and maternal and child health issues.
  3. Consult LHWs for their primary healthcare needs, including family planning, provision of contraceptives and maternal and child health issues.

**5. AUDIENCES**

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| **Primary** | **Secondary** |
| Married women of reproductive age | Health managers and decision makers, husbands, and mothers-in-law |

**6. DEMOGRAPHIC AND PSYCHOGRAPHIC CHARACTERISTICS**

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| **Audience** | **Demographics** | **Psychographics** |
| Married Women of Reproductive Age | Rural, suburban; however emphasis will be on rural population in Sindh; stronger emphasis will be on less educated or uneducated, socioeconomically poor or those living at borderline poverty, primarily dependent on their husbands for livelihood and other important decisions of life. | Likely to be less empowered in taking her own decisions; either has ever used a family planning method or intent to use in future, afraid or dissatisfied of methods, mainly due to its side effects; has restricted mobility; does not discuss family planning in great detail with her spouse; does not discuss nor seek more information from health provider on contraceptive choices, husband usually does not accompany her for counseling. |

**7. KEY MESSAGES**

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| **Level** | **Audience** | **Message** | **Desired Change** |
| Primary | Married women of reproductive age | * LHWs are there to provide you primary healthcare services at your doorstep, including contraceptives, basic curative care and identification and referral of more serious cases; * LHWs can help you make informed choices in privacy and comfort of your home; * LHWs have been playing a vital role in improving the health and saving lives across Sindh province. | * Increase in women seeking contraceptives and counseling services from LHWs; * Increase in referrals from LHWs; * Increase in number of women receiving prenatal services from LHWs; * Increase acceptance and recognition of LHWs in their catchment population as trained and trusted primary health care provider. |
| Secondary | Health managers and other decision makers | * LHW Program is the backbone of Sindh’s health care services. LHWs are one of biggest assets for the provision health services and information to communities; * Successful LHW program will be reflection of successful health care system in Sindh; * The better the LHW program performs the more the people of Sindh are appreciative of Govt. services. | * There is increase in the perceived value and recognition of LHWs among service providers as a vital partner in the health care system; * There is increase in motivation among LHWs; * Adequate resources are mobilized and necessary support is provided to LHW Program in terms of provision of medicines, equipment, and other material |

**8. CALL FOR ACTION AND KEY BENEFITS**

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| **Call for Action** | **Benefits** |
| * Talk to the knowledgeable (or trusted) LHW in your community for more information on maternal and child health and family planning. | If a MWRA consults a LHW, then…   * She will receive confidential care from a woman just like her in the privacy of her own. * She will receive healthcare services from a trained healthcare provider that will help to keep her family healthy. * She will receive counseling and support from a trained healthcare provider that will help to her to plan for a healthy baby (MCH) or family (FP). * She will become a “bright star” mother. |

**9. POSSIBLE BARRIERS TO CHANGE**

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| **Married Women of Reproductive Age** | **Service Providers, Health Managers/Decision Makers** |
| * Lack empowerment and mobility and depend on husbands to make major decisions; * Hesitate to discuss contraceptive choices in detail with their spouse; * Do not seek counseling to discuss contraceptive choices with health care provider; and * Do not seek for a suitable alternative once dissatisfied with existing method and discontinue using family planning completely. | * Ownership of the Programme needs to be built as transition is gradually completed from federation to provinces; * Motivation needs to be built under resource constraint and challenging circumstances; * Needs to celebrate successes of the LHW Programme and accept challenges; * Lack impetus in taking important decisions for mobilizing necessary resources and giving due recognition to the LHW Programme; and * Lack time and skills to provide thorough counseling. |

**10. TONE AND OTHER CREATIVE CONSIDERATIONS**

Tone for this spot should be powerful and engaging with a clear message. The radio spot should have slightly triumphant tone to give recognition to services of LHWs in their catchment communities and their critical role in primary healthcare delivery.

**11. PRODUCTION**

Recording Recording must be at professional radio stations with all facilities of radio production including music and sound effects

Duration While there are no hard and fast rules, Spots should not be running commentary but smooth audio concepts less than a minute with 10 & 20 seconds adaptations.

Language The spot is to be produced in Sindhi language as well as Urdu

1. Hafeez, Assad, et al. "Lady health workers programme in Pakistan: challenges, achievements and the way forward." *JPMA-Journal of the Pakistan Medical Association* 61.3 (2011): 210 [↑](#footnote-ref-1)
2. Bhutta, Zulfiqar A., et al. "Reproductive, maternal, newborn, and child health in Pakistan: challenges and opportunities." The Lancet 381.9884 (2013): 2207-2218. [↑](#footnote-ref-2)
3. Khan A. (2011). Lady Health Workers and Social Change in Pakistan. Economic & Political Weekly, 46(30): 28- 31. [↑](#footnote-ref-3)
4. Hafeez, Assad, et al., 2011 [↑](#footnote-ref-4)
5. <http://peersforprogress.org/wp-content/uploads/2013/09/20130923_pakistans_lady_health_workers.pdf> [↑](#footnote-ref-5)
6. Aoun Sahi. 2014. These Courageous Women. <http://tns.thenews.com.pk/lady-health-workers-courageous-women/#.VPX6kLCUcm8>, *The News on Sunday* [↑](#footnote-ref-6)
7. Oxford Policy Management. (2009). Lady Health Worker Programme: External Evaluation of the National Programme for Family Planning and Primary Health Care, Sindh Survey Report, United Kingdom: Oxford Policy Management. [↑](#footnote-ref-7)
8. Jalal, S. “The Lady Health Workers Program in Pakistan – A Commentary,” *The European Journal of Public Health,* Vol. 21, No. 2 (2011): 143 – 144 [↑](#footnote-ref-8)