Baseline Data Collection
Re: Media Behavioral Patterns in South KP
(With Findings on Fake Finger Marking)

Report (March 2023)

Presented to:
UNITED NATIONS CHILDREN'S FUND (UNICEF)
UNICEF Pakistan Country Office, Islamabad.

Submitted by:
WEITEK CONSULTANTS
C1/S9, Sikandar Malhi Road, Canal Park, Gulberg II, Lahore.
Telephone: (9242) 38911995, Email: info@weitek.net

Dated: January 29, 2023

TABLE OF CONTENTS

LIST OF TABLES

LIST OF CHARTS

TABLE OF ACRONYMS AND TERMINOLOGIES

Abbreviation	Description
APP	Software Application
BAL	Balochistan
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
FM	Frequency Modulation
Govt.	Government
ICT	Islamabad Capital Territory
KP	Khyber Pakhtunkhwa
KP-T	Tribal Region of Khyber Pakhtunkhwa
LAKKIMRWT	Lakki Marwat
NID	National Immunization Day
PEI	Polio Eradication Initiative
PTV	Pakistan Television
PUN	Punjab
SND	Sindh
TV	Television
UC	Union Council
UNICEF	United Nations Children's Fund
WAZIR-N	North Waziristan
WAZIR-S	South Waziristan

EXECUTIVE SUMMARY

BACKGROUND

Polio Eradication Initiative of Pakistan routinely launches mass media campaigns to raise awareness and prevent circulation of polio in Pakistan. The immunization drives are conducted intermittently throughout the year. Weitek Consultants has been undertaking a mass media campaign assessment since 2015 at national level to support the programme in identification and development of strategic focus and shifts in the programme by assessing key metrics of the mass media campaign's impact.

A need was felt by the decision makers during the year 2022 to carry out a baseline survey on the media behavior patterns exclusively in south KP covering six districts namely Bannu, DI Khan, Lakki Marwat, Tank, North Waziristan and South Waziristan. The objective was to study media usage pattern, popular channels and awareness of the polio disease. Another component of the survey was exploring the extent to which the practice of fake finger marking might be practiced in the survey region. The survey also sought information on the level of trust the people have on vaccine, vaccination and the vaccinators. It was also important to seek insight and qualitative information regarding the social behaviour related to the subject.

METHODOLOGY

This report is based on the baseline survey conducted during December 2022 after the media campaign and vaccination drive in the study region. The fielding was carried out in the six mentioned districts of south KP. There were three types of data sources:

i. Interviews of 2400 sampled[1] parents of children of vaccinable age (200 males and 200 females per district) as primary source of data.
ii. Hybrid sampling i.e., a combination of stratified, and systematic methods was used to construct the sample.
iii. Interviews from 48 chosen Key informants, eight from each of the surveyed districts for triangulation.
iv. Conducting 36 focused group discussion sessions for collecting qualitative information.
v. Six FGDs were conducted in each district. These FGDs were organized for three types of participants i.e., Parents, Polio workers and Local influentials. There were two FGDs under each category one for male participants and another for female.

[1] Sampling methodology is explained in the next chapter.

KEY FINDINGS

DISEASE AWARENESS

i. Majority of the primary respondents of the baseline survey i.e., 96.33% parents of the children of vaccinable age (up to five years) were aware of Polio disease at least upto the extent of knowing its name.
ii. Despite knowing the name of the disease 17.6% of polio aware respondents could not correctly tell that polio causes physical disability. Moreover, 23.5% respondents did not know that polio is a preventable disease.
iii. A good ratio of respondents i.e., 45.7% or almost half of the people knowing name of the disease either believed in some kind of cure against polio (30.8%) or did not know about its incurability (14.9%).
iv. About 80% of the polio aware respondents know that OPV could be administered to the children upto five years of age. However, some respondents responded with less than 5 years as well collective frequency of all the responses ranging from 0 to 5 years was found at 91%.
v. 68.7% of the polio aware respondents claimed that they get their children vaccinated regularly during every vaccination drive, 28% opted for vaccination but not regularly whereas, 3.3% said they have never got their children vaccinated and stated various excuses for this.

TRUST IN VACCINE, VACCINATION, VACCINATOR AND GOVT.

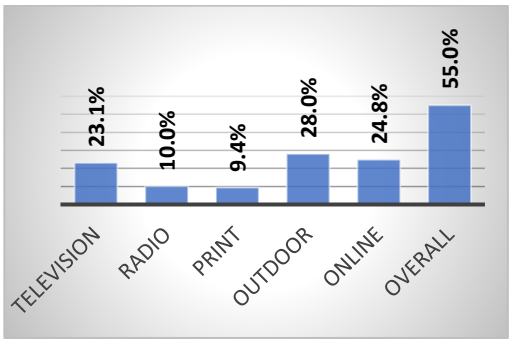
i. About 85% of the respondents expressed certain level of trust on effectiveness of polio vaccine. This includes 69% of those who think it has a "great deal of" efficacy and 15.4% think it is "somewhat" effective.
ii. A little deviation from the above was observed upon seeking the respondents' opinion about their trust in vaccination drive. 64.2% showed "a great deal" of trust whereas 21% said they somewhat trust the vaccination.
iii. About 90% of the respondents showed a great deal of trust (75.6%) or a certain level of trust (14.1%) overall on vaccinators, across the surveyed districts.
iv. 76.2% respondents were found having high or moderate trust in the government making decisions in their best interest by offering polio drops to their child(ren).

FAKE FINGER MARKING

i. 7.4% of the respondents said they are aware of the parents avoiding polio vaccination.
ii. 1.6% said they are aware of some cases of fake finger marking in their community.
iii. The respondents aware of fake finger marking were requested to offer an estimate for the likelihood of occurrence of such cases to which average response was 11.4 on a scale of 100.
iv. The findings from FGDs reveal that polio workers are more aware (41.9% of participants) that "incidences of fake finger marking occur in general" as compared to the parents or influentials (19.2% and 11.4% of the participants respectively).
v. Interestingly more parents (24.7% of the participants) than polio workers (18.9% of the participants) stated during FGDs that "they personally know about some cases where someone has been identified in the community for fake finger markings".
vi. The above two observations indicated that polio workers were hesitant in sharing incidents of fake finger marking despite having more awareness about the issue.

MEDIA USAGE

i. Outdoor media came out as the medium with maximum outreach, visible to 28% of the sampled population in the surveyed region. Internet was used by 24.8% followed by television with a close margin at 23.1%. Radio and print media lagged behind at 10% and 9.4% respectively. Overall, 55% of the respondents were found users of one or more of the five focused media.



ii. As far as having trust in the specific medium for communicating information related to children's health is concerned, about 95%, 78%, 93%, 90% and 88% of the users of TV, radio, print, outdoor and online respectively showed certain level of trust in the corresponding media.
iii. **PTV Home, Hum TV and Geo News** were ranked as three most popular TV channels at the top priority of the TV users. A similar analysis of radio stations resulted in **FM88, DIVA and FM99** as three most popular radio stations at the top priority of radio listeners. **Daily Mashriq, Daily Aaj and Daily Ausaf** were ranked as three most popular newspapers at the top priority of the newspaper readers. For internet, respondents were asked to name the programmes or apps they use most often which showed that **Facebook, WhatsApp and YouTube** were three top most choices of the internet users in the study region.

MOTIVATION

i. The interest and value of campaign messages was analyzed indirectly through the indicator that respondents discuss about campaign's message/s with their friends and family members. To this, 54.1%

of caregivers said they talked about polio with their friends and family.

ii. A good majority of the respondents i.e., 90% were said they are determined to get their children vaccinated against polio during the next vaccination drive.

iii. The level of motivated respondents was found a little higher among those who have seen the media campaign's messages with a difference of 5.7% as compared with those who did not have recently seen the messages during the last mass media campaign.

Detailed descriptive responses to open ended questions, comments, suggestion and criticism as discussed during the focus group discussions are available as soft annexture to this report (submitted separately in the form of excel sheet) as roman Urdu transcripts for further study and exploration.

RECOMMENDATIONS

GENERAL

i. It is suggested to design future media campaigns with greater focus on:
   - Impact of polio
   - Preventability of polio
   - It is not curable once caught

ii. There is a need to address knowledge and information gap on polio especially in South Waziristan where lowest ratio i.e., 55.1% of polio aware survey respondents knew that Polio is a preventable disease.

iii. More pictorial messages are recommended to make it easier to understand for a majority of women who are not literate.

iv. The effectiveness of vaccine may be highlighted more in South Waziristan where only 36.7% of the polio aware respondents showed "a great deal of" trust in effectiveness of polio vaccine.

v. There is a need to address the misconception that polio might affect boys and girls differently.

vi. There is a need to raise the level of trust in the government's decision of offering polio drops to the children.

vii. Future campaigns may highlight that if people refuse vaccination, then their children may contact polio virus which causes permanent disability.

viii. The future TV campaign may be planned to be aired during the transmission of drama serials, news and sports considering the popularity of these programs among television viewers of the south KP region.

ix. There is a need to explore new channels for communicating campaign's messages to the population of south KP because only 55% of the sample was found to be using TV, radio, newspapers, outdoor media and internet.

x. The campaign designers may consider that radio was found to be listened by only 10% of the sampled population of survey which is not significant.

FAKE FINGER MARKING

i. The reservations and misconception of the parent need to be addressed.

ii. Strict compliance of vaccination operations, monitoring and follow-up is suggested to control fake finger marking.

iii. More female polio workers should be hired

iv. Things like soap, chocolates, toys, etc. may be distributed among vaccinated children

v. Polio workers should visit again instead of insisting on vaccination if the child is reported as unwell

vi. Medicines to control the fever or any other illness may be administered and handed over to the parents for their satisfaction.

vii. The finger marking apparatus should be issued to authorized personnel only.

viii. A biometric identification-based system may be developed to keep track of vaccinated children in order to control false claims of vaccination.

ix. Exit interviews may be considered for the polio workers who opt to leave the job.

x. Sufficient time to cover an area may be allowed to polio workers to complete their task effectively with piece of mind.

xi. The parents suspicious about regular vaccination campaigns for OPV may be given an option to choose IPV

xii. More personalized campaign is suggested to reach those who are not accessible by the focused media and neutralize their misunderstandings about polio vaccine.

STUDY DESIGN

This chapter presents key points of the study design as evolved over the passage of time resulted in the addition of a component of Baseline Data Collection in the statement of work for the ongoing service contract.

INTRODUCTION

UNICEF initiated an assessment of mass media campaign regarding Polio Eradication Initiative in Pakistan and sought services of Weitek Consultants for the study in 2015. After successful completion of quarterly survey-based studies upto 2017, UNICEF ventured into a Long-Term Arrangement for Services (LTA-S) with the Weitek Consultants in 2018 to undertake communication outreach and media assessment for UNICEF's mass media campaigns in support of Pakistan Polio Eradication Programme with an objective to assist in identifying and developing strategic focus and shifts in the programme and to assess key metrics of the mass media campaign's outreach and impact. This LTA has been extended until 2023.

BACKGROUND

In support of the National Emergency Action Plan NEAP, UNICEF, as a lead communication partner of the PEI, planned to deliver campaign-based mass communication through the media to reach the maximum number of caregivers possible, particularly during the low season of poliovirus transmission.

The mass media campaigns have been a crucial communication intervention to raise awareness and create an enabling environment for the polio teams working to interrupt the circulation of polio virus in Pakistan. UNICEF provides technical lead and guidance for the national polio eradication programme in areas of communication and social mobilization. A key component of this is the UNICEF-supported mass media awareness campaigns that provide a wide scale base of general awareness about the risks of the virus and the importance of vaccination in protecting children under the age of five.

The vast geographic spread and movement of the poliovirus in Pakistan through high-risk mobile populations has created a unique set of challenges in campaign awareness and deployment of behaviour change initiatives. Localized and targeted media outreach offers effective coverage across the highest risk areas. The higher frequency of contact, plus high profile and visibility of the selected mediums, ensures that mass media messages are noticed, trusted and adhered to across various populations segments.

The scale, penetration, speed, cost effectiveness and efficiency of mass media use for emergency health communication interventions has been established not only with polio but also with other childhood vaccine preventable diseases.

In order to ensure that high risk populations and the wider community are aware of the dangers of polio and how to prevent it, periodic mass communication campaigns have been planned under the National Emergency Action Plan for polio eradication in Pakistan.

SCOPE OF WORK

A need was felt by the decision makers during the year 2022 to carry out a baseline survey on the media behavior exclusively in south KP covering six districts namely Bannu, DI Khan, Lakki Marwat, Tank, North Waziristan and South Waziristan. The objective was to study media usage pattern, popular channels and awareness of the polio disease. Another component of the survey was exploring the extent to which the practice of fake finger marking might be practiced in the survey region. The survey also sought information on the level of trust the people have on vaccine, vaccination and the

vaccinators. It was also important to seek insight and qualitative information regarding the social behaviour related to the subject.

The consultants modified the existing survey instruments for the ongoing media assessment study according to recommendations by the UNICEF media team and customized the same to cater the specific objectives of the baseline survey in the South KP. The interviewing questionnaires covered mass media campaigns' outreach, messaging and placement through providing evidence of the target audience's general profile, accessibility to various media, media consumption habits and preferences, exposure to polio awareness campaigns, trust in vaccine, vaccination and vaccinators, information on fake finger marking and perceptions about any possible incentives attached to vaccination.

Qualitative research techniques were applied to seek opinion, perception, comments, suggestions and insight into the prevailing situation while statistically representative (quantitative) findings assess the outreach of the messages and audience's exposure to the campaigns as well as trust factors, perception, behaviour and other factors.

LIST OF MASS MEDIA TO BE ASSESSED

The assignment covered following types of media for the assessment:

1. Television
2. Radio
3. Print
4. Outdoor
5. Internet

GEOGRAPHICAL SPREAD OF THE ASSIGNMENT

The particular component under consideration is a study focused at Southern Region of Khyber Pakhtunkhwa province consisting of six districts namely Bannu, DI Khan, Lakki Marwat, Tank, North Waziristan and South Waziristan. A detailed sampling strategy has been described under the head of "Sampling".

METHODOLOGY

This section covers the structured methodology, in a sequential manner according to the order of execution by the research team for conducting assessment of Mass Media Campaigns of PEI Project. This detailed methodology ensured smooth and timely execution of the assignment.

The assignment is survey-based research aimed at baseline data collection; therefore, we planned to adapt a structured approach combining the best features of various possible methodologies devised by the experts and successfully practiced at international level. We anticipated that various fact-finding tools were need to be used including FGDs and questionnaire-based interviews using a mixed method approach. For this purpose, FGD guidelines having headcount points and open-ended discussion topics were provided to the conductors whereas interviews were based on questionnaires having both types of questions i.e., close ended as well as open ended.

SAMPLING

A stratified sampling method was followed in order to segregate the population on the basis of demographic factors such as locality, gender and parenthood.

The expected data sources to assess the outreach and effectiveness of media campaign are presented below:

FACE-TO-FACE INTERVIEWS

This is primarily a research study based on field survey, which suggests interviewing caregivers at household level. The targeted group of respondents consists of parents of children of vaccinable age (males and females in equal number).

The sample for each district was probability based and it endeavored to keep likely sampling error under 5 percent at 95 percent level of confidence at the district level. The estimated maximum sampling error with a sample size of 386 is 4.99%. Following formula was used to find sample size.

$$n = {}^{Nx}/_{((N\text{-}1)E^2 + x)}$$

The margin of error was estimated using the formula given below:

$$E=\text{Sqrt}[{}^{(N - n)x}/_{n(N\text{-}1)}]$$

Therefore, research team suggested a sample of 400 respondents per district. This sample was spread over a maximum up to 8 UCs per district selected according to a mix of central urban and sub-urban UCs in consultation with the UNICEF Pakistan team. The suggested distribution of respondents for each round of survey was as under:

TABLE 1: DISTRIBUTION OF RESPONDENTS FOR SURVEY

Region(s)	Caregivers / Parents	Key Informants	Focus Group Discussions
Bannu	400	8	6
D. I. Khan	400	8	6
Lakki Marwat	400	8	6
Tank	400	8	6
North Waziristan	400	8	6
South Waziristan	400	8	6
Total:	2400	48	36

SAMPLE SELECTION

Field teams started with a key informant, inquiring about approximate number of HH in the UC/cluster, dividing by 50 (our target number of respondents in each of the 8 UCs), whatever the interval is, start from one main place (like Main Crossing, Bus Stop, Mosque, Hujra etc.) and take every interval household. Moreover, male and female respondents were picked from alternatively selected households. Once the data collectors reached a selected household, an adult male or female respondent was selected according to following priority:

(i) Parent of children of vaccinable age (one from each household).

In case of non-availability of respondent according to the above criteria or refusal to give interview, immediately next household was visited for the interview.

Note:
Due to law-and-order situation and security concerns related to field work in Ex-FATA and some other districts, UNICEF Pakistan's support was needed to seek permissions from the relevant Government authorities i.e., health department and local administration as well as security agencies i.e., law enforcement agencies. However, the research team was determined enough and managed to cover all the sampled areas despite of the critical security situation in some districts. Teams of local data collectors were engaged in order to achieve the goal.

FOCUS GROUP DISCUSSIONS

Six FGDs, comprising of 5-6 participants in each FGD, were held in each of the sampled districts. There were two FGDs with each of the three categories i.e., Parents, Polio Workers and Local Influentials. In this way, a total of 36 FGDs were conducted.

Detailed guidelines were prepared consisting of close-ended as well as open-ended questions. The number of respondents were counted for each of the close-ended questions whereas the responses to the open-ended questions were noted separately for onwards submission to the research team.

The participants for the FGDs were identified during KII interviews. Religious leaders, teachers, health professionals, media professionals, government officials, community leaders, social activists, landlords, businessmen/businesswomen and other influential persons were selected for the FGDs.

KEY INFORMANTS' INTERVIEWS

In addition to the face-to-face interviews and focused group discussions, eight key informant interviews were also conducted in each district during the survey. The interviews of key informants were also based on semi-structured questionnaire. This brought in focus the key influences within communities especially those in high-risk areas and at the national level such as religious scholars, health experts, representatives of civil society, academia and media etc. The key informants were selected by identifying most influential prayer leader of the main mosque, prominent health practitioner of the main settlement, head teacher of the centrally located school, community / village elder. The field teams consulted 4 to 5 residents of the locality in order to identify the key influential persons.

PHASES OF STUDY

The entire project was divided into easily manageable phases / stages as per needs of the assignment. So, the whole process was split into four phases i.e., (i) Inception, (ii) Planning and Design, (iii) Execution and (iv) Reporting & Presentation. The need to complete the study, including extensive field work within the given timeframe was easily achieved through the effective project plan.

The slacks or minor adjustments were also accounted for. The plan was flexible enough to absorb usual delays without affecting the completion period and major milestones.

Our methodology ensured completion of the deliverables within targeted time to assure successful completion of services. Our project lifecycle includes the following:

PHASE 1: INCEPTION

The project activity was initiated during mid 2022 with a formal online meeting held between Weitek and UNICEF. It was decided during the inception meeting that there shall be no change in the research methodology and the survey instruments will not be revised. However, at later stages during inception, many additions in the questionnaires were suggested and carried out by the team. The inception meeting also resulted in determining the geographic scope of the survey and the same was communicated to the consultants.

The inception phase was targeted at aligning the understanding about the study design, focused outcomes and expectations. It ensured working in the correct direction right from the beginning.

PHASE 2: PLANNING AND DESIGN

This phase included overall planning of all fieldwork and logistics. This entire exercise was initiated after the approval of the client. Overall activities included the following:

Survey Instrument Designing

- Formulation of instruments (FGD guidelines, survey questionnaires, internal administrative documents, etc.).
- Formatting of instruments to make it user and reader friendly.

Survey Planning

- Building field team of appropriate size having suitable skill matrix.
- Preparing a comprehensive fielding plan
- Devising an efficient and effective logistical plan

Piloting and Finalization of Instruments

- Pilot testing of the survey instruments.
- Translation of survey instruments and administration documents into Urdu language.
- Drafting and translating field survey manual(s) / handout(s) / guideline(s).
- Organizing appropriate training workshops of field survey personnel on the basis of survey manuals and evaluating their understanding.
- Development of quality control protocols and procedures for field survey and data entry.
- Development of computerized validation programs for checking the validity and consistency of data.

PHASE 3: EXECUTION

This phase included the major fielding activities i.e., focused group discussions and field survey. To begin with this phase, the consultants / field teams held a meeting with the representative(s) of the identified districts and other important personalities to get maximum cooperation during the actual field work and to reduce the chances of non-responsiveness.

A list of key persons was prepared to hold focused group discussions in each identified district in order to seek the feedback and Impact of the Media Campaign of PEI and other stipulated factors. The data collectors steered the discussions during FGDs those were assisted by the facilitators for recording the responses.

The most critical and time taking activity in the phase was to carry out survey-based research for which pre-designed questionnaires were used as fact finding instruments. Keeping in view the importance of the assignment, this phase was critically focused and the performance of each and every survey team member was closely monitored on daily basis. The field staff were mobilized to undertake the survey activity according to the approved plan and was advised to observe professional guidelines, including but not limited to the following:

- Follow all directives and instructions received from the client with regards to methodology, sampling, data management of paper-based surveys (if any).
- The field teams should field each survey instrument in the manner in which it is intended.
- Maintain a field visit log and monitoring log of each location visited, answering all questions therein and communicating the same to the main office on daily basis.
- Ensure that quality control measures for data collection are applied at all locations.
- Securely and safely maintain all paper questionnaires and other instruments from each respondent and making available to the client upon request. All the filled instruments be couriered to the base office on timely basis.
- Maintain official decorum and be respectful to the respondents at all times.
- Fully abiding with the principles, regulations, and policies which apply to research involving human subjects. In addition, fully abiding with all safeguards for research of vulnerable groups such as women, children and economically or educationally-disadvantaged persons.
- Take appropriate measures to guard against the risks of invasion of privacy and breach of confidentiality. Follow all standard requirements for obtaining and documenting informed consent from each prospective subject.
- Notify the team leader, as soon as safety permits, of any security threat encountered during the course of field work, including, but not limited to, direct threats to the survey team, generalized threats during the course of field work, and spontaneous occurrences of insecurity during fieldwork or travel.

PHASE 4: REPORTING AND PRESENTATION

This phase was meant for preparation of thematic / statistical report and its presentation to the team. According to our understanding, the report of baseline survey should include key aspects of survey administration and some description and presentation of the data collected. However, the technical team desired quantitative/statistical analysis as well as some qualitative analysis. So, this report is being drafted accordingly.

A PowerPoint presentation, report on findings of the survey and raw data has already been submitted. And this updated report will be the final submission for the assignment.

QUALITY ASSURANCE

To provide consistency of quality and scope across our team's work, we employed a system of reviews, conducted by our experienced managers and directors, of all of the work performed by our team members. While the final deliverables were determined, reviewed and accepted by the client in their oversight and supervisory role regarding the items currently in scope, our internal quality review allowed for a knowledgeable senior member of our team to provide input.

Our personnel observed client's confidentiality, code of conduct or other reasonable policies regarding working conditions to the extent our personnel are made aware of such policies. Weitek ensured to keep surplus trained field team members to furnish replacement personnel in the unlikely event that assigned personnel refuse to observe the said policies or their performance does not meet client's expectations.

GENDER CONCERNS

Weitek planned to maintain a gender balance in the fielding teams therefore 50% of data collectors comprised of female staff in order to facilitate data collection from female respondents in the field.

QUALITY CONTROL (MONITORING & EVALUATION)

Effective monitoring and evaluation of the activities of the research exercise is essential in terms of timely completion and achieving the desired objectives from the survey, thus ensuring the quality of the data collected. By identifying and monitoring the evaluation of key indicators and seeing which indicators are going off track, monitoring and evaluation activities can prompt the investigations necessary to re-align policy and plans of action to achieve better results. In terms of transparency and accountability, monitoring and evaluation are the key elements of the overall survey process: based on hard data (i.e., indicators and trends), outcomes resulting from the survey, as well as make, explain and justify changes in the survey implementation. This is very important for team leader in informing and guiding the data collectors but also essential in terms of fulfilling the needs and expectations of the client.

DATA ENTRY

Data Entry exercise was initiated immediately upon receiving the data packets at head office at completion of data collection in the study districts, in order to complete the task within time. Appropriate data automation and productivity tools such as an in-house custom-built data automation application connected to database management systems and spreadsheet application were used for data automation and analysis.

Prior to initiating the exercise, adequate training was provided by the Software Development Specialist to the Data Entry Operators. The training included complete data entry process, understanding quality control protocols, maintaining data entry log, etc.

At least 5% of the data entered by each operator was reviewed by the supervisor on daily basis to ensure accurate data entry. All the data by the particular operator was to be 100% reviewed in case of finding a discrepancy.

RESULTS OF THE ASSESSMENT SURVEY

This report is prepared to present the outcomes of baseline survey conducted in South KP during December 2022, based on the campaign conducted in November 2022, in order to determine:

- media usage habits
- visibility of mass media campaign
- attitude and behaviour towards polio vaccination
- trust on vaccine, vaccination and vaccinator
- fake finger marking

The primary data gathered from six selected districts of the southern part of the province KP is used for assessing the above listed factors for which a survey was conducted during the month of December 2022. Following districts were selected for the survey:

1. Bannu
2. D.I. Khan
3. Lakki Marwat
4. Tank
5. North Waziristan
6. South Waziristan

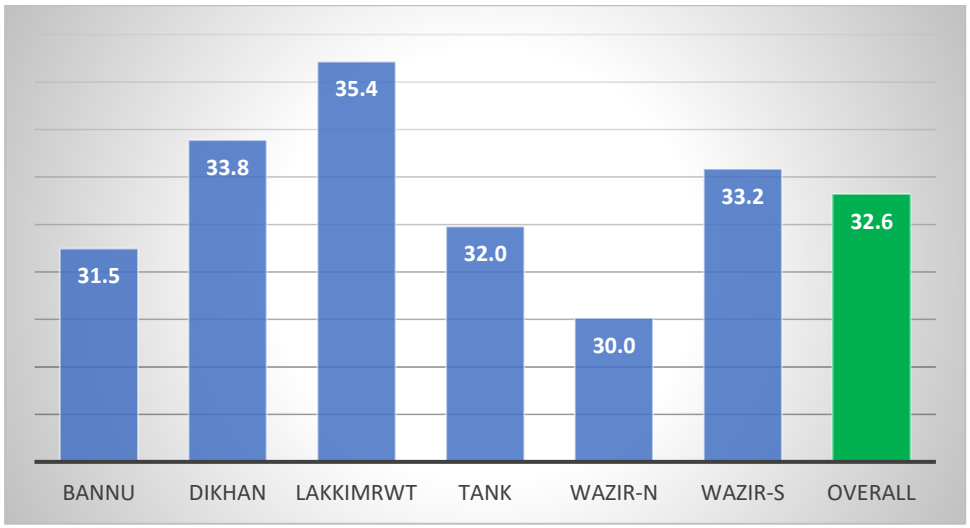
SECTION 1: DEMOGRAPHIC CHARACTERISTICS OF THE TARGET RESPONDENTS

This section is dedicated to present key demographic characteristics of sampled group of population which reflect various trends in the targeted population i.e., 200 male and 200 female caregivers form each of the study districts or 2400 respondents in total.

MEAN AGE OF TARGET RESPONDENTS

Chart 1 corroborates the mean ages of the target respondents / interviewees in the six study districts as well as for the south KP region. The mean age of the target respondents ranges between 30.0 to 35.4 years across the study districts.

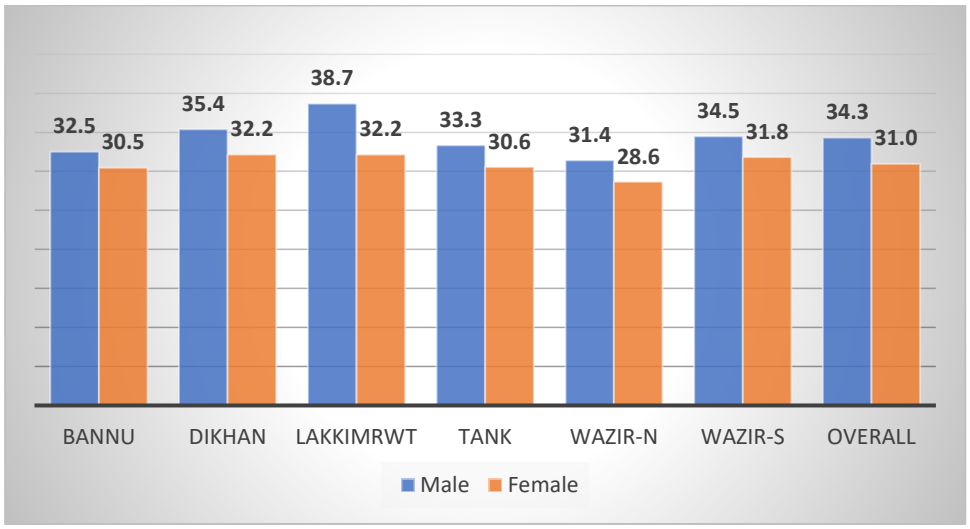
CHART 1: MEAN AGE OF THE SAMPLE



Mean age came out to be 32.6 years for the entire sample.

The Chart 2 shows similar pattern of respondents' age with respect to gender in all districts.

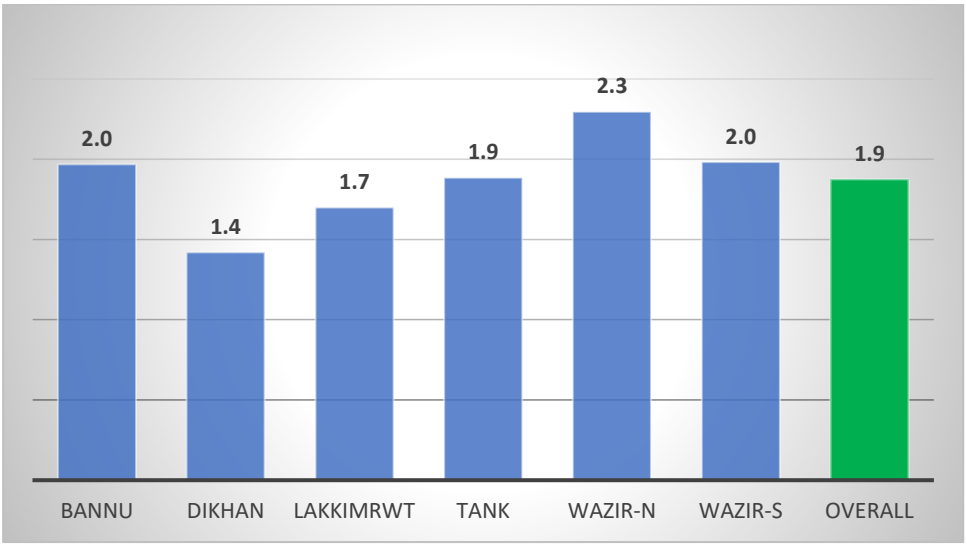
CHART 2: GENDER WISE MEAN AGE OF THE SAMPLE



NUMBER OF CHILDREN UP TO AGE 5

Here is a comparison among different areas under study regarding mean number of children of the target respondents, Chart 3 exclaims close similarities amongst them. However, average number of children up to 5 years of age per household were found highest in North Waziristan at 2.3 and lowest in DI Khan (1.4). The detailed picture of mean number of children can be seen in the following chart:

CHART 3: MEAN NUMBER OF CHILDREN (UP TO 5 YEARS) OF RESPONDENTS



RESPONDENT'S PROFESSION

Following table summarizes the findings about profession of the respondents segregated by gender:

TABLE 2: SAMPLE PROFESSION

Profession	Male	Female	Total	Male	Female	Total
Govt. Service	112.00	30.00	142.00	9.3%	2.5%	5.9%
Private Service	202.00	26.00	228.00	16.8%	2.2%	9.5%
Business	276.00	34.00	310.00	23.0%	2.8%	12.9%
Farming	232.00	17.00	249.00	19.3%	1.4%	10.4%
Labourer	231.00	2.00	233.00	19.3%	0.2%	9.7%
Jobless	108.00	25.00	133.00	9.0%	2.1%	5.5%
Homemaker		1041.00	1041.00	0.0%	86.8%	43.4%
Health Professional	19.00	13.00	32.00	1.6%	1.1%	1.3%
Lawyer	2.00		2.00	0.2%	0.0%	0.1%
Teacher	15.00	11.00	26.00	1.3%	0.9%	1.1%
Other	3.00	1.00	4.00	0.3%	0.1%	0.2%
Sample	1200.00	1200.00	2400.00	100.0%	100.0%	100.0%

The majority of male respondents were found associated with their own business, farming, labour work and private job (stated in the order of response frequency). A similar analysis of female respondents in sample reveals that 86.8% of women are homemakers.

EDUCATION LEVEL

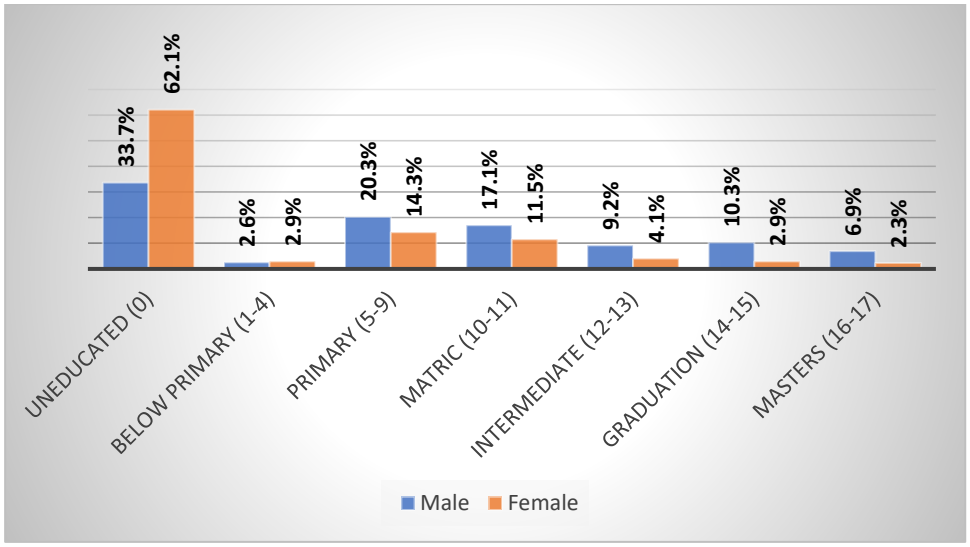
A look into the numbers related to education level reveals that 52.13% of the sampled respondents of the survey were literate i.e., had formal education at least up to below primary level. The Table 3 presents number of respondents against each academic level.

TABLE 3: EDUCATION

Education	Male	Female	Net
Uneducated (0)	404	745	1149
Below Primary (1-4)	31	35	66
Primary (5-9)	243	171	414
Matric (10-11)	205	138	343
Intermediate (12-13)	110	49	159
Graduation (14-15)	124	35	159
Masters (16-17)	83	27	110
Above Masters (18-20)	0	0	0
Sample	1200	1200	2400

The number of uneducated respondents (out of 2400) is higher for females i.e., 62.1% as compared to 33.7% for males. Due to this trait of population, the communication campaign targeting females needs to contain more visual content in comparison with the written text. The graphical representation of gender wise education profile of respondents is presented below for an easy reference:

CHART 4: EDUCATION (GRADES)



HOUSEHOLD LANGUAGE

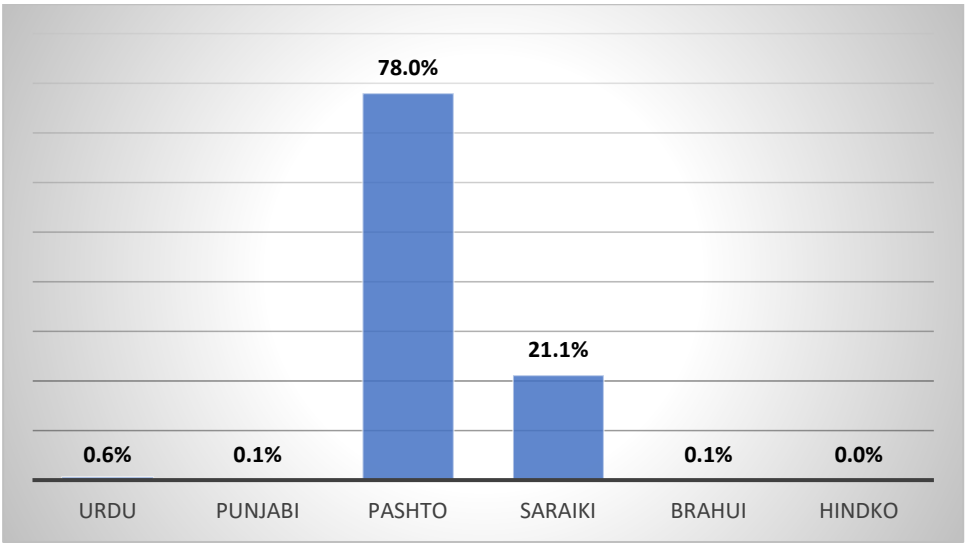
Pashto is found to be the most spoken language at household level in an overall assessment for all study districts. About 78.0% of the respondents claimed it to be the first language for their households. It is followed by Saraiki at 21.1%. Other languages account for less than 1% in total.

TABLE 4: PRIMARY HOUSEHOLD LANGUAGE

Language	BANNU	DIKHAN	LAKKIM RWT	TANK	WAZIR-N	WAZIR-S	Overall	
Urdu		3	4	2	2	4	15	0.6%
Punjabi		1	1	1			3	0.1%
Pashto	399	42	394	245	396	395	1871	78.0%
Saraiki	1	352		152	1	1	507	21.1%
Brahui		1	1		1		3	0.1%
Hindko		1					1	0.0%
Sample	400	400	400	400	400	400	2400	100.0%

The graphical presentation of the same data is presented below:

CHART 5: HOUSEHOLD LANGUAGE



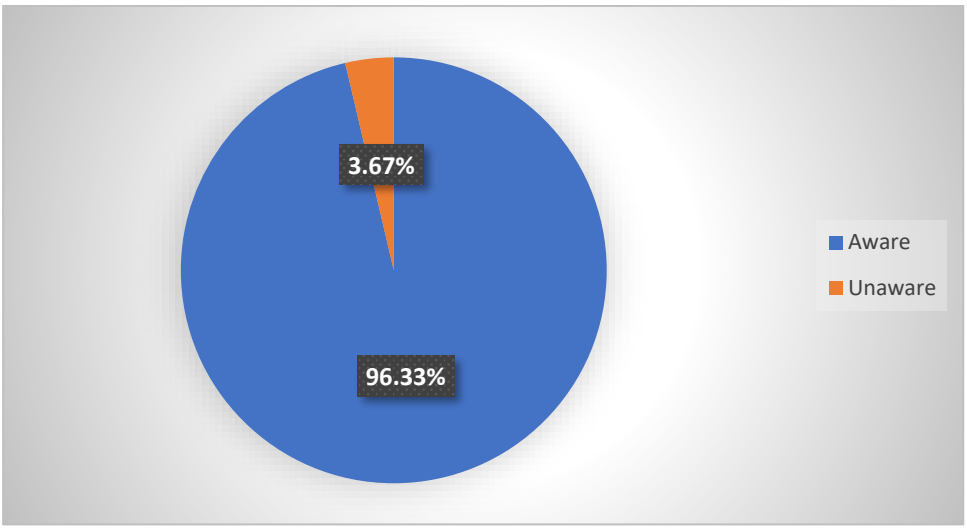
SECTION 2: AWARENESS OF POLIO VACCINE

This section of the report presents current situation with respect to level of awareness about polio and its vaccination. The respondents were asked about vaccine preventable diseases, impact of polio, vaccination and other related information which were communicated through the media campaign. A detailed analysis is presented under the following heads:

HEARD ABOUT POLIO

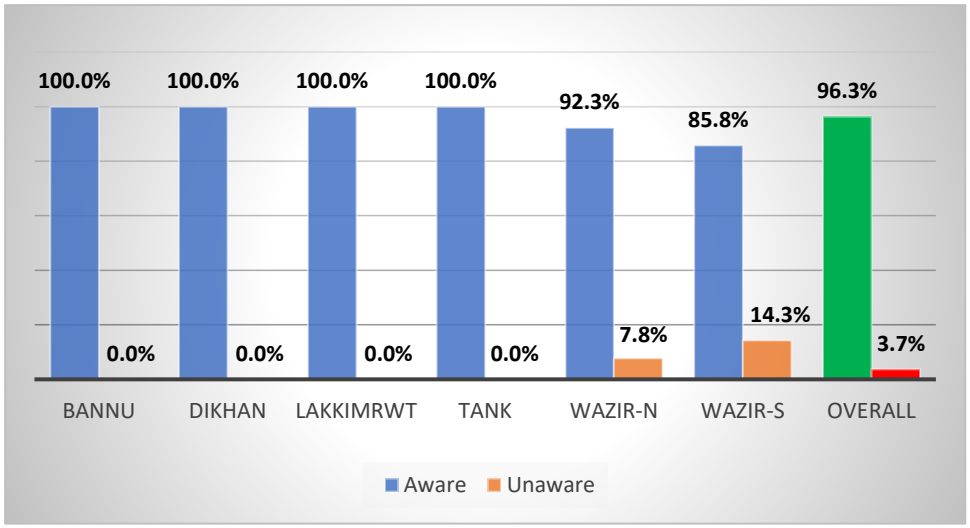
The respondents were asked if they have heard about polio. To this, majority of the respondents i.e., 96.33% responded in Yes.

CHART 6: AWARENESS ABOUT POLIO



Overall, 96.33% primary respondents (caregivers) were found aware of Polio (having heard of the name of disease). The ratio was 100% in the region except North and South Waziristan which is presented in the chart below. 14.2% respondents from South Waziristan not aware about the disease were all uneducated females.

CHART 7: AWARENESS ABOUT POLIO (OVERALL)



PERCEIVED IMPACT OF POLIO ON HEALTH

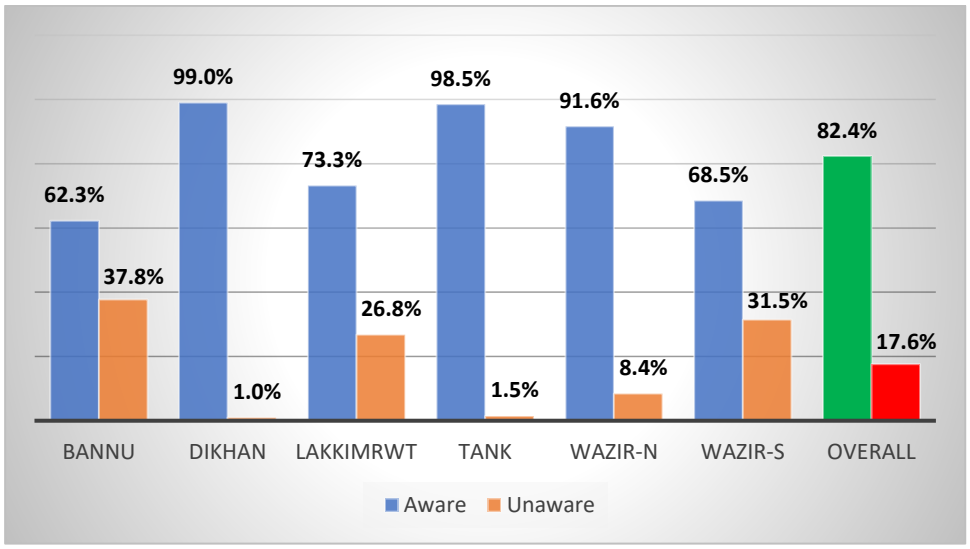
The table given here shows number of respondents those correctly identified the impact of polio on child's health and responded in physical disability, as "aware" of the health impact. Among 2,312 respondents, 1,905 responded had heard of polio i.e., 82.4% correctly mentioned physical disability as the impact of polio on health while 17.6% of the polio aware respondents did not know about health impact of polio disease.

TABLE 5: POLIO'S IMPACT ON HEALTH

Awareness Status	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Aware	249	396	293	394	338	235	1905
Unaware	151	4	107	6	31	108	407
Refined Sample	400	400	400	400	369	343	2312

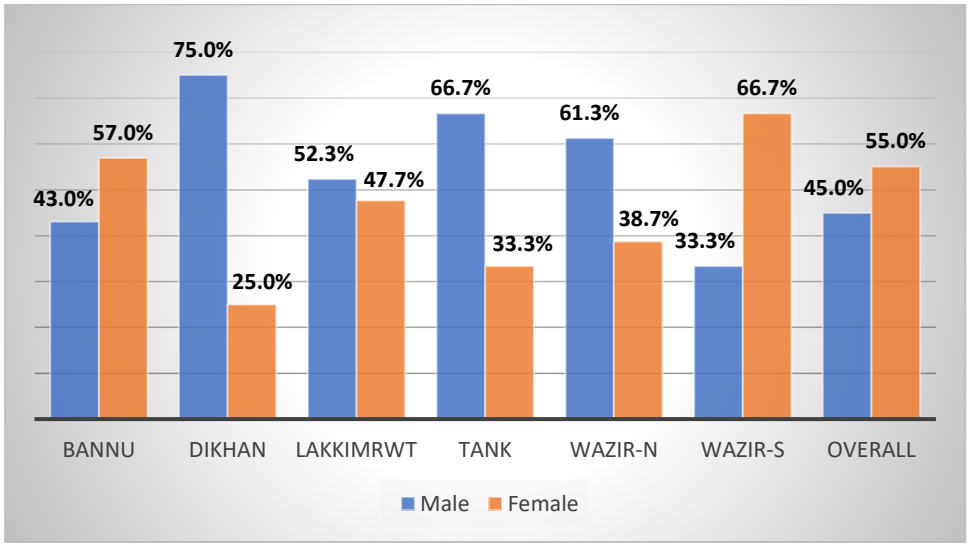
Chart 8 shows the number of respondents those correctly pointed out that polio causes disability or paralysis segregated by geographical regions.

CHART 8: IMPACT OF POLIO



The gender ratio of those who were not aware of health impact of polio revealed higher ratio of females i.e., 55% vs. 45% males.

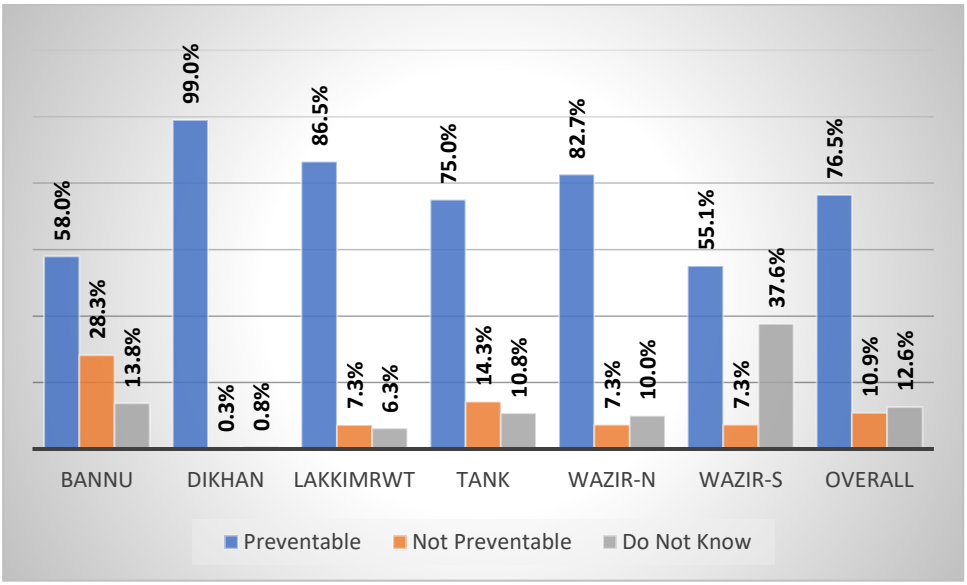
CHART 9: UNAWARE OF HEALTH IMPACT OF POLIO (GENDER SEGREGATION)



PREVENTABILITY OF POLIO

The respondents were inquired about their perception of polio being a preventable disease. Only 76.5% of parents having heard about polio knew it is preventable. The chart below presents this. scenario:

CHART 10: POLIO PREVENTABLE OR NOT



South Waziristan was found at lowest level as compared with other surveyed regions with respect to perception about preventability of polio. 55.1% of respondents from South Waziristan said that polio is a preventable disease. However, respondents were not further enquired about methods of prevention from the disease.

Table 6 shows a weak relationship between knowledge of preventability of polio and education level of the respondents. The coefficient of correlation is negligible or very weak for other listed factors.

TABLE 6: KNOWLEDGE ABOUT PREVENTABILITY

Study of Correlation	
Dependent Variable	**Knowledge about preventability**
Independent Variable:	**Coefficient of correlation (r)**
Media Usage	-0.141772305
Campaign Outreach	-0.153351127
Gender	0.00399433
Education	-0.2046131
Profession	0.016701878

INCURABILITY OF POLIO

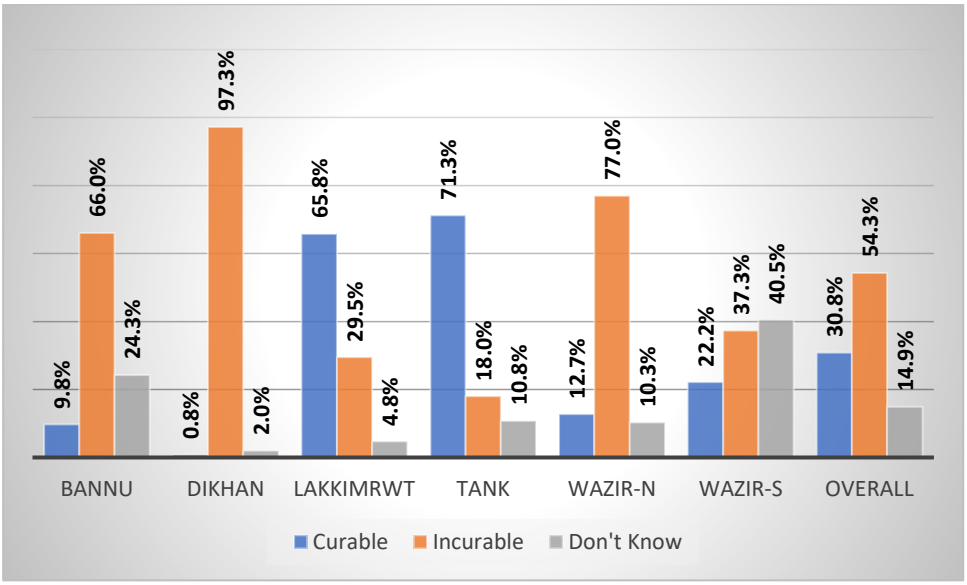
The respondents were inquired about their perception of polio being a curable or incurable disease. Only 54.3% of parents having heard about polio knew it is incurable. The chart below presents this scenario:

Table 7 shows very weak relationship between knowledge about incurability of polio and gender of the respondents. The correlation is insignificant for other factors as listed below:

TABLE 7: KNOWLEDGE ABOUT INCURABILITY

Study of Correlation	
Dependent Variable	**Knowledge about incurability**
Independent Variable:	**Coefficient of correlation (r)**
Media Usage	0.107727743
Campaign Outreach	0.084180022
Gender	-0.130978004
Education	0.008748852
Profession	-0.079736956

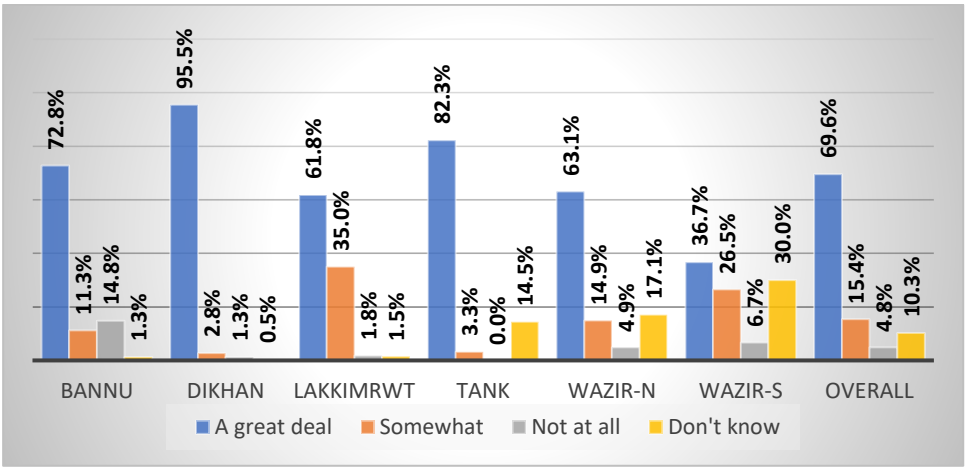
CHART 11: INCURABILITY OF POLIO



PERCEPTION ABOUT EFFECTIVENESS OF POLIO VACCINE

The polio aware respondents of survey were asked about their perception about the level of effectiveness of polio vaccine. To this, 69.6% of overall sample was found to consider the vaccine effective up to "A great deal" while 15.4% said it is "Somewhat" effective. 4.8% of polio aware respondents said it is "Not at all" effective whereas 10.3% of the sampled parents did not know about this (See Chart 12).

CHART 12: PERCEPTION ABOUT VACCINE EFFECTIVENESS



A region wise view of perception about effectiveness of polio vaccine drops is presented in the table given below:

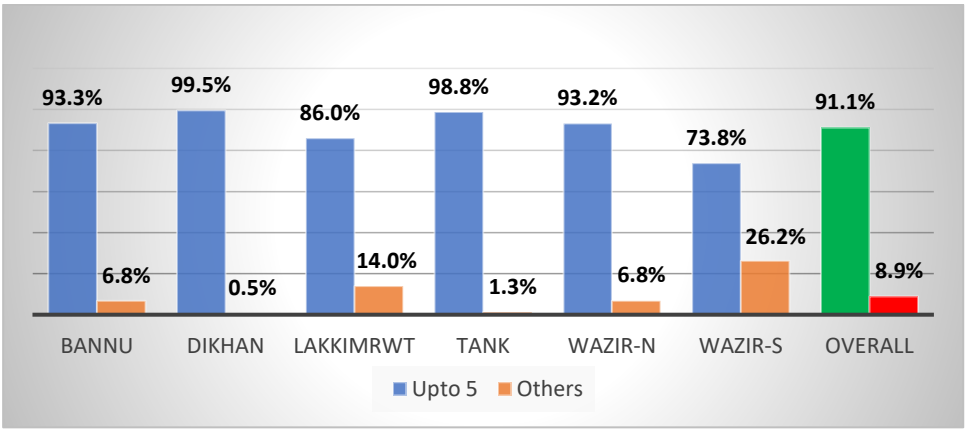
TABLE 8: PERCEPTION ABOUT VACCINE EFFECTIVENESS

Effectiveness	BANNU	DIKHAN	LAKKIM RWT	TANK	WAZIR-N	WAZIR-S	Grand Total
A great deal	291	382	247	329	233	126	1608
Somewhat	45	11	140	13	55	91	355
Not at all	59	5	7		18	23	112
Do not know	5	2	6	58	63	103	237
Refined Sample	400	400	400	400	369	343	2312

PERCEIVED AGE FOR VACCINATION

Only 8.9% of 2312 polio aware respondents (those who had heard about the disease) were unaware of the suitable age of children up to which polio vaccine should be administered. 79.7% (1843) of the 2312 respondents (those have heard of polio) mentioned exactly 5 years as the vaccinable age (See Table 6). If we combine all the responses from 0 to 5 years, it makes a total of 2107 which is 91.1% of the respondents who are aware of polio (See Chart 13).

CHART 13: AWARENESS OF POLIO VACCINABLE AGE



A crosstab of awareness of vaccinable age, trust in vaccine and trust in vaccination is presented below which shows moderate relationship:

TABLE 9: CORRELATION BETWEEN KNOWLEDGE OF VACCINABLE AGE AND TRUST

	Vacc Age	*Trust (OPV)*	*Trust (drive)*
Vacc Age	1		
Trust (OPV)	0.386912	1	
Trust (drive)	0.397397	0.793156	1

It could be of interest for the researchers that 74% of the respondents who could not correctly mention five years as maximum vaccinable age of children were those who could not see campaign messages by through any medium. Which might indicate the significance of communication campaign.

The following table presents details of the chart shown above:

TABLE 10: VACCINABLE AGE OF CHILDREN

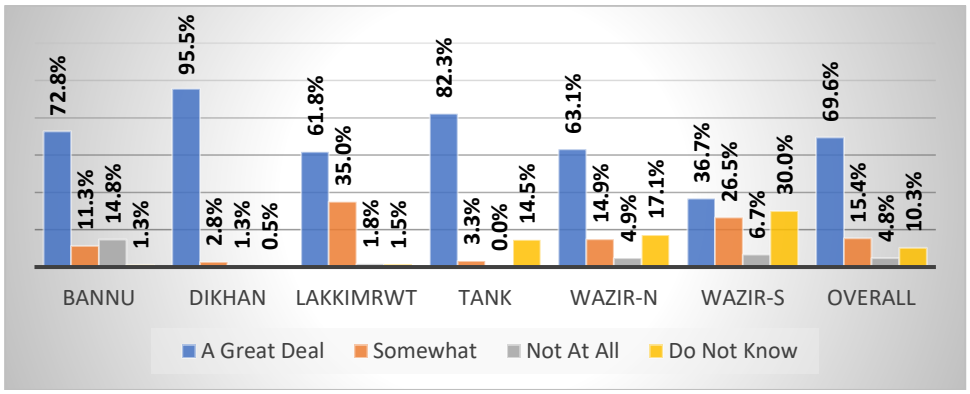
Vaccinable age (years)	BANNU	DIKHAN	LAKKI MRWT	TANK	WAZIR-N	WAZIR-S	Overall
0 (<1)	5	0	116	1	7	22	151
1	0	0	28	0	1	0	29
2	6	0	2	0	8	3	19
3	4	0	3	0	4	9	20
4	11	0	20	0	4	10	45
5	347	398	175	394	320	209	1843
0 to 5 combined	373	398	344	395	344	253	2107
Above 5 years	14	1	52	4	6	20	97
Don't Know	13	1	4	1	19	70	108
Refined Sample	400	400	400	400	369	343	2312

Only 97 respondents responded above 5 years as the vaccinable age and 108 respondents said they do not know the vaccinable age. This makes the total number of 205 (97+108) which is 8.9% of the 2312 respondents of the question who were polio aware or 8.5% of the total 2400 sampled caregivers for the baseline survey.

TRUST IN POLIO VACCINE

Overall, 69.6% of polio aware respondents said they have "a great deal" of trust in polio vaccine, 15.4% responded as "somewhat", 4.8% of them said polio vaccine is not at all effective. 10.3% did not know about effectiveness of polio vaccine. The following chart presents a district wise finding.

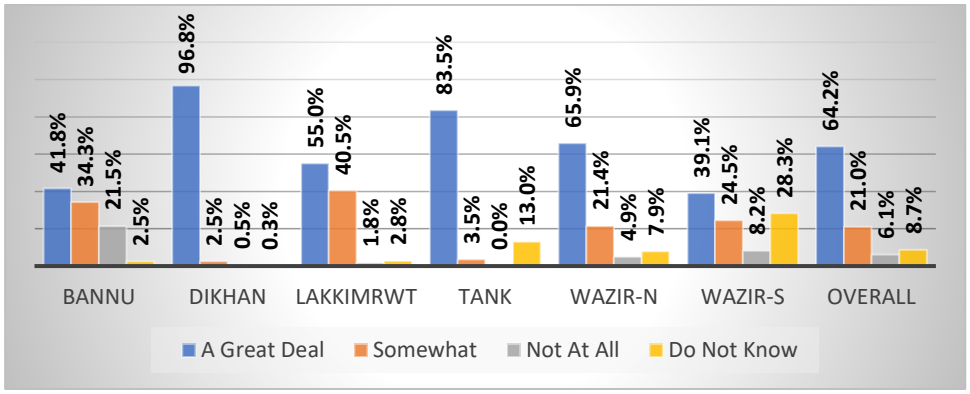
CHART 14: TRUST IN POLIO VACCINE



TRUST IN VACCINATION DRIVE

Interesting results were revealed when respondents were asked to share their opinion about the polio vaccination campaign in their localities. Overall, 2,312 respondents those had heard about polio were asked how good is the idea of giving polio drops to children in their locality, to this, 64.2% responded in "A great deal", 21.0% Responded in "Somewhat", 6.1% of them said polio vaccination is "Not at all" a good idea whereas 8.7% said they "Do not know" (See Chart 15). This observation might indicate towards caregivers' level of inclination or motivation for vaccination.

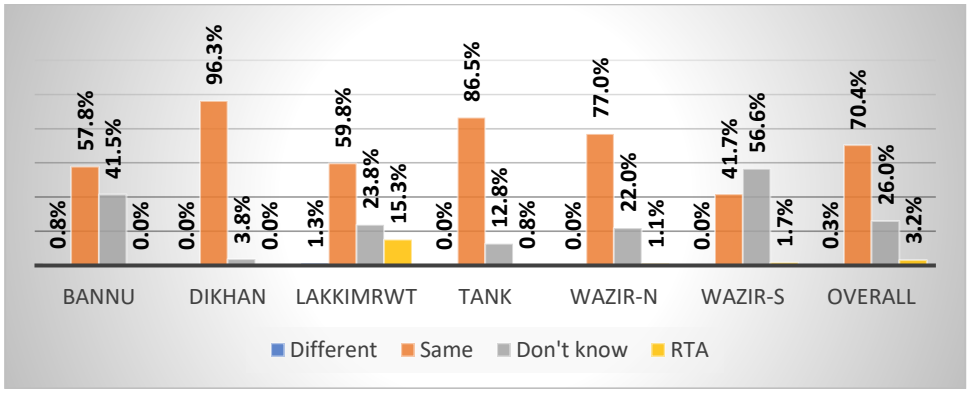
CHART 15: TRUST IN VACCINATION



GENDER IMPACT OF POLIO

The respondents of the baseline survey were enquired about their perception regarding impact of polio on boys and girls. To this, only 0.3% i.e., 8 of 2312 polio aware respondents said the impact of polio is different for boys and girls. The majority of them i.e., 70.4% said the impact is same for both genders. 26.0% and 3.2% did not know or refused to answer respectively.

CHART 16: GENDER IMPACT OF POLIO



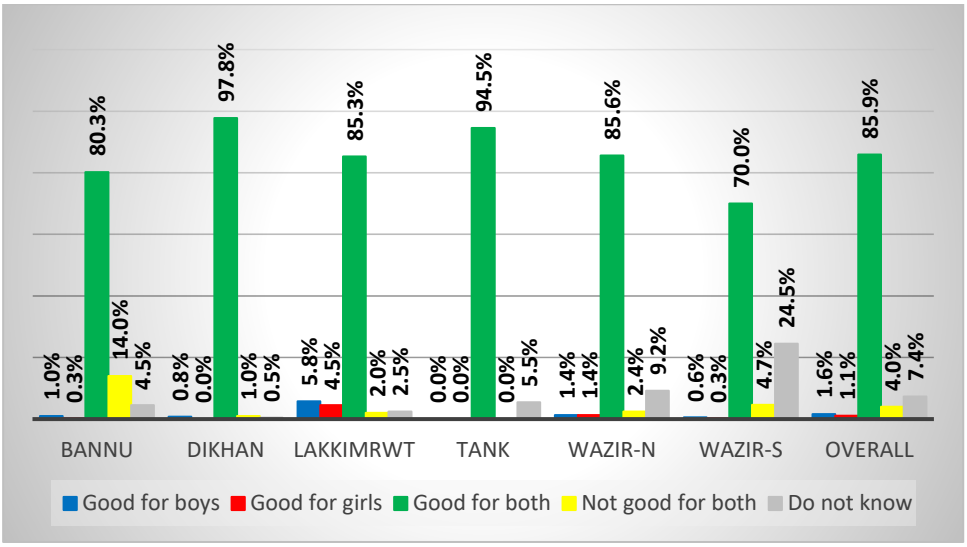
The eight respondents who thought polio affects boys and girls differently were further requested to explain why they think so. To this following mix of responses were received:

- Polio causes disability to boys
- It causes infertility for girls
- Girls are more vulnerable

GENDER SUITABILITY OF POLIO VACCINATION

The chart below (Chart 17) presents findings against an enquiry about suitability of polio vaccination for boys and girls to which 85.9% or polio aware respondents stated that it is good for both genders. However, 4% of them thought it is not good for both genders. A district wise analysis shows that later ratio is highest in Bannu at 14% of the polio aware caregivers in Bannu and second highest i.e., South Waziristan at 4.7%.

CHART 17: GENDER SUITABILITY OF POLIO VACCINATION



REGULAR POLIO VACCINATION

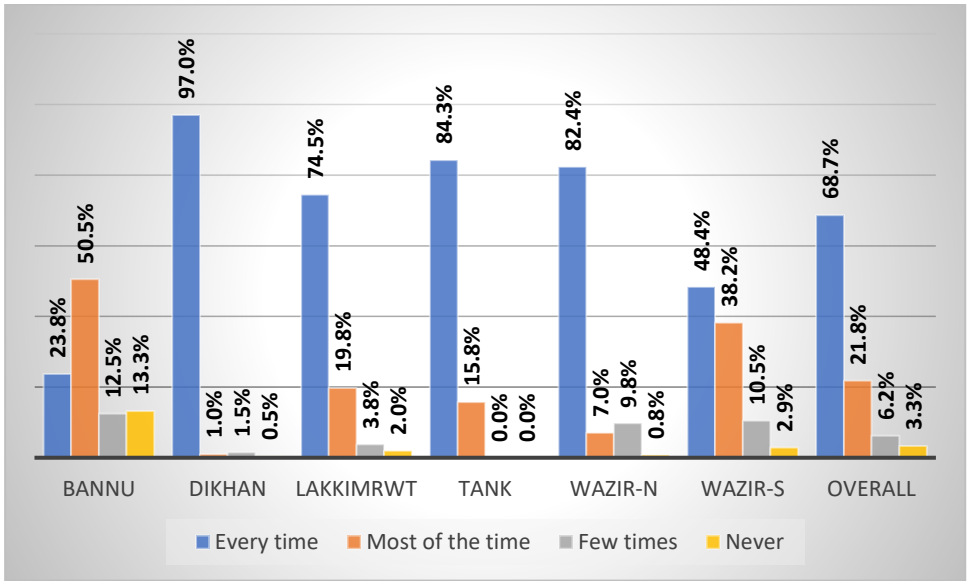
Around 68.7% of the polio aware respondents claimed that they get their children vaccinated regularly during every vaccination drive. 21.8% stated they opt for vaccination most of the time but 6.2% and 3.3% responded as “few times” and “never” respectively against this question. Following table (Table 11) presents district wise details:

TABLE 11: PARENTS VACCINATING CHILDREN REGULARLY

Vaccinate Regularly	BANNU	DIKHAN	LAKKIM RWT	TANK	WAZIR-N	WAZIR-S	Overall
Every time	95	388	298	337	304	166	1588
Most of the time	202	4	79	63	26	131	505
Few times	50	6	15		36	36	143
Never	53	2	8		3	10	76
Refined Sample	400	400	400	400	369	343	2312

A visual presentation of the same is shown in the chart that follows.

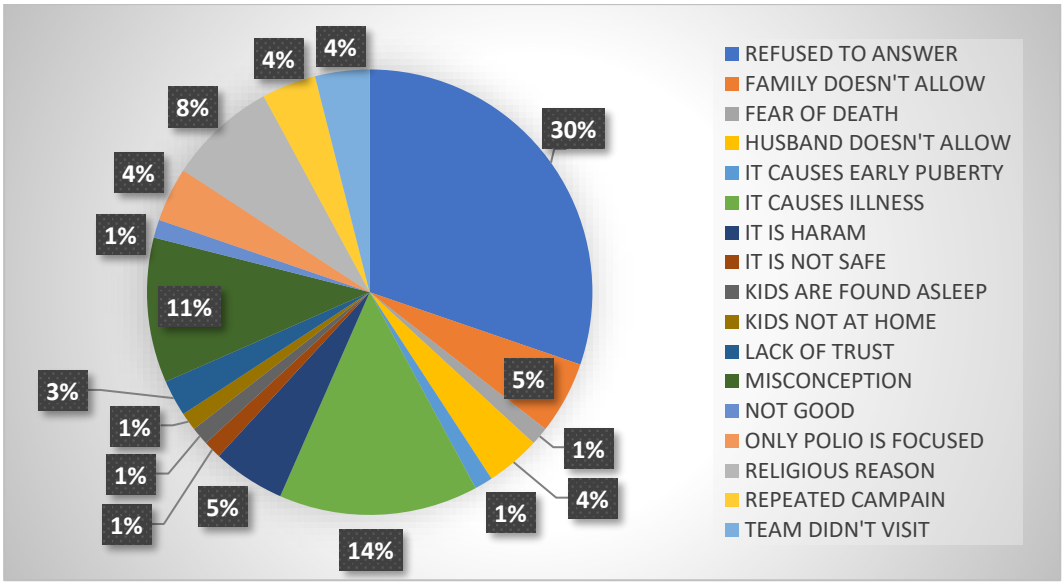
CHART 18: REGULAR POLIO VACCINATION



REASON OF NON-VACCINATION

Although negative response against regular vaccination was only 3.3% but it is useful to know the reason of non-vaccination. The findings are presented below:

CHART 19: REASON OF NON-VACCINATION



It is visible in Chart 19 that majority of the respondents i.e., 30.3% (23) of 76 parents who never opted for polio vaccination refused to tell the reason of their act. Rest of them came up with a diversified range of reasons which are listed below with district wise segregation.

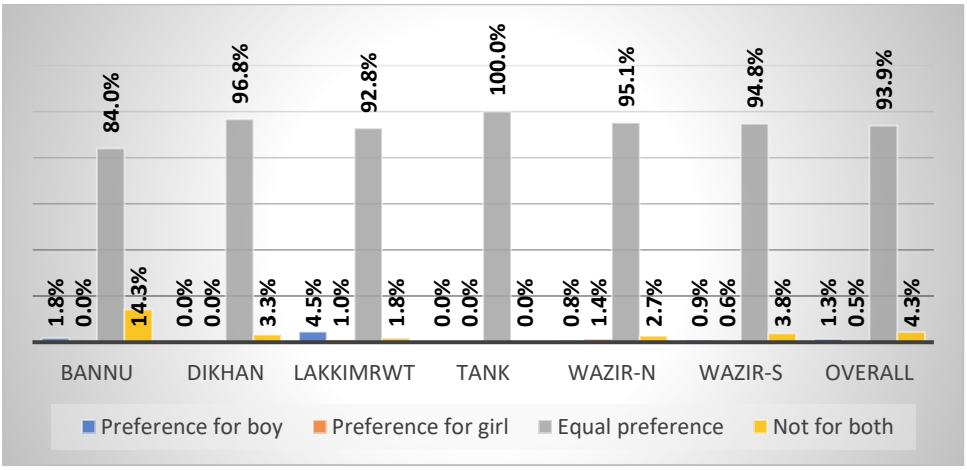
TABLE 12: REASON OF NON-VACCINATION

REASON	BANNU	DIKHAN	LAKKIMRWT	WAZIR-N	WAZIR-S	Overall
REFUSED TO ANSWER	16		1		6	23
FAMILY DOESN'T ALLOW	3				1	4
FEAR OF DEATH			1			1
HUSBAND DOESN'T ALLOW	3					3
IT CAUSES EARLY PUBERTY	1					1
IT CAUSES ILLNESS	8	1	2			11
IT IS HARAM	1	1		2		4
IT IS NOT SAFE	1					1
KIDS ARE FOUND ASLEEP			1			1
KIDS NOT AT HOME					1	1
LACK OF TRUST	1				1	2
MISCONCEPTION	7				1	8
NOT GOOD				1		1
ONLY POLIO IS FOCUSED	3					3
RELIGIOUS REASON	6					6
REPEATED CAMPAIN	2		1			3
TEAM DIDN'T VISIT	1		2			3
Refined Sample	53	2	8	3	10	76

GENDER PREFERENCE FOR POLIO VACCINATION

Majority of the polio aware caregivers were found unbiased with respect to opting for vaccination on the basis of gender of their child. 93.9% of the sampled respondents said they prefer boys and girls equally for polio vaccination. This ratio was highest i.e., 100% in Tank and lowest i.e., 84% in Bannu where 14.3% of the respondents said they do not prefer vaccination for either of the genders. See the chart below for a district wise finding.

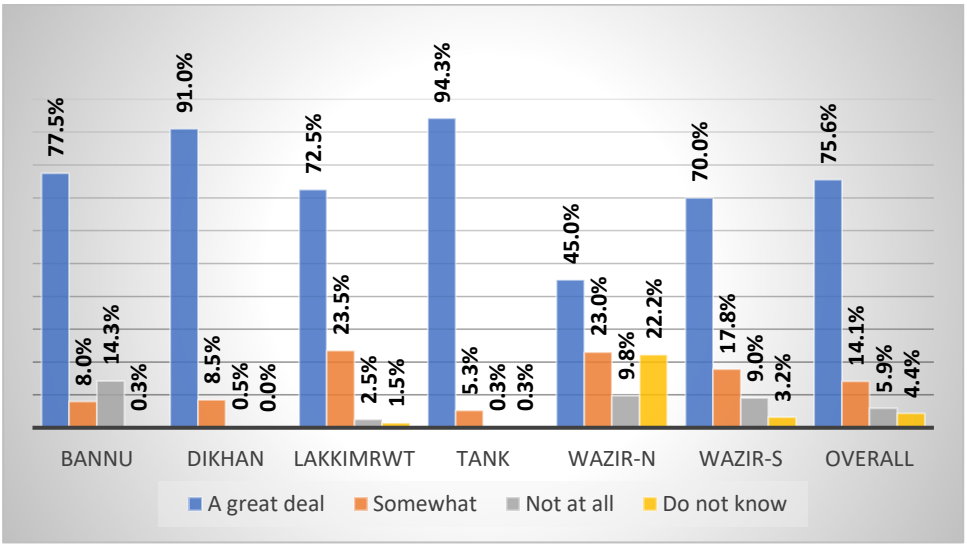
CHART 20: GENDER PREFERENCE FOR POLIO VACCINATION



TRUST ON VACCINATORS

About 90% of the respondents showed a great deal of trust (75.6%) or a certain level of trust (14.1%) overall, across the study districts. This ratio was found highest in Tank and lowest in North Waziristan. A detailed district wise picture is presented below:

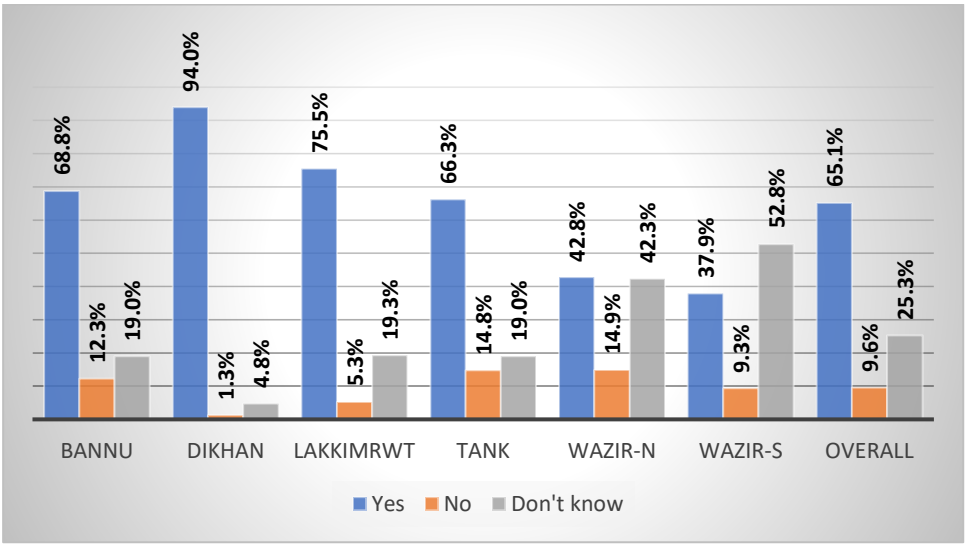
CHART 21: TRUST ON VACCINATORS



BENEFITS VS. RISKS OF VACCINATION

The polio aware respondents were asked if benefits of polio vaccination outweigh its possible risks? To this following picture emerged:

CHART 22: BENEFITS VS. RISKS OF VACCINATION

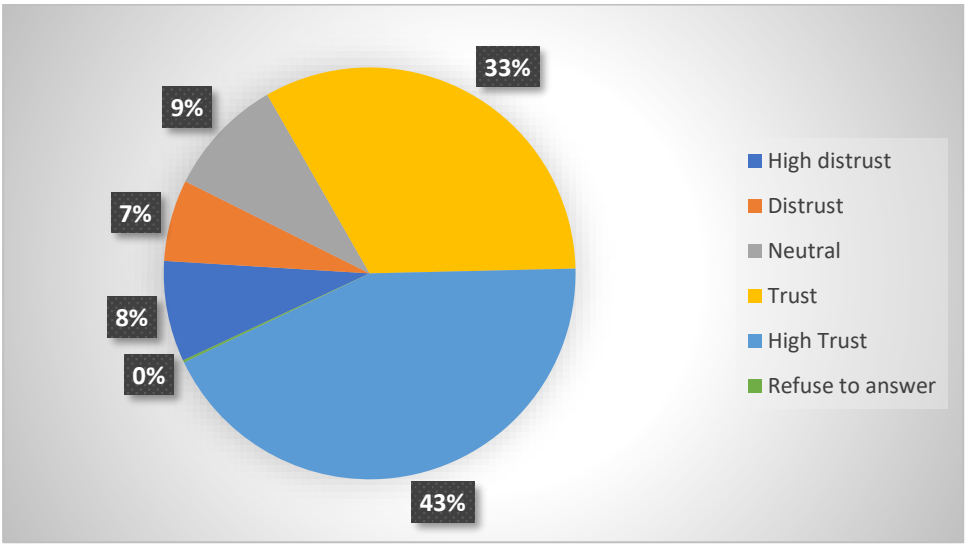


An analysis of respondents 806 respondents who said that benefits of vaccination are not greater than its possible risks shows that 45.5% of them do not regularly opt for vaccination in each campaign and 35% of them do not trust in effectiveness of vaccine. This could possibly indicate certain misconceptions regarding risks of polio vaccine due to which they tend to avoid polio vaccine.

TRUST IN GOVT'S DECISION FOR POLIO VACCINATION

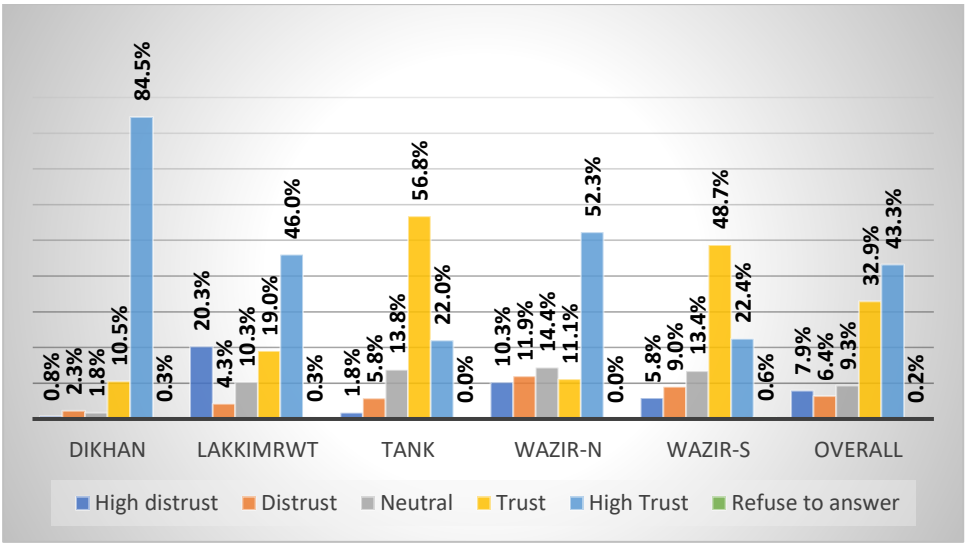
The polio aware respondents of the baseline survey were enquired about their level of trust or distrust that government is making decisions in their best interest by offering polio drops to their child(ren). Following picture emerged in this regard:

CHART 23: TRUST IN GOVT'S DECISION FOR POLIO VACCINATION



A district wise expansion of the same is depicted below:

CHART 24: TRUST IN GOVT'S DECISION FOR POLIO VACCINATION (DISTRICT WISE)



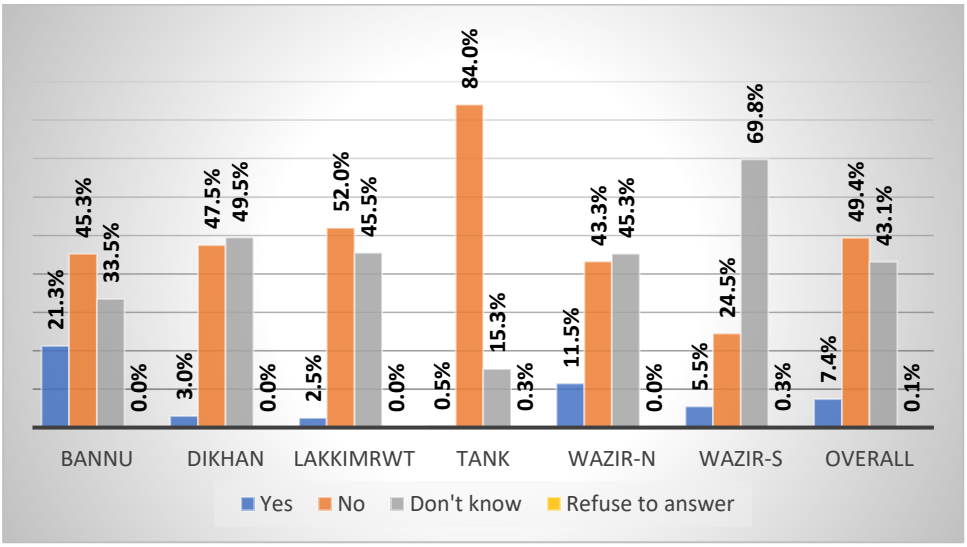
SECTION 3: FAKE FINGER MARKING

This section of the report presents the knowledge, perception and experience of the primary respondents of the baseline survey i.e., sampled caregivers about fake finger marking of the children for polio vaccination. A detailed analysis is presented under the following heads:

AVOIDING VACCINATION

The respondents were asked if they were aware of cases where people in their community avoid their children being vaccinated with polio drops. To this, only 7.4% responded in Yes. A detailed, district wise segregation of the responses is presented below:

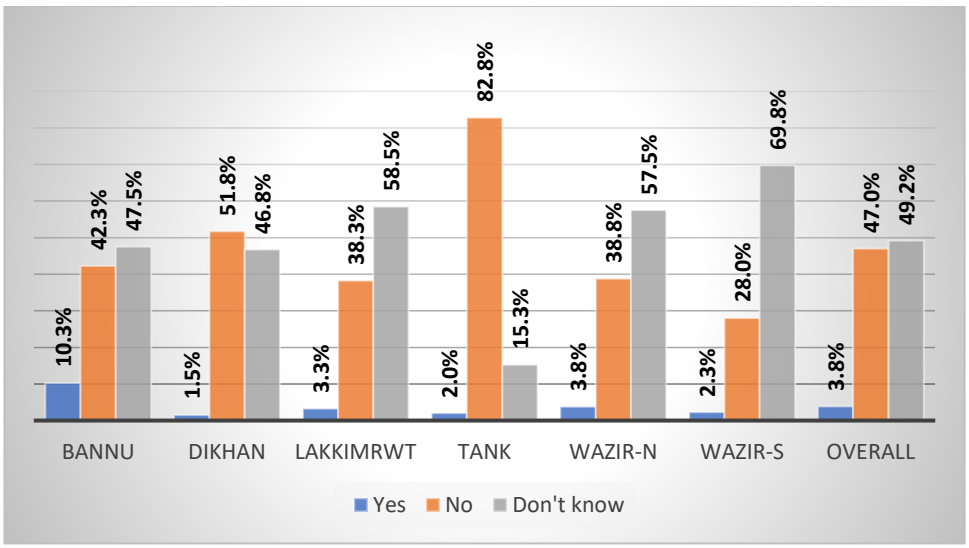
CHART 25: AVOIDING VACCINATION



AWARE OF FAKE FINGER MARKING

The respondents were asked if they were aware of any cases of fake finger marking in their community, in which a finger of a child is marked without being vaccinated with polio drops. To this, only 3.8 % responded in Yes. A detailed, district wise segregation of the responses is presented below:

CHART 26: AWARE OF FAKE FINGER MARKING



The chart above (Chart 26) shows that about 10.3% respondents from Bannu were aware of cases of fake finger marking while this ratio is not more than 3.8% in other districts.

LIKELIHOOD OF FAKE FINGER MARKING

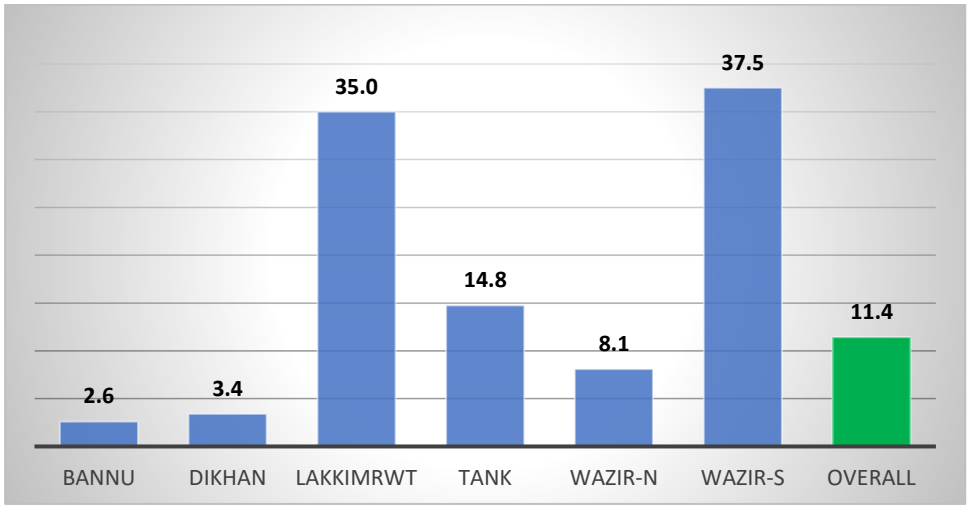
The respondents aware of fake finger marking were further probed about the likelihood of fake finger marking out of every 100 people in their community. The table summarizing the outcomes of the question is presented below:

TABLE 13: LIKELIHOOD OF FAKE FINGER MARKING

	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Upto 10	41	5	2	4	8	1	61
Upto 20	0	0	4	3	4	2	13
Upto 30	0	0	0	1	0	0	1
Upto 40							
Upto 50	0	0	0	0	0	1	1
Upto 60	0	0	3	0	0	0	3
Upto 70	0	0	2	0	0	2	4
Upto 80							
Upto 90							
Upto 100							
Don't know	0	0	1	0	2	1	4
Refuse to answer	0	1	1	0	1	2	5
Refined Sample	41	6	13	8	15	9	92

Another view to study this finding is to look at district wise average number of perceived cases of fake finger marking on a scale of 100 as perceived by the respondents as depicted below:

CHART 27: LIKELIHOOD OF FAKE FINGER MARKING



The response frequency table for the above chart is presented here for exploring the details:

TABLE 14: FREQUENCY DISTRIBUTION FOR LIKELIHOOD OF FAKE FINGER MARKING

Response	Frequency (f)						
	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Grand Total
1	10				4		14
2	12	2					14
3	10	1			2		13
4	2						2
5	7	2		1			10
7			1		1		2
8				1			1
10			1	2	1	1	5
11			3				3
15			1	1	2	2	6
20				2	2		4
30				1			1
50						1	1
60			3				3
65						1	1
70			2			1	3
DNK/RTA		1	2		3	3	9
∑ f	41	6	13	8	15	9	92

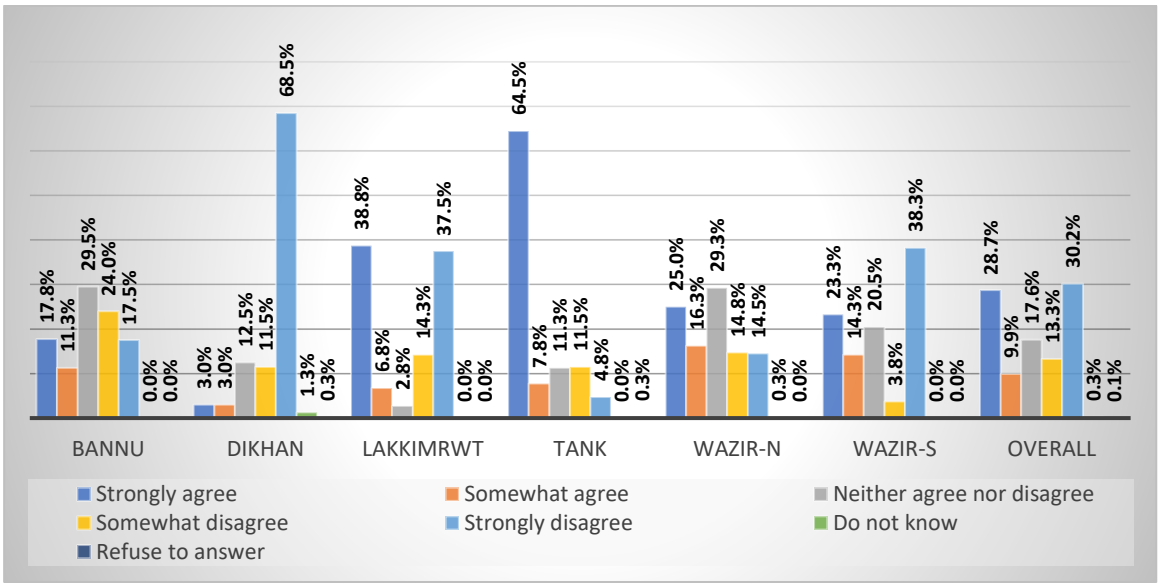
FREEDOM TO REFUSE VACCINATION

The findings on caregiver's perception about freedom to refuse vaccination is presented below. It shows that respondents from Tank and DI Khan had totally different opinion from each other in this regard with somewhat balanced and mixed response from other districts.

Some key points as stated by those respondents who think they are not free to refuse vaccination of their children are given below:

- The vaccine is forcefully administered
- Police visits in case of refusing vaccination
- Re-visits are continued until vaccination
- Refusal results in complaint
- Vaccine is administered at gun point

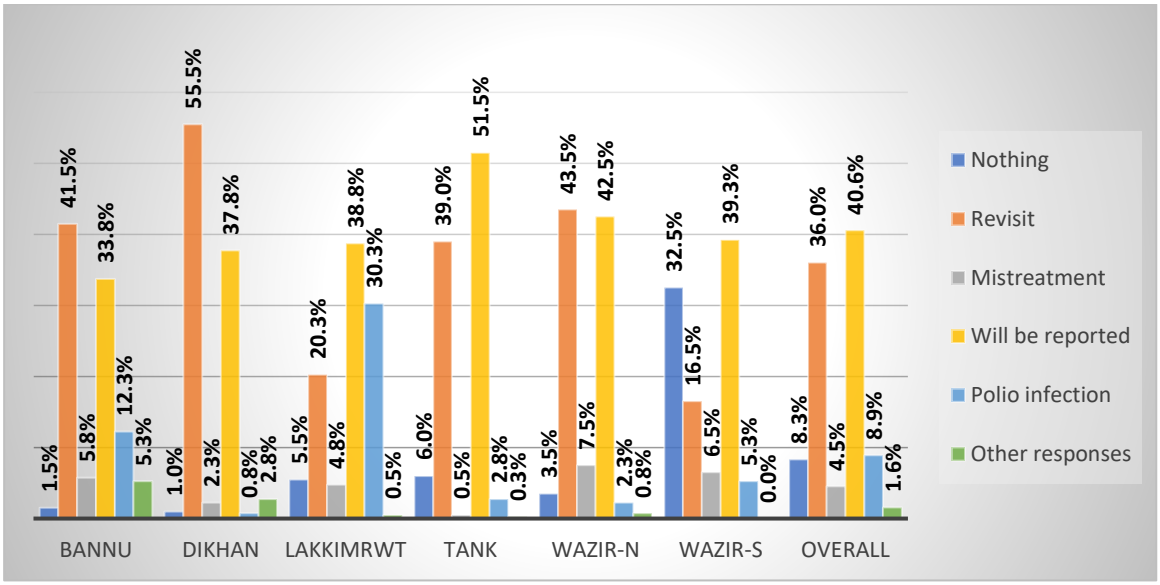
CHART 28: FREEDOM TO REFUSE VACCINATION



CONSEQUENCES OF REFUSAL

Upon inquiry about consequences in case parents refuse to get their children vaccinated, following picture emerged which clearly shows that most of the respondents from all the study districts said that either polio workers will revisit, or the case will be reported to authorities.

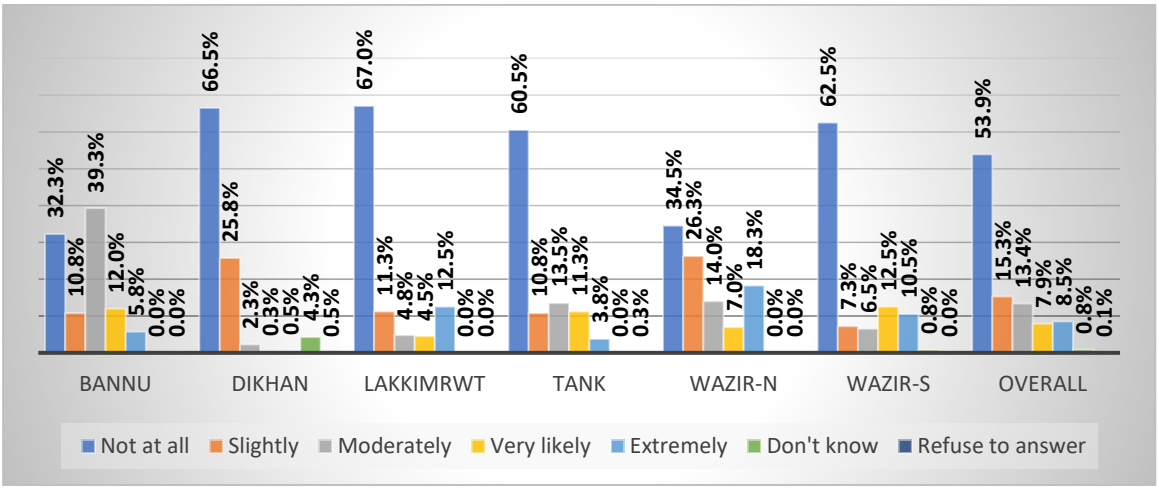
CHART 29: CONSEQUENCES OF REFUSAL



CHANCES OF BEING IDENTIFIED

Mixed response was recorded upon enquiring the respondents about the likelihood of someone to be identified in case of fake finger marking. Almost half i.e., 53.9% said it is not likely to happen whereas a little less than half i.e., 45.2% responded with varying degree of likelihood. The detailed findings are graphically presented below:

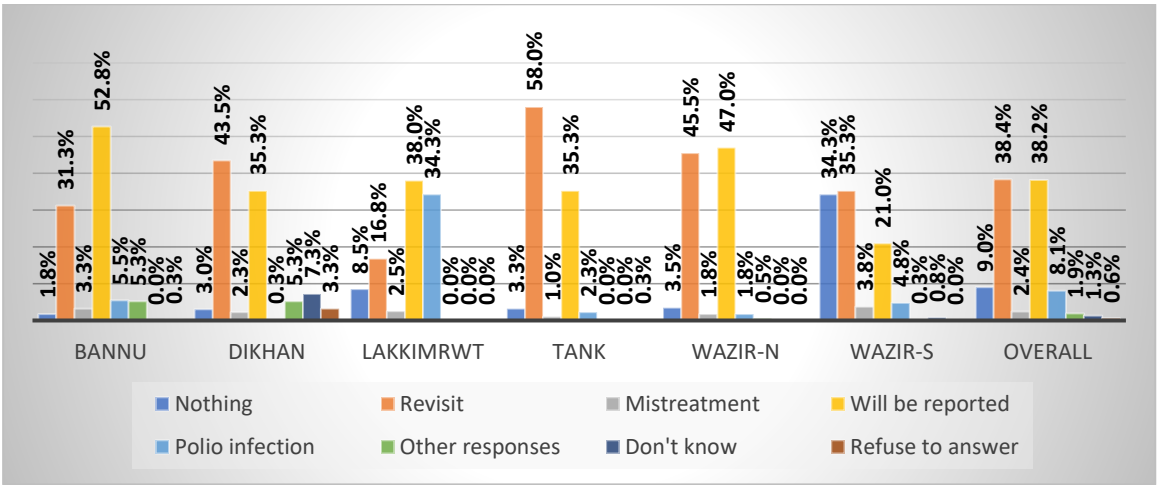
CHART 30: CHANCES OF BEING IDENTIFIED



CONSEQUENCES IF IDENTIFIED

Mixed response was recorded about respondents' perception regarding consequences in case someone is identified for fake finger marking with greater ratio of caregivers responding that it will cause revisits by the polio workers or the case will be reported to authorities by 38.4% and 38.2% respondents respectively.

CHART 31: CONSEQUENCES IF IDENTIFIED



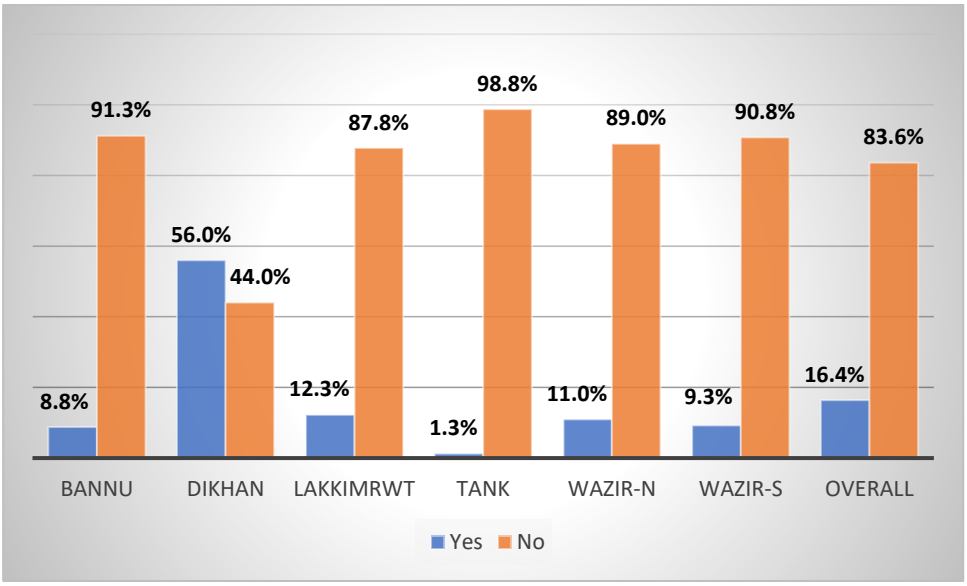
SECTION 4: INCENTIVES

This section briefly summarizes the outcomes of the baseline survey about caregivers' perception about possible impact of introducing incentives to motivate people towards vaccination of their children against polio.

INCENTIVES FOR MOTIVATION

The respondents were asked if any incentives would increase their willingness to get their children vaccinated with polio drops. To this majority of respondents i.e., about 88% or above said incentives would not contribute towards motivating them towards vaccination except for DI Khan where 56% respondents said they would be motivated towards polio vaccination of their children in case certain incentives are offered. Following chart (Chart 32) presents detailed findings on this:

CHART 32: INCENTIVES FOR MOTIVATION



Further questions were asked about reason for their response, nature of incentives, the way suggested incentives would motivate them, their benefits for the children and family, preferred incentives and the reason for preference. All such questions resulted in widely diversified descriptive answers by the 394 respondents who said some incentives would motivate them towards vaccination. All such responses have been recorded in the data set which accompanies this report. However, top five incentives suggested by the respondents are listed below:

- Cash / CLPC cheques
- Gifts such as Soap, Chocolates, Toys, etc.
- Free medication
- Food
- Jobs

SECTION 5: TELEVISION USAGE

Field data verifies that television is the third most used medium overall, after outdoor and online media. However, a district wise observation shows highest popularity of television in DI Khan, Bannu and Lakki Marwat i.e., 61.8%, 29.5% and 15.5% respectively.

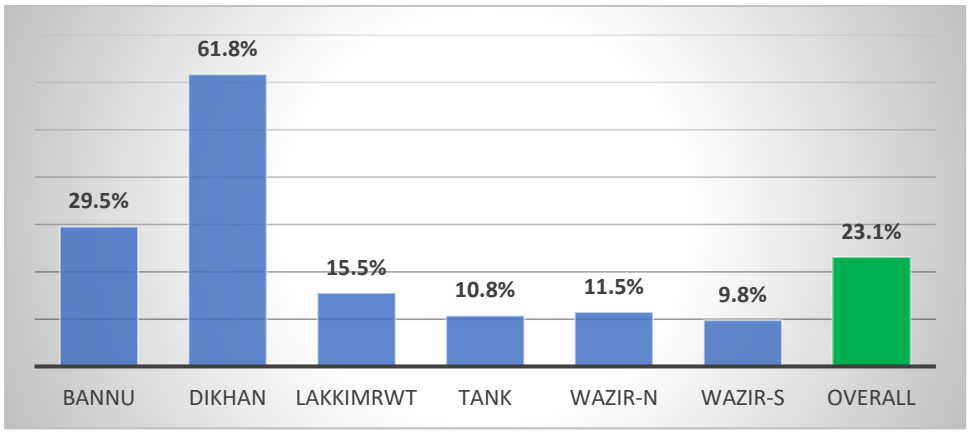
TV USAGE / VIEWERSHIP

The overall analysis shows that television is watched by 23.1% of the sample (555 of 2400).

TABLE 15: TELEVISION VIEWERSHIP

Watch TV	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	118	247	62	43	46	39	555
No	282	153	338	357	354	361	1845
Sample	400	400	400	400	400	400	2400

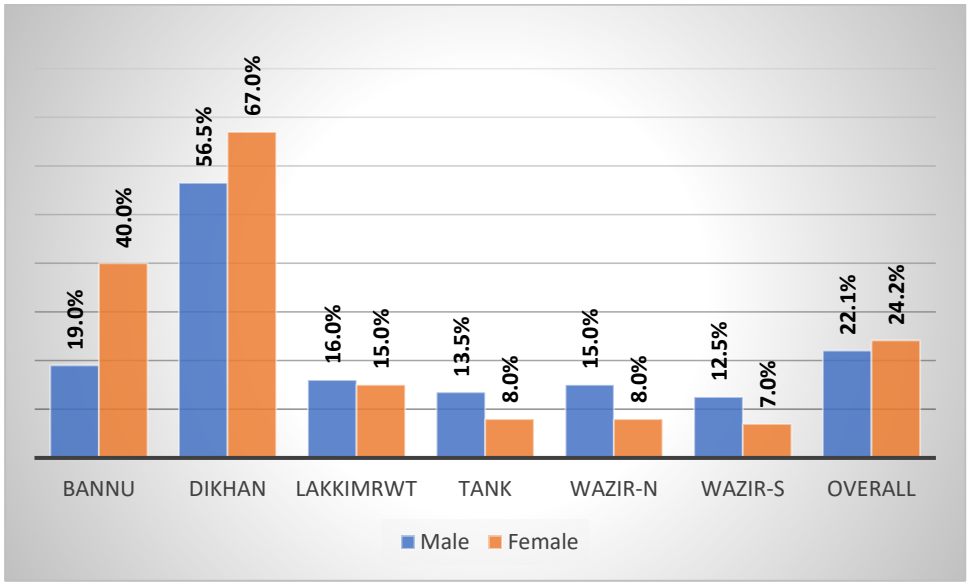
CHART 33: TELEVISION VIEWERSHIP (GEOGRAPHIC SEGREGATION)



A closer look at the Chart 33 reveals that television has less than 30% viewership across the study districts except DI Khan where only 61.8% of the sampled population claimed to be TV viewers.

Following chart segregates the above finding on the basis of gender:

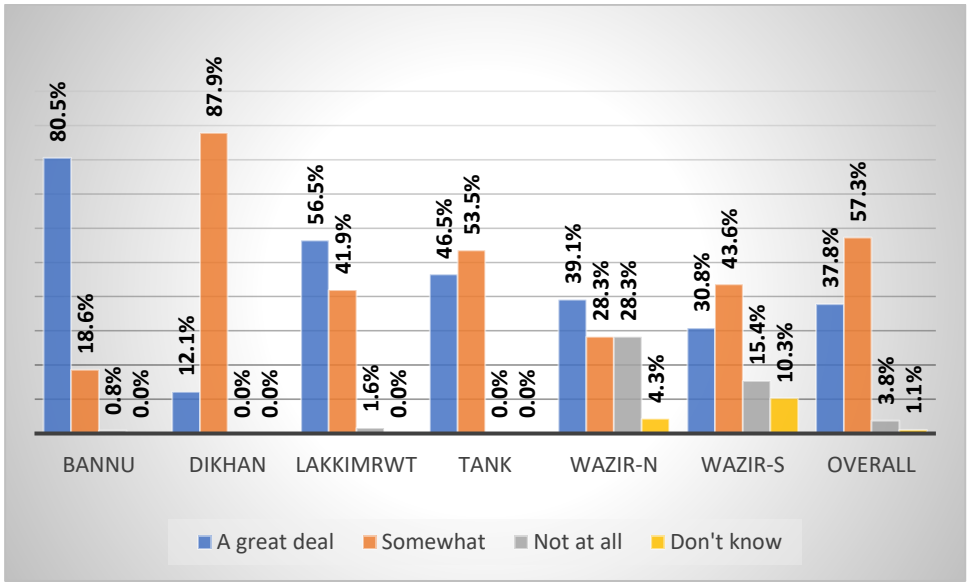
CHART 34: TELEVISION VIEWERSHIP (GENDER SEGREGATION)



TRUST ON TELEVISION

The refined sample of respondents of the baseline survey (who watch TV) were found having certain level of trust on television to seek information about their children's health. The responses from the study region shows that 95.1% of the caregivers showed either "a great deal" of or "somewhat" level of trust i.e., 37.8% and 57.3% respectively whereas 3.8% said they do not trust at all. A small number of respondents i.e., 1.1% said they do not know the answer to the question. The chart given below (CHART 35) offers a district wise picture of this information.

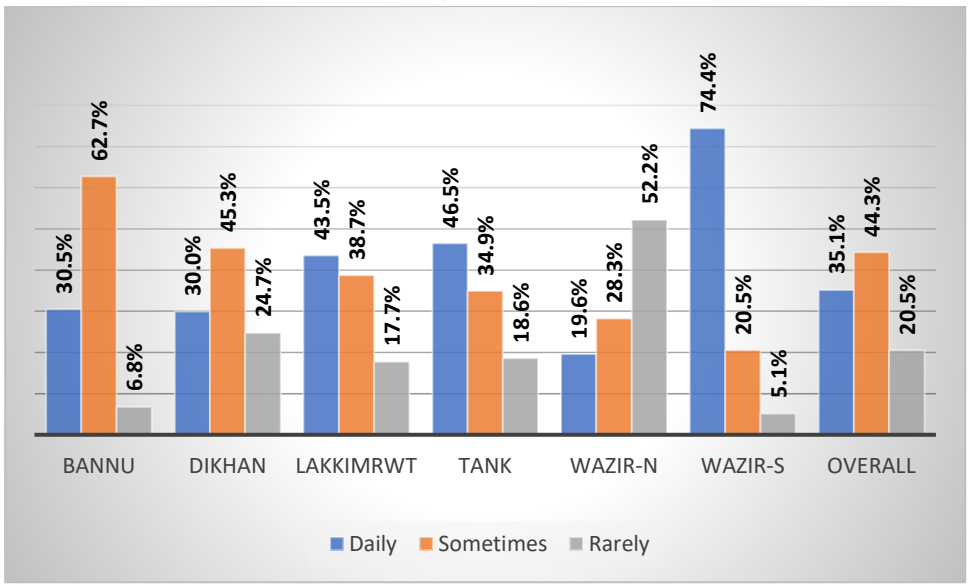
CHART 35: TRUST ON TELEVISION



FREQUENCY OF WATCHING TV

The following chart (CHART 36) summarizes that most of the TV users watch TV daily or sometimes i.e., 35.1% or 44.3% respectively whereas 20.5% said they rarely watch TV. This finding indicates the strength of communicating messages to the TV users. The chart presents district wise segregation of this aspect.

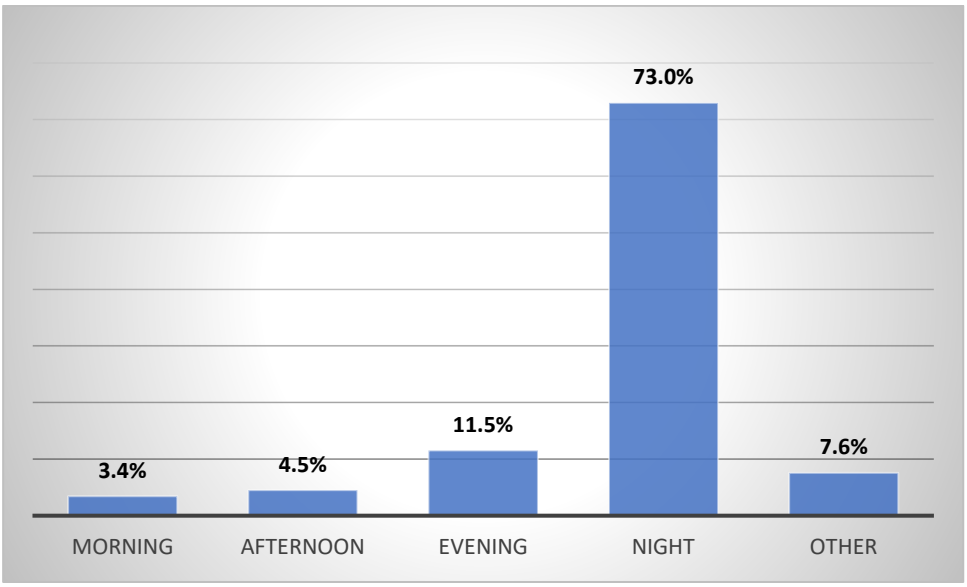
CHART 36: FREQUENCY OF WATCHING TV



PREFERRED TIME SLOT

Night time is preferred by majority of television viewers across the study areas, which is clear from the Table 11 given below. 73% of the TV viewers said that they usually watch TV in night (7pm to sunrise). The trend is similar for all the study areas and for both genders.

CHART 37: PREFERRED TIME SLOT FOR TV



Region wise details of the above chart is presented in the table below:

TABLE 16: PREFERRED TIME SLOT FOR TV

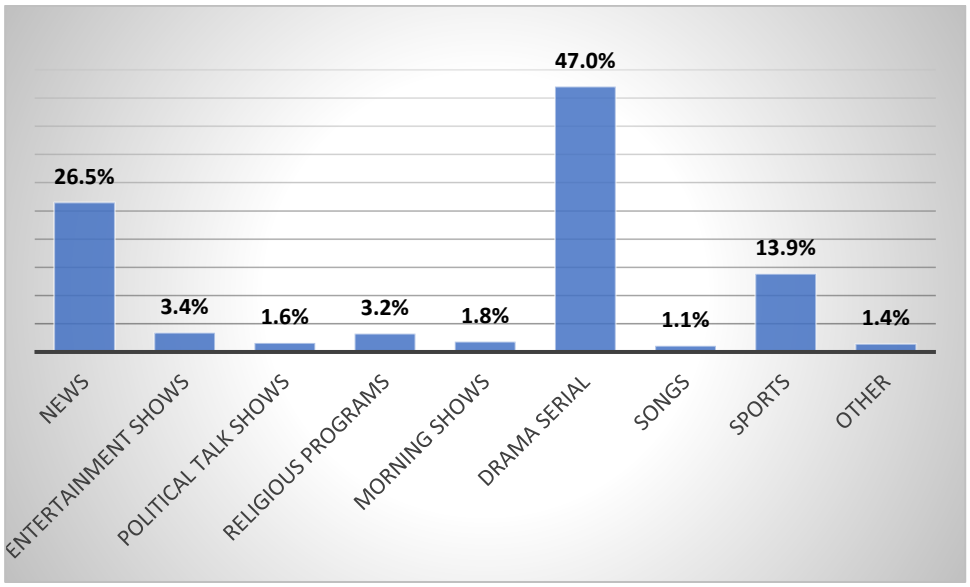
Preferred Time	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Morning (Sunrise to 12pm)	1	3	13		1	1	19
Afternoon (12pm to 4pm)	5	5	5	1	4	5	25
Evening (4pm to 7pm)	7	15	16	7	10	9	64
Night (7pm to sunrise)	105	196	26	35	19	24	405
Other		28	2		12		42
Refined Sample	118	247	62	43	46	39	555

Note: The time definitions are based on local culture approximately according to prayer timings.

FAVORITE PROGRAM TYPES

The Chart 38 shows an overall assessment of the television viewers among sampled population which reveals that Drama Serials, News and Sports as top three most favorite TV programs for targeted audience.

CHART 38: PROGRAM PREFERENCE (TV)



A closer look at the data of program type preference reveals some variation across study districts except for some local preferences. For example, news channels were found more popular in Lakki Marwat and South Waziristan.

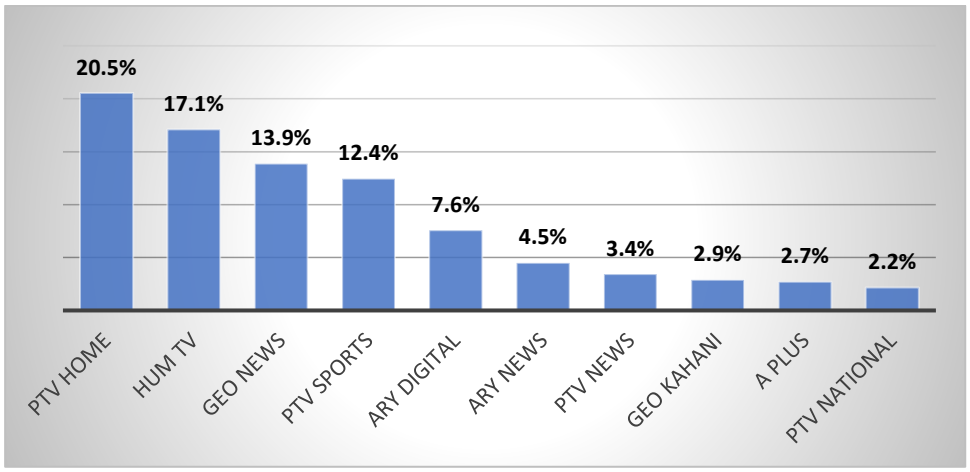
TABLE 17: FAVORITE PROGRAM TYPES

Program	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
News	32	57	26	8	10	14	147
Entertainment Shows		2	2	3	8	4	19
Political Talk Shows			4		1	4	9
Religious Programs	1	10	4		2	1	18
Morning Shows		6	1			3	10
Drama Serials	77	118	17	28	13	8	261
Songs		1	3	1	1		6
Sports	8	53	5	3	3	5	77
Other					8		8
Refined Sample	118	247	62	43	46	39	555

PREFERRED CHANNELS

The survey respondents who watch television were asked about their preferred TV channels and an overall ranking list of reported TV channels was made. Chart 39 is presenting the top 10 TV channels as reported by the respondents at their top priority.

CHART 39: TOP TEN POPULAR TV CHANNELS (OVERALL)



The district wise priorities for the TV channels are summarized in the table presented below:

TABLE 18: TOP TEN POPULAR TV CHANNELS (OVERALL)

Top 10 TV Channels	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
PTV HOME	66	4	28		7	9	114
HUM TV	11	67	3	5	8	1	95
GEO NEWS	5	38	4	10	3	17	77
PTV SPORTS	8	51	1	3	5	1	69
ARY DIGITAL	1	18	1	13	6	3	42
ARY NEWS	1	16	1	3	4		25
PTV NEWS	11		8				19
GEO KAHANI	1	15					16
A PLUS		7	4	2		2	15
PTV NATIONAL	12						12
Refined Sample	**118**	**247**	**62**	**43**	**46**	**39**	**555**

VISIBILITY OF POLIO CAMPAIGN MESSAGES (TV)

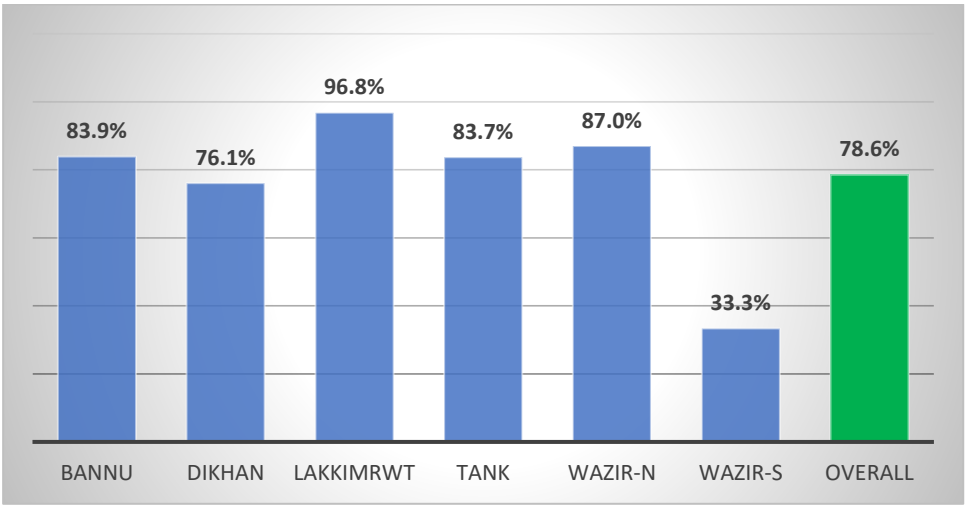
The table presented below (Table 19) shows a picture of the campaign's exposure through television in the study areas. Television managed to convey campaign messages to 18.2% of the sample or 78.6% of the TV viewers. It reveals that television remained the very effective medium to carry messages to the to 76% or more of the TV users in across the study districts except South Waziristan where it managed to convey campaign messages to only 33.3% of the TV watchers.

TABLE 19: EXPOSURE TO POLIO CAMPAIGN MESSAGES THROUGH TV

Seen Polio Campaign	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	99	188	60	36	40	13	436
Refined Sample	118	247	62	43	46	39	555

The December campaign's visibility among TV viewers is graphically presented by the following chart:

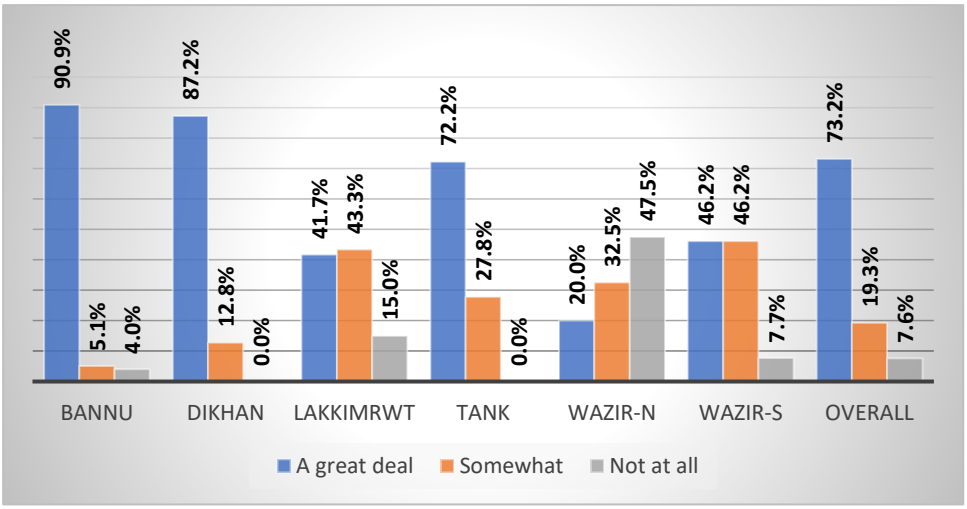
CHART 40: CAMPAIGN'S EXPOSURE THROUGH TV



TRUST ON MESSAGES THROUGH TV

The respondents those have seen the campaign messages through television were further enquired about their trust on such messages delivered through television. Following picture emerged as a result of this query:

CHART 41: TRUST ON MESSAGES THROUGH TV



RADIO

Radio turned out to be second least used medium as a result of this study. Despite its low level of listenership or media usage amongst the focus media, the campaign's exposure among radio listeners is not really discouraging. This section discusses different traits of last communication campaign through radio as a medium.

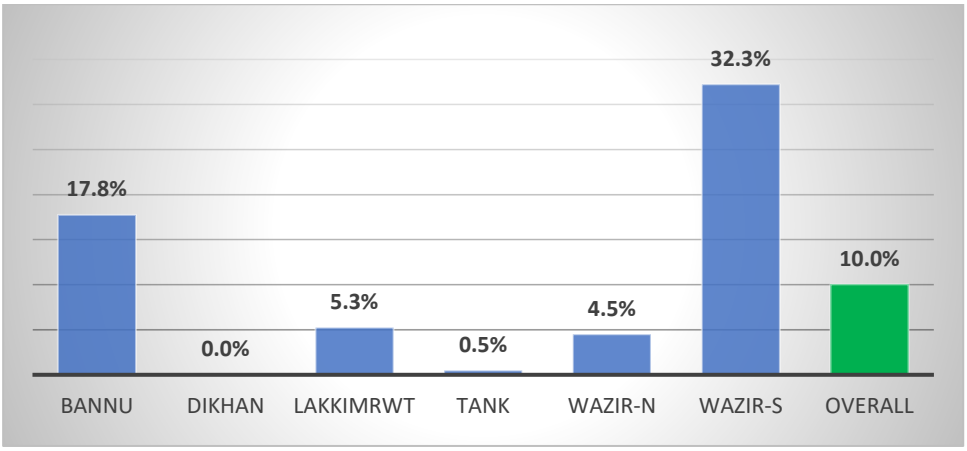
RADIO LISTENERSHIP / USAGE

The overall analysis shows that radio is listened by only 10% of the respondents (241 of 2400).

TABLE 20: RADIO LISTENERSHIP

Listen Radio	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	OVERALL
Yes	71		21	2	18	129	241
No	329	400	379	398	382	271	2159
Sample	400	400	400	400	400	400	2400

CHART 42: RADIO LISTENERSHIP

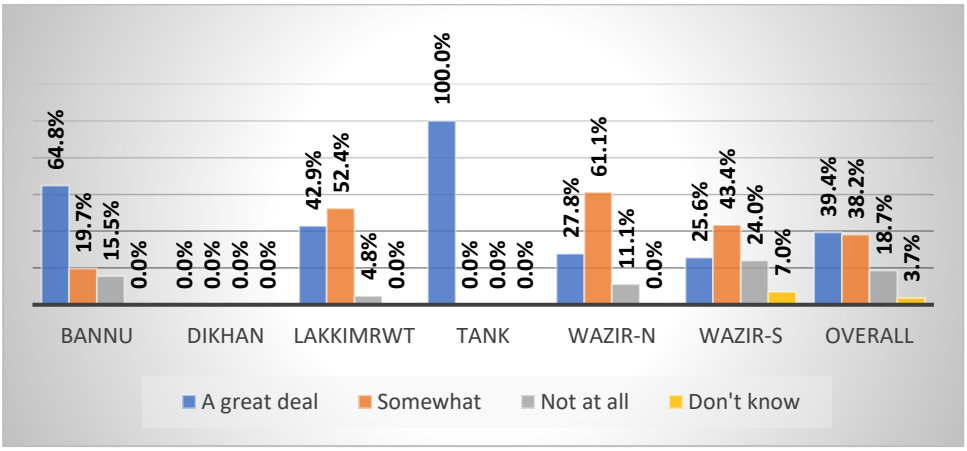


A closer look at the Chart 42 reveals that radio has very low listenership across the study districts except for South Waziristan and Bannu, where 32.3%, and 17.8% of the sampled population respectively claimed to be radio listeners.

TRUST ON RADIO

Radio listeners among the sampled respondents of the baseline survey were found having certain level of trust on radio to seek information about their children's health. The responses from the study region shows that 77.6% of the caregivers showed either "a great deal" of or "somewhat" level of trust i.e., 39.4% and 38.2% respectively whereas 18.7% said they do not trust at all. A small number of respondents i.e., 3.7% said they do not know the answer to the question. The chart given below offers a district wise picture of this information.

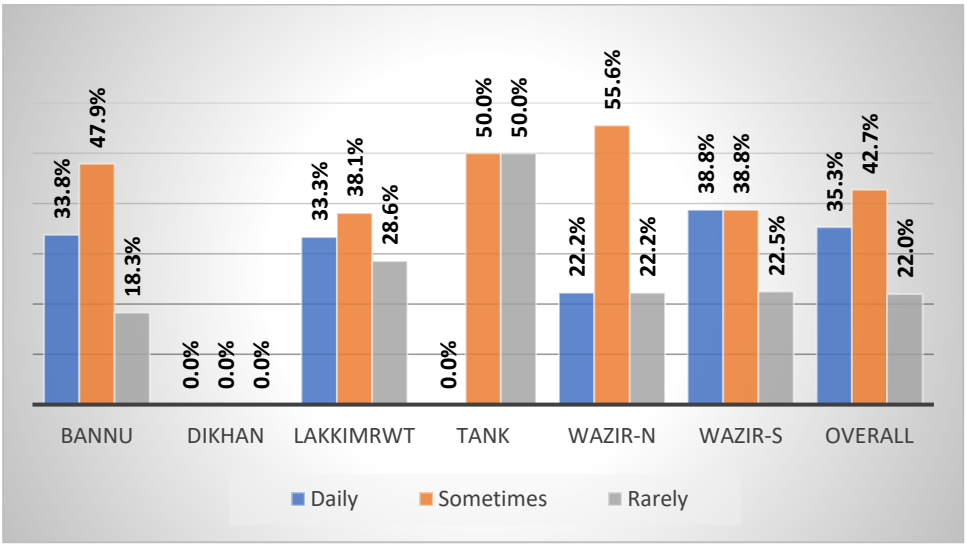
CHART 43: TRUST ON RADIO



FREQUENCY OF LISTENING RADIO

The following chart summarizes that most of the radio users listen radio daily or sometimes i.e., 35.3% or 42.7% respectively whereas 22.0% said they rarely listen radio. This finding indicates the strength of communicating messages to the radio users. The chart presents district wise segregation of this aspect.

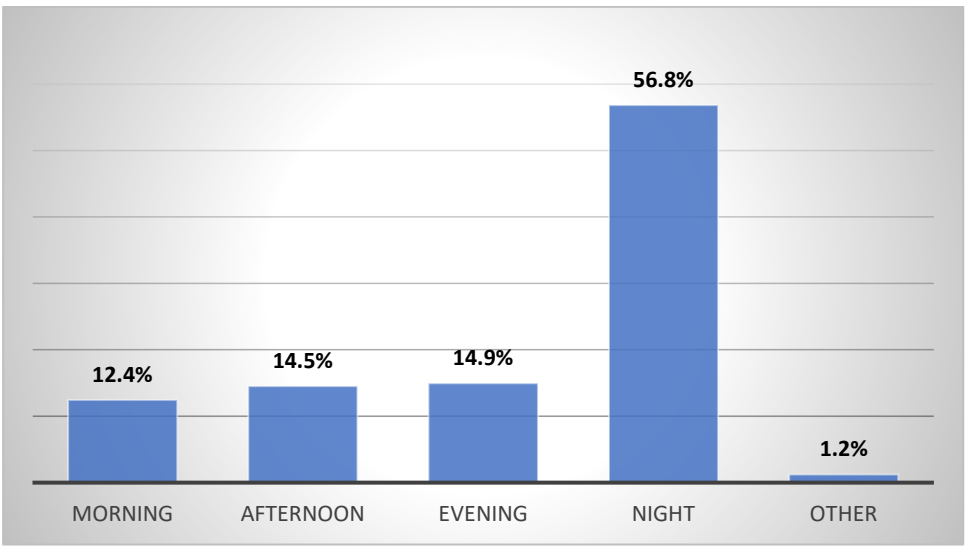
CHART 44: FREQUENCY OF LISTENING RADIO



PREFERRED TIME SLOT

Night time (as defined under Table 21) is preferred by majority of respondents across the study areas, which is clear from the Table 16 given below. In total 56.8% of the radio listeners told they usually listen radio during night hours (7pm to sunrise). The preferred time slot varies across the study regions which is evident from Table 16 which shows somewhat balanced time distribution for Lakki Marwat.

CHART 45: PREFERRED TIMESLOT FOR RADIO



District wise details of the above chart are presented in the table below:

TABLE 21: PREFERRED TIMESLOT FOR RADIO

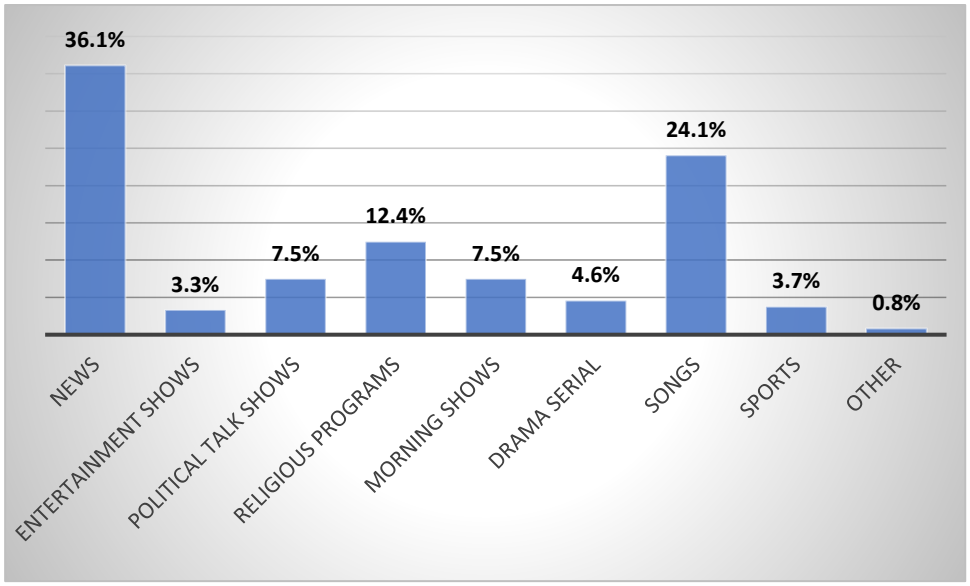
Preferred Time	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	OVERALL
Morning (Sunrise to 12pm)	9		3		2	16	30
Afternoon (12pm to 4pm)	15		8		2	10	35
Evening (4pm to 7pm)	3		6		1	26	36
Night (7pm to sunrise)	44		4	2	11	76	137
Other					2	1	3
Refined Sample	71		21	2	18	129	241

Note: The time definitions are based on local culture approximately according to prayer timings.

FAVORITE PROGRAM TYPES

The Chart 45 shows an overall assessment of the sampled population which reveals News, Songs and Religious programs as top three most favorite radio programs for targeted audience.

CHART 46: PROGRAM PREFERENCE FOR RADIO (OVERALL)



A closer look at the data of programs' preference reveals variation across study regions.

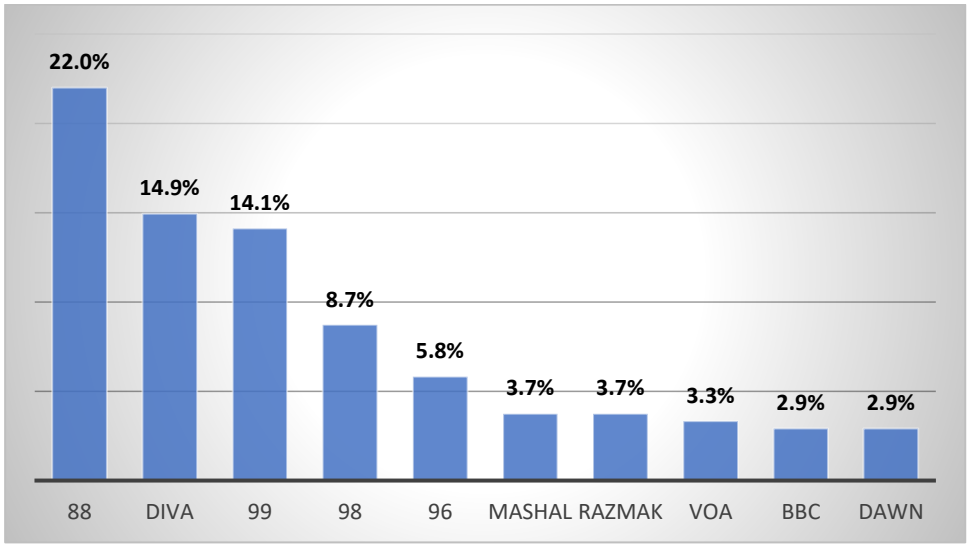
TABLE 22: FAVORITE PROGRAM TYPES

Program	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	OVERALL
News	31		5		3	48	87
Entertainment Shows			4		2	2	8
Political Talks			3	2	2	11	18
Religious Programs			3		6	21	30
Morning Shows			2			16	18
Drama Serials			1		1	9	11
Songs	40		3		2	13	58
Sports						9	9
Others					2		2
Refined Sample	71		21	2	18	129	241

PREFERRED RADIO STATIONS

The survey respondents were asked about their preferred radio stations and an overall ranking list of reported radio stations was made. Chart 47 is presenting the top 10 radio stations as reported by the respondents at their top priority.

CHART 47: TOP TEN PRIORITY RADIO STATIONS (OVERALL)



VISIBILITY OF POLIO CAMPAIGN MESSAGES (RADIO)

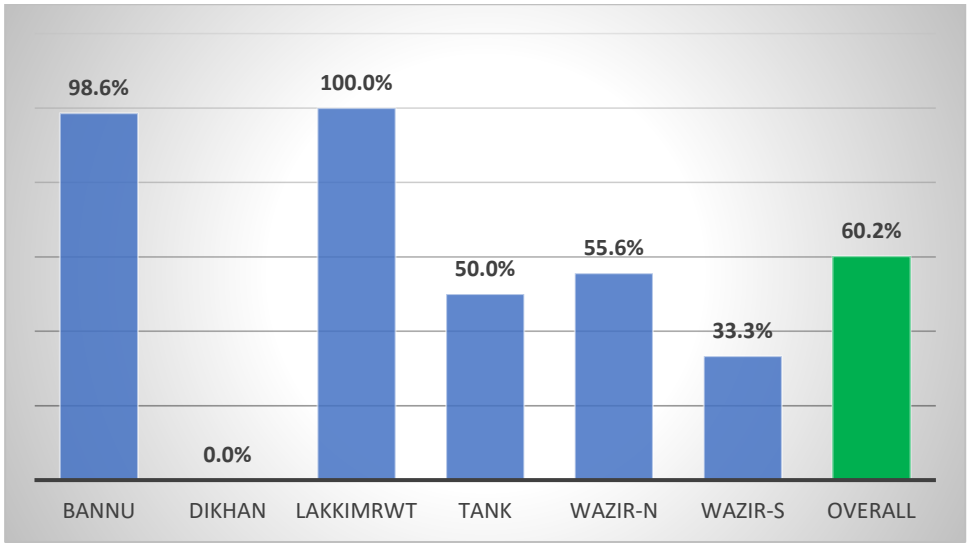
The table presented below (Table 23) shows a picture of the campaign's visibility / accessibility through radio in the study regions. Radio managed to communicate campaign messages to 6% of sampled respondents or 60.2% of the radio listeners. It reveals that maximum effectiveness of radio was in Lakki Marwat and Bannu where 100% and 98.6% of the radio listeners respectively claimed that they received the campaign's messages through radio. However, the fact remains that radio's listenership itself is too low, which makes it less effective as compared to other media.

TABLE 23: EXPOSURE TO POLIO CAMPAIGN MESSAGES THROUGH RADIO

Listened Polio Campaign	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	70	0	21	1	10	43	145
Refined Sample	71		21	2	18	129	241

The December 2022 campaign's exposure among radio listeners is graphically presented by the following chart:

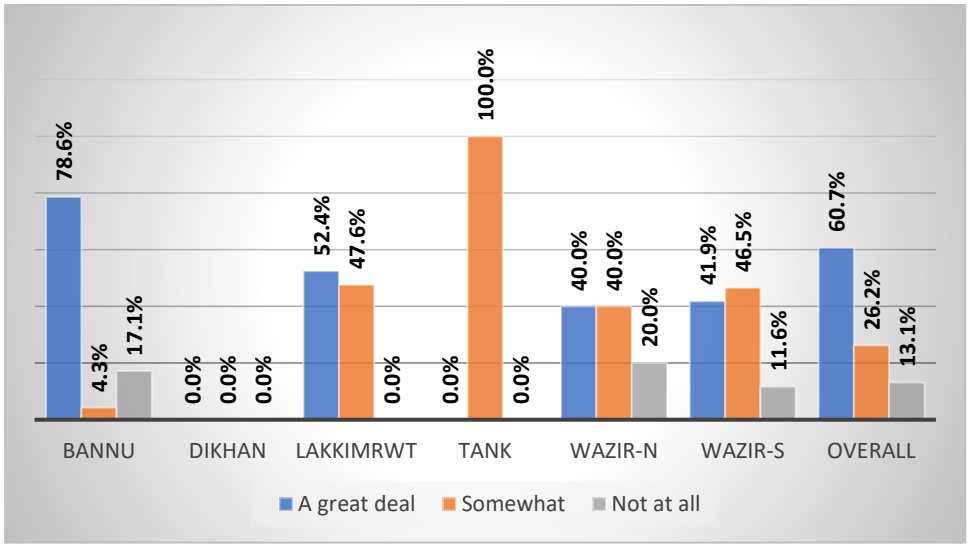
CHART 48: CAMPAIGN'S EXPOSURE THROUGH RADIO



TRUST ON MESSAGES THROUGH RADIO

The respondents those have listened the campaign messages through radio were further enquired about their trust on such messages delivered through radio. Following picture emerged as a result of this query:

CHART 49: TRUST ON MESSAGES THROUGH RADIO



PRINT MEDIA

Newspaper is an effective medium for communicating the messages to literate population. The survey collected data about polio vaccination related print media campaign run by UNICEF and other stakeholders and found it somewhat effective. Newspaper managed to convey the campaign's messages to 100% of newspaper readers in Lakki Marwat i.e., (53 of 53) with a net visibility of 60.6% (i.e., 137 out of 226) overall throughout the covered regions. This section delineates different dimensions of the campaign run through the print media (i.e., newspaper).

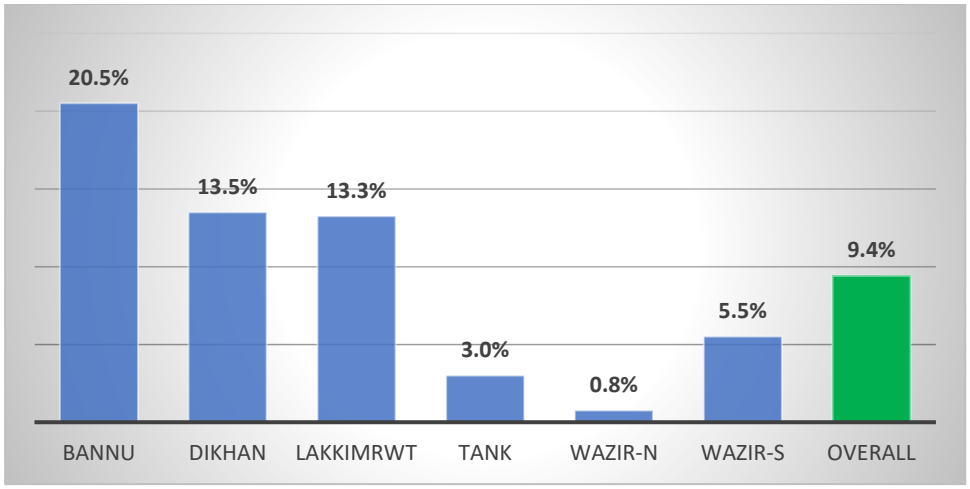
PRINT MEDIA USAGE / NEWSPAPER READERSHIP

The overall analysis shows that newspapers are read by only 9.4% of the respondents which is the lowest outreach among the focused media for this baseline survey.

TABLE 24: NEWSPAPER READERSHIP

Read Newspaper	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	82	54	53	12	3	22	226
No	318	346	347	388	397	378	2174
Sample	400	400	400	400	400	400	2400

CHART 50: NEWSPAPER READERSHIP

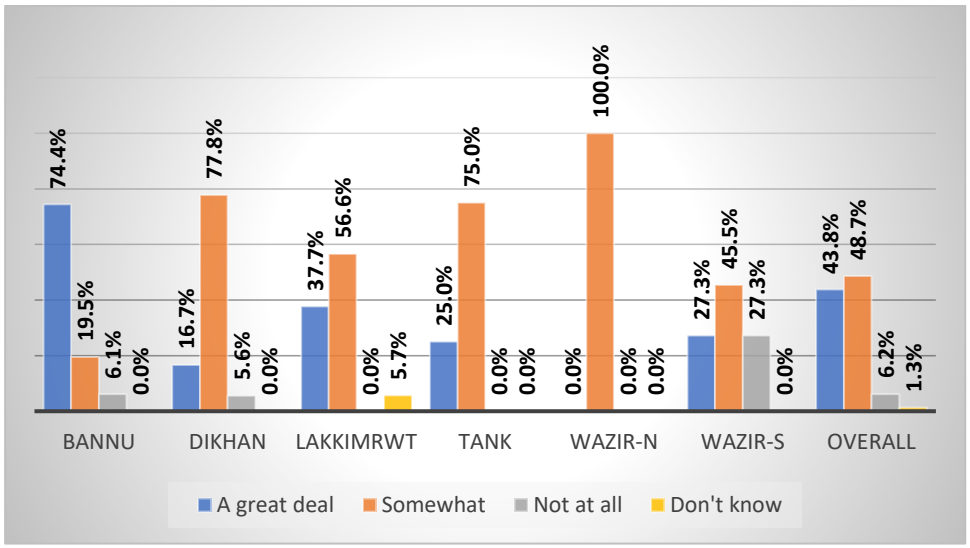


A closer look at the Chart 50 reveals that newspaper has low readership across the study districts ranges between 0.8% to 20.5% coverage among the sampled districts with an overall impact of 9.4%.

TRUST ON NEWSPAPER

The sampled respondents of the baseline survey were found having certain level of trust on newspapers to seek information about their children's health. The responses from the study region shows that 92.5% of the caregivers showed either "a great deal" of or "somewhat" level of trust i.e., 43.8% and 48.7% respectively whereas 6.2% said they do not trust at all. A small number of respondents i.e., 1.3% said they do not know the answer to the question. The chart given below (Chart 51) offers a district wise picture of this information.

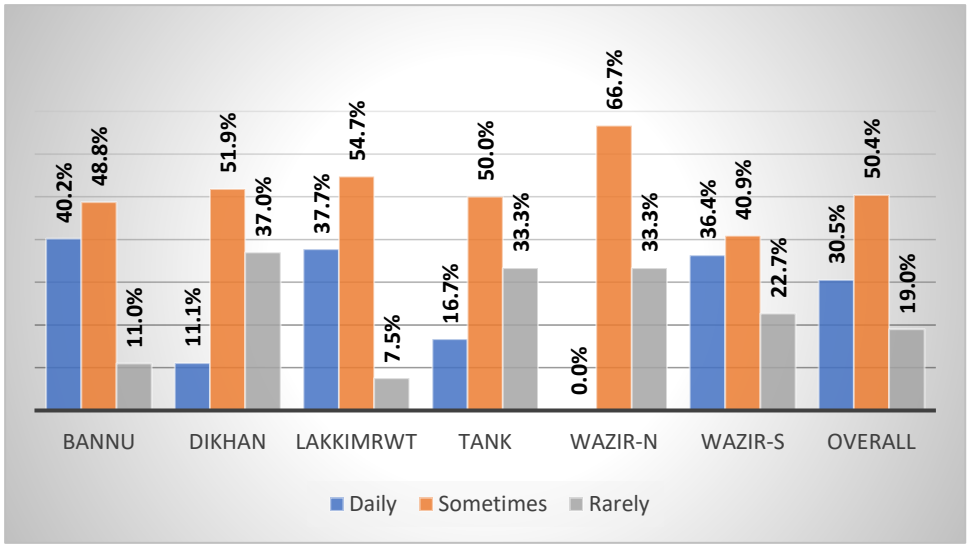
CHART 51: TRUST ON NEWSPAPER



FREQUENCY OF READING NEWSPAPER

The following chart summarizes that most of the respondents read newspapers daily or sometimes i.e., 30.5% or 50.4% respectively whereas 19.0% said they rarely read newspaper. This finding indicates the strength of communicating messages to the users of print media. The chart presents district wise segregation of this aspect.

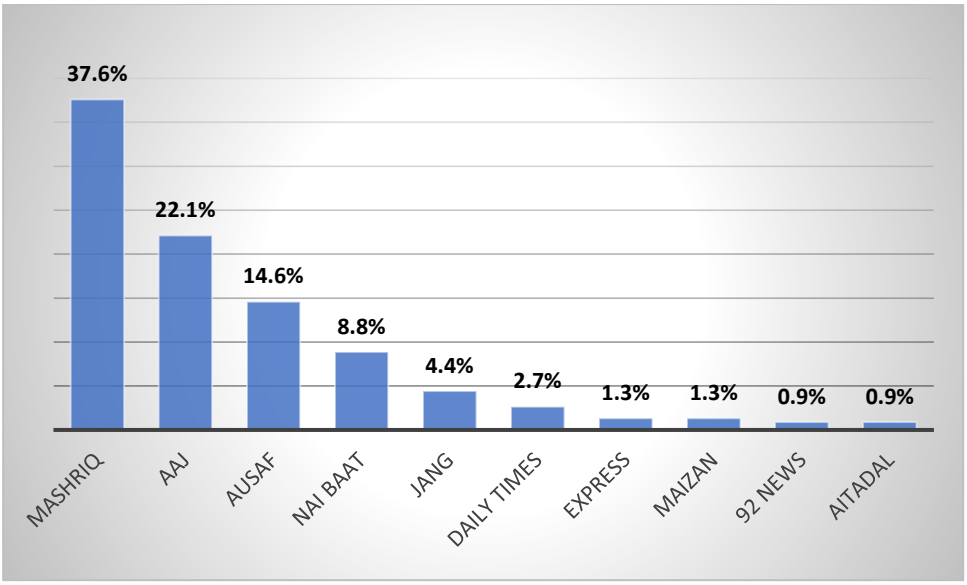
CHART 52: FREQUENCY OF READING NEWSPAPER



PREFERRED PUBLICATION

The popularity of newspapers has been analyzed and the findings are presented below:

CHART 53: PREFERRED PUBLICATION



The chart above shows Daily Mashriq as the most popular newspaper among the sampled respondents whereas Daily Aaj and Daily Ausaf stand second and third respectively.

VISIBILITY OF POLIO CAMPAIGN MESSAGES (NEWSPAPER)

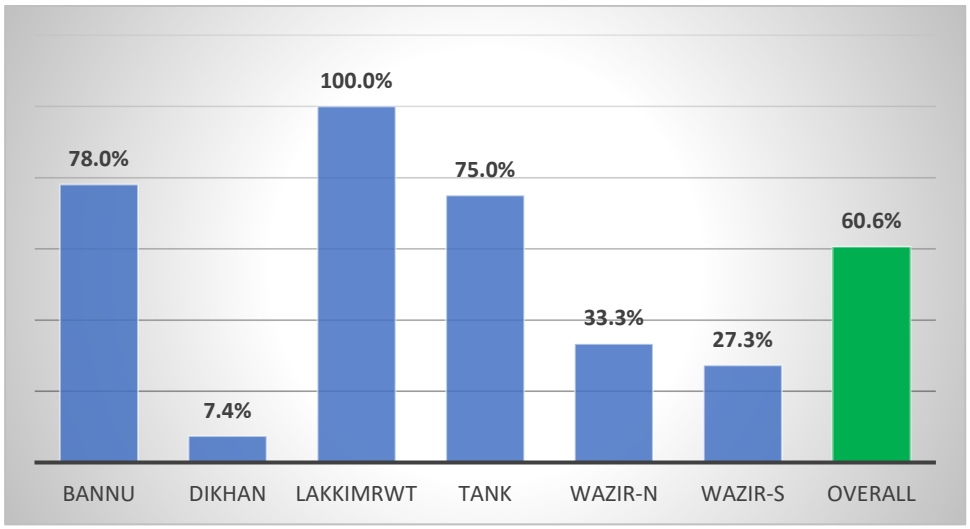
The table presented below shows a picture of the campaign's exposure through newspaper in the study areas.

TABLE 25: CAMPAIGN'S EXPOSURE THROUGH PRINT MEDIA

Seen Polio Campaign	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	64	4	53	9	1	6	137
No	18	50	0	3	2	16	89
Refined Sample	82	54	53	12	3	22	226

The December 2022 campaign's visibility among print media is presented by the following chart:

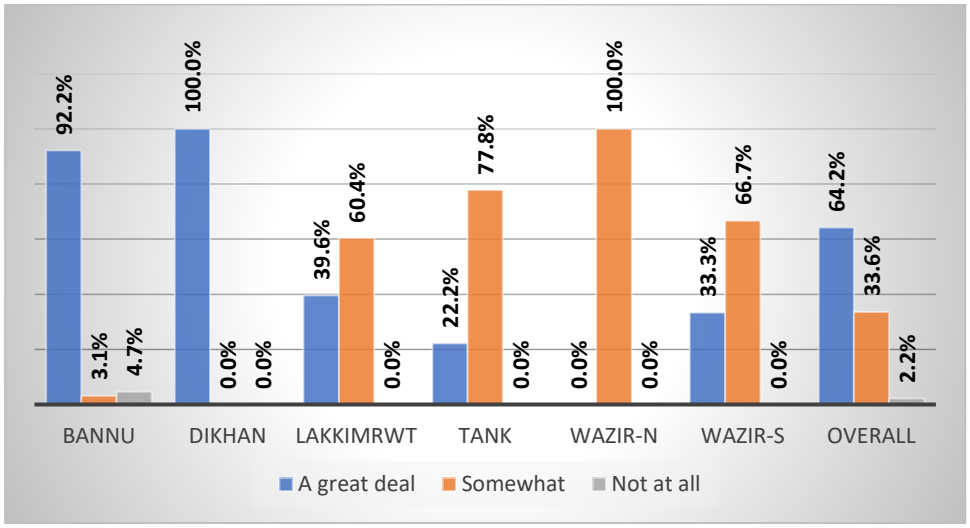
CHART 54: CAMPAIGN'S EXPOSURE THROUGH PRINT MEDIA



TRUST ON MESSAGES THROUGH NEWSPAPER

The respondents those have seen the campaign messages through newspapers were further enquired about their trust on such messages delivered through television. Following picture emerged as a result of this query:

CHART 55: TRUST ON MESSAGES THROUGH NEWSPAPER



SECTION 8: OUTDOOR MEDIA

The findings from field survey for December 2022 campaign reveal that outdoor media has the highest number of users. About 28% of the sampled population pays attention to the outdoor media. This section delineates different dimensions of the campaign run through the outdoor media.

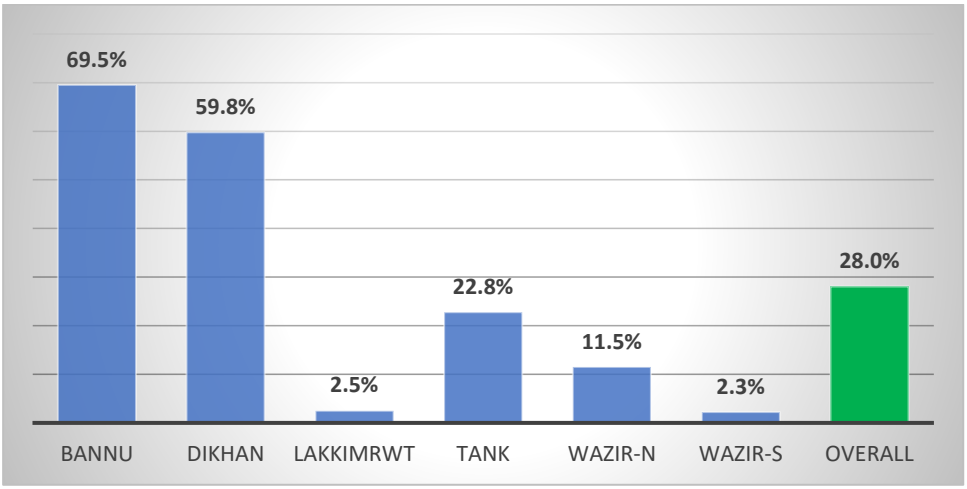
OUTDOOR MEDIA EXPOSURE (GENERAL)

The overall analysis shows that outdoor media gains attention of 28% of the respondents.

TABLE 26: EXPOSURE OF OUTDOOR MEDIA

Pay attention to outdoor media	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	278	239	10	91	46	9	673
No	122	161	390	309	354	391	1727
Sample	400	400	400	400	400	400	2400

CHART 56: EXPOSURE OF OUTDOOR MEDIA

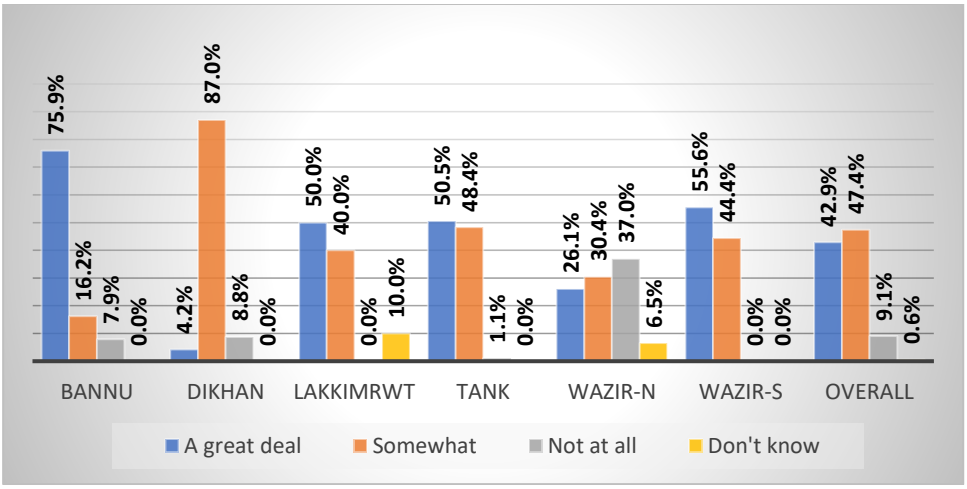


It is clear from the Chart 56 that Bannu shows the highest trend of paying attention to the outdoor media as compared to other study regions.

TRUST ON OUTDOOR MEDIA

The sampled respondents of the baseline survey were found having certain level of trust on outdoor media to seek information about their children's health. The responses from the study region shows that 90.3% of the caregivers showed either "a great deal" of or "somewhat" level of trust i.e., 42.9% and 47.4% respectively whereas 9.1% said they do not trust at all. A small number of respondents i.e., 0.6% said they do not know the answer to the question. The chart given below offers a district wise picture of this information.

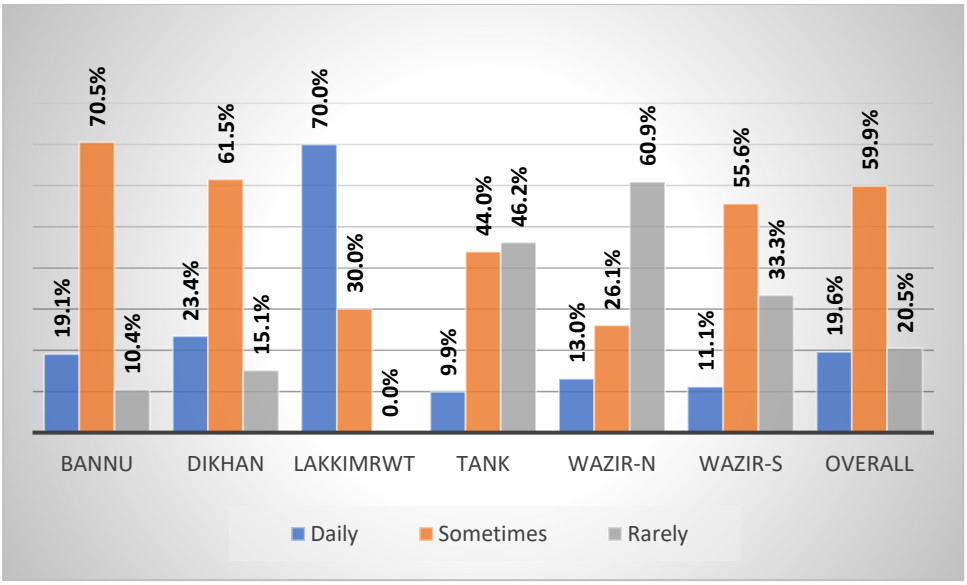
CHART 57: TRUST ON OUTDOOR MEDIA



FREQUENCY OF WATCHING OUTDOOR MEDIA

The following chart summarizes the frequency of watching outdoor media. Although outdoor media was found to have maximum usage i.e., 28% of the sampled population but only 19.6% of them claimed they watch outdoor media daily, 59.9% said that sometimes they pay attention to outdoor media and 20.5% stated they rarely pay attention to outdoor media. This finding indicates the strength of communicating messages to the outdoor users. The chart presents district wise segregation of this aspect.

CHART 58: FREQUENCY OF WATCHING OUTDOOR MEDIA



EXPOSURE TO POLIO CAMPAIGN MESSAGES THROUGH OUTDOOR MEDIA

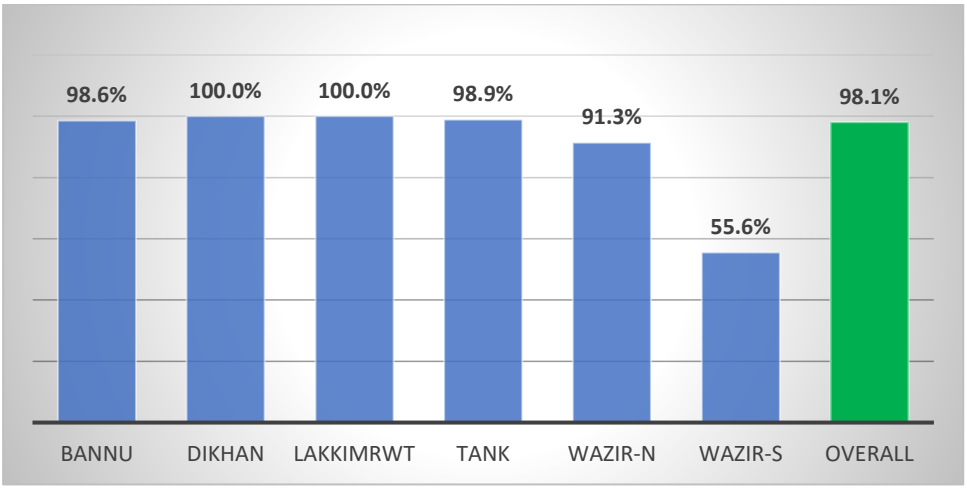
The table presented below shows a picture of the campaign's exposure through outdoor media in the study districts.

TABLE 27: CAMPAIGN'S EXPOSURE THROUGH OUTDOOR MEDIA

Seen Polio Campaign	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	274	239	10	90	42	5	660
No	4	0	0	1	4	4	13
Refined Sample	278	239	10	91	46	9	673

The campaign's visibility among outdoor media users is graphically presented by the following chart:

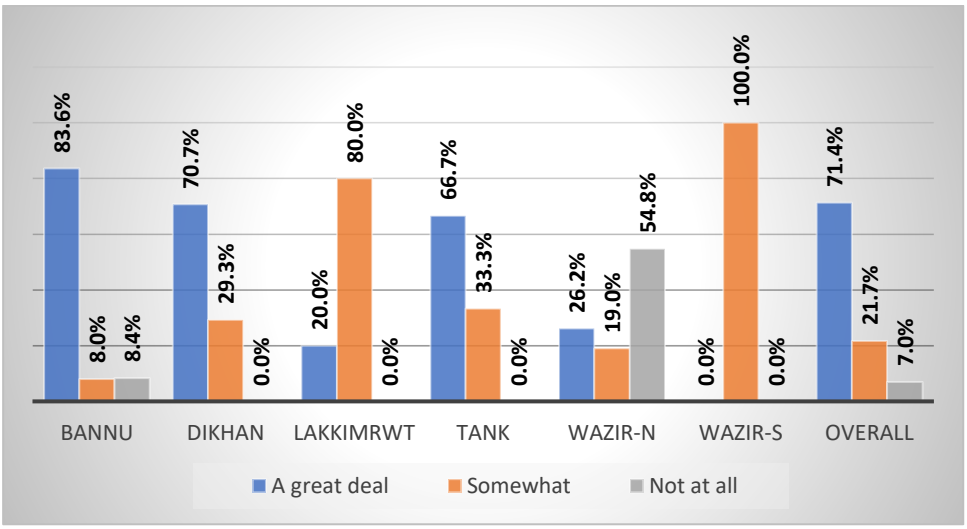
CHART 59: CAMPAIGN'S EXPOSURE THROUGH OUTDOOR MEDIA



TRUST ON MESSAGES THROUGH OUTDOOR MEDIA

The respondents those have seen the campaign messages through outdoor media were further enquired about their trust on such messages delivered through outdoor media. Following picture emerged as a result of this query:

CHART 60: TRUST ON MESSAGES THROUGH OUTDOOR MEDIA



SECTION 9: ONLINE MEDIA

Internet was added for assessment of mass media campaigns by PEI first time for the year 2020 due to its popularity and increased usage due to improved communication services in the country. Moreover, smart phone users are also gaining access to highspeed internet with the passage of time. Internet has emerged as second most used media after outdoor. Moreover, it has been found very effective in communicating the campaign's messages as well. This section discusses different traits of December 2022's campaign through internet as a medium.

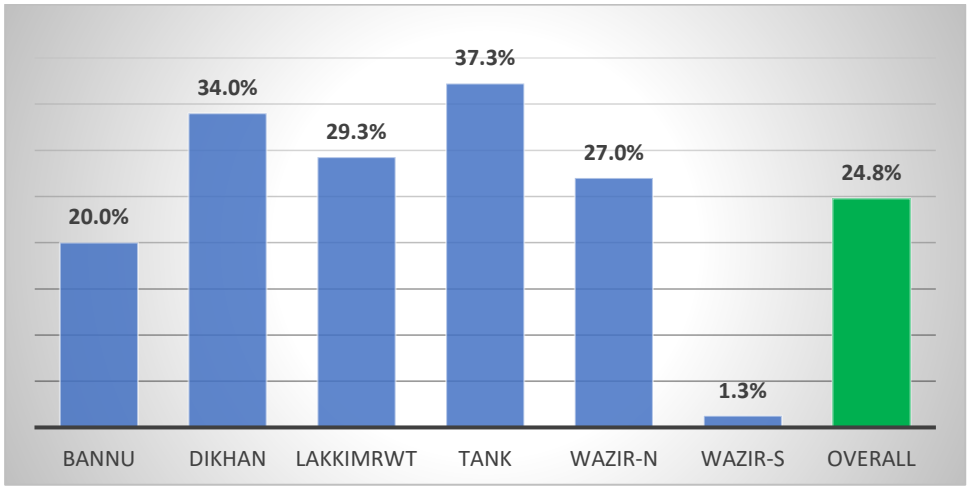
INTERNET USAGE

The overall analysis shows that internet is used by 24.8% of the respondents (595 of 2400) out of which majority belongs to Tank i.e., 37.3% of the respondents from the district.

TABLE 28: INTERNET USAGE

Internet Usage	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	80	136	117	149	108	5	595
No	320	264	283	251	292	395	1805
Sample	**400**	**400**	**400**	**400**	**400**	**400**	**2400**

CHART 61: INTERNET USAGE

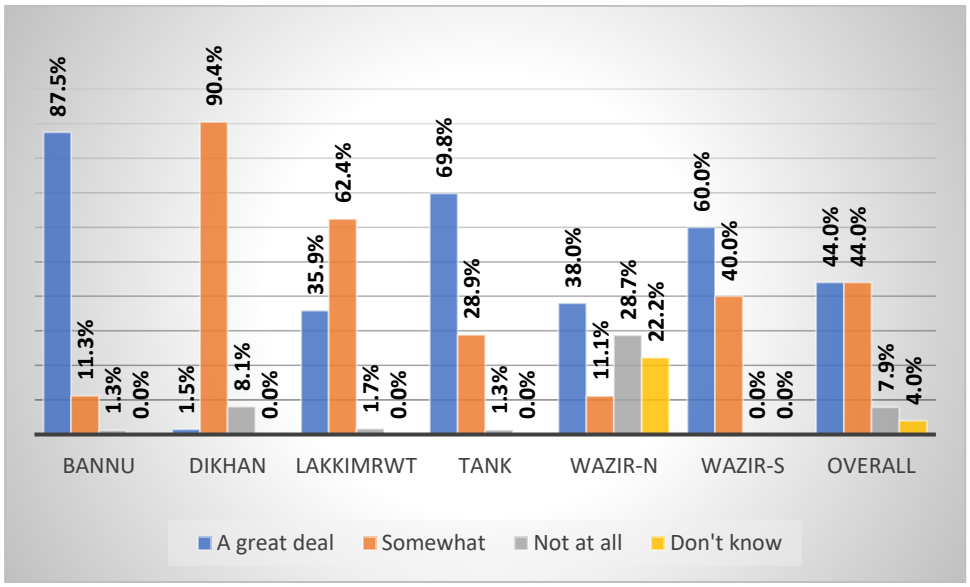


A closer look at the Chart 61 reveals that internet has lowest usage in South Waziristan i.e., 1.3% of the sample for the district. It is 20% or more in rest of the districts.

TRUST ON INTERNET

The sampled respondents of the baseline survey were found having certain level of trust on online media to seek information about their children's health. The responses from the study region shows that 88.1% of the caregivers showed either "a great deal" of or "somewhat" level of trust i.e., 44.0% and 44.0% respectively whereas 7.9% said they do not trust at all. A small number of respondents i.e., 4.0% said they do not know the answer to the question. The chart given below offers a district wise picture of this information.

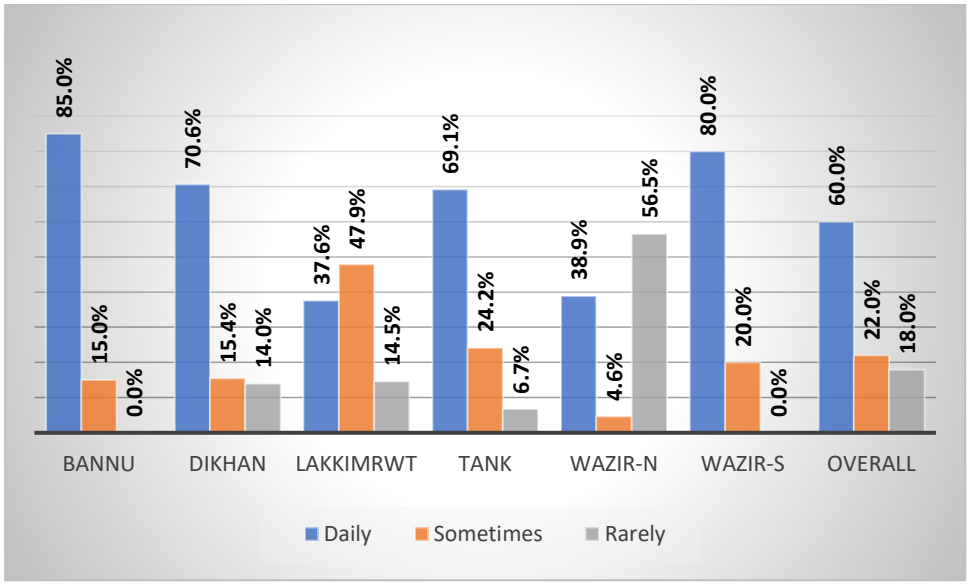
CHART 62: INTERNET USAGE



FREQUENCY OF USING INTERNET

The following chart summarizes that most of the respondents use internet daily or sometimes i.e., 60.0% or 22.0% respectively whereas 18.0% said they rarely use internet. This finding indicates the strength of communicating messages to the online users. The Chart 63 presents district wise segregation of this aspect.

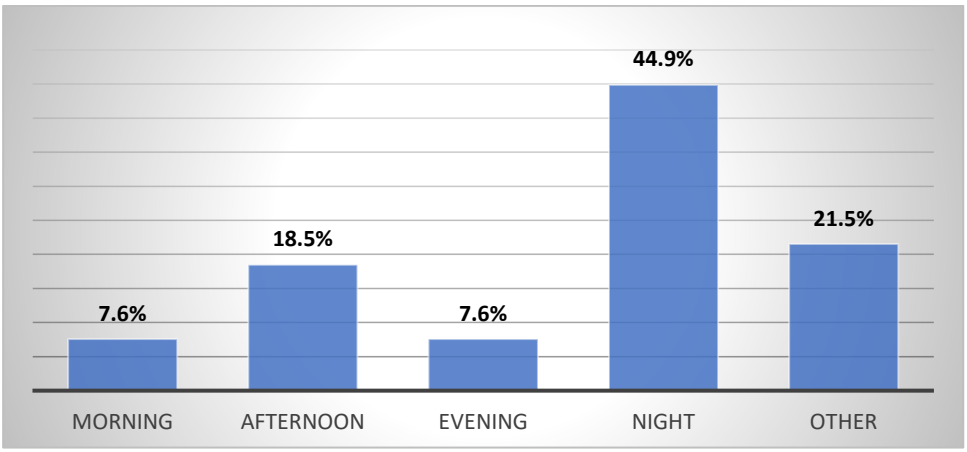
CHART 63: FREQUENCY OF USING INTERNET



PREFERRED TIME SLOT

Night time is preferred by majority of respondents across the study areas, which is clear from the Table 29 given below. In total 44.9% of the internet users reported, they usually use internet during night hours. The trend is somewhat similar across the study districts except DI Khan where majority of respondents said they use internet upon availability at any time (or no specific time).

CHART 64: PREFERRED TIMESLOT FOR INTERNET



District wise details of the above chart is presented in the table below:

TABLE 29: PREFERRED TIMESLOT FOR INTERNET

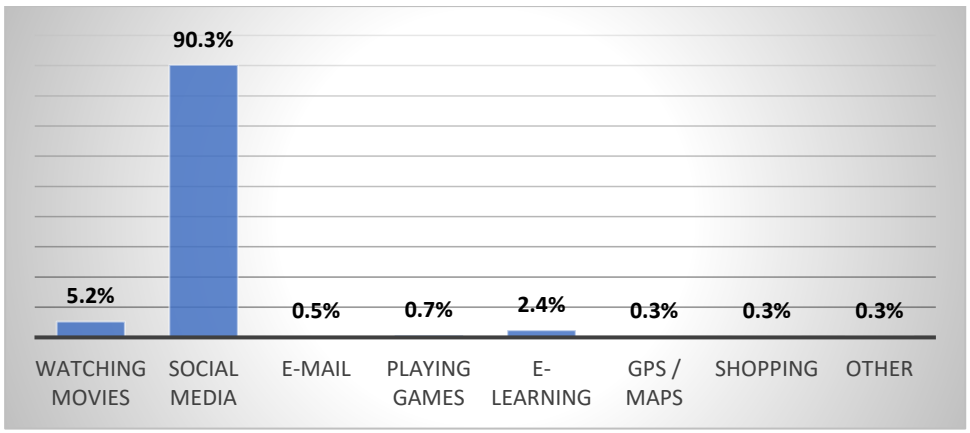
Preferred Time	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Morning (Sunrise to 12pm)		1	20	19	5		45
Afternoon (12pm to 4pm)	20	5	25	44	15	1	110
Evening (4pm to 7pm)	5	1	20	10	9		45
Night (7pm to sunrise)	55	33	48	76	51	4	267
Other		96	4		28		128
Refined Sample	80	136	117	149	108	5	595

Note: The time definitions are based on local culture approximately according to prayer timings.

PREFERRED USAGE

The Chart 65 shows an overall assessment of the sampled population which reveals social media, watching movies and e-learning as top three most popular usages of internet for targeted audience.

CHART 65: PREFERRED USAGE FOR INTERNET (OVERALL)



A closer look at the data of programs' preference reveals little variation across study regions.

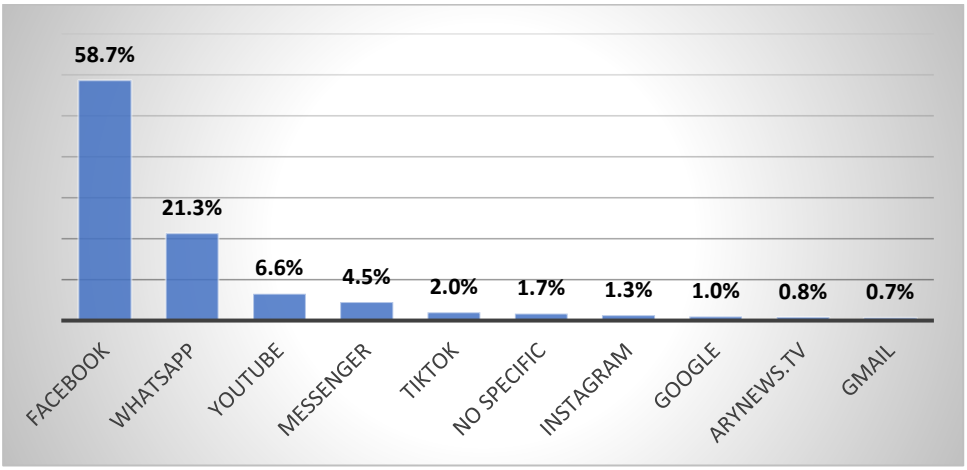
TABLE 30: FAVORITE INTERNET USAGE

Preferred Usage	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Watching Movies		3	10		18		31
Social Media	77	131	93	149	84	3	537
E-Mail			2		1		3
Playing Games			4				4
E-Learning	2		8		2	2	14
GPS / Maps		2					2
Shopping	1				1		2
Others					2		2
Refined Sample	80	136	117	149	108	5	595

PREFERRED APPS / SITES

The survey respondents were asked about their preferred internet applications or websites under three priority levels and an overall ranking list of reported internet apps/sites at top most priority has been analyzed. Chart 66 is presenting the top 10 apps/sites reported by the respondents at their top most priority.

CHART 66: TOP TEN POPULAR APPS / SITES (OVERALL)



VISIBILITY OF POLIO CAMPAIGN MESSAGES (INTERNET)

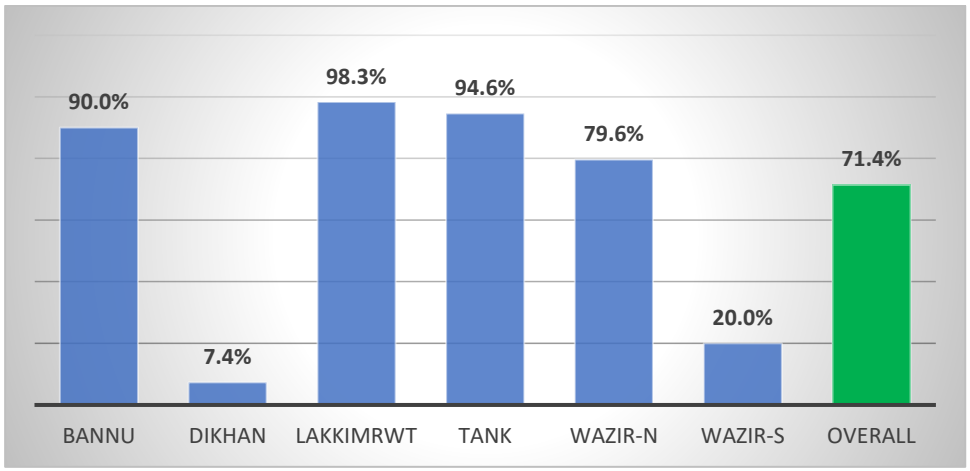
The table presented below shows a picture of the campaign's visibility / accessibility through internet in the study districts. Internet managed to communicate campaign messages to 17.7% of sampled respondents or 71.4% of internet users. It is an indication of aggressive online / social media campaigning which reached majority of the internet users. The following chart reveals that maximum effectiveness of internet was observed in Lakki Marwat and Tank where 98.3% and 94.6% of the internet users respectively claimed that they received the campaign's messages through online applications.

TABLE 31: EXPOSURE TO POLIO CAMPAIGN MESSAGES THROUGH INTERNET

Received Polio Campaign	BANNU	DIKHAN	LAKKIMRWT	TANK	WAZIR-N	WAZIR-S	Overall
Yes	72	10	115	141	86	1	425
Refined Sample	80	136	117	149	108	5	595

The December 2022 campaign's exposure among internet users is presented by the following chart:

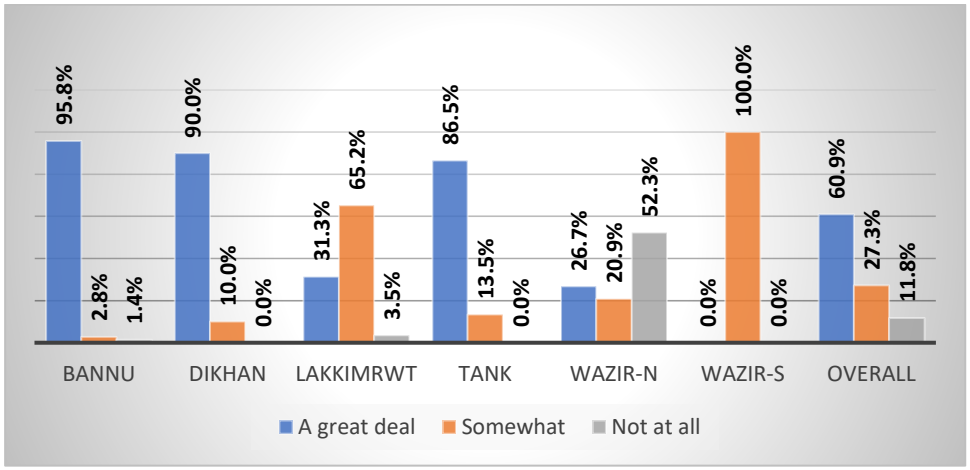
CHART 67: CAMPAIGN'S EXPOSURE THROUGH INTERNET



TRUST ON MESSAGES THROUGH INTERNET

The respondents those have seen the campaign messages through internet were further enquired about their trust on such messages. Following picture emerged as a result of this query:

CHART 68: TRUST ON MESSAGES THROUGH INTERNET



It would be interesting to note that the lack of trust in campaign's messages through internet is due to the nature of media because 84% of the respondents with lesser that "a great deal" of trust said they do not trust internet for information related to child health.

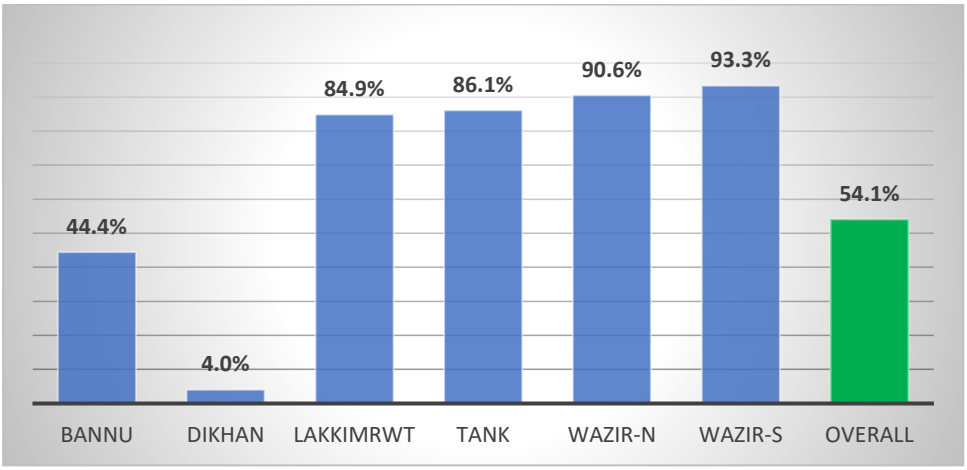
SECTION 10: MOTIVATION

The recipients of December 2022 campaign through any one or more of the media focused under the study were further asked about the motivation they received due to media messages. This section highlights the level of motivation which is indicated through (i) the respondent's willingness to get their children vaccinated, (ii) discussion about the polio messages with their family and friends. In the end, respondents were asked to suggest suitable media for communicating information about children's health, especially the polio disease.

DISCUSSION WITH THE FAMILY AND FRIENDS

As an indicator of effectiveness of campaign, it was enquired if the campaign's recipients developed enough interest and motivation to talk about polio with their family and friends. In this regard, 54.1% of campaign recipients (632 of 1168) claimed they talked about the polio messages with their family and friends. A region wise picture is presented in the chart below:

CHART 69: TALKED ABOUT POLIO WITH FAMILY AND FRIENDS

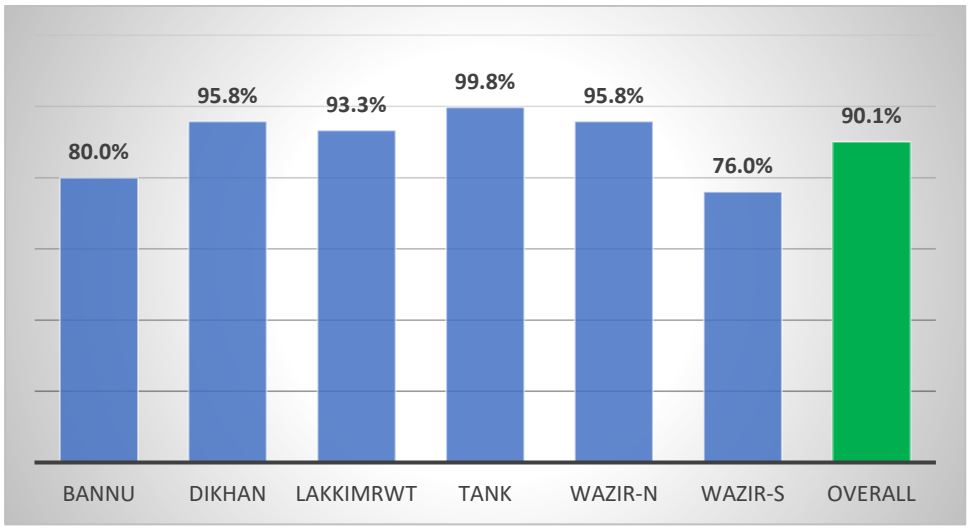


WILLINGNESS TOWARDS VACCINATION

The respondents were asked if they were motivated towards getting their children vaccinated against polio, upon receiving the media campaign's messages through any medium. 1168 respondents of the survey were found to have received campaign messages through one or more focused media. Out of these 1168, 1086 i.e., **92.98%** respondents stated they are determined to get their children vaccinated in future campaigns. On the other hand, 1232 respondents could not receive campaign messages through any of the focused media and 1076 out of such 1232 respondents i.e., **87.34%** said they are determined to get their children vaccinated in future. However, the later indicates cumulative impact of the past and recent communication campaigns. A +5.7% higher ratio of motivation among campaign recipients indicates the positive role of the recent media campaigns towards behaviour change among the masses in favour of polio vaccination.

The following Chart 70 presents an overall level of motivation towards polio vaccination among the sampled respondents.

CHART 70: MOTIVATION TOWARDS VACCINATION

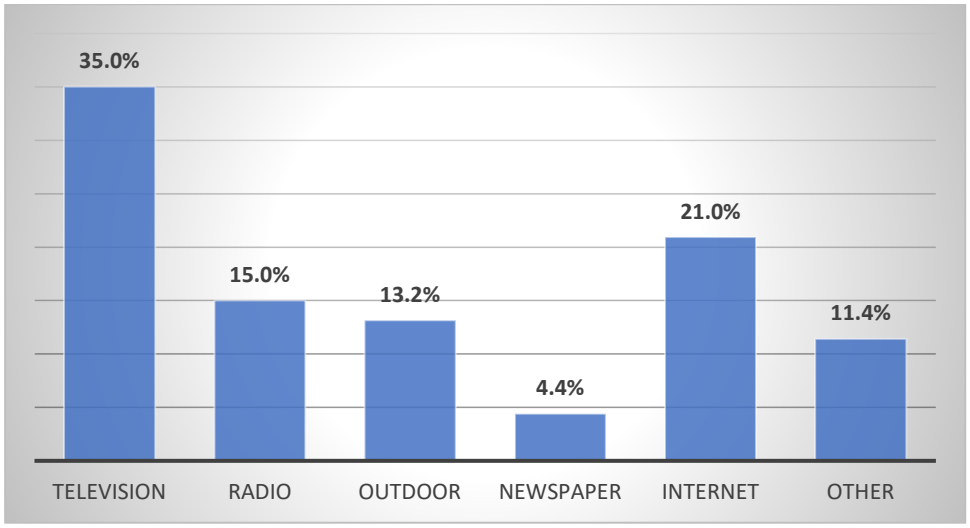


Note: It is worth mentioning here that out of 76 respondents who did not opt for regular vaccination, 36 received campaign messages from which only 4 i.e., 16.7% were found motivated towards vaccination in future. This reading might indicate the inflexibility of those who refuse vaccination and may call for concrete efforts towards making up their minds in favour of polio vaccination of their children.

SUGGESTED MEDIUM

The last question of the parents' survey was to seek suggestions about suitable medium to run future campaigns about children's health especially polio. To this, 35% suggested Television as the best medium. Internet and Radio were named as second and third choice at 21% and 15% respectively while Newspaper was the least suggested medium by 4.4% of the sample.

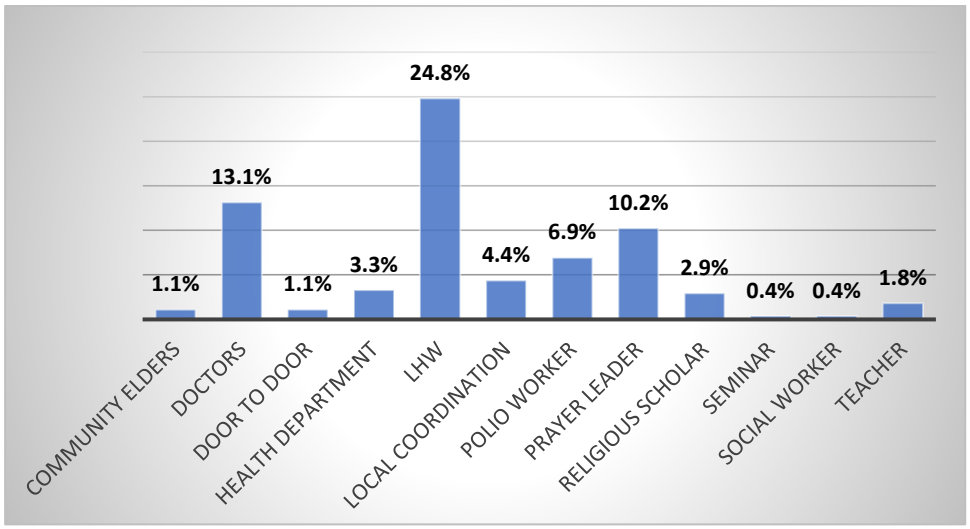
CHART 71: SUGGESTED MEDIUM



OTHER SUGGESTIONS

Miscellaneous responses were grouped together as "others". A magnification of "others" revealed following suggestions by the parents:

CHART 72: OTHER SUGGESTED MEDIA



KEY INFORMANTS' INTERVIEWS

Key informants' interviews were conducted in six sampled districts from the south KP region, covering a total of 48 respondents selected on random basis. The main objective of conducting interviews of key informant persons from visited areas was to gather community level information so that researchers may use it for verification of results from the parents' interviews.

Key outcomes of the analysis of data collection from key informant persons are presented in this section of the report.

SAMPLE'S PROFILE

A brief presentation about profile of the sample for key informant is shown in the table below:

TABLE 32: SAMPLE PROFILE FOR KEY INFORMANTS

Characteristic	Value
Average Age	34 years
Male Respondents	24 (50%)
Female Respondents	24 (50%)
Mode of Profession	1- Govt. Employee (12 of 48 i.e., 25%) 2- Social Worker (9 of 48 i.e., 19%)
Literates	47 of 48 i.e., 98%
Mode of Household Language	Pashto (39 of 48 i.e., 81%)

AWARENESS OF DISEASE AND VACCINATION

Most of the key informants were educated people with access to media and they were quite aware of the polio disease, its effect on child health as well as preventive measure. A summary of data about this head is presented below:

- 47 out of 48 respondents named polio as one of the vaccine preventable diseases.
- All the 48 respondents had heard of polio.
- 45 of 48 correctly mentioned physical disability as the health impact of polio.
- 43 of 48 key informants knew that polio is a vaccine preventable disease.
- 30 of 48 knew that polio is not a curable disease.
- 41 of 48 key informants responded with exactly 5 years when asked about the right age of children to receive polio vaccine.
- All the 48 key informants claimed that locals from their area get their children vaccinated during every campaign or most of the campaigns (35 and 13 respectively).

KEY INFORMANTS' PERCEPTION ABOUT FAKE FINGER MARKING

The key informants were also interviewed about their knowledge of fake finger marking and other relevant aspects about people in their locality. The outcomes in this regard are summarized below:

- 3 out of 48 i.e., 6.3% KIs said they knew about cases where parents avoided vaccination of their children against polio.
- 2 out of 48 i.e., 4.2% KIs claim they are aware of cases of fake finger marking.
- One of the KIs (from Bannu) having knowledge about fake finger marking suggested the ratio of such cases as 1 out of 100 whereas the other one (from Tank) said it could be about 30 out of 100.
- The level of agreement with the statement that parents are free to refuse polio vaccination of their children was perceived among 48 KIs as follows:
    - 21 strongly agreed
    - 5 somewhat agreed
    - 2 neither agreed nor disagreed
    - 3 somewhat disagreed
    - 17 strongly disagreed
- The perceived treatment with those parents who refuse vaccination is presented below:
    - 2 said nothing would happen
    - 24 said the polio teams will visit again
    - 20 thought such cases will be reported to authorities
    - 2 said their children will get polio infection
- Following responses were received upon asking KIs about chances of getting identified in case some parents opt for fake finger marking:
    - 23 said there is not any chance
    - 2 said it is slightly likelihood
    - 6 said it is moderately likelihood

  - 4 said it is very likely to happen
  - 13 said it is extremely likely

- KIs suggested following actions in case some parents are identified indulged in fake finger marking of their children:
  - 4 said nothing would happen
  - 20 said they will be revisited by the team
  - 22 said their case will be reported to the authorities
  - 1 said that their children would get polio infection
  - 1 KI said that services of prayer leader and health department would be sought
- Upon question about possibility of motivation through incentives, 17 thought it is possible whereas 31 said such incentives would be of no use.

IMPORTANT FINDINGS (KII)

Data collected from key informants was primarily used for triangulation and verifies the findings resulted from the primary i.e., caregivers' interviews. However, some important insights resulted from the key informants' interviews which are listed below segregated by key areas of research:

- Trust Building
  - Some respondents do not keep good relations with the polio workers
  - More female polio workers should be hired
  - Education people understand the benefits of polio vaccine
  - Awareness sessions are needed to clear reservations regarding polio vaccination
- Fake Finger Marking
  - Some parents still avoid vaccination for their children Said a KI from Tank
  - Another KI from Tank said people opt for fake finger marking due to fear that their children may fell ill.
  - A KI from Bannu said only that refusal cases opt for fake finger marking
  - Fake finger marking attempts can be successful if polio workers do not report them
  - Main reasons of fake finger marking include:
    - Parents do not want to get their children vaccinate against polio
    - Polio workers' collusion with the parents.
    - To avoid re-visits
    - Fear due to negative rumors
    - Misconceptions regarding polio vaccine
    - Some parents are just crazy and force to do this
- Freedom to refuse vaccination
  - There was mixed opinion regarding freedom to refuse vaccination, some KIs said people are free to refuse whereas almost comparable response was in favor of lack of freedom.
  - Government tries the best to vaccinate as much children as possible
  - Government forcefully administers vaccine
  - Police takes action in case refusal is reported
  - Everyone is required to get their children vaccinated.
- How refusals are treated
  - Refusal cases are reported to the department
  - Revisits are carried out
  - Team tries to convince the parents

    - Police and local administration get involved
- Identification of fake finger marking
    - Polio workers get to know about such cases in their localities
    - There is very strict monitoring of such cases
    - Many KIs said it is not possible to be identified
    - Polio team is experience enough to notice
    - Sometimes, identification of such cases become difficult
- Consequences of fake finger marking
    - Details are forwarded to health department
    - Police will be involved
    - A KI from DI Khan said that an FIR will be registered
- How to prevent fake finger marking
    - Information sessions about benefits of vaccination and risks of refusing are needed
    - Religious scholars should be engaged
    - Parents' demands may be considered
    - Raising the awareness among masses
    - Negative rumors should be snubbed
    - Other diseases should also be focused
    - Mosque announcements are recommended
    - There should be no use of force for vaccination
- Incentives
    - About a third KIs had an opinion that incentives would help because of:
        - Poverty
        - Inflation
        - Unemployment
        - People try to grab something after operation in the area
    - Possible incentives for parents and children were suggested as under:
        - Chocolates, milk, money, food, gifts, sweets, etc.
        - Soap, ration, blanket, CLCP cheque, money
    - Similar responses were repeated in a few other related questions as well.

FOCUSED GROUP DISCUSSIONS

The FGDs were conducted to attain the communal view of men and women as members of a community. These FGDs were an excellent opportunity for allowing various participants to speak openly with each other, and hear the opinions of their fellow community members.

There were three types of FGDs (i) FGDs for influential, (ii) FGDs for caregivers and (iii) FGDs for polio workers. Two FGDs were conducted (one for male participants and another for females) from each category per district totaling six FGDs in each of the 6 study districts, totaling 36 FGDs. These FGDs covered a total of 116 Men, and 110 Women from all the communities.

We present in the rest of this section the responses and comments of the participants of these FGDs, comparing the provincial segregation for each.

GENDER REPRESENTATION

A total of 226 persons participated in the 36 focused group discussions across the six study districts with average participation of 6.4 persons per meeting whereas female representation remained approximately half i.e., 47.8% over all.

TABLE 33: PARTICIPATION IN FGDS

District	Male	Female	Total
BANNU	22	19	41
DIKHAN	19	18	37
TANK	18	21	39
LAKKIMRWT	18	17	35
WAZIR-N	20	15	35
WAZIR-S	19	20	39
Grand Total	**116**	**110**	**226**

KNOWLEDGE OF CASES OF FAKE FINGER MARKING

Some participants of FGDs (i.e., 54 out of total 226) said they are aware of the cases of fake finger markings. This ratio of such claims was found maximum in the FGDs' with polio workers. Details are given as under:

TABLE 34: KNOWLEDGE OF CASES OF FAKE FINGER MARKING

District	Parents	Workers	Influential	Total
BANNU	11	10	1	22
DIKHAN	0	0	0	0
TANK	1	6	1	8
LAKKIMRWT	0	0	0	0
WAZIR-N	0	8	2	10
WAZIR-S	2	7	5	14
Grand Total	**14**	**31**	**9**	**54**

FREEDOM TO REFUSE VACCINATION

The participants of FGDs for Parents and Polio Workers were enquired if parents are free to refuse vaccination of their children. To this, 50 out of 147 i.e., 34% of participants of both categories claimed that parents have freedom to refuse vaccination. A district wise headcount from both categories is presented below:

TABLE 35: FREEDOM TO REFUSE VACCINATION

District	Parents	Workers	Total
BANNU	4	7	11
DIKHAN	0	3	3
TANK	7	9	16
LAKKIMRWT	2	0	2
WAZIR-N	6	0	6
WAZIR-S	8	4	12
Grand Total	**27**	**23**	**50**

IDENTIFICATION OF FAKE FINGER MARKING CASES

The participants of FGDs for Parents and Polio Workers were asked if they think that any possible cases of fake finger marking would be identified? To this, 67 out of 147 participants i.e., 46% responded in "Yes". A district wise headcount from both categories is presented below:

TABLE 36: IDENTIFICATION OF FAKE FINGER MARKING CASES

District	Parents	Workers	Total
BANNU	6	7	13
DIKHAN	0	6	6
TANK	4	5	9
LAKKIMRWT	2	12	14
WAZIR-N	12	3	15
WAZIR-S	5	5	10
Grand Total	**29**	**38**	**67**

KNOWLEDGE OF FAKE FINGER MARKING CASES

The participants of FGDs for Parents and Polio Workers were asked if they know any cases of fake finger marking those had been reported to the authorities? To this, 32 out of 147 participants i.e., 22% responded in "Yes". A district wise headcount from both categories is presented below:

TABLE 37: KNOWLEDGE OF FAKE FINGER MARKING CASES

District	Parents	Workers	Total
BANNU	5	5	10
DIKHAN	0	0	0
TANK	3	3	6
LAKKIMRWT	0	3	3
WAZIR-N	6	2	8
WAZIR-S	4	1	5
Grand Total	**18**	**14**	**32**

OPEN ENDED QUESTIONS

All the three types of focus group discussions were designed to discuss multiple points to which descriptive responses including open discussions, comments, suggestions, criticism, etc. were recorded on pre designed forms. The digitized transcriptions in roman Urdu format are available as part of data set for further study. Some key findings from the focus group discussions are presented below:

PARENTS' FGDS

- Majority of the parents said that people do not get involved in fake finger marking. Only a few participants were found aware of such cases in their locality.

- Main reasons of fake finger marking were discussed as lack of education, frequent visits of the teams, misconceptions about vaccine, rumors that children fell ill
- If parents are not willing for vaccination, the children are just marked by polio workers to avoid investigation and any further action by their department.
- Parents are reluctant to get a child vaccinated if the child is not well or in case of weakness.
- Parents tend to miss zero dose (first dose of polio vaccine after birth).
- It was also learnt that children are gathered at one place and vaccination is administered. Similarly, in some other instances someone from the household is handed over the vaccine and the marker and sent inside the boundary wall of the settlement or household for vaccination. In such cases, the likelihood of fake finger marking is increased.
- In case of refusal from vaccination, case is reported to the department, drops are administered in any case, legal action is taken.
- Fake finger marking cases are usually identified with the help of family member, neighbors, monitors keep a check on polio teams.
- Polio workers do not insist on vaccination and mark the finger without administering the vaccine if they are told by the parent that child is not feeling well.
- Parents suggested that in order to prevent fake finger marking, polio workers must be strictly required to vaccinate every child, raising the level of awareness, hiring educated and experienced polio workers, workers should be supervised, vaccination inside the premises of homes should be avoided.
- It was suggested that lady police may accompany the vaccination teams so that they may go inside the home and guide or advise the women of the family in favour of vaccination.
- Parents were suspicious about giving importance to polio vaccination and not other diseases.
- Some parents suggested that some kind of incentives for the community such as food, blanket, money, drinking water, electricity, etc. may be helpful in reducing the cases of fake finger marking.
- It was learned that people even get other's children within their reach vaccinated by the teams in order to collect more giveaways such as soaps which indicates the importance of such incentives.
- Some parents were reluctant in stating the incentives for themselves but indirectly asked for the sake of other members of the community.
- The parents said that situation is being improved with the passage of time and now lesser number of cases of fake finger marking are occurring.
- The parents said if their reservations and misunderstandings are resolved then situation could be much improved in future.
- Some parents questioned in emotional tone that children die due to lack of food, safe drinking water and health facilities whereas polio only causes disability. Why Govt. is not paying attention to these matters and focusing only polio vaccination?

POLIO WORKERS' FGDS

- There were mixed responses form polio workers during FGDs. They were aware of certain cases of fake finger marking. Some of them said parents had got fingers of their children marked before their visits. Some of them stated that parents force them for fake finger marking and they have to do this due to fear of enmity.
- Polio workers thought main reasons of fake finger marking are lack of satisfaction of parents about polio vaccine, religious tendency, demands like electricity, water, money etc., illiteracy, rumors.
- Polio workers were reluctant in sharing their information and views in presence of each other, especially their supervisors. A study encompassing individual interviews of polio workers might reveal a deeper insight of the matters related to fake finger marking.
- Sometimes, polio workers practice fake finger marking due to fear of the people who are influential among the local community.

- Polio workers themselves hand over the marker to the parents in some cases so that they may go inside the home and mark their children.
- Workers practice fake finger marking due to social pressure in anticipation of wrath they might face from their own relatives or people having influence among local community.
- An interesting point was brought into the knowledge of researchers that monitoring teams on regular payroll with fixed salary were more efficient in reporting the cases whereas contract workers getting lesser renumeration usually avoid reporting any such cases.
- Sometimes parents state they got their children vaccinated at transit points or mobile vaccination units. Their child's finger is already marked. In such cases workers could not verify the authenticity of their claim.
- Someone from the department or polio workers themselves accomplice with the parents in providing them the marker or the marking service without actually administering the vaccine.
- In case of refusal from vaccination, local administration is reported about the case, polio workers try to convince the parents.
- Polio workers said they were reported by the children themselves, in another case they caught the case by recognizing difference in the ink, sometimes polio workers themselves report that they are coerced to do so.
- Polio workers have to secure their job which sometimes pushes them to cooperate with parents in fake finger marking so that they may report greater coverage of vaccination.
- Polio workers gave some suggestion to avoid fake finger marking, such as: raising the level of awareness, strict action against the responsible. Moreover, they said that department fires the polio workers who are found involved in such practices.
- Polio workers suggested that free medical camps, strict monitoring, honest working and provision of information to parents would help.
- It is important to note that many polio workers have left this work to avoid conflict with the locals otherwise they have to face the consequences.

INFLUENTIALS' FGDS

Local influentials also presented their views and information about fake finger marking as well as other information. Some key points are presented below:

- In general, influentials suggested that it would be better if the future media campaigns clarify if polio vaccine are properly tested and it is good for child health. They also suggested to offer some gifts for children such as soap, bag, pencils, balloons.
- Most of the participants said they are not aware of polio vaccine refusals except a few who were aware of such cases in their social network.
- Influentials said that both parents and polio workers are responsible but polio workers are a little more responsible.
- Polio workers opt for fake finger marking due to lack of time.
- There is a perception that polio drops are not working because many children are born with disabilities. In this case people need to be educated about possible causes of disabilities at birth so that them may not relate it with polio drops.
- Some participants stated that they cannot compromise on child health for the sake of gaining certain incentives for vaccination.
- The main reasons of fake finger markings were identified as: fear, repetitive campaign, parents don't consider vaccination as good, pressure on both parents and workers, fear of infertility due to vaccination, reservations about vaccine.
- Som parents do not opt for regular vaccination in each vaccination drive. They tend to skip alternate campaigns. The polio workers cooperate with them so that they might not totally refuse vaccination.

- Local influentials suggested some measures to control fake finger marking. It includes: convincing the parents and satisfying them, firing the staff involved, monitoring teams should visit, police should accompany the polio team.
- Some participants of the FGDs for influentials suggested certain incentives to motivate towards vaccination. This includes: medication, financial support, treatment of fever, gifts for children, food, soap, etc. however some participants from Tank also said that offering incentives is not a good idea.

KEY FINDINGS OF THE BASELINE SURVEY

DISEASE AWARENESS

i. Majority of the primary respondents of the baseline survey i.e., 96.33% parents of the children of vaccinable age (upto five years) were aware of polio disease at least upto the extent of knowing its name.

ii. Despite knowing the name of the disease 17.6% of polio aware respondents could not correctly tell that polio causes physical disability. Moreover, 23.5% respondents did not know that polio is a preventable disease.

iii. A good ratio of respondents i.e., 45.7% or almost half of the people knowing name of the disease either believed in some kind of cure against polio (30.8%) or did not know about its incurability (14.9%).

iv. About 80% of the polio aware respondents know that OPV could be administered to the children upto five years of age. However, some respondents responded with less than 5 years as well collective frequency of all the responses ranging from 0 to 5 years was found at 91%.

v. 68.7% of the polio aware respondents claimed that they get their children vaccinated regularly during every vaccination drive, 28% opted for vaccination but not regularly whereas, 3.3% said they have never got their children vaccinated and stated various excuses for this.

TRUST IN VACCINE, VACCINATION, VACCINATOR AND GOVT.

i. About 85% of the respondents expressed certain level of trust (i.e., “great deal” or “somewhat”) on effectiveness of polio vaccine. This includes 69% of those who think it has a “great deal of” efficacy and 15.4% think it is “somewhat” effective.

ii. A little deviation from the above was observed upon seeking the respondents’ opinion about their trust in vaccination drive. 64.2% showed “a great deal” of trust whereas 21% said they somewhat trust the vaccination.

iii. About 90% of the respondents showed a great deal of trust (75.6%) or a certain level of trust (14.1%) overall, across the study districts.

iv. 76.2% respondents were found having high or moderate trust in the government making decisions in their best interest by offering polio drops to their child(ren).

FAKE FINGER MARKING

i. 7.4% of the respondents said they are aware of the parents avoiding polio vaccination.

ii. 1.6% said they are aware of some cases of fake finger marking in their community.

iii. The respondents aware of fake finger marking were requested to offer an estimate for the likelihood of occurrence of such cases to which average response was 11.4 on a scale of 100.

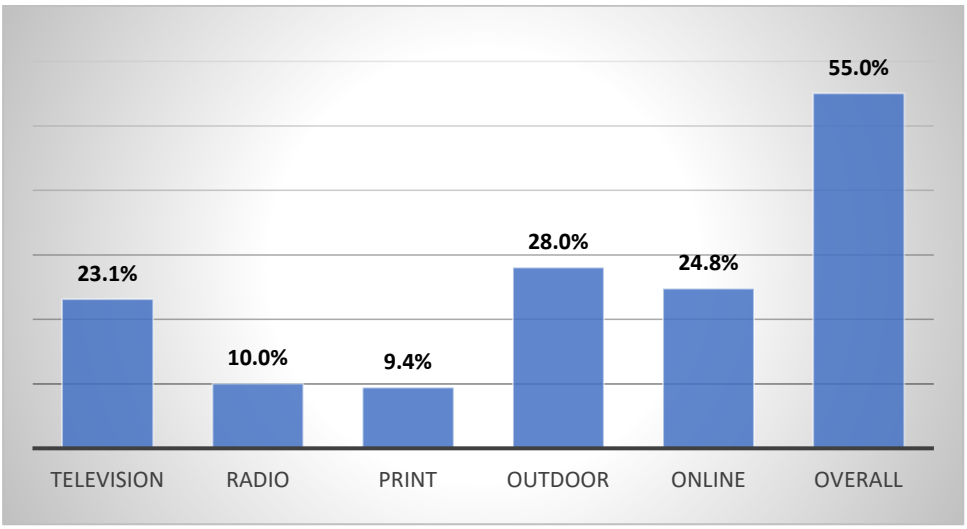
iv. The findings from FGDs reveal that polio workers are more aware of the incidences of fake finger marking as compared to the parents or influentials.

v. Interestingly more parents than polio workers said during FGDs that they know about cases of fake finger markings.

MEDIA USAGE

i. Outdoor media came out as the medium with maximum outreach, visible to 28% of the sampled population in the study region. Internet was used by 24.8% followed by television with a close margin at 23.1%. Radio and print media lagged behind at 10% and 9.4% respectively. Overall, 55% of the respondents were found users of one or more of the five focused media.

CHART 73: MEDIA USAGE



ii. As far has having trust on the specific medium for communicating information related to children's health is concerned, about 95%, 78%, 93%, 90% and 88% of the users of TV, radio, print, outdoor and online respectively showed certain level of trust in the corresponding media.

iii. **PTV Home, Hum TV and Geo News** were ranked as three most popular TV channels at the top priority of the TV users. A similar analysis of radio stations resulted in **FM88, DIVA and FM99** as three most popular radio stations at the top priority of radio listeners**. Daily Mashriq, Daily Aaj and Daily Ausaf** were ranked as three most popular newspapers at the top priority of the newspaper readers. For internet, respondents were asked to name the programs or apps they use most often which showed that **Facebook, WhatsApp and YouTube** were three top most choices of the internet users in the study region.

MOTIVATION

i. The interest and value of campaign messages was analyzed indirectly through the indicator that respondents discuss about campaign's message/s with their friends and family members. To this, 54.1% of caregivers said they talked about polio with their friends and family.

ii. A good majority of the respondents i.e., 90% were said they are determined to get their children vaccinated against polio during the next vaccination drive.

iii. The level of motivated respondents was found a little higher among those who have seen the media campaign's messages with a difference of 5.7% as compared with those who did not have recently seen the messages during the last (December 2022) campaign.

KEY RECOMMENDATIONS

GENERAL

i. It is suggested to design future media campaigns such that greater focus is put on:

- Impact of polio
- Preventability of polio
- It is not curable once caught

ii. There is a need to address knowledge and information gap on polio especially in South Waziristan where lowest ratio i.e., 55.1% of polio aware survey respondents knew that Polio is a preventable disease.

iii. More pictorial messages are recommended to make it easier to understand for a majority of women who are not literate.

iv. The effectiveness of vaccine may be highlighted more in South Waziristan where only 36.7% of the polio aware respondents showed "a great deal of" trust in effectiveness of polio vaccine.

v. There is a need to address the misconception that polio might affect boys and girls differently.

vi. There is a need to raise the level of trust in the government's decision of offering polio drops to the children.

vii. Future campaigns may highlight that if people refuse vaccination, their children may contact polio virus which causes permanent disability.

viii. The future TV campaign may be planned to be aired during the transmission of drama serials, news and sports considering the popularity of these programs among television viewers of the south KP region.

ix. There is a need to explore new channels for communicating campaign's messages to the population of south KP because only 55% of the sample was found to be using TV, radio, newspapers, outdoor media and internet.

x. The campaign designers may consider that radio was found to be listened by only 10% of the sampled population of survey which is not significant.

FAKE FINGER MARKING

i. The reservations and misconception of the parent need to be addressed.

ii. Strict monitoring and follow-up are suggested to ensure maximum vaccination.

iii. The protocols for the polio workers might need strict compliance.

iv. More female polio workers should be hired in south KP region.

v. Little incentives like soap, chocolates, toys, etc. may be distributed among vaccinated children

vi. Polio workers should visit again instead of insisting on vaccination if the child is reported as unwell

vii. Medicine to control the fever or any other illness perceived to be associated with polio vaccination may be administered and handed over to the parents to restore their confidence that children will not fall ill.

viii. The markers/ink used for finger marking should not be handed over to any un-authorized person.

ix. A centralized database of vaccinated children identified through parents' biometric recognition may be maintained and be made accessible to the polio workers through hand held devices to ensure if child is factually vaccinated or the parents are falsely claiming via fake marks.

x. Exit interviews may be considered for the polio workers who opt to leave the job.

xi. Sufficient time to cover an area may be allowed to polio workers so that they may complete their task effectively with piece of mind.

xii. The parents suspicious about regular vaccination campaigns for OPV may be given an option to choose IPV

xiii. Top reasons for vaccine refusal came out to be some sort of misconception and associating these with the religious teachings such as haram ingredients, causing impotency, illness early puberty, etc. All these need to be neutralized through more personalized campaigns.