

Improving the Coverage of Maternal, Newborn and Child Health in Pakistani Media

Practical Guide for Health Reporters



Intermedia
42, Street 32, F-6/1
Islamabad
www.intermedia.org.pk
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Introduction and Background

With funding by the Pakistan Initiative for Mothers and Newborns (PAIMAN), a project of United States Agency for International Development (USAID), Intermedia, is currently implementing a one year (2009 – 2010) project on “Improving and Promoting Profile of MNCH issues in Pakistani Media”. This project is being implemented in 12 districts, 10 from various provinces of Pakistan and 2 districts from AJK, including

Peshawar, Charsada, D. I. Khan and Mardan (NWFP); Multan and Vehari (Punjab); Gawadar, Zhob and Sibbi (Balochistan); Khairpur (Sindh); and Bhimber and Pallandri (AJK). The project activities include production of training material, trainings, alumni meeting and awards ceremony.

This Practical Guide for the Health Reporters has been produced under this project, with an objective to orient and train the Health Reporters through dissemination of this Guide with a focus on the reporting on MNCH issues. This Guide is developed by a Team of two persons (an MNCH Expert (Gynecologist) and a Media Expert, with experience in the training of the Health Reporters), in close coordination with the Intermedia and PAIMAN staff.

Intermedia in collaboration with PAIMAN has already conducted a series of training workshops, Alumni meetings and Award Ceremonies, between August 2006 and March 2009 for print, radio and television journalists on health issues with an objective to improve coverage and public knowledge of home- and hospital-based care for mothers and newborns.

In past, total, 6 trainings, 2 Alumni meetings and 2 Awards ceremonies have been conducted. Overall, 18 districts, were represented in these activities, including Islamabad; 4 provincial capitals (Lahore, Peshawar, Karachi and Quetta) and 13 other districts from all over Pakistan, including Boner, Upper Dir, Abotabad and Swat from NWFP; Jhelum, Khanewal, Multan and D. G. Khan from Punjab; Sukkur, Dadu and Hyderabad from Sindh; and Jafarabad, and Zhob from Balochistan.

In the 6 trainings, overall, 163 journalists, including 22 females (14 from print and 8 from electronic media), were trained in reporting on issues of Mothers and Newborns and Child Healthcare (MNCH). Of these, 95% belonged to private media. These trainings were held in Murree (1), Bhurban (1), Islamabad (2) and Karachi (2), respectively. The Alumni meetings were held in Lahore (2007) and Islamabad (2009) and were attended by the selected journalists, while in the Award Ceremonies, held in Lahore (2007) and Islamabad (2009), besides these journalists, a number of other stakeholders also participated. These activities were widely covered by the electronic and print media.

Rationale of the previous projects was to improve knowledge of and news ideas about MNCH issues within the media community, Intermedia emphasized focused networking through a network of health correspondents who can exchange information and share their reports on MNCH issues. To institutionalize this initiative, an e-mail group of 163 journalists – the MNCH alumni of journalists – was created through which the participants of Intermedia trainings have already started sharing information, stories and reports on MNCH issues. The remaining journalists, mostly belonging to remote areas in PAIMAN target districts that do not have e-mail accounts, were encouraged to do so. However, these are in touch with Intermedia through telephone or surface mail.

The trainings, awards and Alumni meetings, encouraged many of the participants in particular and all health reporters in general to write on the health issues and they produced a number of stories and documentaries during this period.

The Intermedia, feels that there is a strong need for continuous engagement of the media sector to facilitate a sustained focus on MNCH issues in print and electronic media. This Practical Guide for Health Reporters will help facilitate the Trainers to plan and organize training activities on MNCH issues in target areas and will also provide an opportunity to the trainees of the workshops to orient themselves in MNCH

issues and enhance their skills for reporting health issues with a special focus on MNCH, in their respective areas and for their media organizations, including print and electronic media.

FACILITATORS' KEY

Session 1: Setting the Scene: Role of Journalists in Health

The first session sets up a context by instigating a discussion on the role of health journalists as advocates for Maternal, Newborn and Child Health (MNCH) issues. In addition the session highlights the importance of MNCH reporting and especially its role in creating behavioural shift in the society to a more sensitive and responsible attitude by internal and external actors of a house towards their pregnant women and newborns. The Session revolves around an interactive discussion and also includes a group exercise to identify various audiences and actors involved in MNCH care directly or indirectly. The session sets a context, where each participant feels sensitive to the great importance of MNCH training as a health journalist who advocates MNCH as a sacred mission to save precious lives of mothers and children.

Session 2: Maternal, Newborn and Child Health (MNCH) in Pakistan: a situation analysis

Building on the context set up in the first session, this session focuses primarily on Concepts of MNCH where the Facilitator identifies and explains through the technical definitions and various causes of maternal and new born mortality in Pakistan. The Session is a situational analysis of State of health of Pakistani mothers, newborns and children and how individuals, household, community and government; all are responsible for this poor state. The session will be followed by a visit to a hospital to see the labor room and a newborn nursery. The participants will observe what cross-sections of society avail these facilities and in what manner? Following this, participants will visit a slum area to ask people about pregnancy, delivery and childcare facilities accessible to them. On their return, the participants will divide into groups. Each group will select a representative to make presentation to the plenary on their observations and about the most important maternal, newborn and child health issues among the privileged and un-privileged classes.

Session 3: Media coverage of MNCH issues in Pakistan – Nature and Trends

This Session would primarily be a SWOT exercise in which the participants will be asked to think on the following four aspects:

Strengths of MNCH reporting in Pakistan – Identifying positive trends and practices (White)

What are the gaps and weaknesses in media coverage of MNCH issues? (Yellow): You would ask participants about things they find difficult to do, constraints at their workplace and organization to quality coverage of MNCH issues.

Opportunities of improving media coverage of MNCH in Pakistan (Green): Ask participants to identify the new technologies and trends, new actors and stakeholders that provide networking opportunity to form partnerships for enhancing MNCH reporting.

What are the threats to improving health journalism in general and MNCH journalists and journalism in Pakistan? (Red): This refers to external environment such as demographics, economic hurdles, socio cultural and politico legal challenges posed to your mission. Who are your competitors and what do they offer that you can't do equally well. Are there "environmental" changes or situations that could cause problems for you and your programs? What other roadblocks are being thrown in your path?

All Participants would be given chart paper cut-out circles of White, Green, Yellow and Red color identifying the above Aspects. After a couple of minutes participants would be asked to identify a Strength, Weakness, Opportunity and Threat and paste it in respective quadrant of a giant brown paper SWOT Quadrant displayed at a central place in the venue hall/ room.

Session 4: Essentials of Health Reporting – Mother, Newborn and Child Health Issues

This session would focus on developing the competencies regarding MNCH reporting. Therefore it would help participants identify what are the essentials of good health reporting through a brainstorming exercise in which the participants would be asked to define what is a News and what is the characteristics of a newsworthy story. In addition the most important part of the session would be the practice session in which each group/participant would be given a "good," or "bad," MNCH story. They would be asked to identify the 5 x Ws and 1 x H in the Summary Lead, i.e first 30-50 words paragraph of the news report. The facilitator in the presentation before the above practice exercise, explain the Inverted Pyramid Style of News report and specifically coverage of five Ws in Lead or the Body. Summary lead gives an outline of the

event and its major facts—who, what, where, when, why, and how. Participants will prepare presentations in 15 minutes and then take 10 minutes each to present the same on flip charts.

Session 5 a: Methodologies and Techniques of MNCH Reporting

This Session would unveil deeper the dynamics of competencies learnt in the last session. It would discuss in detail the various mediums, that is, print, radio and television, their demands and role and methodologies and techniques used in these respectively. The facilitator would explain various specific methodologies and techniques e.g feature writing, conducting an interview on MNCH issues and writing an Editorial on MNCH and Family Planning, etc. Facilitator can also invite groups to prepare and present a role play in the form of a Feature on TV and/or an Interview with a Health expert on Radio or for that matter a jingle with strong MNCH message for TV advertisement involving a celebrity. In the end, a 20 minute documentary will also be shown and participants asked either to analyze the messages it contained, or write the same into a small Feature Report.

Session 5 b: Challenges and Opportunities of MNCH Reporting in Pakistan

This will be a brief brain storming about various challenges and opportunities of MNCH reporting in specific geographical locations of the country. While the facilitator will moderate the session, he or she would attempt to encourage even the quietest participant to speak of hurdles and opportunities he or she has to face. In addition the facilitator will provide solutions himself or through other participants so as to end the course on repeating the messages as set in the first session on context i.e. MNCH is decisively important for human emancipation in our society, and prospects of a healthier and happier Pakistan.

Chapter 1

Setting the Scene: Role of Journalists in Health

Session Objectives

It is expected that at the end of this session, participants will have learned:

Media is the biggest source of health information

Responsibilities of a health journalist are enormous

How media serves as a mass educator

Media can be a strong health advocate

Media can influence the development and implementation of health policy

Background

Media has emerged as a powerful change agent in Pakistani society during the last decade. The arrival of independent television news channels, FM radio and scores of newspapers and magazines have provided the opportunity to report any important event occurring locally, nationally or internationally within minutes of its occurrence. Most of the news coverage revolves around political issues and media has effectively played its role of a catalyst in many of the hard pressing issues. The recent movement for justice in Pakistan is a very pertinent example. There have been many other situations in which media played a key role and led the nation from front. Media and political developments go hand in hand in Pakistan as in other countries throughout the world.

Health is not a soft beat

Surprisingly the same media does not report the unjust moves against social evils with the same vigor and consistency. Health is an important social area that always keeps looking for someone to unearth the devastating injustices occurring on almost daily basis. Pakistan has a fast growing population with an equal enormity of suffering and disease. Diseases like gastroenteritis, pneumonia, tuberculosis, malaria and hepatitis that are unthinkable in developed countries are rampant in Pakistan. These are diseases that can be prevented as well as cured with minimum expenditure, yet they are taking a heavy toll on our population every year. Why the eye of the camera, the microphone of the radio and the ink of the pen do not capture the devastation that these diseases bring to the urban poor; the rural peasants and the wretched slum dwellers of our country? One reason is that 'health' like other social issues is considered a soft beat as opposed to politics, defense, economy and foreign policy which are considered hard beats. Media professionals think that it is the 'hard' issues that people want to read, listen and watch. But do these media professionals have evidence from real life or is it just an assumption in their mind?

What viewers/listeners/readers want?

It has been mentioned by the experts that media professionals especially newspaper journalists work in a special situation, without having a significant contact with their audience. So they take their cues about 'what people want' from other media. According to a famous media scientist "Journalists communicate with an audience they cannot see or hear. It is a one-way conversation. They operate in a professional world inhabited mainly by news sources, public-relation specialists, and other journalists" (Neuman W.R et al 1992. Common knowledge: News and the construction of political meaning. Chicago. University of Chicago Press). With the advent of private television and FM radio channels, this approach is changing. The programs on these media are trying to be interactive with their viewers/listeners. There is however, still room for efforts to know more about what readers, listeners and viewers want on their preferred newspapers and channels. It is the lack of these efforts that Pakistani media is still working on the presumption that their consumers want information and programs on only the hard issues.

Health and family is first priority

Media scientists have explored this question of public demand at various places and with respect to different issues throughout the world. The famous Survey of the Millennium by Gallup International in 2000 asked from people about what mattered most in their life? This was World's largest-ever opinion poll

conducted by Gallup International in 60 countries around the globe with a representative sample of 50,000 people. The most frequent response from almost every corner of the globe was: to have a happy family life and a good health (Gallup International, 2000). According to a UN study on HIV-AIDS awareness and behaviors conducted in 39 countries, media is the most important source of information on HIV/AIDS. The respondents from Africa, Asia and Latin America described Radio, Television and Newspaper as the source number 1, 3 and 4 respectively, with friends and relatives as the 2nd most important source (UN study on HIV/AIDS awareness and behaviors 2002).

Media market is changing

In a world where health and family is the real hard beat for the people, and they consider media as their number one informer and educator, why Pakistani media still thinks that only political issues are the number one choice of its audience? The present era of market economy has already entered into a phase where consumers have the real power. They can dictate their choices of toothpaste, shampoo and soap by selecting one and rejecting the other brand. Similarly, the consumers of media can exercise their preference by watching/listening one channel or program, or buying and reading a newspaper of their choice while moving away from all the others. The sorry state of health of Pakistanis demands from media, a contribution much more than just the information delivery. Media in this country can be a health reformer by addressing its masses, the policy makers and the fellow media professionals.

Pakistani media can lead from the front

This augmented role of media from 'informer' to 'reformer' also brings some challenges for its professionals. As the audience-appointed proxies for health information, the health reporters must be knowledgeable and accurate. They should realize people's lives may depend on the correctness of their information. They should also be mindful that their story may create ripples that will ultimately reach the highest levels of health policy. They should, therefore use maximum efforts and resources to make their story 'credible'. The challenges are compounded by the desk editor's or producer's preferences who may think the other 'hard' beats deserve prominent space and time. The journalist therefore has not only to work on preparing a strong story, s/he also has to advocate on the need of this story being given appropriate time and space. The reporter should realize and advocate that in health, context is crucial as opposed to the other news in which timeliness is often the priority.

Media as a health educator

As a health informer and educator, media can provide vital information on prevention, treatment and care that can help to save, extend and improve lives. Gastroenteritis or diarrhea (called gastro in Pakistani media) is a case in point. Many countries have achieved the objectives of prevention, treatment and care by conveying messages through media on washing hands to prevent gastroenteritis, giving ORS to treat it, and continuing feed during an acute episode to improve quality of life after the episode. The media can also inspire the people to change unhealthy behaviors and lifestyles. Similarly adopting healthy nutrition and exercise; ensuring personal sanitation; avoiding drug addiction; following safe sexual practices and working on a healthy mental state are some of the areas on which media has immensely contributed in various countries. Owing to its instant and immense reach, media plays a critical role during health emergencies such as epidemics and natural as well as man-made disasters. By educating people on their health rights, media can also create a public demand for services and treatment.

Media as health reformer

As a health reformer, media can give voice to the voiceless. It can especially help in highlighting the issues of the poor and the marginalized. It can mediate information and understanding among diverse sections of the society. It has the power of bringing buried topics to the spotlight. By highlighting these ignored issues and neglected segments, media helps to bring public health to the policy agenda. The now educated masses start raising voice for their health right. Fellow media outlets and journalists also pick up the topic which further creates pressure on the policy makers. Ultimately the process inspires the authorities to realize the situation and make appropriate decisions including resource allocation. The role of media does not end

here. It should keenly monitor that the decisions are properly implemented and resources well spent. It should also continue the vigil on the private sector and act as a watchdog in the larger public interest.

Exercise/Group work

Divide into groups; around 5 persons to each group. Each group will select a representative to make presentation to the plenary.

Discuss for 30 minutes what are the most important audiences for health issues and why?

Determine what are likely to be the most important issues for each audience?

What is the most important media, programs, time and day for reaching these audiences?

Each group will make a 15-minutes presentation to the plenary based on their findings

Suggested Readings

Dearing J.W and Rogers E.M (1992). Communication Concepts 6: Agenda-Setting. Thousand Oaks, CA: Sage.

Gallup International (2000). World Opinion: A happy family life and a good health is what matters most in life. Available from:

<http://www.gallup-international.com/ContentFiles/millennium16.asp>

Neuman W.R et al (1992). Common knowledge: News and the construction of political meaning. Chicago. University of Chicago Press.

United Nations (2002). HIV/AIDS: Awareness and Behaviors. Department of Economic and Social Affairs Population Division, United Nations, New York 2002. Available from:

http://www.un.org/esa/population/publications/AIDS_awareness/AIDS_English.pdf

Chapter 2

Maternal, Newborn and Child Health (MNCH) in Pakistan: a situation analysis

Session Objectives

It is expected that at the end of this session, participants will have learned that:
 Health of mother and children is important for a family and the country
 State of health of Pakistani mothers, newborns and children needs improvement
 Individuals, household, community and government; all are responsible for this poor state
 Small steps can go a long way in improving this situation
 All forms of media can play a key role in improving MNCH in the country

Background

Health of mothers, newborns, infants and children is important for any society. A healthy mother gives birth to healthy infants who grow into adults with sound body and mind, live a productive life, and contribute to the family and society. Being the prime caregivers of children, mothers have the most significant impressionable effect on their children in the early development years (Tamis 2001; Landry 2000). The healthy future of a society depends on the health of the children of today and their mothers, who are guardians of that future. If physically and mentally healthy, women can steer their children and the family towards prosperity and long lasting happiness. United Nations Organization has acknowledged women's role by declaring that sustainable development could not be achieved without the full empowerment, participation, and contribution of women and men, in conditions of equality (Beijing Declaration 1995). Poor maternal health can have significant negative impact on the family and society as it is a major determinant of the health of children and indirectly affects the formation of human capital. According to research, the motherless children die more frequently; are more at risk of becoming malnourished and less likely to enroll at school (Ainsworth 1998). The babies of ill or undernourished pregnant women are more likely to have a low birth weight (Reed 1998: 6; Kramer 1987) and impaired development. Low birth-weight (LBW) children in turn are at greater risk of dying and of suffering from infections and growth retardation, have lower intelligence and higher risk of developing chronic diseases in adulthood (Grivetti 1998). Societies that have developed, have always given emphasis to the health care of mothers, newborns and children.

Situation in Pakistan

Government of Pakistan being a signatory to the U.N Declaration of Human Rights is responsible of ensuring right to health for all the members of its population including women and children. This right is enshrined in the 1973 constitution of Pakistan as part of the economic, social and cultural rights section and includes: basic necessities for an adequate standard of living including employment, nutrition, shelter, healthcare, and education. Our religious teachings highlight the need of taking care of health of mothers and children. Our great leadership always emphasized the importance of women and children in developing a sustainable society and a vibrant Pakistan. Yet the situation of health of mothers, newborns and children is not satisfactory.

The maternal mortality ratio (MMR) in Pakistan according to the most recent Pakistan Demographic and Health Survey (PDHS) is 276/100,000 live births. The irony is that most of these deaths are preventable and only highly underdeveloped countries like Ethiopia, Somalia and Rwanda have maternal death rates worse than ours. The figures of infant and child deaths are even more alarming. The infant mortality rate (IMR) in Pakistan is 78/1000 live births out of which about 2/3rd are contributed by newborn mortality. This means that out of every 1000 live born babies, 78 infants die before seeing their first birthday while 58 of them do not see the completion of even the first month of their life. Worse, the IMR has actually deteriorated as it was 76/1000 according to surveys conducted in 2003. Mortality among children under 5 years of age is 94/1000 live births and has improved from previous figures of 98/1000 in 2003.

The high maternal mortality in our country is related to high number of pregnancies which are considered as the biggest risk factor for maternal deaths. Out of the 30 million women of reproductive age, about 5 million become pregnant each year. Most of them do not get proper nutrition and antenatal care. The limited number of hospitals cannot sustain 5 million births, hence majority (60%-80%) of them occur at

home, conducted by untrained and unskilled birth attendants. Like all biological processes, not every delivery is smooth and 10-15% of deliveries become complicated for which the mother should be taken to a hospital in an emergency condition. Many of these pregnancies are unplanned and unwanted, and the dangerous method of abortion is adopted to end this unwanted pregnancy. Majority of the abortions are unsafe, are conducted by untrained dais, and lead to complications including deaths but are not reported. According to estimates, for 1000 pregnancies ending up in live births in Pakistan, 29 pregnancies are terminated through abortions. Combined, all these factors contribute to about 15,000 maternal deaths every year in our country.

Analysis of the situation

Clinical causes

The apparent causes of high number of deaths among Pakistani mothers and children can be called physical or clinical causes. The specialist doctors dealing with mothers and children describe the main clinical causes as follows:

Causes of maternal deaths

Bleeding: Excessive bleeding in the mother after childbirth causes acute severe deficiency of blood (shock) and becomes a cause of death.

Trauma: Some physical damage to the birth canal which goes unnoticed, leads to bleeding or other complication resulting in death.

Infection: Germs enter into mother's body and ultimately into blood circulation causing severe infection which if untreated, can lead to death.

Eclampsia: Pregnancy causes high blood pressure in some mothers which badly affects important organs like kidneys and brain, leads to violent fits and can cause death.

Causes of newborn deaths

Asphyxia: The newborn does not cry (first breath) after birth which results in failure of establishing spontaneous breathing, leading to deficiency of oxygen in the body.

Infections: Newborn has a weak defense system against germs and given a chance, these germs rapidly attack various organs of the baby causing severe disease and death.

Low Birth Weight (LBW): Some babies have growth problems in the womb or they are born before time (premature). They have less than normal (2.5 kg) weight, more chances of illness and death.

Causes of child deaths

Acute respiratory infections (ARI): Pneumonia and other infections are the leading cause of deaths among children in Pakistan.

Diarrhea: Passing loose stools and having complications like severe water loss (dehydration) leading to death is the 2nd most common cause of death among Pakistani children.

Malnutrition: About half of Pakistani children are underweight. This makes defense system weak and the child vulnerable to diseases.

Real causes

For a doctor dealing with emergencies in a hospital, a mother died of excessive bleeding, or a child died because of dehydration but is it really 'bleeding' or 'dehydration' that caused the death? Couldn't just a pint of blood save the mother or an intravenous drip save the child had they arrived in the hospital in time?

What makes some of the mothers and children arrive in due time and at a proper place, while others could only hope to be there till they took their last gasp? Public Health experts have tried to answer these perplexing questions by dividing the actual or social causes into a category called 3 delays.

1st delay at the household

Childbirth is considered an event that will happen 'normally'. About 80% of deliveries take place at home attended by unskilled person. Danger signs are usually ignored which worsens the complication.

Once the complication and need to go to hospital is realized, there is no money for the situation. Often the male head of the family who makes decisions is not available.

2nd delay in the community

No public transport is available round the clock in the underdeveloped, far flung areas. Hence a lot of time is wasted in making a transport available.

3rd delay at the health facility

Finally, when the woman arrives at a health facility in dire need of emergency care, the facility is found closed, or the required human resource is not there, or the essential drugs and supplies especially blood is not available. This constitutes the 3rd delay and a death occurs despite reaching at the health facility.

Real causes of newborn and child mortality

Many of the factors contributing to maternal deaths are also responsible for newborn deaths. High fertility is number one risk factor for the newborn mortality. Nature has established the norm that breastfeeding the infant for two years can act as a preventing factor for next pregnancy. This allows enough time for the mother's body to recuperate from the effects of last pregnancy and prepare for the next. The next pregnancy brought about by insecure minds (the wish to have a son, thinking that more children will mean more earning hands etc.) results in a weak newborn who has less chances of survival. The untrained dai also adds to the problems as she does not have the skill to handle a weak baby, failing to have spontaneous breathing after birth. The mishandling also increases the chances of infection in such a child ultimately leading to severe disease and death. Lack of exclusive breastfeeding (giving only mother's milk and nothing else) for six months, not getting the child vaccinated against common child hood infections, and not complying to the instructions when a child becomes sick are some of the underlying or real causes of deaths among the children under 5 years of age.

Who is responsible?

Saving mothers, newborns and children is a shared responsibility. The individual members of the household, the relatives, the community, and the health system run by the government; all have a contribution to make towards this shared responsibility. The present dismal situation of maternal, newborn and child health in our country is evidence that the responsibility is not being fulfilled. The households do not give priority to health of the women because women are seen not as productive financially as men. While counting, the contribution made by the women both in cash and kind is usually forgotten. Additionally the care for the mother and the newborn is considered a purely feminine matter; something that the men should shy away from. Pregnancy and childbirth are taken as something that will happen as a routine within the house, and no preparations in terms of money and transport are made. There is no sense of rights at the community level. There are no community groups that could ask for the basic facilities to be provided by the state and fewer self-help initiatives. In this backdrop, there is little pressure on the health and governance system to take care of the marginalized; the mothers and the young children. The health facilities in remote areas are unprepared for MNCH care. The district and tehsil/taluqa level hospitals have better human resource and space allocated as women and children wards, but there are many gaps in the so called comprehensive, round-the-clock facilities even in these bigger hospitals.

What can be done?

Small steps can go a long way in improving the maternal, newborn and child health situation in our country. All the stakeholders in the shared responsibility can contribute towards this goal. The household should value the women of their family and see them equally productive partners. The family members especially the husband should take care of the nutrition and ante natal care of the pregnant woman. They should arrange money, transport, select skilled birth attendant and health facility where they could go in case a complication arises during the childbirth. Routine check up of the mother after the delivery should also be ensured. The household should equally participate in the nutrition, healthcare and development of the infant. The newborn should be exclusively breastfed for six months and vaccinated according to the schedule. Semi-solid food should be initiated once the baby reaches 6 months and all the treatment instructions must be followed if s/he becomes sick.

The community should mobilize for better health care. They should ask for round the clock health facilities for mothers and babies in their area and monitor the provision and quality of services in partnership with the department of health. The MNCH however is so crucial that communities should not wait for the

government to provide all the facilities. They should plan and execute some self-help initiatives like birthing facilities in their area, provision of emergency life saving treatment for newborns and children and a quick transport system available to all members of community at any time. The government should ensure 24 hours MNCH care services to all citizens of Pakistan. It should allocate more funds towards MNCH, develop better policies to spend the allocated money and ensure monitoring of this implementation by involving the local people throughout the country.

Media should come forward and help the cause of Pakistani mothers, newborns and children. The print and electronic media professionals can be the leaders of MNCH in our country by educating the masses and facilitating the community and policy towards their desired role. A number of research publications have highlighted the role of TV/Radio programs in educating the illiterate people. The development literature is full of stories where media played the lead in reforming a system and a society. It is high time that the vibrant Pakistani media start debating the state of mothers and children in the country; at high notes and multiple frequencies!

Field visit/Group work

Visit a hospital and see the labor room and a newborn nursery; see what cross-sections of society avail these facilities and how? Following this, visit a slum area and ask people about pregnancy, delivery and childcare facilities accessible to them.

On return from the field, divide into groups; around 5 persons to each group. Each group will select a representative to make presentation to the plenary.

Discuss what are the most important maternal, newborn and child health issues among the privileged and un-privileged classes

Prioritize issues and plan stories with the likely audience and contents.

Each group will make a 15-minute presentation to the plenary based on their findings

Suggested readings

Maternal and child health in Pakistan: Challenges and Opportunities. Edited by Zulfiqar A. Bhutta, Oxford University Press.

Pakistan Demographic and Health Survey 2006-07. National Institute of Population Studies, Islamabad.

Perinatal and newborn care in South Asia: Priorities for Action. Edited by Zulfiqar A. Bhutta, Oxford University Press.

Chapter 3

Media coverage of MNCH issues in Pakistan – Nature and Trends

Objectives

At the end of this Session, the participants would:

- be able to analyze the coverage of MNCH issues in print and electronic media
- be able to enumerate the objectives of health reporting
- be able to enumerate the gaps and weaknesses in MNCH Reporting

Traditional Nature of Pakistani media – a background

Media in Pakistan has been traditional and limited in the past. We term it traditional because it stuck to its primary role of being an informer rather than educator. An analyzer or an advocator for many decades and limited in the sense that due to 75% illiterate society, there were only a handful of Urdu and English dailies, an even lesser number and readership of magazines and just one each Radio Pakistan and Pakistan Television. Radio remained the only wide spreading media especially for public interest messages and civil education programs involving education of the public and advocacy of issues pertaining to public life. In the absence of electricity coverage and that of PTV and print media, they remained limited, till the late eighties, only to the main urban centres.

Due to the focus on pre dominantly single role of information and limited coverage of PTV, education and advocacy of public through print and electronic media were undertaken primarily by the Radio Pakistan and as an exception through some PTV plays and exclusive features in some Urdu papers. The access to information to journalists was limited, which did not allow investigative or exploring journalism. It was traditional descriptive journalism, where the news reporter unveiled what he or she saw and heard.

Transforming Media and coverage of MNCH issues - new Trends in Pakistan

The last decade has been the decade of media in Pakistan, where electronic media through the literal advent of cable TV channels and English print media have revolutionized the long standing traditional media in Pakistan. This has helped many new beats, which were only terminal or secondary topics in the past, to develop and become recognized and established beats; education, health and sports, are three classical examples.

In addition in a global village, Pakistani society is in continuous transformation to the tune of latest trends and values of a deeply inter-twined world as never before in human history. This has been the consequence of connectivity throughout the globe by quick and sudden World Wide Web, revolutionary developments in transport and communication as well as information technology and telecommunication. A few clicks of the keyboard on the email, a cheap international mobile call or simply a few words SMS can spread information from one corner to the other. This has provided the catalyst for positive as well as negative trends globally.

The recognition of human rights as one of the key areas of governance by the United Nations throughout the last four decades has helped formulate a human rights framework that includes the UN Declaration of Human Rights UDHR, followed by the Inter International Covenant on Economic, Social and Cultural Rights, ICESCR, CEDAW and CRC, respectively. This has helped to aware the masses about their basic rights throughout the world. There is recognition that Healthy mothers play the pivotal role especially in traditional and developing societies like Pakistan to raise a healthy society and we as a human race need to save our mothers by safeguarding their health.

There has also been spread of inter-disciplinary programs of higher learning, where students have been exposed to the field of mass communication, sociology, political science, international relations, media and advertising, marketing and information technology in nearly 100 private and public universities spread all over the country. This opened up a huge opportunity for fresh brains to enter media who are progressive and ready to observe, analyze, educate and advocate so as to hold accountable the concerned personnel within or outside the government.

MNCH Objectives for today

It is natural that Health journalism is still an evolving phenomenon in Pakistan and that too due to the media transformation, which has changed the very fabric of Pakistani society in the last decade or so. Consequently Maternal Neo natal and Child Health MNCH issues are integral part of the health agenda of the country in general and that of health journalist in particular.

Health journalist working on MNCH issues today must intentionally seek the following objectives as the target of his or her news reporting:

Public Awareness to change perceptions: This includes health journalists to have anyone of the following as their underlining theme in whatever they cover no matter it is a simple news report of an event, a feature on an issue, an investigative story or a case study.

Position mothers as the most important figures of life

Promote pregnancy as a special condition requiring proper care, nutrition, hygiene and clinical care

Encourage birth preparedness including savings and arrangement for emergency

Promote caring husbands as role models

Hold accountability of govt. departments: In light of promises made in the health policy by the government and the targets set in its development budget appropriations and supplementary grants etc., it is the journalists' duty to analyze the budget allocations and their actual spending on MNCH issues in the country and to unveil to what extent they cover the MNCH needs for all regions of Pakistan.

Highlight core issues with government and legislators: The core issues may be wide ranging and are discussed further in the opportunities and challenges to MNCH reporting. Yet every health journalist working on MNCH issues in Pakistan must be aware that 75-80% pregnant women in the country do not receive skilled medical personnel during the pregnancy and delivery, incubators and life saving drugs are not available in many district hospitals, women access to medical facilities are denied due to tribal and feudal mindset which treat women as household creatures rather than individuals with rights, in adequate and in equitable coverage of MNCH budget, etc.

Private Health Care Sector: The private sector health sector has spread vertically and horizontally in the last two decades yet it is quite inconsistent and many times insensitive to MNCH standards especially with regard to cleanliness of equipment as well as operating procedure of any pregnancy. Doctors and nurses are many a times not probably trained for undertaking MNCH procedures.

Gaps in Media coverage of MNCH issues and the Way Forward

i. Lack of Information: The major problem the health journalists face is due to lack of accurate facts and statistics. Thus it is necessary that the culture of investigative journalism is established. In addition easy access to information and sharing of information is allowed and strengthened. Journalists need to develop linkages to get the required information. In the last decade, there have been introduction of Freedom of Information FOI legislations at federal and provincial levels yet they are weak laws, which allow government functionaries to deny information to citizens and media in the disguise of protection of National Interest. "In this connection public private partnership will prove quite fruitful. There is also the need for more women health reporters to come in this field so that they can do investigative stories in those areas which remain uncovered in the media due to absence of any female reporters and the restriction on female mobility in these culturally sensitive areas, although the maternal mortality is alarmingly high in such areas," The News Reporter Sheher Bano, on winning Silver Medal in MNCH reporting in 2008.

ii. Lack of Context: Many new stakeholders have entered the arena of media as well as the MNCH. In addition to traditional actors including the political leadership, government officials in bureaucracy and journalists, important new actor like, multilateral organizations like UN, hundreds of civil society organizations and Non governmental organizations, public health professionals as well as private TV channels and their young progressive journalists have opened up an array of opportunities viz a viz the access to accurate data and the role as well as effectiveness of media coverage on MNCH issues.

In addition in an MNCH situation, journalists need to gauge and understand the context, which include the actors involved, that is husband and wife, husband's mother, Head of a Tribe, Lady Health workers, Dais and maids, local culture and status of women in the society, family values, etc. You cannot study one area and draw inferences as context for another. Usually in one off descriptive writings the context, is missing. Health journalists must be very clear in which context, they unearth a news item so as to know what target impact it must trigger.

iii. Investigative rather than descriptive Journalism: The public is not satisfied with a descriptive traditional news report but seeks opinion of all major actors on an issue to understand a problem and enable themselves to make their choices. MNCH issues have taken an important if not central position in the health agenda of the people of Pakistan in general. This is in itself an opportunity yet it does not come without a few very grave threats, which must be dealt with by the health journalists today. Peoples' expectation from health journalists remains not only to cover an event but more importantly identify and explore the reason/cause for the problem along with its various solutions. Health journalists must re evaluate their role from descriptive journalism to investigative analytical journalism where the focus is not an event but the whole process of MNCH. This enables them to identify the gaps clearly. Many journalists fall prey to plagiarism reproducing others stories, which are superficial and lacks proper context.

iv. Developing Linkages: Health journalists should not be a critic always but needs to develop linkages with stakeholders including cooperation with whistle blowers and reformers within the government health departments, public health officials and CSOs. In Pakistan, health journalists unearth very good one off issues viz a viz MNCH but seldom and very few of them follow up with story on the consequential happenings due to publication of the original news report. Following up on the aftermath of ones story is very important. Journalists must see the public's reaction in editorials, the officials' actions, if any, to fill the gap identified in the earlier story, or for that matter, his inaction to do anything. This enables the concerned journalist to maintain pressure on concerned departments and institutions so as to make at least some impact with his series of stories and news report on the same issue.

v. Lack of Understanding of MNCH updates: Maternal Neo natal and child health is a dynamic concept of contemporary medical science, which continues to witness additions and developments every now and then. New traumas, infections and diseases are explored as threats to the lives of mothers, infants and the children. At the same time, new remedies such as vaccinations, preemptive and pre cautionary measures as well as medications and cure protocols are introduced. There is but a dire need for modern health journalists in general and media men and women covering MNCH issues in particular to have a wholesome understanding of all above progress in scope and meaning of MNCH agenda. Journalists all over Pakistan are not pre dominantly trained in what they are expected to deliver. These are very complex issues that pose a grave threat to any meaningful progress in improving the MNCH standards in Pakistan.

Ample knowledge of journalists with regard to key concepts and issues of MNCH is but a compulsory pre requisite in addition to a skill set where a journalist is a consistent reader and researcher, a good communicator, a precise writer and last but not the least a good networking public relations person who keeps continuous communication with all stakeholders. Improving the above skill set of health journalists in every nook and corner of the country is thus the key to overcome the enormous challenges and the grave threats that mar the cause of improving the coverage of MNCH issues in the country.

Methodology of the Session – SWOT Exercise

This Session would primarily be a SWOT Exercise in which the participants are asked to think on the following four aspects:

Strengths of MNCH Reporting in Pakistan – Identifying positive trends and practices (White)

Opportunities of improving media coverage of MNCH in Pakistan (Green)

What are the gaps and weaknesses in media coverage of MNCH issues? (Yellow)

What are the threats to improving health journalism in general and MNCH journalists and journalism in Pakistan? (Red)

At Participants would be given chart paper circles of White, Green, Yellow and Red color identifying the above Aspects. After a couple of minutes participants would be asked to identify a Strength, Weakness, Opportunity and Threat and paste it in respective quadrant of a giant brown paper SWOT Quadrant displayed at a central place in the venue hall/ room.

Materials Required

Flip Charts

Colored Markers for writing on white board/ chart paper

Chart paper Circles cut outs/ Paste it chits of White, Red, Yellow and Green Color

Brown Paper (a metre each on all four sides of a square)

Stick on squash Tape

Suggested Readings

i. Beamish, Julia (1993). Developing Health Journalists- A training manual for improving news coverage of reproductive health, publication of Family Health International.

ii. Working with the Media. Packet Series 6, Johns Hopkins University/Population Communication Services, Baltimore: Maryland, 1986. browsed dated September 7, 2009 at:

<http://www.whiteribbonalliance.org/Resources/Documents/WhiteRibbonGuide-L1.pdf>

Chapter 4

Essential of Health Reporting – Maternal, Newborn (neo natal) and Child Health

4.1 Objectives

At the end of this session, the participants would:

be able to express their role as a health journalist

be able to enumerate qualities/characteristics of a good and newsworthy report

be able to display the essentials of good health reporting

be able to enumerate the relevant sources of data collection on Mother, Newborn and Child Health, MNCH, issues

4.2 Background

This chapter is based on the Discussion regarding the essentials of the health reporting, with a special focus on the issue related to the Maternal, Newborn (Neo Natal) and Child Health. The study of the content of this chapter will help to understand the relevant issues at the local and national levels and also promote their reporting skills.

4.3 Role of Health Journalism

Health Journalism is an evolutionary yet established beat in most reputable papers as well as in the TV and Radio Media. It naturally has a significance as journalists simultaneously undertake multiple role of informing and educating the public as well as holding the medical authorities and in some cases government functionaries accountable viz a viz their role in securing the life and health of mother and child. In other words, a health journalist attains the role of advocacy for provision of state of the art facilities to mother and child so as to increase the life expectancy as well as assure happy healthy mothers to nurture the future generation of the society.

4.4 Elements of an MNCH news story

The most important task for a journalist and particularly a Health Reporter is to find stories that interest audiences and affects the actors involved. Many Mother, Neo Natal and Child Health, MNCH, events and issues make the news when they have a big impact on people's lives, reflect new developments or major changes, involve national and community leaders, or deal with controversial issues. Not all Mother, Neo Natal and Child Health, MNCH, issues and health stories are newsworthy, of course. Michael Pertschuk observes:

"the first task of the media advocate—and perhaps the first task of the health educator—is to recognize a good story and know how to market it. But the greatest art of the media advocate is to recognize a non story—and transform it into a story."

By reaching the right sources and finding the relevant information that fits a journalist's criteria for news, he is able to evolve a story that possess necessary news value for the audience. Many Mother, Neo Natal and Child Health, MNCH, stories—more than most people think—have potential news value. Here are a few examples:

New people. "Noted physician to head health program."

New services. "Ministry/ Philanthropist Organisation launches rural health initiative."

New policies. "Program to increase Lady Health Workers by 1,00,000 in a financial year."

New Technologies. "Incubators become available in all Distt Hospitals."

New hours. "BHUs open weekends to meet rising demand."

New data. "Number of pregnant women visiting BHUs (villages) sets record."

New funding or resources. "Leading bank donates mobile vans."

New trends. "More couples postponing births, survey shows."

New ideas. "Community discussion groups spark interest in Maternal Neo Natal and Child Health, MNCH,."

What is news? Jawadur Rahman, an editor of the Bangladesh Observer, defines news simply and elegantly as "an account of an event that interests people" M. Lyle Spencer, former Dean of the Journalism School at the University of Washington, defines news more formally as "any event, idea, or opinion that is timely,

that interests or affects a large number of people in a community, and that is capable of being understood by them."

While there is no single definition of news, all news stories contain at least one, and usually several, of the following elements—immediacy, proximity, consequence, and human interest—and often deal with trends, important people, and conflict or controversy.

4.4.1 Immediacy

It is noteworthy that "Old news is no news," To be newsworthy, an event must be new. Immediacy probably is the most important element of news. One way to give Mother Neo Natal and Child Health, MNCH, stories immediacy is to develop a prominent current event, such as the visit of UN Secretary General, the opening of a new Child care unit at a District Hospital, the release of a survey or research report, or the achievement of a milestone.

Health Journalists working on Mother, Neo Natal and Child Health, MNCH, programs can anticipate some events well in advance because they occur on a regular basis—for example, World Health Day, World Polio day, etc. Others, such as the launch of a new Health Policy by government or service by a reputable Hospital or a philanthropist, announcement of allocations of annual health budget in the Parliament, are also known in advance and allows journalists to plan and report on and around them.

The release of new survey results or a publication or the introduction of a new concept or facility also offers immediacy. You can take advantage of these opportunities by being ready—having materials prepared in advance and establish contacts with the various actors of health sectors including doctors, health ministry officials and relevant Civil Society Organizations, so on and so forth.

One must not overlook the fact that all other elements together will not make an event newsworthy if immediacy is lacking. Other factors that impart news value to events are: proximity, consequence, prominence, conflict, drama, adventure, violence, sex, crime, novelty, oddity, humor, human interest.

4.4.2 Proximity

People tend to be more interested in events near to them than those that happen far away. Kenyan journalist Hilary Ng'Weno has observed. "The question is whether you can relate them to topical events within your country and hang them on a peg that makes it possible for journalists to use them."

Because of the news value of proximity, reporters usually are interested in finding a "local angle" to an international story. Thus international conferences convened periodically by the United Nations on such topics as women's status, child welfare, population welfare and MNCH, offer opportunities for journalists to relate these far-away events to local circumstances and people. You can find doctors, health administrators or staff members of CSOs to be interviewed or point to the local impact of a global issue. Journalists need the local angle at the same time once they are covering the international story rather than a delayed follow up.

4.4.3 Consequence

The more consequential an event, trend, or issue is to their audience, the more newsworthy it becomes for journalists. For example, "if five people in a village migrate to a city, it is hardly news. But if 50 people out of a population of 500 leave their homes in search of greener pastures, it certainly makes a news story."

Maternal, Neo Natal and Child Health, MNCH, and health issues often have powerful demographic, economic, social, and environmental consequences that make them newsworthy. Highlight these consequences in a way that people can understand. For example, in Pakistan, if a report links up how lack of access to formal medical facilities in the country results in 30,000 deaths of pregnant women every year, it will be perceived as a great issue by at least the women of the country.

4.4.4 Human Interest

This primarily implies coverage of a real life experience and/or case study. Few things are as compelling to an audience as the personal experience of someone like them. Pakistan has pre dominantly a family-oriented society where children remain depended on parents in general and mothers in particular for their early growth and development. Yet 76% of 4.5 million pregnant women in Pakistan annually do not get

access to skilled medical aid during their pregnancy. This ends up in deaths of thousands of mothers and as a consequence lacs of children without the care and kindness of their mothers right in their infancy or early childhood. Thus journalists can touch the hearts of readers through a news report that interviews children of a particular family who lost their mother due to lack of access to basic MNCH requirements.

4.4.5 Trends

Most programs of maternal neo natal and child health MNCH can link their activities to trends in public health and awareness, population growth, enhanced literacy and education or the country's social and economic situation. The Demographic and Health Surveys (DHS), for example, reveal new attitudes, knowledge, and practices about MNCH when compared with earlier data. The new findings are especially newsworthy when they contradict commonly held beliefs or provide new evidence of major changes in people's lives.

4.4.6 Important people

Big names make news. When an international celebrity, a high-level government official and/or a public figure takes a public position on family planning, it usually makes the broadcast news and newspaper headlines. When an MNCH program activity involves a film star, the news media are more likely to cover it. Public figures—political leaders, traditional chiefs, entertainers, socialites, religious leaders, authors, prominent business executives, and sports stars — attract public attention and help endorse MNCH and pro actively support rights of women, children and family publicly. To do so, monitor the news media to identify sympathetic public figures, contact them, either directly or through a high-level intermediary, and ask them to help you. Offer to help them prepare for their appearance to spread the humane cause of MNCH.

4.4.7 Conflict and controversy

Whether we like it or not, a public controversy at one time or another by health officials, hospital staff and/or city administration is instantly food for coverage. Conflict and controversies is not always bad but is an opportunity for accountability and an across the board improvement in MNCH coverage. In fact, sometimes it can promote accountability by attracting a broad public' attention and providing an opportunity for you to tell a holistic and comprehensive story, thus informing, educating and advocating MNCH in a charged atmosphere which influences relevant departments and health agencies to respond pro actively to MNCH needs.

4.4.8 Writing a Good News Report

The conventional structure of news stories is called the inverted pyramid. The first paragraph, or "lead," summarizes the major facts. The rest of the story elaborates the lead and includes other important facts. The facts are arranged in order of decreasing importance. The last few paragraphs are least important and, in a lengthy story, could be omitted without depriving the reader of any vital information. This structure has certain advantages: A busy reader can know the major facts by reading the lead and the next few paragraphs. Also, it allows the editor to chop off one or two paragraphs from the bottom of the story to solve a problem of space.

The lead is the most important part of a news story and the most difficult to write. A lead should not exceed 30 words, and it is often possible to write it in fewer words. A lead that the reader cannot read aloud at one breath is a bad lead.

There are different types of leads, but all have one common purpose: to make the readers read the story. Attracted by the headline, the busy reader glances at the lead. If the lead is effectively written, the reader wants to have a look at the paragraph that follows.

The "summary lead" is particularly useful. This type of lead gives an outline of the event and its major facts—who, what, where, when, why, and how. A news report is not complete unless it answers these basic questions, which a reader may be expected to ask. Some of the answers may not be included in the lead, however. Sometimes we find "why" or "how," or both, answered in the paragraphs that immediately follow.

Here are some of the qualities that make a good news report:

1. It is brief and to the point.
2. It contains small, well-arranged paragraphs, short sentences, and easy-to-understand, commonly used words.
 - a. Correct and simple words should be used
 - b. Sentences should be grammatically correct
 - c. Minimum words should be used to express the thoughts
 - d. No high flying words should be used to impress others
3. It gives an objective and undistorted picture of what has happened. This refers to facts based description and analysis. It should be OBJECTIVE, (avoid opinion, bias and personal views) and SPECIFIC
4. It does not reflect the personal bias of the reporter.
5. It tries to answer as many questions as the reader may want answered.
6. All statements should be supported by facts and data
7. Organization of text should be logical and orderly
8. Paragraphs should be coherent and unified...only one main thought
9. Ideas should be connected by transitional words and phrases
10. Mixture of short and long sentences should be used
11. No un-necessary material should be used

4.5 Relevant Sources of Data Collection

Access to credible information is a pre requisite of good news reporting. A Health reporter has to establish relations with diversified sources of data such as International worldwide web for international reports, government functionaries, doctors and pharmaceuticals, staff at a hospital, civil society organizations, etc.

The ideal relationship between a reporter and his sources is that of mutual trust. Mutual trust comes from the past behavior of both parties. If the reporter does not enjoy the trust of his sources, he will not get their willing cooperation. And if he cannot trust them, he cannot write his story on the basis of what they tell him

4.5.1 Websites and Comparative analysis of Reports, e.g UNICEF reports

The Journalists must be familiar with web links of international agencies such as United Nations and other international bodies including think tanks and medical colleges undertaking research activities on MNCH and related themes. It not only opens an array of information to the reporter but allows him or her to make comparative analysis of various variable across different countries. In addition the journalist also gets to know the international commitment the country has done at international human rights conventions and treaties such as Convention of Elimination of all forms of discrimination against Women, CEDAW and Convention on Rights of the Child, CRC, etc. Lots of quantitative reports can be downloaded from websites that help make pertinent analysis of local MNCH issues and their solutions in the light of international best practices.

4.5.2 Government Functionaries

Government sources are often reluctant to talk to news reporters if they consider some information sensitive. One wonders if there is any information they do not consider sensitive. If a reporter wants to know something from the secretary of a ministry but the secretary does not cooperate with him, he will go to other officials in the ministry. If none of them talks, he may be tempted to talk to the typist or some other staff or even to some friend or relation of the secretary.

4.5.3 Linkages with health personnel working at Civil Society Organizations

A healthy number of non governmental organizations are playing a pivotal role in improving the MNCH situation in some areas of the country. These are relatively open to providing access to information especially regarding gap analysis of various MNCH steps taken by the government. Yet the challenge remains of the credibility of the organisation and vested interest of international donars supporting such initiatives. There are a few reputable health NGOs that provide access to relevant data along with key ideas of most relevant MNCH issues in the country.

4.5.4 Subscription of Informational and Research sources

http://en.wikipedia.org/wiki/Anonymous_source

Research journals and thematic magazines covering the MNCH issues worldwide can also be subscribed by a health journalist who consistently covers the same beat. The subscription can also be reserved by your newspaper, magazine and/or channel.

4.5.5 Investigative Journalism and Whistle Blowers

Investigative journalist himself indulges in empathizing the issue and getting a first hand knowledge of the MNCH issues and challenges on the ground. This naturally requires some time, additional resources and challenges as the journalist prefers to investigate the issue and collect the information on his/her own. This can have three forms:

Rapid Assessment (households, community, health centres)

Scrutiny of details, fact-finding & physical effort.

Interviews with households, community and health officials, policy makers response, etc

This requires a preliminary fact finding visit to design questionnaire that becomes the tool of information and analysis for later visits. In addition an investigative journalist seeks a longstanding understanding and relations with one or a few Whistle Blowers in relevant agency or government department, a hospital or a parliamentarian, who opens access to classified and extremely important information. Whistle Blower is a sensitive person who is fed up of status quo and consistent failure and incompetence of agencies concerned to address the dire MNCH issues. Whereas he cannot change things at his workplace, he prefers to improve the situation by passing information to media men and journalists for public accountability. This requires added trust on both sides and a reporter must at all costs ensure protection and secrecy regarding the identity and role of the whistle blower.

4.5.6 Exercises

Brainstorming Exercise in which the participants are asked to define what is a News and what is the characteristics of a newsworthy story.

Documentary is shown for 20 minutes and participants are asked either to analyze the messages it contained or write the same into a small Feature Report.

Group Exercise: Participants are divided in three groups, each group is asked to make a presentation on any of the following topics:

Sources of accurate data

Enumerate the MNCH related text in Convention on Elimination of all Forms of Discrimination against Women, CEDAW and Convention on the Rights of the Child, CRC (Text is given to the participants)

Examples of some MNCH Leads (Headings) that are news worthy

Direction: Participants prepare presentation in 15 minutes and then take 05 minutes each to present the same on flip charts.

4.5.7 Suggested Readings

Beamish, Julia (1993). Developing Health Journalists- A training manual for improving news coverage of reproductive health, publication of Family Health International.

Working with the Media. Packet Series 6, Johns Hopkins University/Population Communication Services, Baltimore: Maryland, 1986. browsed dated September 7, 2009 at:

<http://www.whiteribbonalliance.org/Resources/Documents/WhiteRibbonGuide-L1.pdf>

Chapter 5

Methodologies and Techniques of MNCH Reporting

5.1. Objectives

At the end of this session, the participants would:

Be able to display an understanding of various methodologies and techniques of MNCH Reporting.

Be able to display their understanding for the key concepts of MNCH in the country.

Be able to analyze the opportunities and challenges of MNCH Reporting in Pakistan

5.2. News Media in Pakistan

Pakistan's media has expanded in diversified mediums of communication that include:

Print Media (increased number of dailies in Urdu, English and Regional Languages, periodicals)

Radio especially FM Radio/Community Radio

TV (PTV and dozens of Private TV channels operating on cable)

A Journalist working for a particular medium has to adapt his message to the needs of the particular medium—whether radio, television, or print.

Radio tells the story by sound alone.

Television, a visual medium, is best suited to covering action and events.

Newspapers can provide details, using photographs as well as words.

Periodicals allow in depth investigative analysis.

Your material will have the best chance of being used if you adapt it to the needs of each medium and its various departments.

Whatever the medium, all messages for the news media should reflect a key, overall communication goal, or theme, of your story. This practice helps build a central image and helps send a consistent message—for example, that MNCH issues are very important, most relevant and valued. In effect, instead of presenting many different stories, you are presenting many parts and dimensions of a single story that reflects every home and every family in the country.

5.3. Radio

In case you work for radio you rely on sound. That's why radio programs always need articulate and knowledgeable people to interview—such as relevant doctors and medical staff, project managers of Federal and Provincial Primary Health Care Programs, fellow health journalists, an executive director or personnel of a CSO working on MNCH issues, certain clients and community members. We can simply take suggestions of people "on the street" to interview in connection with a story.

A variety of program formats are appropriate for MNCH coverage on radio and we may be told to undertake reporting in any or all of these. These formats include:

5.3.1. News:

When preparing a story for radio news broadcast, make it as brief as possible. The more you can concentrate your message into capsule form, the more likely it will be used on radio news. Send:

a. audio recording tapes,

b. news reports,

c. a fact sheet, and other materials to the assignment editor, who decides which news/stories are aired.

Radio news relies on the "sound bite"—a short, memorable summary statement that captures attention. A good sound bite, which is equivalent of a good quotation in the print media, is difficult to achieve but is an important news tool that will help generate coverage. "A bite can compress a group's position in a quick, witty manner—capturing the attention of the news editor," observe Michael Pertschuk and Philip Wilbur.

5.3.2. Features:

Radio stations, sometimes, broadcast features that offer:

A longer look at an issue,

A real life time case study of:

a blunder with regard to negligence on the part of a To Be Mothers' guardians (husbands, mother in laws, parents, etc) in regular check ups, late transportation for delivery, malnutrition and lack of timely and optimum treatment.

Narration of a success story of LIFE SAVING effort by a mother, lady health worker, a husband or medical staff, etc.

Profile an interesting person (a health worker, a doctor, a maternal nurse, a CSO personnel working on health issues, etc).

You can develop or draw the radio station's attention to a feature that reports the personal experiences of mothers, a step-by-step analysis of District Hospitals and their maternity wards, or portions of a training seminar on MNCH.

5.3.3. Talk shows and interviews:

Talk shows have become popular in many countries. These offer an opportunity to promote public discussion of MNCH and other health issues. Consider approaching talk show producers with program ideas and potential guests, including staff, Project Manager/s of National Primary Health project/s, articulate champions of MNCH in the community, lady health workers, husbands and affected mothers, well-known public figures including religious leaders who are willing to state their views.

Radio Pakistan has numerous popular Talk shows and community programs offered in local dialects like Punjabi, Seraiki, Hindku, Pashtu, Baluchi, Sindhi, Kashmiri, etc in addition to Urdu whereby radio journalists and anchors have a continuous relationship with their regular audience and such programs provide an excellent opportunity for sending across MNCH messages.

FM Radios including FM 100 and FM 99 have already been relaying half an hour talk shows and interviews on community issues that definitely include those relating to the health and development of a mother and her children. Following Issues of MNCH can be candidly discussed in such programs:

Nutrition and diet of a pregnant women

Need for regular check ups and precautionary tests, vaccinations and standard procedures such as ultra sound, monitoring of hemoglobin levels, blood pressure and iron requirement etc of the To Be Mother
Costs and Finances for future delivery of a child, a C section (Cesarean child), a blood transfusion (if required)

Dos and Don't s of a Pregnancy for Pregnant Women, her near family (husband, parents and in laws) and environment

Benefits of family planning on mother's health

Benefits of mother feed for immunization and over all health

Needs of a healthy mother and child before, during and after the pregnancy period.

It is unfortunate that Radio Pakistan is gradually switching from Medium Wave MW to FM no matter the prior allowed a much deeper and larger audience covering even the farthest and most remote of areas.

Radio Journalists are decisive elements of change as they have a wide and most candid medium of reaching the whole household and especially the male members of the society who listen to the radio (farmers in fields, urban people during drive time, etc).

5.3.4. Editorials:

The broadcast or radio management's opinion may carry considerable authority with listeners. You can write editorials for your broadcaster and project key issues of MNCH in a specific village, town or city or for that matter the entire province or country. In an editorial always:

a. Support your story with facts: Mention credible international and national sources.

b. Benefits to the audience: Interview reputable doctors and MNCH practitioners and specialists.

c. Include Opposing View: Also, if your editor and/or your radio station takes a different editorial position from the one you advocate, consider responding to it through including interviews of people for opposing opinions. Many stations will provide air time for opposing opinions.

5.3.5. Special events:

These are on-the-spot "live" broadcasts of events that have news value—for example, a conference, a health minister's speech, the arrival of a foreign dignitary, the opening of a national vaccinations program like Polio drops and other life threatening epidemics to children. Radio journalists must prepare for these events by getting background material in advance, including information on the people involved and what you expect will happen.

5.3.6. Television:

Like radio, television offers a variety of program formats. In television, however, pictures tell the story.

Television news relies heavily on events with lots of action, featuring on-location reporting.

The MNCH story lends itself to the use of pictures. Whether positive—a Lady Health Worker, LHW, helping her client (mother, children, family), or a healthy child and mother—or negative—an overcrowded slum or a polluted river with malnourished mothers and children, dirty households and no hospitals —images capture viewers' attention and arouse their emotions.

5.3.7. MNCH Video Reporting:

Getting the MNCH story reported on television requires thinking visually. As with radio, television presents information quickly, so the message must be clear, pointed, and easy to understand.

Many TV journalists make the mistake of just sending only video footage to television stations. To improve chances of optimum coverage, also:

prepare printed summary or photographs,
slides, charts and graphs, or

Good photographs or graphics are often the main reason that a viewer will be attracted to the story...we can get these from Government and Non government reports on MNCH. Agencies like UNICEF and WHO regularly publish primary health care statistics which can become a good part of presentation of an otherwise traditional video footage.

5.3.8. Television talk shows:

In some countries television talk shows may offer opportunities to promote MNCH issues. Since television talk shows often try to provoke controversy in order to attract audiences, however, be careful that a particular show is an appropriate forum in which you can air your message clearly and objectively.

5.4. Newspaper and periodicals

In addition to reporting "hard," breaking news, newspapers contain many different pages/ departments that serve readers' interests. Editors of these pages/ departments always are looking for timely material that will appeal to their readers. Thus most health journalists can secure regular MNCH coverage by providing a variety of materials for different pages/ sections/ departments of the said newspaper/ periodical that readers enjoy.

These include:

Feature articles for weekend pages,

Editorials,

Health Advice columns as regular contribution in the women section/ magazine that is published once in a week

Health file report on the Metropolitan Page

A News report on National Pages

Latest Health Statistics of Pakistan viz a viz world MNCH standards

Also, rural and community newspapers and special-interest publications often are good outlets for information about MNCH programs. In fact, many features and news items that larger, urban newspapers do not use are welcomed by smaller, rural newspapers because they usually have fewer staff and resources to devote to gathering news.

5.4.1. Feature articles:

Many newspapers regularly publish feature articles about MNCH issues and other health-care topics. Possibilities for feature articles can be found everywhere. Here are some feature ideas about MNCH, based on questions that many people ask:

- a. What are the precautions and needs of pregnant women (standards of health that needs to be ensured for the life and health of To Be Mother and her child?)
- b. What is it like to visit a District Maternity Facility?
- c. What are the do's and don't's for To Be Mothers before, during and after pregnancy?
- d. Where can husbands, to be mothers and young people find information about reproductive health and MNCH?
- e. How do many couples space their births?
- f. What are some of the dire challenges to ensure MNCH in our village/town/ city...how can they be overcome to ensure optimum health of mothers and children?
- g. What and how much has been utilized out of the allocations made in the annual budget for national and provincial Primary Health and MNCH programs
- h. What does party manifestos say viz a viz MNCH and primary health care?

Even familiar daily activities that may seem unremarkable can be powerful feature material. For example, in Bangladesh thousands of Lady Health field workers visit villages every day to provide counseling and distribute contraceptives. To editors at The Baltimore Sun, these activities provided this feature:

Dhaka. When a 38-year-old villager named Anwara picks up her bag of MNCH materials and heads down the dusty alleyways of Pirojali, a village of fruit orchards and rice paddies just north of this capital, she is greeted with smiles and waves from many village women.

Not long ago, many of the women would have shunned Anwara. Enveloped by a profoundly conservative, male-dominated culture that centers on their Muslim faith, the women of Pirojali, like 75 percent of Bangladesh's 120 million people, are mostly illiterate. But largely due to the efforts of Lady Health Field workers like Anwara, nearly 60 percent of the Pirojali's women of child-bearing age are aware of needs and precautions of pregnancy as well as use of contraceptives etc.... (The Baltimore Sun, September 25, 1994)

Steps of Feature Writing

There are five steps to place feature stories in newspapers:

1. Develop a feature idea. Acquire as much relevant data and assistance possible from stakeholders to develop an exclusive idea for the feature. To honor the expectation of exclusivity of the editor, keep everything about the story confidential from other news media until the feature appears.
2. Discuss and polish a feature idea. Discuss with your editor a set of ideas on MNCH issues at a time. A newspaper expects you to give the feature to it on an exclusive basis, and you must have a clear idea to write one. The editor and fellow editorial writers in the office can help you focus an idea into a structured OUTLINE for a feature,
3. Single Central Theme: It is best to use only one central theme in a feature.
4. Writing the feature: When writing a feature article for submission to a newspaper, it is essential to write it as a true journalist. Most features are less immediate than news stories, but you should make the information as timely as possible to interest readers.

Structure of a Feature Story

By studying feature stories that appear in the newspapers in which you are interested, you can learn the favored style. Also, the following guidelines will help you write features:

- i. Lead. A quotation, a provocative question, or a short declarative sentence can make a strong feature lead. For example:

Nairobi. Anne Switi, a 28-year-old marketing executive, is in a dilemma. Anne has to choose between her one-month-old baby and her career. (Daily Nation, October 28, 1992)

Drama can make a good feature lead. In another article from the Kenyan Daily Nation, the reporter began a feature about training teachers to become good counselors in this way:

Nairobi. The class is so quiet that one could hear a pin drop as the course participants and facilitators wait expectantly. In comes a "student" sobbing and the "teacher" takes charge in a cool but firm manner that gets respect and obedience.

ii. Body: The body of the feature develops, elaborates, and explains the theme. It is best to use only one central theme in a feature. In writing the body, you want to present a problem as drama, show how it can be resolved, and show how that resolution can improve people's lives.

iii. Conclusion: Features often conclude with a dramatic climax, a memorable message, a summary of salient facts, or a restatement of the lead for emphasis. The feature story cited above about MNCH in Bangladesh ends with this quotation from a senior health ministry official:

"We are already bursting at the seams," Mr. Azizul said. "To think of 160 million people by 2005, and 250 million people by 2030, seems horrifying. But if we can sustain our present successes, I believe we can stay out of the quagmire. In any case, we simply cannot admit the possibility of failure." (The Baltimore Sun, September 25, 1994)

5. Facts unfold throughout BODY of a Feature: Conflicts resolved, problems overcome, and such human emotions as joy, tenderness, and hope all have a place in the feature story. In a feature story the facts unfold throughout the body of the story rather than through the "inverted pyramid" of facts reported in news writing.

5.4.2. Editorials:

Sometimes also referred to as an opinion piece, an editorial takes a position, clarifies a point, or urges action. Editorials, which can be written by the editor or publisher of a publication, often mirror viewpoints held by many of their readers.

How can you generate informed editorials about MNCH? Editors do not want to be told what opinions to hold or how to express them, but many do want information upon which to base their opinions.

To write an Editorial collect relevant material which includes gathering your facts, organize your information,

Discuss the idea with the editor.

You can offer information about demographic trends, the impact of weak MNCH standards on the economy or environment, the benefits of a universal MNCH cover, and other policy-related topics.

You also may offer interviews with organization staff to provide background for editorials.

Whether or not an editorial appears as a result of your efforts is up to the editor. Even if no editorial appears, you can convert your write up into a column or a feature.

Many newspapers also invite guest editorials, or opinion pieces written by members of the community. This department of the newspaper provides an opportunity for you to raise public awareness and inform policy makers. Editors seek well-written guest editorials that discuss current issues, suggest new ideas, and offer fresh views. In many countries guest editorials often discuss MNCH and primary health care issues, both favorably and unfavorably, particularly where some groups oppose modern methods of medicine. You can contribute in the Op Eds. in your newspaper.

Especially where your communication objective involves reaching policy makers and informing public opinion, guest editorials can be a powerful medium. Your purpose should be to inform readers and to provide solutions to problems that they face. Since most readers will not be familiar with your topic, the article should be clearly written, positive in tone, and focus on how your ideas affect people.

To be effective, keep the editorial short (typically no more than 750 words), deal with a single subject, take a point of view, and support this view with examples or research results.

5.4.3. Advice columns:

Lately Advice columns have become very popular in Pakistani magazines and these are one of the best-read sections on regular basis. Readers with questions about topics related to pregnancies, childbearing, reproduction, and personal relationships may know of no other place to find accurate information, or they may prefer to pose their questions anonymously. While many newspapers do not have the resources or expertise to produce a regular advice column on MNCH, they may be willing to print regular columns prepared by health journalists with the help of relevant stakeholders. You can suggest the idea to editors, present a list of topics that could be covered, and even provide a sample column. Famous women and family magazines like Akhbaar e Jahan, The Mag, Family, in Pakistan regularly print advice columns.

5.4.4. Rural and community newspapers:

Rural newspapers are good channels for MNCH news. They are written in the local language, and the information is disseminated in cost-effective ways. Coverage about MNCH in the rural news media can help efforts to encourage community support for MNCH.

Many countries have rural news media. For example, Kenya's Rural Press Project published its first rural paper in 1975. Today, rural papers flourish throughout the country and are expected eventually to reach more than 70% of the rural population. In Nigeria in the mid-1980s the president redirected development efforts into the rural areas by establishing, with the assistance of the United Nations Economic and social Commission (UNESCO), Africa's first chain of community-based newspapers, which focused on social issues including family planning.

Chapter 6

Challenges of MNCH Reporting in Pakistan

6.1. Not an Established Beat Yet

Unfortunately in developing countries like Pakistan, high political themes get more coverage as even seasoned Editors and Edition Incharges prefer to play safe with the status quo. Health and education issues, human rights violations and matters of immense public interest often go unheard or get a rather insignificant place in the inner pages and in lesser number of columns, etc. Following is an excerpt of wrong priorities with regard to news selection especially the lead on the front pages.

If you don't believe me, take a look at our newspapers. A big fish can say the most absurd thing and that idiocy will be treated as a gem and find a place on the front pages of our newspapers.

Say the prime minister comes to inaugurate a health conference. At the first opportunity, reporters will try to extract from him something political: some question about the LFO or Pak-India peace process or some such thing. The focus will shift from health to politics. The doctors and other specialists at the conference will be sidelined. A couple of reporters will be assigned to cover the conference itself, but while the prime minister's political statements will make it to the front page, with the appendage that he spoke at a conference, the news of the conference itself, the real issues discussed therein, will get thrown on the inside pages.

Let me give you a very recent example. Two days ago our Under-19 team won the Junior World Cup; yes, they won it, and it's a first for Pakistan. Not a single newspaper (except The News which had a puny item tucked in the lower half of the front page) put it on the front page (in this newspaper, it couldn't even make it as the top story on the Sports page!) Why? The conventional (and I dare say, collective) wisdom of the newsroom says Jamali and Musharraf making a pledge to fight terrorism or discussing some important matters of state (whatever that means) is more important than the Under-19 team lifting the Junior World Cup trophy! Clearly, not just the delicate thing called honour but nothing that is worth doing at all and therefore worth doing well can be the function of stupidity.

Ejaz Haider is News Editor of The Friday Times and Foreign Editor of Daily Times, May 7, 2004)

This remains an enormous challenge for any health journalist yet seeking cooperation of an Editor through the following ingredients would convince the management to break the status quo and allow humane causes due coverage on front pages and at prime times:

- a. Credible comprehensive news reporting
- b. Current MNCH issue and credible statistics
- c. News worthy story

6.2. Knowing your Audience

Often the journalists are under pressure to file a news report by a specific deadline. In this pressure environment they seldom pay heed to their audience. In MNCH stories, for example, male members of a family in a traditional society need to be convinced of their role and responsibilities to ensure the life and health of their pregnant women. A story targeted to advocate MNCH cause in front of husbands, father in laws, fathers and religious clergy, etc would entirely require a different focus as compared to the one directed towards women of the House including mothers and mother in laws. While a story written by a female journalist can empathize for to be mother and consequently in a candid way cover all MNCH issues, the same would be rather impossible for a male journalist and vice versa.

6.3. Accuracy of Data:

Data accuracy is extremely important as it gives credibility to a news report and consequently a good reputation to the journalist. Quite on the contrary a report or feature with inaccurate and unreferenced

statistics would be counter productive. It would not only be questioned through the Editorials and letters but it would put the reputation of the journalist and his or her institution at stake. Always refer to accurate sources of information to avoid embarrassing situations.

There are two kinds of data sources:

6.4. Primary Sources:

These refer to original sources of information directly relevant to an issue.

6.5. Secondary Sources:

These refer to scholars, research reports, statistical data and qualitative analysis undertaken by an external actor that may not be part of the issue. e.g quoting something from a research article which is written by a doctor who works for a Medical College. Similarly while using data from an NGO or a website, the credibility of the same must be reviewed before filing a report.

Primary sources definitely have much more credibility yet these may be difficult to have access to. It is always a mix of primary and secondary sources that give credibility to a news report. For example, the following excerpt is picked from the original Government of Pakistan, Ministry of Health website regarding the Program on Primary Health Care, so, it would be a primary source on MNCH:

NATIONAL MATERNAL, NEONATAL AND CHILD HEALTH (MNCH) PROGRAM

Pakistan's Maternal and Child Health indicators remain extremely poor every year as 25,000 to 30,000 women die from complications of pregnancy and child birth. Millions more suffer ill health and disability. One million children die before the age of 5 while 16,000 die in the first month after birth. Pakistan is fully committed to the ICPD Goals and Targets, 1994 as well as Millennium Development Declaration 2000. The Government of Pakistan's Poverty Reduction Strategy Paper (PRSP) identifies revival of economic growth and reduction of poverty as the twin challenges for Pakistan, and reaffirms its commitment to improve public service delivery through structural and programmatic reforms as a key strategy for achieving the MDGs.

National MNCH Program will essentially be implemented in 134 districts through their respective provinces. It will also be implemented in AJK, Northern areas, FANA and FATA. National MNCH Program aims at strengthening, upgrading and integrating ongoing interventions and introducing new strategies. The overarching goal of the program is to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program at all levels of the health care delivery system. The program aims at functional integration of the ongoing maternal programs i.e. National Program for Family Planning, Primary Health Care, EPI, Nutrition, and National AIDS Control Programme.

The salient feature of this program is that it adds on to what is already being done to achieve the MDGs and as such act as a catalyst to assist the ongoing initiative to fulfill the health related MDGs. The aim is not to displace or replace the current resources available for MNCH but to fill in the resource gaps where ever possible without duplicating inputs or activities.

Priority Areas of the National MNCH Program include:

- Comprehensive and integrated MNCH services at the district level.
- Community-based skilled Birth Attendants.
- Comprehensive Family planning Services at the Health Facilities.
- Advocacy and demand creation.
- Management and organizational reform.
- Monitoring and Evaluation Framework.

Expected Outputs (2006-11)

- Improved access to high quality MCH and FP services
- Family planning services in all health outlets
- 10,000 community skilled birth attendants
- Provision of comprehensive EmONC services in 275 hospitals
- Provision of basic EmONC services in 550 health facilities
- 15,000 health facility staff trained and practicing IMNCI guidelines
- Provision of 24/7 child referral services in THQ and DHQ hospitals
- 80% of the health facilities are well equipped and have essential drugs.
- Increased demand and utilization of MCH services especially by the poor.
- Building strategic partnerships to enhance the role of NGOs and private sector.
- Evidence based Program management and capacity building.

Reference: National Programme Manager, Maternal, Neonatal and Child Health (MNCH) Program, Feroz Centre, Blue Area, Islamabad. Tel: (051) 9202289, www.phc.gov.pk as browsed dated Sept., 15, 2009.

6.6. Cultural Sensitization:

Journalists need to be pragmatic to the local cultural settings, e.g in a tribal rural setting of NWFP, it would be difficult to run a very candid news report on TV without taking along the sensitive local strata such as the Imam Masjid, Tribal Maliks, so on so forth.

6.7. Empathy towards stakeholders:

Developing Partnerships rather than rivalry: Health Journalists must empathize with other stakeholders to objectively understand the role and coopt for the cause of improving MNCH standards in the country.

6.8. Exercises

Brainstorming exercise in which the participants are asked to enumerate the challenges faced by the health journalist in Pakistan and also suggests the opportunity/ solution.

A Card-matching exercise of KEY TERMS of MNCH as mentioned in GLOSSARY so that journalist learn to remember the same through the exercise.

Four groups are made, each group are given 10 minutes to plan and act a Role Play of MNCH advocacy targeting any of the following Audience:

Husbands

Tribal chief

Mother in laws

Religious leaders

To be mothers

Young population

Policy makers and legislators

6.9. Suggested Readings

"Ensure Skilled Attendance at Delivery". New York, NY: Safe Motherhood Initiative.

Nachbar, Nancy, Carol Baume, Anjou Parekh. Assessing Safe Motherhood in the Community: A Guide to Formative Research. Arlington, VA: MotherCare, 1998.

The Prevention and Management of Postpartum Hemorrhage. Report of a Technical Working Group 3-6 July, 1989. Geneva: World Health Organization, 1989.

7. GLOSSARY

Abortion : Termination of pregnancy (expulsion or extraction of embryo/fetus) before 22 weeks of gestation or fetus weighs less than 500g. Abortion may be spontaneous (due to natural causes, such as miscarriage) or induced.

Anemia : A condition in where there is a reduction in the number of red blood cells or in the amount of hemoglobin (concentration <110 g/l) present in them. Anemia can be caused by excessive blood loss, by not eating enough foods rich in iron and folic acid, by malaria and other parasitic diseases.

Antenatal Period : The period from conception until the onset of labor, approximately 40 weeks.

Caesarean Delivery : Removal of the baby and placenta through a surgical procedure through a cut in the abdominal and uterine walls.

Case Fatality Rate : The number of fatalities (deaths) from a specific disease in a given period per 100 episodes of the disease in the same period.

Childbearing Years : The reproductive age span of women, assumed for statistical purposes to be 15-44 or 15-49 years of age.

Clean Delivery : Clean delivery is one that is attended by health staff in a medical institution or by a trained birth attendant at home observing principles of cleanliness (clean hands, clean surface, clean cutting of the cord).

Community Mobilization : Community mobilization uses deliberate, participatory processes to involve local institutions, local leaders, community groups, and members of the community to organize for collective action toward a common purpose. Community mobilization is characterized by respect for the community and its needs.

Contraceptive Prevalence : Percentage of couples currently using a contraceptive method.

Disability-adjusted Life Years (DALYs) : A measure used to express how a healthy life is affected by disease; it combines the years lost because of premature death and disability.

Domestic Violence or "intimate partner violence (IPV)" is the actual or threatened physical or sexual violence, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/ girlfriend, ex-boyfriend/ ex-girlfriend, or date. Some of the common terms that are used to describe intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape.

Eclampsia : A condition particular to a pregnant or newly delivered woman, characterized by convulsions, followed by more or less prolonged coma. The woman usually has hypertension (high blood pressure), edema (swelling), or proteinuria (abnormal amounts of protein in the urine). The convulsions may occur before, during, or immediately after birth. It happens in about 5% of all pregnancies; occurs most often during the first pregnancy, but can happen during any pregnancy. Up to 25% of eclampsia happens during the postpartum period.

Ectopic Pregnancy : Pregnancy outside of the uterus; a life-threatening condition that can cause massive internal bleeding or spontaneous abortion. The pregnancy must be surgically terminated.

Exclusive Breastfeeding : Feeding of an infant till age 6 months exclusively with breast milk and no other fluid or food (not even water) is given. Initiation of breastfeeding of infant occurs within one hour of birth.

Family Planning : The conscious effort of couples to regulate the number and spacing of births through artificial and natural methods of contraception. Family planning connotes conception control to avoid pregnancy and abortion, but it also includes efforts of couples to induce pregnancy.

Fertility : The actual reproductive performance of an individual, a couple, a group, or a population. See *fertility rate*.

Fertility Rate : The number of live births per 1,000 women of reproductive age, usually taken as 15-44 years, in a given year.

Fistula : An abnormal opening between two cavities (vagina/bladder, or vagina/rectum), which can lead to incontinence (inability to retain urine and/or feces).

The Five Cleans : Infections during childbirth are a major cause of maternal death. They can be prevented if the Five Cleans (childbirth and delivery practices) is adhered to:

Clean delivery service

Clean hands (of birth attendant)

Clean cord tie

Clean blade

Clean cord stump (without anything applied to it).

Five Major Direct Medical Causes of Maternal Death :

Hemorrhage: Excessive bleeding during pregnancy or childbirth especially postpartum. Significant and uncontrolled loss of blood, either internally or externally from the body. Antepartum (prenatal) hemorrhage is that which occurs after the 20th week of gestation but before delivery of the baby. Postpartum hemorrhage is the loss of 500ml or more of blood from the genital tract after delivery of the baby

Unsafe abortion: Induced termination of pregnancy by an unqualified or unlicensed person.

Sepsis: Infection in the blood stream.

Eclampsia: A hypertensive disorder of pregnancy accompanied by proteinuria (albumin in the urine), convulsions and body swelling.

Obstructed labor: Baby is not passing through the birth canal and medical intervention is required, and often requires a caesarean section (surgery).

Folic Acid : A Vitamin B complex nitrogenous acid needed for the development of normal red blood cells. Deficiency of folic acid before pregnancy can result in neural tubal defects in the newborn/fetus.

Human Immunodeficiency Virus (HIV) : A virus that attacks the body's immune system, making the body unable to fight infection. It can cause AIDS, which is the last stage of HIV infection. HIV is the most dangerous sexually transmitted infection. Worldwide, over 36 million people were infected with HIV at the end of 2000, 95 percent of them in development countries.

Hypertension : High blood pressure usually above 140 (systolic)/90 (diastolic). It has various causes, such as heart disease, kidney disease and pre-eclampsia. A differentiation should be made between pregnancy-induced hypertension, which occurs in pregnancies without previous history of hypertension and that is associated with pre-existing hypertension.

Incomplete Abortion : An abortion whereby any products of conception remain in the uterus.

Indicators : Quantifiable measures of program performance and impact.

Infant Mortality Rate (IMR) : The number of deaths of infants under age 1 per 1,000 live births in a given year.

Deaths under age 1 in year x 1,000

Live births in year

Informed Choice : The client's ability to freely choose a contraceptive method from a range of options based on accurate and useful information and an understanding of her/his own needs.

Integrated Services : Availability of multiple health services. For example, family planning and STD treatment through a single facility.

Intrapartum Period : Within the period of labor and delivery.

Labor : First stage labor includes dilation of the cervix. Second stage encompasses delivery of the fetus.

Third stage is expulsion of placenta and membranes.

Lifetime Risk of Maternal Death : The probability of becoming pregnant and the probability of dying as a result of the pregnancy cumulated across a woman's reproductive years.

Live Birth : Complete expulsion or extraction from its mother of a baby, irrespective of the duration of the pregnancy, which after such separation breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Low Birth Weight : The weight at birth is less than 2500 g.

Maternal Morbidity : Illness or disability occurring as a result of or in relation to pregnancy, childbirth or in the postpartum period.

Maternal Mortality : The death of a woman while pregnant, during delivery or within 42 days (six weeks) of termination of pregnancy, irrespective of the duration and the site of pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes.

Maternal Mortality Rate : The number of women who die while pregnant or during the first 42 days following delivery per 100,000 women of reproductive age in a given year for any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. The rate reflects the maternal mortality ratio and the fertility rate; it is influenced by the likelihood of becoming pregnant and by the obstetric risk.

Number of maternal deaths in a year

100,000 women of reproductive age in the population

Maternal Mortality Ratio : The ratio reflects the *risk* women face of dying once pregnant. The number of women who die during pregnancy or during the first 42 days after delivery per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes.

Number of maternal deaths in a year

100,000 live births in a year

Midwife : "A midwife" has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant.

This care includes preventive measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counseling and education, not only for the woman, but also within the family and community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynecology, family planning and childcare. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service." (Joint ICM/FIGO/WHO definition, 1992).

Neonatal Death Rate : The number of deaths in the first 28 days of life per 1,000 live births in a given year.

Neonatal deaths in first 28 days of life in a year

1,000 live births in a year

Net Reproductive Rate (NRR) : The average number of daughters that would be born to a woman (or group of women) if she passed through her lifetime conforming to the age-specific fertility and mortality rates of a given year. This rate is similar to the gross reproductive rate (GRR) but, takes into account that some women will die before completing their childbearing years. An NRR of 1 means that each generation of mothers is having exactly enough daughters to replace itself in the population. See also total fertility rate and replacement-level fertility.

Obstetric Emergency : A severe, life-threatening condition that is related to pregnancy or delivery that requires urgent medical intervention (EmOC) in order to prevent the likely death of the woman.

An obstetric emergency:

May occur any time during a pregnancy, delivery or up to six weeks after childbirth may occur suddenly without any warning

Is life-threatening

Requires urgent action

The patient must be taken to a hospital or first referral unit without delay.

Perinatal Death : Death of a fetus occurring between the time a fetus weighs at least 500 g (or after 22 completed weeks of gestation) and the seventh day after birth of a live-born infant.

Perinatal Mortality Rate : This rate avoids the difficulty of defining a live birth and combines late fetal and early neonatal deaths.

Placenta : The organ that develops on the inner wall of the uterus and supplies the fetus with all its life-supporting requirements and carries waste products to the mother's system.

Post-Abortion Care : Includes emergency treatment of incomplete abortion and potentially life-threatening complications. It also refers to post-abortion family planning counseling and services.

Postneonatal Mortality Rate : The annual number of deaths of infants ages 28 days to 1 year per 1,000 live births in a given year.

Postpartum Period : After childbirth; the period from the delivery of the placenta through the first 42 days after delivery.

Pre-eclampsia : A condition in pregnancy manifested by hypertension, edema and/or proteinuria (excess protein in urine).

Safe Motherhood : The goal of safe motherhood is to ensure that every woman has access to a full range of high-quality, affordable sexual and reproductive health services, especially maternal care and treatment of obstetric emergencies to reduce death and disability.

Service Standards : Organizational rules that specify qualifications and acceptable levels of performance for personnel.

Skilled Birth Attendant : Refers exclusively to people with midwifery skills (for example, doctors, midwives, nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage, or refer obstetric complications. Ideally, the skilled attendants live in, and are part of, the community they serve.

Social Mobilization : Social mobilization involves planned actions and processes to reach, influence, and involve all relevant segments of society across all sectors from the national to the community level, in order to create an enabling environment and effect positive behavior and social change.

Stillbirth : The death of a fetus weighing at least 500 g (or when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm or more), before the complete expulsion or extraction from its mother.

Stockout : No supplies are left of a given product or products.

Tetanus : An acute infectious disease due to Clostridium tetani growing anaerobically at the site of injury. It is found in cultivated soil and manure, and therefore likely to infect accidental wounds. There is a state of more or less persistent, painful tonic spasm of some of the voluntary muscles.

Traditional Birth Attendant (TBA) : A traditional birth attendant is a person (usually a woman) who assists the mother during childbirth and who initially acquired her skills delivering babies herself or through apprenticeship to other traditional birth attendants. The TBA is generally an older woman, almost always post-menopause and has borne one or more children herself. She lives in the community in which she practices.

Unsafe Abortion : Defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both. Unsafe abortions are characterized by the lack or inadequacy of skills of the provider, hazardous techniques and unsanitary facilities.

Violence Against Women : Any act of gender-based violence that results in physical, sexual or mental harm or suffering to women.

Exercises

Brainstorming Exercise in which the participants are asked to enumerate the challenges faced by the health journalist in Pakistan and also suggests the opportunity/ solution.

A Card-matching exercise of KEY TERMS of MNCH as mentioned in GLOSSARY so that journalist learn to remember the same through the exercise.

Four groups are made, each group are given 10 minutes to plan and act a Role Play of MNCH advocacy targeting any of the following Audience:

Husbands

Tribal Chiefs

Mother in Laws

Religious leaders

To Be Mothers

Young Population

Policy Makers and Legislators

Suggested Readings

"Ensure Skilled Attendance at Delivery". New York, NY: Safe Motherhood Initiative.

Nachbar, Nancy, Carol Baume, Anjou Parekh. *Assessing Safe Motherhood in the Community: A Guide to Formative Research*. Arlington, VA: MotherCare, 1998.

The Prevention and Management of Postpartum Hemorrhage. Report of a Technical Working Group 3-6 July, 1989. Geneva: World Health Organization, 1989.

8. ANNEXES

I. List of Health Experts

#	Name	Designation	Office	Address	City/Prov.	Phone	Fax
Maternal Newborn and Child Health (MNCH)							
	Dr Nabeela Ali	Chief of Party	PAIMAN (Pakistan Initiative for Mothers & Newborns) - JSI (John Snow Inc)	House 6, Street 5, F-8/3	Islamabad	111 000 025 Ext 102	(92)(051)2 852638
Infant Health							
	Dr Inayat H Thaver	RH Advisor-CEO	Mutashar-Social Development Advisor	Office # 2, 3rd Floor, Ahmed Centre, I-8 Markaz, Islamabad, Pakistan	Islamabad	9251-4448978	
	Dr Mehtab S Karim	visiting Sr. Research Fellow	Pew Forum on Religious and Public Life	Quaid-i-Azam University Campus,	Islamabad	(92)(51)9 206610	(92)(51)92 10886
Child Health							
	Dr Zareef uddin Khan	National Manager - Child Health	PAIMAN - JSI	House 6, Street 5, F-8/3	Islamabad	111 000 025 Ext 116	0332 5585968 / 0321 5154776
	Dr Zulfiqar A. Bhutta	Prof. of Paediatrics / Interim Head Maternal Child Health	Department of Paediatrics, The Aga Khan University,	Stadium Road	Karachi	021) 34930051 (Ext.4724)	021 4934294/4 932095
	Dr Amanullah Khan	Deputy Director (Health)	Save the Children - US	House 1, Street 15, F-7/2	Islamabad	111 107 108, 2653401-6	2653412
Population Policy and Development							
	Dr Zeba Sathar	Country Director	Population Council	H. No. 7, Street 62, F-6/3	Islamabad	2277439 Ext 106	2821401
	Dr Shahnaz Kazi	Sr. Social Sector Economist	World Bank	20 A Shahrah-e-Jamhuriyat, Ramna 5. G-5/1	Islamabad	(92-51) 2279641	(92-51) 2279648
Family Planning							
	Dr Razzaq Ruknuddin	Consultant	Freelance Consultant	H. No. 7, Street 62, F-6/3	Islamabad	2277439 Ext 106	2821401
	Dr Atiya Inayatullah	Chairperson	Family Planning Association of Pakistan	Rahnuma-Family Planning Association of Pakistan 3A-Temple Road, Lahore54000	Lahore	0092-42-111-22-33-66	0092-42-6368692
Birth Spacing							

Dr Nadeem Hassan	National Manager - Birth Spacing	PAIMAN - JSI	House 6, Street 5, F-8/3	Islamabad	111 000 025 Ext 128	(92)(051)2 852638
Abortion (As a Health Issue)						
Dr. Fehmida Jalil	Professor	King Edward Medical College	King Edward Medical College, Lahore	Lahore		
Dr Mohsina Bilgrami	Executive Director	Marie Stoppes Society				
Prof. Dr Ghazala Mehmood	Head - Deptt. Of Gynae & Obstetrics	Pakistan Institute of Medical Sciences (PIMS), MCH Centre	G-8/3	Islamabad	9260451-9, 9204947 (clinic)	9260724
Sexual Behavior and Sexually Transmitted Diseases						
Dr Arjuman d Faisal	Lead Consultant	Arjumand & Associates	House 624, Street 44, G-9/1	Islamabad	2262733	
Dr Quaid Saeed Akhunzada	HIV/AIDS-Program Officer	World Health Organization (WHO)	Park Road, Rawal Dam, Islamabad	Islamabad	051-9255077	
Fertility						
Dr. Tauseef Ahmad	Director	Innovative Development Strategies	H. No. 7, Street 62, F-6/3	Islamabad	2277439 Ext 106	2821401
Dr Mehtab Karim	visiting Sr. Research Fellow	Pew Forum on religious and public life	Quaid-i-Azam University Campus,	Islamabad	(92)(51)9 206610	(92)(51)92 10886
Ghulam yasin Somroo	Sr. Research Demographer	Pakistan Institute of Development Economics	Quaid-i-Azam University Campus	Islamabad	051-9206610	92-5192108
Reproductive Health						
Dr Muhammad Arshad Mahmood	Director M & E	Population Council	H. No. 7, Street 62, F-6/3	Islamabad	2277439 Ext 101	2821401
Mr. Muzaffar Mehmood Qureshi	Resident Director	Greenstar Social Marketing Pakistan	House 1-A, Street 8, Kohistan Road, F-8/3	Islamabad	2280713, 2256068, 2264261	051-2264436
Dr Sajjid Ahmed	Executive Director	National Institute of Population Studies (NIPS)	Block 12-A, Capital Inn Hotel Building, G-8 Markaz	Islamabad	9260102	
Mrs. Shahida Azfar	Chief of Party	FALAH	H. No. 7, Street 62, F-6/3	Islamabad	2277439 Ext 144	2821401

Mr Stephen Coaborn e	Country Director	Mercy Corps	H. 36, Street 1, F-6/3	Islamabad	2878082-4	2878081
Dr. Arif Noor	Programme Health Manager	Mercy Corps	H. 36, Street 1, F-6/3	Islamabad	2878082 - 4	2878081
Gender Issues						
Dr Nosheen Mehmood	Chief of Research	Pakistan Institute of Development Economics	Quaid-i-Azam University Campus	Islamabad	051-9206610	92-5192108
Dr. Rakhshinda Perveen	Executive Vice President	SACHET	Park Road, F-8 Markaz	Islamabad	2254933, 2851605	2255053
Traditional Birth Attendant/Lady Health workers						
Dr Nabila Zaka	Project Officer Women's Health	UNICEF Pakistan Office, Maternal and Child Care Section	House 90, Margalla Road, F-8/2	Islamabad	2097824 (direct), 2097700	2097799
Mrs Imtiaz Taj Kamal	President	Pakistan Midwifery Association/ Maternity and Child welfare Association-Sindh	3-C, Commercial Lane-2, Zamzama, Clifton	Karachi	92-21-587 0577	92-42-583 7397
Migration and Urbanization						
Dr G M Arif	Sr. Research Demographer	Pakistan Institute of Development Economics	Quaid-i-Azam University Campus	Islamabad	(92)(51)9 206610	
Durr-e-Nayab	Head	Department of Population Sciences	Quaid-i-Azam University Campus	Islamabad	051-9206610	92-5192108
Gynae & Obstetric						
Prof. Dr Syeda Batool Mazhar	Prof. Gynae and Obstetrics	Pakistan Institute of Medical Sciences (PIMS), MCH Centre	G-8/3	Islamabad	9260451-9	9260724
Professor Dr. Intezar	Head - Department of Paediatrics	DOW Medical College	Civil Hospital	Karachi	021-9215754	021-9216073
Dr Shireen Bhutta	Professor & Head of Department	Dept of Obs & Gyn, JPMC	H. 60/2, Street 22, Khyabane-Mujahid, Phase V, D.H.A.	Karachi	021 - 5852389 (Res.)	not available
Health Communication						

Mr. Fayyaz Ahmad Khan	Country Representative	Johns Hopkins University (JHU)	House 13, Street 3, F-8/3	Islamabad	2287147-50 Ext 118	2287146
Public/Private Partnership						
Dr Nasir Idress	National Manager - PSI	PAIMAN - JSI	House 6, Street 5, F-8/3	Islamabad	111 000 025 Ext 118	
Health Systems Restructuring						
Sania Nishter	President	Heartfile	Park Road, Chak Shahzad, Islamabad	Islamabad	224 3580	92 51 224 0773
National Programs						
Family Planning and Primary Health Care						
Dr. Iqbal Ahmed Lehri	National Coordinator	National Programme for Family Planning and Primary Health Care (FP & PHC)	10-D East, Shan Plaza, Blue Area	Islamabad	9213807, 9202289, 9213012, 9207105	9215610
Dr. Muhammad Arshad Chandio	Deputy National Coordinator	Ministry of Health, National Programme for FP & PHC	10-D East, Shan Plaza, Blue Area	Islamabad	9213807, 9202289, 9213012	9208824
MNCH Program						
Dr. Zahid Larik	National Program Manager	National MNCH Program	First Floor, PNC Building, Near NIH, Chak Shahzad	Islamabad	9255719, 9255718-21	
Dr Zia Dawar	Deputy Program Manager	National MNCH Program	First Floor, PNC Building, Near NIH, Chak Shahzad	Islamabad	9255718-21	
Dr. Iqbal Kahut	National Program Officer MNCH	WHO Office	10-D, Shan Plaza, 3rd Floor, Fazal-e-Haq Road, Blue Area	Islamabad	2805058	2805058
Expanded Programme on Immunization (EPI)						
Dr. Altaf Hussain Bosan	National Manager	Expanded Programme on Immunization (EPI)	Federal EPI Cell, National Institute of Health (NIH), Chak Shahzad	Islamabad	9255101	
Dr. Obaid ul Islam	National Surveillance Coordinator	National Surveillance Cell, Polio Eradication Program	WHO Bldg, National Institute of Health, Park Road, Chak Shehzad	Islamabad	9255123	9255192
The Micronutrient Initiative, National Program Office						
Dr Noor Ahmed Khan	Director Pakistan	The Micronutrient Initiative, National	House 25, Street 30, F-8/1	Islamabad	2816164-5	2279137

			Program Office				
Malaria Control Program							
	Dr. Irfan Qureshi	National Program Manager	Directorate of Malaria Control Program, Ministry of Health	Government of Pakistan, NIH chak shehzad islamabad	Islamabad	9202361	9202210

II. Statistics, facts and figures

Federal Bureau of Statistics

<http://www.statpak.gov.pk/>

Federal Bureau of Statistics (FBS) an attached department of Statistics Division is Pakistan's official statistical organization. FBS publishes reports on foreign trade statistics, national accounts, demographic statistics, labour force survey, social indicators etc.

In addition statistics on births, deaths, natural increase in population etc are also available on the site.

Population Census Organization

Population Census Organization, an attached department of Statistics Division, is the official agency of Federal Government, responsible for planning and execution of decennial Population and Housing Census and release of its data for public and private use. Population Census Organization process and disseminate data in the form of regular census reports and a number of supplementary reports based on analysis and research of demographic data.

Indicators related to population and housing in addition to Pakistan Demographic Survey (Provides statistics on births, deaths, natural increase in population etc.) are also available.

Ministry of Finance

<http://www.finance.gov.pk/>

The website provides prepared annual budget statements and supplementary/excess budget statements for the consideration of the parliament accounts and audits of the Federal Government Organization etc.

It has Information related to Poverty Reduction and related statistics.

Center for Research on Poverty Reduction and Income Distribution

<http://www.crprid.org/>

The Centre for Research on Poverty Reduction and Income Distribution (CRPRID) provides evidence-based analysis for institutionalized decision-making process. The core areas on which CRPRID's work is focused are: - Poverty Measurement and Analysis, Income Inequality, Employment Generation and Monitoring and Evaluation. CRPRID performs the task of monitoring MDGs on annual basis and has also been designated as a focal point for all analytical work on Social Protection in Pakistan.

National Institute of Population Studies

www.nips.org.pk

It provides information on programmes undertaken of substantive and methodological research in the areas of population dynamics, impact of changes in population parameters, the demographic impact of development planning and the relationship between population and development variables and the evaluation of macro, micro and desegregate monitoring of various components of the population welfare programme. It also has a link to in-depth analysis of PDHS.

Heart-file

<http://heartfile.org/index.htm>

This is the website of a health sector think tank 'Heart-file', which focuses on catalyzing change within health systems in order to improve health and social outcomes. It has sections giving access to publications and viewpoints related to health.

Reproductive Health Research Working Group

<http://www.rhrwg.org.pk/>

Reproductive Health Research Working Group provides information to enhance the knowledge base regarding reproductive health in Pakistan and to ensure that research is inducted into policies pertaining to improving the status of reproductive health. It also prepares and disseminates papers on the current state of knowledge in specific area of reproductive health.

Ministry of Population Welfare

www.mopw.gov.pk

The Population Welfare Program aims to bring about the country's social and economic development through rational choices about Family size and reproductive behavior. It provides an access to the material related to improving and enriching the lives of individuals, families and communities in accordance with the Reproductive Health program.

It also provides an Analysis of Demographic and Population Statistics.

Measure – Demographic and Health Surveys

<http://www.measuredhs.com/>

The MEASURE DHS (Demographic and Health Surveys) provides the information related to advancing global understanding of health and population trends in developing countries. DHS collects and disseminates accurate, nationally representative data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition.

Population Reference Bureau

<http://www.prb.org/>

Population Reference Bureau (PRB) works on four "core themes": Reproductive Health and Fertility; Children and Families; Population and the Environment; and Population Futures—Aging, Inequality and Poverty, Migration and Urbanization, and Gender. We also emphasize two Strategic Approaches: Building Coalitions and Mobilizing Civil Society.

The Population Reference Bureau provides information about population, health, and the environment, and an access to use that information to advance the well-being of current and future generations.

United Nations Development Program

<http://www.undp.org.pk/>

The United Nations Development Programme (UNDP) is an important partner of the Government of Pakistan for achieving national development goals and international commitments including the Millennium Development Goals (MDGs). It also has sections that provide related information and latest updates on all MDGs.

UN Data: A World of Information

<http://data.un.org/>

Indeed a World of Information! UN Data website provides the users with worldwide data from all UN organizations. It has three main sections – Databases, Updates, and Country data services. It has a section for Popular Searches and also shows a connection to UN Data and UNData Wiki UNdata wiki is a component of UNdata which gives information about each of UNdata's sources and also includes links to the sources' home pages and databases, contact links, descriptions of the methodology used, and glossaries of terms, when available.

United Nations Population Information Network

<http://www.un.org/popin/>

POPIN has international, regional and national population information, particularly information available from United Nations sources, easily available to the user (International Community). It has areas that focus on the work particularly being done for women and other areas providing the latest National Statistics.

World Health Organization – Pakistan

<http://www.who.int/hac/crises/pak/en/>

WHO is the directing and coordinating authority for health within the United Nations system. It contains world wide data and thus related health indicators reports. For Pakistan, it provides detailed information, divided in different sections, on prevailing health situation such as on topics of Mortality and Burden of Disease and Inequities in Child Health (differentials) etc.

United Nations ESCAP

<http://www.unescap.org/>

This website provides information on the overall objective of ESCAP, which is to promote inclusive and sustainable economic and social development in the Asia-Pacific region, with priority accorded to the achievement of the Millennium Development Goals.

United Nations Statistics Division

<http://unstats.un.org/unsd/default.htm>

The website provides compiled global statistical information, developed standards and norms for statistical activities, and information on supporting countries' efforts to strengthen their national statistical systems. The Division regularly publishes data updates, including the Statistical Yearbook and World Statistics Pocketbook, and books and reports (including updated reports on MDGs) on statistics and statistical methods. The Division's databases are also available on this site.

World Resource Institute – Earth Trend

<http://earthtrends.wri.org/>

EarthTrends provides a large breadth of statistical, graphic, and analytical data in easily accessible formats. EarthTrends contains data from the world's leading statistical agencies, along with WRI-generated maps and analyses, compiled into a single database for rapid searching and retrieving. To facilitate the comparison of data from different sources, provided is a detailed metadata that reports on research methodologies and evaluates the information's reliability. All of these resources are available for public at no charge.

It is a database that in addition to above mentioned resources also provides Variables, Features, Country Profiles, Data Tables and Maps on Population, Health and Wellbeing.

World Bank Data

<http://www.worldbank.org/data>

A database that provides material on World Development Indicators 2009 and Millennium Development Goals in addition to other categories providing statistical data for an easy access and use.

III. Organizations working on health related issues

World Health Organization - Pakistan

<http://www.who.int/countries/pak/en/>

WHO, is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WHO Pakistan is working on the areas including outbreaks and crises, mortality and burden of disease, health service coverage, risk factors, health systems, and inequities in child health (differentials). Latest Information related to these areas is available on the website.

UNICEF Pakistan

<http://www.unicef.org/pakistan/>

UNICEF Pakistan is working to improve the lives of the children, currently with focus upon those who suffered from earthquake 2008, and those internally displaced. In addition, ratios and statistics on maternal health and maternal mortality are also being kept in the focus. The related information is available with organizational resources as well as on the website.

UNFPA Pakistan

<http://www.unfpa.org.pk/>

UNFPA in Pakistan has contributed to enhancing the capacity of medical and health care providers of the Government and NGOs to deliver family planning services and the provision and management of contraceptive commodities. Twelve Regional Training Institutes were established throughout the country to deliver basic technical training courses to a cadre of Family Welfare Workers who were to form the core staff to deliver family planning services to the population. UNFPA funds were channeled not only towards improving and strengthening the delivery of family planning services, but also to supporting national institutes to undertake policy oriented research.

Pakistan Initiative for Mothers and Newborns

<http://www.paiman.org.pk/>

PAIMAN – The Pakistan Initiative for Mothers and Newborns has been working in the country for five years now to reduce maternal and child mortality rate. PAIMAN has undertaken a holistic approach for improving maternal and newborn health in the 24 districts of Pakistan, which ranges from interventions within the community, within the public and private sector, and with district health systems. The community BCC and mobilization component has been working to improve families' awareness about maternal and newborn health issues. This communication and mobilization strategy has been closely linked with a second component which seeks to improve access to and the quality of public and private sector health care delivery at the district level. PAIMAN has also refurbished and re-equipped selected public sector facilities to ensure 24/7 emergency care, and has oriented Traditional Birth Attendants in clean delivery techniques and referral mechanisms.

Related resource material is available on the website for easy access.

National Program for Family Planning and Primary Health Care

<http://www.phc.gov.pk/site/>

White Ribbon Alliance

<http://www.whiteribbonalliance.org/>

White Ribbon Alliance – Pakistan (WRA-P) is an independent, non-profit, and non political professional organization. The Alliance is an affiliated body with the global grassroots movement for safe motherhood, which has the mission to save women and newborns’ lives worldwide. WRA –P has its main objectives and all activities focused on achievement of MDGs 4 & 5.

Save the Children – US: Pakistan Office

<http://www.savethechildren.org/countries/asia/pakistan.html>

Save the Children's Pakistan Country Office improves the health, education and livelihoods of vulnerable children and families in least-developed areas. In health, they seek to reduce deaths of mothers and children and improve the chances of newborns surviving their first month. In education, the goal is to increase children's access to and the quality of educational opportunities. SCUS Pakistan partners with a local microfinance organization to provide financial services to vulnerable families in six districts of Punjab Province and help families affected by the earthquake recover their livelihoods. Save the Children is also focusing resources on emergency preparedness.

Johns Hopkins University, Center for Communication Programs

www.jhuccp.org

The Center for Communication Programs (CCP) uses communication to save lives, improve health, and enhance well-being. The programs use an integrated, comprehensive approach that combines mass media, community mobilization, interpersonal communication, and capacity building. In addition to USAID, CCP works with a wide range of donors including UN agencies, private foundations, corporations, and nongovernmental organizations.

Greenstar

www.greenstar.com.pk

A non-governmental organization, Greenstar works through the private sector and with the Government of Pakistan, empowering healthier choices and improving access to affordable, high-quality health products and services.

Greenstar’s Sabz Sitara portfolio has become synonymous with high quality, affordable family planning in Pakistan. The GoodLife portfolio addresses a broader spectrum of family health needs – including maternal and child health issues such as safe water, nutrition and malaria, and infectious diseases such as HIV and TB.

PAVHNA

www.pavhna.com

PAVHNA [Pakistan Voluntary Health and Nutrition Association] is an umbrella body with over 40 NGOs and CBOs [small community based organizations]. PAVHNA was originally set up with the objective of improving the nutritional and related health and socio-economic status of the most disadvantaged sector of society - women and children.

HANDS

www.hands.org.pk

HANDS provides basic health services, primary education, income generation opportunities and development of institutions to empower the underprivileged communities. HANDS is a non-profitable registered organization working to improve primary and secondary health facilities, quality of education and to alleviate poverty through capacity building. HANDS is intervening in public and private sectors and in benefiting more than 2 million population of 5000 villages in districts Hyderabad, Sanghar, Badin, Thatta and Bin Qasim Town, Karachi. HANDS regional offices in these districts are not only resource centers for different non profit, & private organizations but are also facilitators for different departments of the district government.

HOPE

www.hope-ngo.com

HOPE is an NGO providing services of health and education for the poor and needy in Pakistan. The major activities of HOPE includes provision of health care through hospitals and maternal and child health centers. In addition education for children is provided through formal and informal schools. The ultimate aim of HOPE is Community Development through self-sufficiency of the community. The members of HOPE are working side by side with community volunteers and organize them in Community Based Organizations (CBO'S).

All activities in the community are planned into co-ordination with the CBO'S and implemented in the community through the CBO'S. Hence, the community becomes self- sufficient and the community development work is sustainable. The community work includes provision of Primacy Health Care (prevention of diarrhoea, malnutrition, promotion of breast-feeding, vaccination, ante-natal care, family-planning, and prevention of AIDs) as well as imparting awareness to the population through improvement of literacy status of children and women, income-generation activities as well as environmental sanitation and solid waste management.

CARE International UK

<http://www.careinternational.org.uk/10949/pakistan/care-in-pakistan.html>

CARE International UK is part of the global CARE International confederation of 12 member organizations which has its secretariat in Geneva.

CARE International is one of the world's top three aid agencies, fighting poverty and injustice in over 70 countries around the world and helping 65 million people each year to find routes out of poverty.

CARE in Pakistan:

CARE Opened its office in Pakistan in June 2005. Its main focus was

Improve access to education

Improve access to water and sanitation

provide shelter

However; as a result of earthquake it directs its focus to the huge relief and reconstruction operation

CARE also deals with the issues relating to gender instability in Pakistan and earthquake relief and provision of health services and training to the earthquake effectees.

The Population Council

<http://www.popcouncil.org/asia/pakistan.html>

The Population Council, an international, nonprofit, nongovernmental organization, seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources

The organization's scientists and specialists around the world conduct research in a unique range of activities that include:

[HIV and AIDS](#)

[Poverty, Gender, and Youth](#)

[Reproductive Health](#)

Family Health International

<http://www.fhi.org/en/CountryProfiles/Pakistan/index.htm>

Family Health International is a public health and development organization working to improve the lives of the world's most vulnerable people. In more than 55 countries its conducts research and implementing

programs that advance public health and build local capacity to address development problems. Since 1971, Family Health International has been a global leader in family planning and reproductive health and, since 1986, in the worldwide response to HIV/AIDS. Its research and programs also address malaria, tuberculosis, and other infectious and chronic diseases. Its partners include US and international agencies, governments, foundations, research institutions, and individual donors.

Marie Stopes Society (MSS)

<http://www.mariestopespk.org/index.asp>

Marie Stopes Society (MSS) was registered in 1990 as a non-profit, a Social Enterprise to provide reproductive health services with a development perspective. Beginning with one center in 1992, today MSS has expanded to more than 100 information and service delivery centers across the four provinces of Pakistan.

Established as a unique social business organization, applying modern marketing and management techniques to the achievement of social ends and contributing towards national poverty reduction, MSS services are accessible to approximately 40 million people of the country.

Aga Khan University

www.aku.edu

Chartered in 1983, Aga Khan University is a private, autonomous university that promotes human welfare through research, teaching and community service. Based on the principles of *quality, access, impact and relevance*, the University has campuses and programmes in Afghanistan, East Africa, Egypt, Pakistan, Syria and the United Kingdom. Its facilities include teaching hospitals, Nursing Schools and a Medical College, Institutes for Educational Development, an Examination Board and an Institute for the Study of Muslim Civilisations. Through its needs-blind admissions policy based on merit, the University imbues the most promising leaders and thinkers of tomorrow with an ethic of service and the skills to help communities solve their most pressing challenges while instilling the highest professional competence.

IRC

<http://www.icrc.org/Web/Eng/siteeng0.nsf/html/pakistan!Open>

IRC with Red Crescent Society performs its activities relating to protection, assistance, promoting International Humanitarian Law, humanitarian Diplomacy, Private sector, It also works on providing emergency relief to IDPs, medical facilities in Waziristan, protection of civilian, detainees and assistance of disabled people.

European Commission

www.eurunion.org

The EC supports to fund projects to strengthen Pakistan's institutional and infrastructure base, placed greater emphasis on human development and on environmental management. Projects are being designed to take into account the gender dimensions of development and also to promote closer participation of local communities. The EC also pays close attention, while formulating new projects, to ensure consistency with major Government of Pakistan policies as embodied in the National Conservation Strategy and the Social Action Program. Currently, EC commitments under Development Cooperation are worth over Euro 190 million. Main fields of concern are;

European Commission Projects
Social Action Programme
Rural Social Development Programme
Environmental Rehabilitation project in NWFP and Punjab
Projects Management

National AIDS Control Program (NACP)

www.nacp.gov.pk

Pakistan's Federal Ministry of Health established National AIDS Control Program (NACP) in 1986-87. In its early stages, the program focused on laboratory diagnosis of suspected HIV cases, but progressively it began to shift its focus towards HIV prevention and control interventions. The development of National Strategic Framework-one in 2001 provided strategic vision to the national response and government of Pakistan with support from World Bank launched an enhanced response in the form of Enhanced HIV and AIDS Control Program (EHACP).

Pakistan is a signatory to the MDGs; Goal 6 of which states that Pakistan will "Halt and begin to reverse the spread of HIV/AIDS" by the year 2015. The primary objective of this program is to seek such a halt and reversal. To contextualize the project seeks to contain the epidemic among the most at risk group where it has established and prevent it from establishing among the bridge groups and the general population.

Presently NACP and its provincial counterparts (Provincial AIDS Control Programs in Punjab, Sindh, Balochistan, NWFP and AJK) are implementing the interventions throughout the country.

NIH

www.nih.gov

NIH advises the Government on the control of diseases, and implements all the schemes and proposals approved by the Govt for this purpose. It investigates epidemics and communicable diseases and conducts research and develops modern, standardized techniques for the investigation of diseases. NIH provides its services in the field of diagnosis and treatment of various diseases.

NRSP

www.nrsp.org.pk NRSP's mandate is to alleviate poverty by harnessing people's potential and undertake development activities in Pakistan. It has a presence in 32 Districts in all the four Provinces including Azad Jammu and Kashmir through Regional Offices and Field Offices. NRSP is currently working with more than half a million poor households organized into a network of more than 29,000 Community Organizations. With sustained incremental growth, it is emerging as Pakistan's leading engine for poverty reduction and rural development through social mobilization.

PMRC

www.pmrc.org.pk

PMRC organizes, coordinate and promote scientific research in various disciplines of medical sciences and public health. It establishes its own institutions for undertaking medical research, Publish and disseminates technical and general information on scientific matters relating to the research work of the Council through holding seminars, meetings and conferences; it establishes scientific liaison with other national and international organizations connected with the scientific activities of the Council. In its capacity it advises the Federal Government and Provincial Governments on all matters related to medical research; carry out, when called upon, evaluation of different health program in the country

Save the Children UK

www.savethechildren.org.uk

SC/UK works out to ensure children get proper healthcare, food, education and protection. SC/UK aims to save lives in emergencies, campaigning for children rights, and improving their future through long-term development work.

SC/UK is working for reducing child labor, protecting them from exploitation and abuse . SC/UK helps to improve children's experience of school and to keep them healthy and safe from harm, as well as to respond to emergencies.

UNAIDS

www.unaids.un.org.pk

UNAIDS, the Joint United Nations Program on HIV/AIDS, is an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic. Main fields of concern are HIV Treatment, prevention, care and support.

AUSAID

www.usaid.gov

Australian assistance to Pakistan focuses on health (particularly maternal and child health) and basic education, aligning with key Millennium Development Goals 4 (child mortality), MDG 5 (maternal health) and MDG 2 (universal education). The program also seeks to build human capital through Australian Development Scholarships and in future will include enhanced assistance to the rural development sector and to improving governance.

Support to Maternal and Newborn Health Program

Contribution: \$30.5 million

Duration: 2008 - 2011

Australia is working closely with the United Kingdom's Department for International Development to support implementation of the Government of Pakistan's Maternal, Neonatal and Child Health Program. This Program seeks to improve the health of mothers and children and therefore reduce maternal and infant mortality, in line with Pakistan's Millennium Development Goals.

Canadian International Development Agency

www.acdi-cida.gc.ca

The Canadian International Development Agency (CIDA) is Canada's lead agency for development assistance. CIDA's aim is to manage Canada's support and resources effectively and accountably to achieve meaningful, sustainable results and engage in policy development in Canada and internationally, enabling Canada's effort to realize its development objectives.

In the MDGs, they aim to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases. A major focus for CIDA's program in Pakistan is to promote the role of women by improving their access to health care, education, and income opportunities; to support them in their new roles in local politics; and to assist them in their advocacy work with the government and the general public.

Family Planning Association of Pakistan (FPAP)

<http://www.fpapak.org/>

Rahnuma started serving poor and marginalized people of Pakistan as the Family Planning Association of Pakistan (FPAP) way back in 1953. It expanded its work through community based infrastructure by establishing the family welfare centers in peri-urban and rural areas. They consist of the Family Welfare Centers, Family Health Hospitals, Focus Area Programs and a wide network of referrals from the private practitioners. Rahnuma has been working on various innovative programs to increased access of people to quality and affordable health services, advocate for a right-based agenda, empowering the communities, especially the women and young girls, and strengthen the civil society in Pakistan. To meet these ends, the organization widened its scope to cover sexual and reproductive health of the whole family as an offshoot of organizational concern for the total well being of women, children, families and communities

Currently, Rahnuma is working on its strategic framework of 5 A's that include: Adolescents and catering to their needs; combating HIV/AIDS; minimizing the risk of unsafe Abortions; increasing Access to services, particularly for the poor and the marginalized; and Advocacy for the Rights. Rahnuma - FPAP is committed to promoting Family Planning and Sexual & Reproductive Health as a basic human right; And also providing

sustainable and quality sexual & reproductive health and family planning services to men, women and youth in partnership with government, NGOs and civil society.

IV. AGENDA

Day 1		
No	Time	Session Name
	0900-0930	Inaugural Session Registration Opening Remarks Overview of the Training Expectations of the Participants Group Photo
1	0930-1000	Setting the Context: Role of Journalists in Health
2	1000-1100	State of Maternal, Newborn and Child Health in Pakistan
	1100-1115	Tea and Refreshments
3	1115-1300	Media Coverage of Maternal, Newborn and Child Health Issues in Pakistan – Nature and Trend Power Point Presentation SWOT Exercise
	1300-1430	Lunch and Prayer Break
4	1430- 1700	Visit to the District Hospital/BHU
Day 2		
1	0900-1045	Health Reporting – Mother, Newborn and Child Health Issues (Essential of Health Reporting) Power Point Presentation Group Exercise Documentary
	1045-1100	Tea and Refreshments
2	1100- 1145 1145- 1245	Methodologies and Techniques of MNH Reporting Power Point Presentation Role Play Opportunities and Challenges of MNH Reporting in Pakistan Power Point Presentation Group Work Group Presentations
3	1245-1300	Action Planning
4	1300-1330	Evaluation, Vote of Thanks and Closing
	1330	Lunch

