



SUKH INITIATIVE ANNUAL REPORT

YEAR III
JULY, 2015
TO JUNE, 2016



Sukh Initiative empowers families to access contraception by increasing knowledge, improving quality of services and expanding the basket of choices, contributing to the goals of FP2020.

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Sukh Initiative is a multi-donor funded family planning and reproductive health project of Aman Health Care Services, implemented through a consortium of local and international organizations in collaboration with provincial government departments. The project aims to increase modern contraceptive prevalence rate by 15 percentage points in the one million underserved peri-urban population of Karachi city, Sindh, Pakistan

Provincial Government Partners



Project Partners



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ABBREVIATIONS & ACRONYMS

ACHP	Aman Community Health Program
AHCS	Aman Healthcare Services
AKU	Aga Khan University
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
ATH	Aman Telehealth
AUHI	Aman Urban Health Institute
CAC	Community Advisory Committee
CBO	Community Based Organization
CHS	Community Health Supervisor
CHW	Community Health Worker
CRG	Community Representative Group
CTS	Clinical Training Skills
DoH	Department of Health
FLE	Family Life Education
FP	Family Planning
HTSP	Healthy Time and Spacing of Pregnancy
IUCD	Intrauterine Contraceptive Device
KAP	Knowledge, Attitude and Practice
LSBE	Life Skills Based Education
LHW	Lady Health Worker
MCPR	Modern Contraceptive Prevalence Rate
MHFA	Mental Health First Aid
MNCH	Maternal, Newborn and Child Health
MoU	Memorandum of Understanding
MVA	Manual Vacuum Aspiration

MWRA	Married Women of Reproductive Age
NCMNH	National Committee for Maternal and Neonatal Health
NGO	Non Governmental Organization
PAC	Post-Abortion Care
PAFP	Post-Abortion Family Planning
PDM	Permanent Door Marking
PMU	Program Management Unit
PNC	Pakistan Nursing Council
PPFP	Post-Partum Family Planning
PWD	Population Welfare Department
QIQ	Quick Investigation of Quality
RTI	Regional Training Institute
SMB-R	Standard-based Management and Recognition
SRHR	Sexual and Reproductive Health and Rights
STC	Sukh Town Coordinator
TAG	Technical Advisory Group
TDM	Temporary Door Marking
TFMC	Total Family Member Count
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
VCAT	Value Clarification and Attitude Transformation
WPF	World Population Foundation

MESSAGE

Sukh Initiative has completed nearly two years of implementation and is now entering the most challenging phase of the project. Our goal to increase the use of modern family planning methods and contraceptive prevalence rate in peri-urban Karachi, faces unique challenges and we are proud to share the new ways we explored to cross them.

Pakistan is country that faces various political and economic changes and challenges, which can impact or affect the way humanitarian projects work. The development sector plays a key role in improving Pakistan's social indicators, and we have worked with change makers and beneficiaries to raise awareness and make sustainable differences. Globally, and especially in Pakistan, poverty and social inequality is directly linked with ever-increasing populations. Pakistan is the sixth most populous country in the world, contributing 2.5% to the global population. The current annual growth rate for Pakistan is 1.49% and urbanization is occurring at a rapid rate of 3%. Nearly 35% of the population lives in urban areas, and this rate is expected to increase to 50% by the year 2025.

Out of all the major cities in the country, Karachi is the fastest growing with an 80% increase in its population between the years 2000 and 2010. The estimated population of Karachi is 18.5 million as of July 1, 2014. Home to a wide range of migrant ethnic communities, Sukh Initiative reaches 1 million people, particularly married women, in four peri-urban centers which are home to Sindhis, Pakhtuns and Balochis, collectively speaking approximately six different dialects and languages.

This report captures the work of our communities, field teams, implementing partners, government departments and donors that have worked tirelessly to make a positive change, which will hopefully benefit Pakistan in the decades to come.

The team and I thank you all for your support and look forward to the success of this project for a healthy, prosperous Pakistan.

Dr. Haris Ahmed
Head of Sukh Initiative



SUKH INITIATIVE AT WORK

Context in which we work

Sukh Initiative emerged from commitments made at the London Summit on Family Planning held in July 2012 and is a joint partnership between three foundations, namely Aman Foundation, Bill & Melinda Gates Foundation and David & Lucille Packard Foundation. Together, their mission is to increase the use of modern contraceptives in Karachi, Pakistan by 15% among 1 million married women in selected communities. The project began in 2013 and will continue till 2018.

Over a period of 5 years and with an investment of \$15 million dollars, the project aims to achieve this goal with the support of 7 partners. The prescribed framework of activities for achieving the mission is based on its three broad objectives:

- Increase demand for family planning services
- Improve access to family planning services and improved quality of services
- Ensure the long term sustainability of the program

The mission was set out with a vision to empower families to access family planning by increasing knowledge, improving quality of services and giving more options in order to realize the goals of Family Planning 2020, a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have.

The collaborating foundations are represented at the Steering Committee and take decisions on the program's strategies and priorities in the context of country and provincial family planning policies and plans. A Program Management Unit based at Aman Health Care Services, provides operational leadership and oversight. Under the program head, the Program Management Unit coordinates the activities and interventions of the program that are carried out by implementing partners.

Where we work

Karachi is the most populous city in Pakistan, and for administrative purposes it is divided into three tiers: districts, towns, and union councils. The union council is the smallest administrative unit within the system with an average population of 75,000. An initial baseline survey based on the socio-economic status of its population identified two districts in Karachi, namely Malir and Korangi. The program is being implemented in 18 union councils of four towns, which are Korangi, Landhi, Bin Qasim, and Malir, covering approximately one million population and representing about 4% of the total population and 10% of total urban slum population. The selected target regions of the Sukh Initiative had no coverage of the Lady Health Workers Program for Family Planning and Primary Healthcare from the provincial government.

The program catchment area is divided into 10 operational boundaries, each with an approximate population of 100,000. In each of the operational boundaries, field



stations have been established at the most central and relatively secure locations. A field coordinator is in-charge of the overall operations at these field stations. Twenty-five community health workers (5 male and 20 female), two community health supervisors and one social mobiliser are affiliated with each field station.

The operational philosophy of Sukh Initiative encourages the engagement with and support to existing family planning and reproductive health-related initiatives and programs, be it by public sector or private sector. In this regard, Jhpiego and DKT Pakistan, develop synergies with different health facilities and programs in the area with an aim to expand access to family planning and reproductive health-related health services and improve quality.

Implementing partners

Aman Community Health Program

Partner for Door-to-door Community Services

Aman Community Health Program (ACHP) is a unique program managed by Aman Health Care Services, which provides basic preventive healthcare services to underserved communities of Karachi through trained providers and community health workers in order to reduce the incidence of disease.

Under Sukh Initiative, basic objectives of ACHP is to improve family planning knowledge, demand generation at the household level for adoption of family planning services and strengthen referral mechanism with Sukh partners by interventions of Aman community health workers through intensive counseling, skills based life education for youth,

behavioral change as well as distribution of limited family planning services at doorsteps. A group of 230 (200 female + 30 male) trained community health workers of ACHP are serving the catchment area of 800,000 underprivileged communities of Bin Qasim, Landhi, Malir and Korangi towns of Karachi.

ACHP is also implementing this project among population of 200,000 in the underprivileged communities of Bin Qasim, Landhi and Malir Towns in Karachi through “LHW Model”. Door-to-door visits and support group meetings on family planning allow for personalized attention to women and help cater to specific individual needs for information, motivation, distribution of condoms, pills and supplements and referral to public and private health facilities. LHWs refer women with specific family planning needs to quality service providers locally and pregnant women to maternity homes that offer post-partum and post-abortion family planning. Another intervention of ACHP is the Aman Clinic, which is providing in-house services for long-term reversible methods, as well as doorstep services for family planning hormonal injectable.

For more information, please visit: www.theamanfoundation.org/program/aman-communit-health-workers/

Aman Telehealth

Partner for Telehealth Helpline Service

Aman Telehealth (ATH) is a 24/7 health advisory helpline established under the umbrella of Aman Health Care Services with the aim to enhance affordable and quality healthcare access for the general masses across Pakistan. The service can be accessed on subsidized rates by dialing a short code 9123 from a mobile phone or a UAN number 111-11-9123 from landline phone.

Diagnostic and health advisory service is provided round the clock by certified nurses (HAIOS), medical officers (doctors) and counseling officers (psychologists) with support of automated software having over 85 disease algorithms and over 600 disease summaries. ATH currently caters 250,000 calls per year and has the capacity to handle 350,000 calls.

Through the outbound call service, ATH is spreading awareness on family planning and general healthcare in the communities residing in Landhi, Korangi, Malir and Bin Qasim towns of Karachi. Health alerts and health messages are disseminated to over 150,000 individuals registered with ATH on a monthly basis.

ATH has mapped over 4,000 medical facilities and over 23,000 medical specialists. This helps ATH to not only provides referral information of the nearest healthcare providers to the caller but also facilitates them with the on-call appointment with the doctors.

For more information, please visit: www.theamanfoundation.org/program/aman-telehealth

Aahung

Partner for Life Skills Based Education (LSBE)

Aahung is a non-profit organization that uses rights-based approach to improve access to quality information on sexual and reproductive health, as well as provides counseling to youth to contribute towards a healthy society.



As Sukh Initiative partner, Aahung is promoting life skills based education (LSBE) in the program catchment areas of Karachi, with focus on boys and girls of age 12 and above. Aahung supplements the outreach of Sukh Initiative by not only approaching youth through existing community institutions, such as schools and vocational training centers, but also innovates to access those who are out-of-school.

The LSBE component of Sukh Initiative works very closely with the community health workers who identify young people to participate in special group sessions.

Aahung has been successful in providing LSBE in 30 secondary schools for students of grade 7 and 8. Moreover, a 'Youth Friendly Space' in Korangi was developed through a partnership with District Metropolitan Corporation, Korangi. The purpose of establishing such a space is to provide a platform to the youth aged 12-22 years where they, regardless of their cultural backgrounds, can come together in a safe environment and learn about sexual and reproductive health and rights, as well as youth related issues. From time to time, Aahung also organizes theaters and other activities for the communities that are focused at LSBE.

For more information, please visit: www.aahung.org

Jhpiego

Partner for Improving Access and Quality of Family Planning Services at Public Facilities

Jhpiego is dedicated to improving the health of women and families in developing countries. It is an international non-profit health organization affiliated with the Johns Hopkins University. For 40 years and in over 155 countries, Jhpiego has worked to prevent the needless deaths of women and their families.

It works with health experts, governments and community leaders to provide high-quality healthcare for their people. Jhpiego develops strategies to help countries care for themselves by training competent healthcare workers, strengthening health systems and improving delivery of healthcare.

Jhpiego works on increasing access to a broad range of family planning services, including post-partum by improving quality of services in public-sector health facilities.

For Sukh Initiative, Jhpiego is working with four health departments, including Ministry of Health (MoH), Population Welfare Department (PWD), Karachi Metropolitan Corporation (KMC), and the Sindh Employees' Social Security Institution (SESSI). At present, 43 public health facilities are being served by Jhpiego under the Sukh Initiative, i-e, 11 dispensary, 21 family welfare centers, 11 maternal and child health centers, as well as one Aman Clinic.

For more information, please visit: www.jhpiego.org

DKT Pakistan

Partner for Improving Access and Quality of Family Planning Services at Private Facilities

DKT is a nonprofit organization founded by Phil Harvey in 1989. It is one of the largest private providers of family planning and reproductive health products and services in the developing world. It designs and implements social marketing programs in 20 countries around the world. In Pakistan, DKT International established its program in 2012. The key objective of country program is to improve contraceptive prevalence across the country by providing affordable and safe options for family planning by establishing social franchising network and social marketing.

DKT has grown as a leader in contraceptive category, reaching the potential consumers and couples through its social outreach programs and communication. DKT Pakistan has built partnerships with national and provincial departments of governments, such as Maternal, Newborn and Child Health (MNCH) Program, Population and Welfare Department (PWD) and other stakeholders to achieve its objective. DKT also ensures constant and consistent supply of high-quality modern contraceptive products at the service provider outlets.

DKT Pakistan joined Sukh initiative in the 3rd year of its implementation and has the mandate of inducting and managing private facilities with trained providers on comprehensive family planning services, including post-abortion family planning and post-abortion care.

For more information, please visit: www.dktpakistan.org

Aga Khan University

Partner for Measurement

Aga Khan University is an institution of academic excellence, which is playing an important role as an agent for social development. A leading source of medical, nursing and teacher education, research and public service in the developing world, the University prepares men and women to lead change in their societies and thrive in the global economy.

Based on the principles of impact, quality, relevance and access, the University has academic programs and campuses in East Africa, Pakistan, the United Kingdom and Afghanistan. It operates teaching hospitals in Karachi and Nairobi, Schools of Nursing and Midwifery, Medical Colleges, Institutes for Educational Development, the Institute for the Study of Muslim Civilizations, the Graduate School of Media and Communications, the East African Institute and the Institute for the Study of Human Development.

Aga Khan University is playing an important role as a measurement partner to Sukh Initiative overseeing the component of performance management. For Sukh Initiative, the University is carrying out baseline, midline and end-line evaluations. Besides monitoring and evaluating the progress of the project, and assessing its performance against the planned interventions, the University helps in building the capacity of the Program Management Unit of Sukh Initiative.

For more information, please visit: www.aku.edu

Center for Communication Programs Pakistan

Partner for Strategic Communication

Center for Communication Programs Pakistan (Center) is a fast growing organization working globally for improving lives through strategic communication. Affiliated with Johns Hopkins University, USA, Center is an independent nonprofit entity based in Pakistan that excels in the study and practice of development communication. Through social and behavior change communication, advocacy and community mobilization, Center works to address social and cultural issues while adopting multi-channel holistic approaches to adequately address diversities. Center focuses on tailor-made interventions ranging from using interpersonal, group and community-based channels of communication to strategically employing traditional, modern and mainstream media vehicles to reach large and diverse groups of people. Center works in partnerships with various global organizations and has implemented projects in Afghanistan, Jordan, and the Eastern Mediterranean Region besides leading strategic media and communication interventions in Pakistan. In Pakistan, Center maintains one of the largest networks of religious scholars, with more than 2,500 active members of all sects, covering all provinces, as well as Federally Administered Tribal Areas (FATA).

Center joined Sukh Initiative as its communication partner in the fourth year of the program's implementation. Center is providing support and assistance in leading strategic communication component, both in terms of contributing towards the overall objectives and to support project's external communication activities.

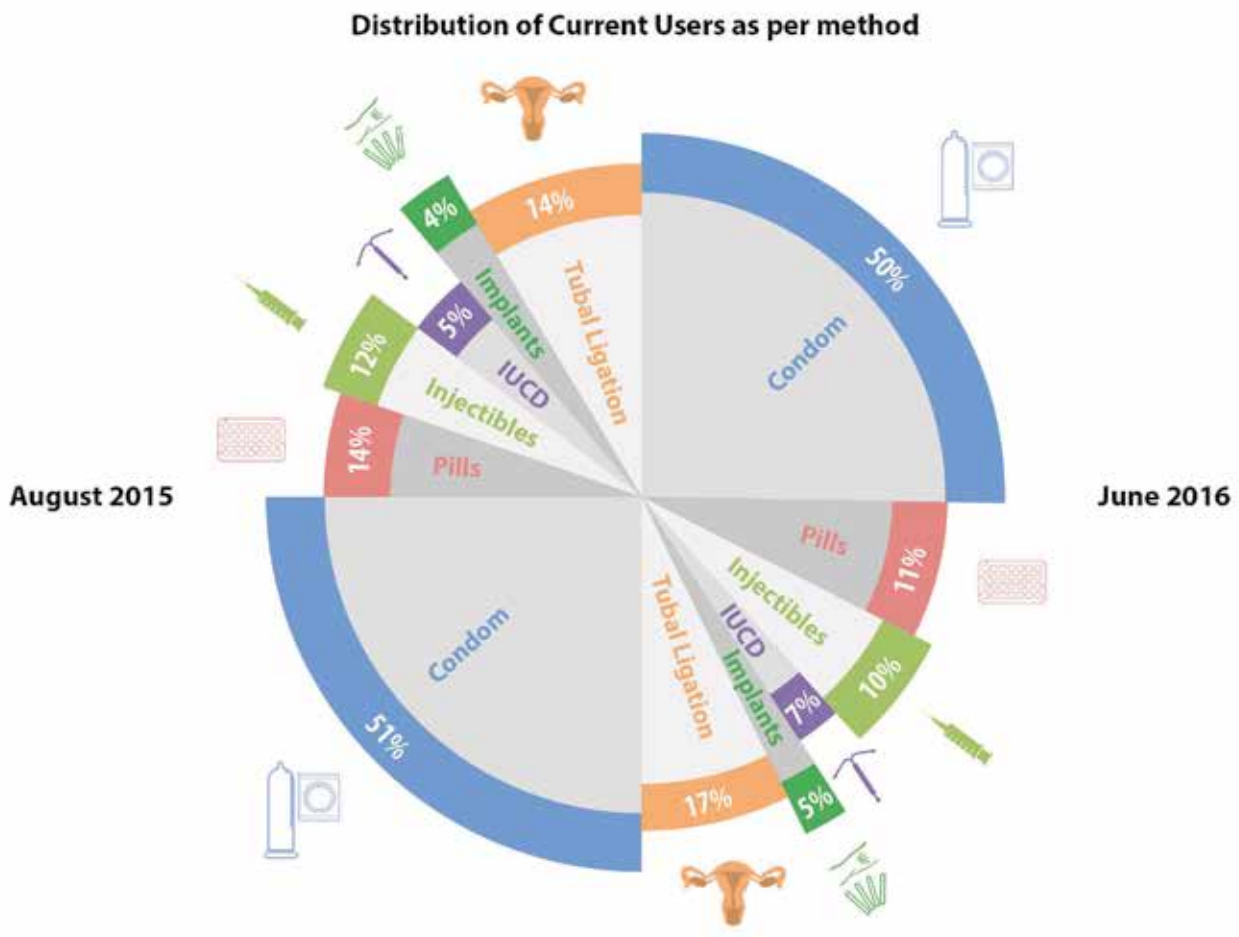
For more information, please visit: www.ccp-pakistan.org.pk



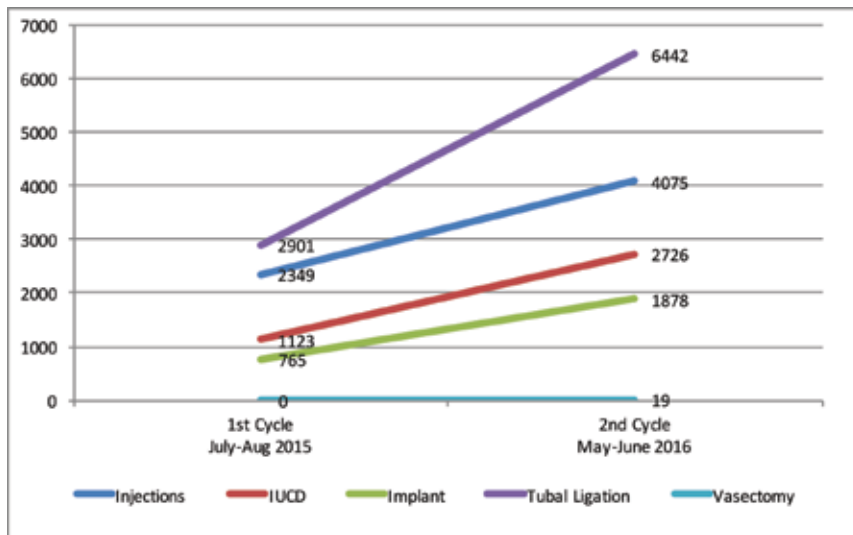
PROGRESS AT A GLANCE

By the end of Year III, Sukh Initiative has covered a population of 0.9 million through door to door community service carried out by 172 female community health workers and 200 Lady Health Workers.

The community health workers reached out to 97,431 married women of reproductive age, including 38,709 (39.7 percent) current users of family planning. Also, out of the 18,306 new users, 65.7 percent are using short acting reversible contraceptives, 15 percent are using acting reversible contraceptives, while 19.4 percent opted for permanent family planning methods.



The number of current users (38,709) shows an increase in usage of long-acting reversible contraceptives (intrauterine contraceptive device and implants), tubal ligation, injectable contraceptives and pills by an average of 3 percent points for each method. Improvement has been reported in usage of long-acting reversible contraceptives and short-acting reversible contraception in Year III.



In order to improve the quality of family planning/reproductive health services at public health facilities within the project area, 65 facilities have been added to the intervention in Year III, out of which, 29 facilities were upgraded through supply of infection prevention equipment and supplies, IEC material, and some structural repairs and regular maintenance.

Non-provision of quality in family planning services has been one of the reasons that have barred potential users from seeking services. The program has been fully conscious and well aware of this and included quick investigation of quality in the standard of work for Aga Khan University. For both the public and private sector partners, these initial reports proved to act as a catalyst in identifying gaps and improving them. DKT has been closely monitored to ensure that all gaps identified have been addressed while also pursuing an independent clinical audit for further evaluation.

Service data from eight maternal child health centers showed that between January to June 2016, 3,490 deliveries were conducted. Of the 35 percent women counseled for postpartum family planning, 26 percent accepted using a modern family planning method, including 22 percent who opted for postpartum intrauterine contraceptive devices. Additionally, 2,981 women received counseling on family planning from Sukh Initiative trained counselors during their regular visits to these centers. Of these, 818 women accepted the family planning methods.

Reporting is almost negligible on post-abortion care and post-abortion family planning among the public sector providers. Despite repeated interventions by Jhpiego with respective departments, this has not improved. One of the main reasons for denial by public sector providers is that clients come for post-abortion care only, rather than to seek abortion. On the contrary, increasing trends have been reported from the private sector on services provided for post-abortion care and post-abortion family planning.

Similarly, service data from 20 Family Welfare Clinics of the Population Welfare Department shows uptake of family planning services by 48 percent of clients visiting these clinics. This in turn has shown an increase in demand for injections (29%), pills (16%), intrauterine contraceptive device (9%) and implants (10%). During the fourth quarter of Year III, there was a stock-out at Population Welfare Department facilities due to the closing out of USAID|DELIVER Project. Population Welfare Department's access to

contraceptives from central warehouse became limited, affecting the facilities at the end of Year III and the first quarter of Year IV of the project.

51 private health facilities managed by mid-level providers have joined the Dhanak franchise network in Year III of the program. At Dhanak Clinics, these facilities will improve the quality of family planning/reproductive health services through rigorous training and up gradation in order to increase number of family planning clients from the baseline by 67 percent.

Both the public and private sector facilities have shown an overall increase in the quality of family planning/reproductive health clinical services by an estimated average of more than 75 percent.

The program's work with the youth is also an exciting intervention where basic lessons on life are provided. The program also ensures that future generations are more conscious of the challenges they face and the role they can play, especially in addressing population dynamics. Life Skills Based Education has been integrated in 23 public and 7 private schools; where 7,674 students are receiving Life Skills Based Education by 90 teachers, trained by Aahung.

Community health workers have so far reached out to 25,008 girls and 25,054 boys. The program engages the youth at different levels and continues to receive valuable feedback from the community and teachers. Trainings have built teacher confidence in communicating with adolescents in their homes and with their respective families on issues relating to puberty. The program has also included youth surveys in its mid-line evaluation to gauge the impacts of these interventions.

Usage of family planning and youth helpline services has increased with almost double the number of married women of reproductive age calling helpline services. A threefold increase has been reported in women seeking information on sexual reproductive health. Similarly, in-bound call volume of youth seeking pre-marital family planning counseling has increased almost nine times.

Increase in these calls at Aman Telehealth is a direct impact that community based Life Skills Based Education activities has created, reflecting close collaboration between Aahung, Aman Community Health Program and Aman Telehealth teams.

Rigorous advocacy for project sustainability has resulted in some high impact initiatives like Family Health Day being included in Government of Sindh's Costed Implementation Plan for family planning. The concept of Family Health Day comes from a separate Packard Foundation funded project in Kasur, Punjab, being advocated as a high impact initiative. The program also provides "proof of implementation" for task sharing and task shifting activities, suggested in the Costed Implementation Plan in collaboration with Population Welfare Department and Lady Health Worker Program.

Activities supporting Sukh Initiative's three strategic objectives have been categorized under two groups: cross-cutting activities, which contribute to all objectives; and those that directly support an objective. In the following pages, we provide detailed progress against both cross cutting and focused interventions during the reporting period.



MAPPING OF TARGETED INTERVENTION SITES

A. Population coverage/household mapping

By the end of Year III, the program has covered a total population of 0.9 million; 0.7 million with 172 female Community health workers, and 0.2 million in partnership with National Program for Family Planning and Primary Health Care, Sindh (Lady Health Workers Program) with its 200 lady health workers.

Community health workers from Aman Community Health Program are primarily responsible for interacting with households by providing door-to-door services. Following the strategy, population coverage has been rolled down phase-wise. For Year III, each female community health worker covers a population of 3,500, whereas each male community health worker covers a population of 14,000 in the community. The coverage has been expanded to include a total population of 700,000 after registering 118,407 households comprising of 97,431 married women of reproductive age.



As Sukh Initiative has formally partnered with Lady Health Worker Program Sindh, in Year III, Aman Community Health Program has taken the initiative of managing this partnership. The project management unit has facilitated both Aman Community Health Program and Sindh Lady Health Worker Program to identify 200 lady health workers and their respective lady health supervisors in the project area for expanding coverage to an additional population of 200,000. Each lady health worker covers a population of 1,000, providing primary healthcare and family planning services. Physical verification of the identified areas was completed in the second quarter of Year III. To avoid duplication of reporting efforts, the existing reporting process of Lady Health Workers is followed whereby Lady Health Workers send their monthly reports to their supervisors who file them at their district offices in Karachi, from where they are shared with Aman Community Health Program. However, the joint monitoring and follow-up reporting by both the Lady Health Workers Program and Aman Community Health Program is done on a reporting format developed mutually and shared respectively on monthly basis.



B. Mapping of health facilities

i. Mapping of Public Health Facilities

Jhpigo is the implementing partner for improving access to family planning services and ensuring high quality of service. It has carried out the mapping of public health

Facility type	No. of facilities mapped	No. of facilities selected	Total # of providers identified
Dispensary	28	28	28
Family Welfare Center	36	25	25
Maternal Child Health with nonfunctional labor room	4	0	0
Maternal Child Health with 24/7 functional labor room	9	8	24
Rural Health Center (working as dispensaries)	1	1	2
Reproductive Health Services-A	1	2	4
Urban Health Centers (working as dispensaries)	1	1	2
Total	80	65	85

facilities in catchment areas in partnership with the Department of Health and the Population Welfare Department. Eighty facilities were mapped and assessed, including 1 Maternal and Child Health of Department of Health, 6 Sindh Employees' Social Security Institution facilities, and 16 facilities of Karachi Metropolitan Corporation. All mapped public facilities were assessed on Jhpiego Standards-Based Management and Recognition. Facility assessments and evaluations revealed that out of 40 Maternal and Child Health facilities, only 9 Maternal and Child Health facilities have 24/7 functional labor rooms. The remaining facilities which include 28 dispensaries, 2 Rural Health Centers and 1 Urban Health Center operate in morning shifts, and provide only Antenatal Care, Postnatal Care and Extended Program for Immunization services. However, in order to cater to high client turnover, these facilities were selected for counseling and referral of post-partum family planning clients, and to place family planning counters at these centers with trained providers.

By the end of the reporting period, 65 out of the proposed 85 facilities were finalized for Sukh intervention based on their capacity to provide family planning/reproductive health services.

ii. Mapping of private health facilities

DKT works with private sector providers to build both their capacity and capability as well as to ensure the provision of modern contraceptives. During the reporting period, the DKT team mapped and assessed 77 providers and their facilities in an effort to identify promising providers for improving the quality of family planning/reproductive health services. As a result of this assessment, 51 clinics were franchised under Sukh Initiative. This franchised network is managed by 7 doctors, 6 nurses, 20 lady health visitors, and 18 community midwives. To ensure quality compliance and stock out issues, the project management unit critically evaluates the quality standards for DKT through a third party evaluation. Their audit will be completed by the third quarter of Year IV.

iii. Mapping of schools for Life Skills based Education

During Year III, Aahung conducted the mapping of five additional secondary high schools in the public sector and also signed Memorandums of Understanding (MoU) with each of the 6 private secondary high schools in the catchment area in order to provide life skills based education to their students. With these inclusions, the total number of partnering schools is 30, including 24 public and 6 private schools, of which 21 have incorporated life skills based education into their syllabus. 7,674 students are receiving life skills based education.

In order to reach out to a maximum number of young people, including those who may have dropped out of secondary schools, Aahung included alternate learning institutes for life skills based education intervention. In April 2016, an MoU was signed with Sindh Technical Education and Vocational Training Authority (TEVTA) who agreed to pilot life skills based education in 4 of its vocational training institutes in the first round. Six additional institutes are also planned after successful completion of the pilot intervention.

C. Registration of clients for Aman Telehealth

Aman Telehealth is a 24/7 helpline, accessed by dialing 9123 from mobile networks and 111-119-123 via landlines, providing family planning counseling and referral information in more than 5 local languages (including Urdu, Sindhi, Pashto, Balochi, Bengali and Saraiki). Aman Telehealth implemented the following strategies to increase access to and utilization of helpline for married women/men of reproductive age, adolescent girls and boys;

i. Database of contact details from the community

Sukh Initiative partners support Aman Telehealth by providing mobile numbers of respective clients and target audiences from the community among married men, women and youth. These numbers are entered in Aman Telehealth database and are used for outbound calls and sending health related messages and reminders. In Year III, a total of 30,245 phone numbers were received, of which 23,626 have been registered in the system and are being followed up for family planning counseling. It is not common in the catchment areas for women to have their personal phones. Even if they do, their numbers are not shared with anyone other than the household members. The database therefore includes only 17% married women of reproductive age. Aman Telehealth has developed an outbound application to ensure efficiency in managing the call database.

ii. Health directory system for referral

Aman Telehealth continuously updates its database of providers to ensure that correct referral information is provided to the clients. During Year III, contact details of 42 public service providers and 33 private service providers were received from respective partners. Out of these, 21 public and 29 private service providers' details have been incorporated in the health directory system so far. To maintain and acquire a system generated report of clients being referred to different public and private health facilities, a function for client referrals has been developed in the health directory system, which will be activated in Year IV for generating reports. This health directory has been prepared and shared with all implementing partners.

FAMILY WELFARE CENTRE

BEECH
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MONTHLY PERFORMANCE REPORT FOR THE YEAR

S.NO	MONTH	CONDOM	ORAL PILLS	INJECT	COCP	PT. MIDDLE	C.S
1	Jan.	2274	35	23	6		2
2	February	1400	55	40	3	3	2
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



Familia
 28 DAY ORAL CONTRACEPTIVE PILL
 28 DAY ORAL CONTRACEPTIVE PILL
 28 DAY ORAL CONTRACEPTIVE PILL

Familia
 28 DAY ORAL CONTRACEPTIVE PILL
 28 DAY ORAL CONTRACEPTIVE PILL
 28 DAY ORAL CONTRACEPTIVE PILL

ENABLING ENVIRONMENT

Sukh Initiative engages with communities at multiple levels to create an enabling environment for promoting increased uptake of family planning services. For the program, Aman Community Health Program engages households from the grassroots in the form of community representative groups on one hand, while community notables are kept involved in the project through community advisory committees. Similarly, Aahung takes lead in creating an enabling environment for life skills based education by engaging young people and their parents through various community events.

A. Community representative groups

Community representative groups were also formed to facilitate project implementation and provide solutions for day-to-day challenges. Two community representative groups (one male and one female) per 20,000 persons were formed in the Year II. A total of 130 community representative groups have 10–12 community representatives each. This flexibility allows active participation for community members. Field teams plan and conduct monthly meetings with each community based organization. In Year III, a total of 929 meetings were held with them.

Community representative groups are instrumental in addressing day-to-day challenges and have played an important role in building inroads for the project within the community. They have proven to be a good medium to not only identify potential community health workers, (most of them are from their own communities/families) but also have been helpful in motivating community health workers to continue their services. Community health workers along with their supervisors not only organize monthly meetings but also actively use the forum to highlight challenges faced in the community.

B. Community advisory committees

Aman Community Health Program formed Community Advisory Committees with community stakeholders, local leaders, activists, religious leaders, prominent political personalities and community elders. Meeting at least once a quarter, mostly on need basis, they facilitate in identifying potential local candidates for community health workers, help in identifying schools for interventions by Aahung, private clinics for starting Dhanak centers by DKT, establishing telephone booths for Aman Telehealth, and in conducting process monitoring for Aga Khan University. Sukh Initiative established 10 Community Advisory Committees with one committee catering to 100,000 people during Year II. In Year III, 28 meetings have been conducted with 10 Community Advisory Committees.



A CAC meeting in progress

C. Male Involvement

Sukh Initiative aims to involve men in the community to create awareness on healthy time and spacing of pregnancy, family planning, post-abortion care and maternal newborn and child health, thus contributing towards improving inter-spousal communication on these issues. 50 male community health workers conduct support groups and corner meetings with married men, elders, community leaders, religious leaders and local influencers. These meetings are usually held in the evenings or during weekends when most of them are available. Male social mobilisers and community health workers also reach out to young boys in the community who do not attend school or other institutes. Male mobilization activities currently are only focused on sharing information and engaging men in family planning discussions. The mobilisers also reach out to young boys to discuss adolescent issues and respond to queries related to it. These interactions though occurring cannot be measured as impact in terms of behavior change. Project management unit will engage a consulting firm to build the capacity of male mobilisers and also identify measurable indicators so that the interventions can be analyzed in terms of behavior changes. During the reporting period, 5,683 support group meetings were conducted with married men on maternal newborn and child health, family planning, and post-abortion care. 2,441 support group meetings were held with young and unmarried men on life skills based education. Additional comprehensive trainings of male community health workers on male mobilization have been planned for Year IV.



D. Community involvement and engagement on youth issues

Aahung engaged youth in interactive and entertaining activities for disseminating and reinforcing key life skills based education messages relating to youth issues as well with parents, gatekeepers, and other stakeholders within the community.

i. Parent Sensitization

The purpose of the parent sensitization sessions is to introduce parents to the concept of life skills based education, to gain their confidence and get their permission to run the program in targeted schools. In this reporting period, 28 such sensitization meetings have been conducted at schools and alternate learning institutes, reaching out to over 1,114 parents, which includes 935 mothers and 179 fathers. As a result of these efforts, Aahung could finally initiate life skills based education implementation in schools through a more enabling and supportive environment.

ii. Theater

Three theatre performances have been conducted in the community on a well thought out script for disseminating key messages on early marriages, communication skills and health seeking behavior through storytelling and acting performances. These performances were watched by students from secondary high schools, along with their teachers and parents.

iii. Youth Mela

Aahung held a youth mela (youth funfair) in October 2015, at a sports academy within the catchment area. This involved hosting theatre performances on the challenges of

early marriages, a local talent hunt and musical show, health sessions and discussion sessions with parents on key youth sexual and reproductive health and rights issues. 2,000 young people and 1,300 adults participated in this event. Maximum participation of the community was ensured by close coordination with Aman Community Health Program and community notables. The partnering theater group did local advertising. Youth, teachers and the administration from various schools who are currently not involved in Sukh Initiative were also invited with an aim to increase their awareness as well as to generate their interest in schools for life skills based education program. All Sukh Initiative partners set up stalls and shared information about their services and products.

iv. Whole school activities

Whole school activity is an effective way of ensuring sustainability and ongoing learning within the schools. During Year III, five whole school activities were arranged, which included art competitions, debates on life skills based education topics, tableaux etc. The purpose of these activities is to engage young people, their parents and teachers through active participation so they can contribute towards the importance of life skills based education in their day-to-day interactions. Approximately 5,000 people participated in these including 1,003 boys and 1,807 girls, and groups of 11 girls, 10 boys from 3 co-education schools.





Display board of contraceptive products:

- Pills
- NURTLOAD
- IMPLANT
- NOVAJECT
- SUAB



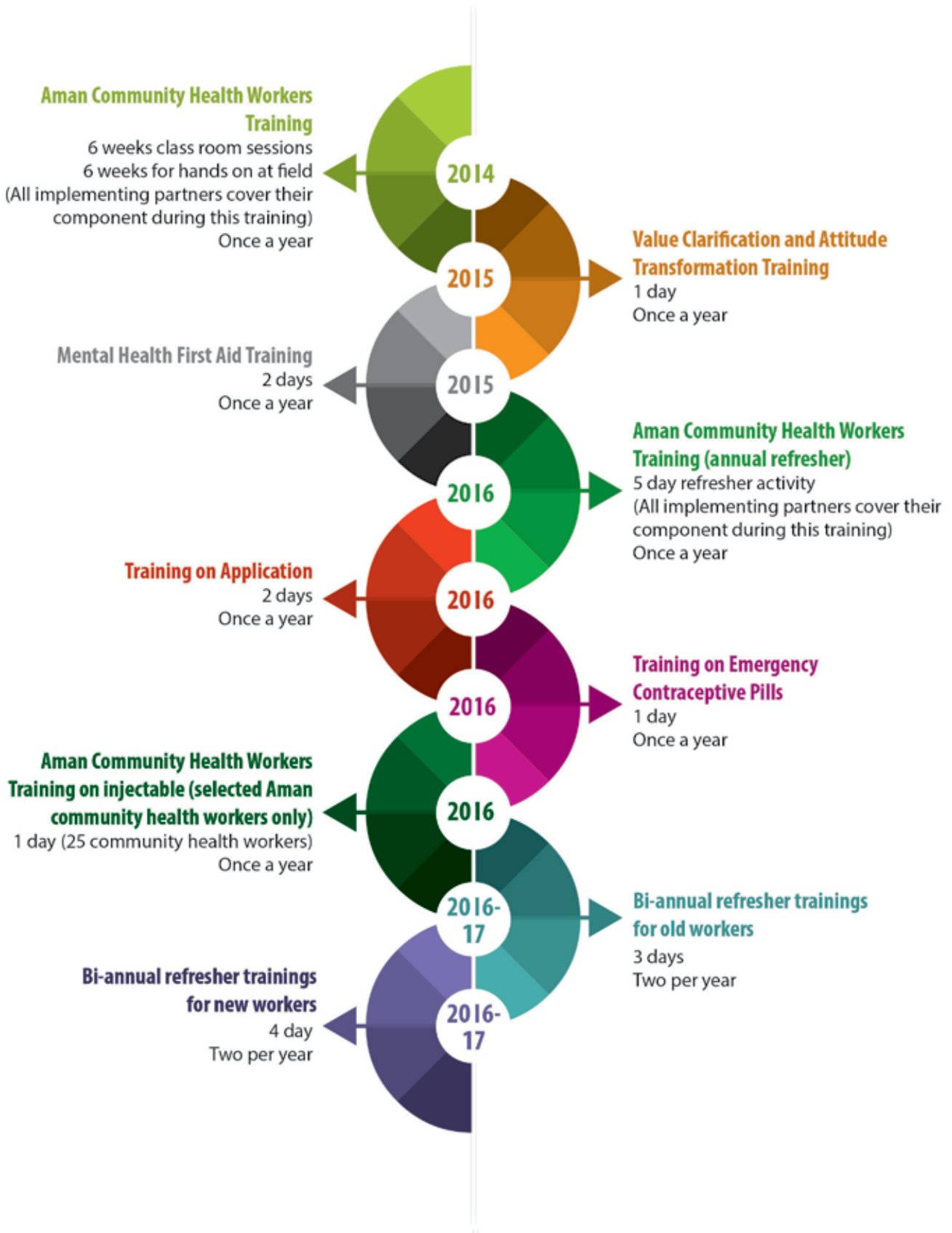
CAPACITY BUILDING

A. Capacity building of community health workers

Knowledge and skills are most essential for community health workers, for which Aman Community Health Program conducts regular training sessions. While existing or already trained community health workers receive annual refresher trainings, newly inducted community health workers are provided two week long on-job-mentoring after they complete an introductory course. In order to ensure that community health workers are fully updated and are not overburdened, continued medical education is held once a week. All implementing partners synchronize their trainings and refreshers with Aman Community Health Program and use the continued medical education days to reach out to community health workers. The project management unit conducts monthly monitoring of these trainings during field planning and at Senior Management Team Meetings. During Year II and III, the following trainings were provided:



Training and capacity building



Induction Training Mechanism

In Year III, training sessions were conducted for 71 new community health workers, which included 57 females and 14 males. This training was merged with the annual refresher of community health workers who had received initial 3 months training.

i. Need assessment

Aman Urban Health Institute, a training academy that provided 3 months basic training in Year II to the community health workers, conducted a needs assessment of community health workers in December 2015 with 69 percent results for spot check test. New community health workers scored 63 percent while trained ones stood at 67 percent. Based on these results, refresher training was planned in March 2016.

ii. Refresher trainings

Annual refresher training was organized for all community health workers to update their knowledge and skills for providing family planning/reproductive health information, counseling skills, and referral skills based on the needs assessment by Aman Urban Health Institute.

iii. Continuous medical education

As part of the continuous medical education strategy, community health workers participate in a weekly session held at each field station where a community health supervisor addresses the gaps identified through the supervisory visits during the week. In Year III, 537 continuous medical education sessions were held in total.

iv. Orientation sessions on family planning products for community health workers

DKT conducted trainings sessions for Aman Community Health Program team stations on products and introduced Dhanak clinics that were established in catchment areas.

v. Telehealth orientation sessions for community health workers

All Community health workers were given orientation on the helpline and the use of telephone booths and phone sets through 19 sessions.

vi. Refresher training on life skills based education for community health workers

A rapid needs assessment was carried out by Aahung to identify the specific need(s) and challenges faced by the trained community health workers on ground. Based on the findings, a refresher training module that addresses these topics in detail was developed and 12 refresher trainings were conducted in which 190 community health workers and community health supervisors were trained.

vii. Training on provision of injectable contraceptives

As a pilot for task sharing with midlevel providers, it became important for community health workers to be at par with lady health workers. 24 selected and trained community health workers will be providing the second dose of injectable contraceptives through door to door community services. During the reporting period, 24 community health workers and 2 community health supervisors were trained on counseling and the administration of injectable contraceptives to initiate the pilot.

The training of lady health workers for the first contraceptive injection has been initiated in the third quarter of Year IV. The short study titled "Reasons of

Discontinuation of Family Planning” done by Aga Khan University has identified that women find it cumbersome to go to a facility for getting injections as lady health workers do not administer the first injection. The response from Aman Clinic’s door to door community services for provision of injections has also shown overwhelming acceptability by women for the same. The project management unit has developed a detailed standard operating procedure with Population Welfare Department and Lady Health Worker Program for post training follow-up of lady health workers, with a special focus on their client selection criteria.

viii. Training on mobile app for household data

Sukh Initiative has developed an android mobile application for community health workers and lady health workers, with an objective to increase their efficiency in recording data and providing them with a tool for efficient client follow up. The app also reduces multiple levels of data entry and provides and monitors the evaluator’s direct access to data and use of this information for improved services. Training and User Acceptance Testing (UAT) was held in January 2016 on the newly developed app. Fifteen persons received training on the app’s interface including Aman Community Health Program’s senior, mid-level, field management. Based on the feedback received during this orientation, the app was customized and developed for piloting. Thereafter, a two-day training was organized for 20 personnel selected for pilot testing in March 2016. The participants of this training included community health supervisors, community health workers and operational executives.

ix. Orientation session on protocols for emergency contraceptive pills

Provision of emergency contraceptive pills has been included in the package for door-to-door services. 163 community health workers and 19 community health supervisors have been trained on the protocols for provision of emergency contraceptive pills. Such trainings of community health workers are part of the continuing medical education and all community health workers including those who are newly enrolled, get the opportunity to learn the emergency contraceptive pills protocols and are provided with emergency contraceptive pills supply.

B. Capacity building of school teachers

Aahung provides technical support to all partners by building their capacity to address adolescent/youth reproductive health needs, and imparting life skills based education in a youth-centric and non-judgmental manner.

i. Teachers training

So far, 55 teachers of which 13 are male and 42 are female, were trained from both public and private schools. Assessments of the training sessions showed teachers having not only more knowledge but also a supportive attitude toward imparting the same trainings to school children.

ii. Refresher trainings for teachers

Aahung provided refresher training to 24 teachers in January 2016. The breakdown of this was 5 males and 19 females.

iii. Training of teachers from alternate learning institutes

For initiating the pilot in the 4 selected vocational training institutes, 16 teachers and

members of management were trained on the basic concepts and messages.

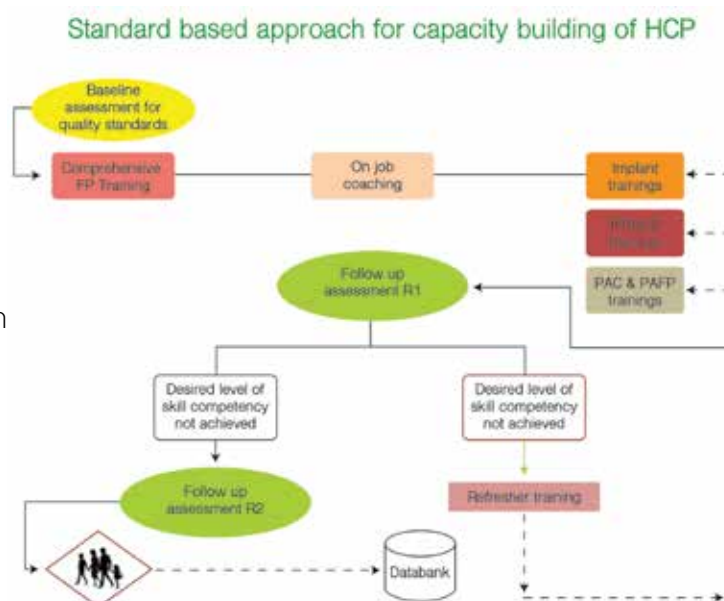
Key findings from the pre and post tests conducted at each training showed a significant increase of 29 percent in knowledge regarding dangers of early marriage and teenage pregnancy, improvement in attitude towards puberty related education to young people, girls' consent for marriage, and on the importance of reporting child marriages to the authorities.

C. Capacity building of health care providers

Jhpiego provides technical trainings to improve knowledge and clinical skills for family planning/reproductive health service delivery to a range of health care providers. In addition, support staff is also trained on counseling for post-partum family planning and infection prevention. These trainings employed; 1) participatory methods including discussions and lectures, and, 2) hands-on trainings on simulators, conducted on ZOE models and evaluated through Objective Structured Clinical Examination (OSCE), including on-site trainings. Jhpiego also trains them on value clarification especially for post abortive care services. A cadre of 12 master trainers was prepared for roll down trainings on comprehensive family planning package. Aahung also provides technical support to service delivery partners in the program in collaboration with Jhpiego on the concepts of life skills based education, youth friendly services, and values clarification around these topics. The list below briefly describes the trainings provided to health care representatives from selected facilities during the reporting period. Post test questionnaires were used for all trainings and their analysis showed improvements in the scores for each session.

i. Training of public sector health care providers on comprehensive family planning package

A total of 85 providers were selected from maternal child health centers, family welfare centers, and reproductive health services centers were trained on comprehensive family planning and post-partum family planning packages. Moreover, six service providers from family planning clinics have also been trained on the same package.



ii. Training of private sector health care providers on comprehensive family planning package

DKT's master trainers conducted roll down trainings using the curriculum and IEC material developed by Jhpiego. Through 4 sessions, 47 providers and staff members were trained. A session on health management information for collection of service data was also a part of these trainings.

iii. Training on youth friendly services

Aahung designed modules and training tools to enhance capacity on youth friendly services. During one session, 48 health care professionals were trained.

iv. Training on post-abortion care

These trainings were provided to those who had the potential to provide post-abortion care and post-abortion family services. Technical training sessions on these were provided to 15 service providers from maternal child health facilities and 21 private providers. Topics covered in the training included counseling, myths and misconceptions, theory and practice of manual vacuum aspirations techniques, use of manual vacuum aspiration kits, prevention of infections and management of complications.

v. Training of public sector health care providers on infection prevention

Jhpiego has conducted three workshops for support staff. This was a first ever training for the support staff and 40 of them from family welfare centers, reproductive health services and maternal child health have been trained for infection prevention during this reporting period. Topics discussed included hand washing practices and methods, sterilization of instruments, disinfection and preparation of chlorine for instrument sterilization with a focus on limited resource settings. A check list was also introduced for self-check of infection prevention standards.

vi. Training on value clarification and attitude transformation

The purpose of these trainings is to let people discover their values through a process of honest self-examination; to correct different myths prevailing among providers for providing family planning services; change their attitudes; and finally actions. 37 support staff have been trained on this and counseling through a training jointly held by Jhpiego and Aahung.

vii. On job coaching

As a strategy for low dose and high frequency training, providers are trained using brief, two- or three-day modules for different skills based training instead of being taken offsite for long periods of time. Jhpiego provided on job coaching on various skills during the reporting period; Implant and intrauterine contraceptive device: 17 service providers were trained in the months of January, February and March 2016 on implant insertion and removal skills. Post-partum intrauterine contraceptive device: 5 service providers from maternal child health centers were trained on post-partum intrauterine contraceptive device insertion techniques with a focus on hands on practice. Manual vacuum insertion: Skills of 14 healthcare providers were enhanced by reinforcement of techniques. Infection prevention: Knowledge reinforcement of 26 ayas (support staff) from selected maternal and child health and family planning clinics were refreshed.

D. Capacity building of Telehealth call agents

Aman Telehealth emphasizes the importance of having capable call agents for responding to and dealing with calls on maternal, newborn and child health, family planning, post-abortion family planning, post-abortion care and life skills based education. Two training sessions were conducted to; (1) identify existing knowledge of call agents related to reproductive health and birth spacing, (2) to strengthen their knowledge for counseling

clients regarding family planning, and (3) to brief them about the nearest healthcare centers.

i. Training on family planning

In this reporting year, two rounds of refresher trainings were held for call agents. In January 2016, 20 call agents including 10 males and 10 females were trained in 4 refresher sessions and the second round of refreshers were carried out with the same 20 agents in June 2016. These sessions were facilitated by Jhpiego and aimed at rejuvenating the knowledge of call agents related to reproductive health and birth spacing and to strengthen their counseling skills on these topics.

ii. Training on life skills based education, and sexual and reproductive health and rights

Aahung facilitated 4 refresher trainings of call agents to clarify concepts in January 2016. Through these sessions 21 call agents, which included 10 males and 11 females, were trained.

iii. Training on value clarification and attitude transformation

A round of 4 sessions were held for 20 call agents in October 2015.

iv. Orientation on family planning products

In Year III, DKT facilitated a training session to enhance information regarding various family planning products available at Dhanak Clinics. In a two-day training, 9 participants were trained including 3 female call agents, 4 male call agents, and 2 members from the management team in December 2015.

E. Capacity building of senior and middle management

Training on value clarification and attitude transformation

In Year III, three training sessions were organized for implementing partners through which 95 staff members were sensitized.

F. Capacity building of the community

In the reporting period, 13 leadership and social mobilization training sessions were conducted by Pathfinder International in which 261 community based organization/ community representative group and community advisory committee members participated. Participants included 189 men and 72 women. With these trainings, community representative groups were further educated to improve understanding of their roles and responsibilities to address day to day challenges.



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STRENGTHENING HEALTH FACILITIES

A. Uplifting of the Public Health Facilities

Equipment, instruments, consumable infection prevention supplies and job aids were procured and distributed to 21 family welfare centers, 9 maternal and child health centers, and 1 reproductive health center. IEC materials that included brochures and job aids, and data entry registers for labor rooms were also designed, printed and placed at all intervention facilities. Moreover, two skills labs, one each at Regional Training Institute and Sindh Government Hospital, Saudabad, were also established.

Infection prevention equipment and supplies



IEC material placement in facilities

B. Branding and upgrading private health facilities

In the reporting period, 51 private health facilities were franchised under DKT as Dhanak Clinics with Sukh Initiative branding. DKT's team provided the required basic equipment to 40 providers including intrauterine contraceptive device kit, sterilizer, separator, and other medical instruments. Continuous supply of family planning commodities is also being ensured. An inventory system has been implemented for 40 Dhanak clinics to ensure stock availability. DKT's medical information officer was assigned immediately after training providers to take orders and ensure product supplies on monthly basis. The health supervisor and project manager conducted clinical quality assessments using Quality Improvement and Client Safety Tool.

C. Increasing demand for family planning services

Sukh Initiative aims to increase demand for family planning services especially amongst women who have already expressed their desire to limit or space their children, and to promote the demand for more effective and long-term methods. Activities in this regard include door-to-door services through community health workers, interpersonal communications with youth on life skills based education, counseling services through helpline, and community events organized to raise awareness of the key messages related to family planning/reproductive health.

i. Door-to-door community services

Community health workers from Aman Community Health Program are primarily responsible for interacting with households via door-to-door services. Overall, a population of 602,000 individuals, consisting of 97,431 married women of

reproductive age, was reached out to through door-to-door services through 172 female community health workers.

ii. Household visits for counseling on family planning

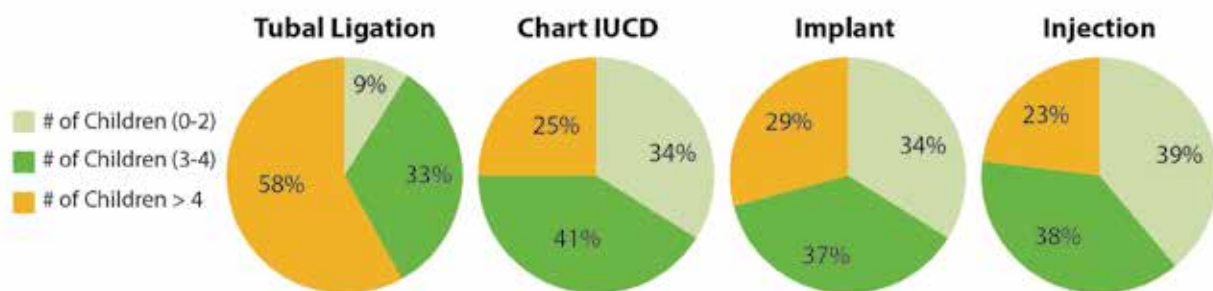
In Year III, community health workers carried out 513,925 visits to the 118,407 registered households. Moreover, 103,061 visits were made for follow up on referrals facilitation, antenatal care, family planning and others. Overall, 87 percent of regular household visits of the total target were made due to the frequent turnover of community health workers. To minimize the effect of attrition, a user coverage strategy was adopted to ensure continuity of visits and contact to current family planning users. For this the Aman Community Health Program management team temporarily assigned the uncovered population pocket where community health worker coverage is suspended due to attrition to the available community health workers/community health supervisors to make follow-up visits to family planning users, except those who have undergone tubal ligation. During these follow-up visits, community health workers provide condoms and oral contraceptives to temporary family planning method users and also check the status of long acting reversible contraceptives users

iii. Referrals

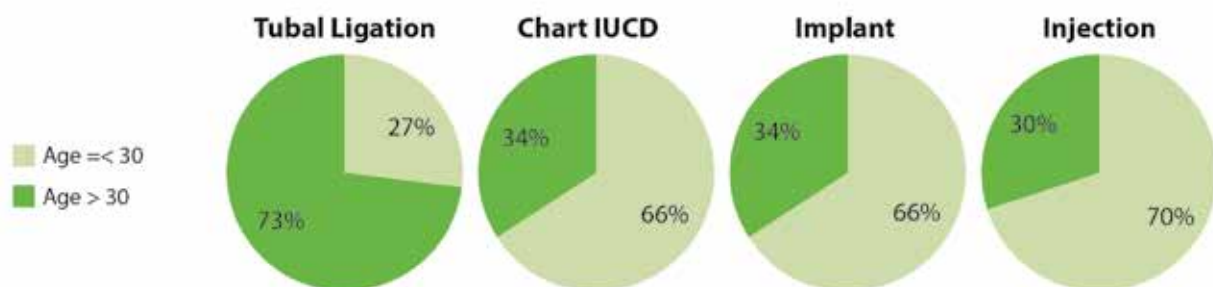
a. Method wise referral of family planning services

During household visits and other community activities by community health workers, a total of 21,230 married women of reproductive age were referred for family planning services. The breakdown of these referrals includes 6,145 for injections; 7,218 for intrauterine contraceptive devices; 5,610 for implants; 2,252 for tubal ligations and 5 for vasectomies. Of those who were referred 32 percent (6,814) accepted a family planning method and 62 percent of these married women of reproductive age were aged 30 years or less. The pie chart below gives details of parity breakdown of family planning clients who took up tubal ligation (TL), long-acting reversible contraceptives (LARC), and injections:

Parity wise analysis of referred FP clients who took up TL, LARC, and Injection



Age wise analysis of referred FP clients who took up TL, LARC, and Injection



While the number of additional new users is increasing, the method mix shows steady improvement and encouraging patterns are expected in Year IV. Continuing Medical Education session is a forum where community health worker counseling on client communication and importance of long acting reversible contraception and short acting reversible contraception is continuously improved and reinforced.

In the above pie charts for tubal ligation clients, the largest share of married women of reproductive age for long acting reversible contraception have parity between 3–4 children and are at an age below 30 years, the absolute numbers in a total number of users are still low. These numbers are expected to improve in Year IV with further extensive intervention.

b. Maternal care referrals

During door-to-door services, community health workers identify and refer women for antenatal and postnatal care as well as for facility based deliveries. Of the 23,080 referrals provided to pregnant women, 11,490 were for antenatal care; 2,905 for post natal care; 863 women were referred for facility based deliveries; 1,741 clients were referred for post-partum family planning; 5,560 for TT vaccination; and 521 were referred for post-abortion care services.

iv. Services by lady health workers

Liaison with the Lady Health Worker Program was initiated result of the need to increase the demand for family planning and reproductive health services in the lady health worker covered communities. After a series of collaborative meetings in sorting out the partnership details, the lady health worker initiative was formalized in February 2016. An internal service level agreement was signed between the program management unit and Aman Community Health Program to run this initiative. As per the MoU between Sukh Initiative and the Lady Health Worker Program, Aman Community Health Program will augment the existing structure by filling in gaps relating to trainings, supportive supervision, and monitoring and reporting. The lady health worker component has been planned for implementing in two phases: Phase 1 will have a focus on trainings on counseling and referrals for healthy time and spacing of pregnancy, post-partum family planning, post-abortion care, post-abortion family planning, and youth; followed by Phase 2 which will focus on activities of lady health workers for generating demand for family planning/reproductive health in the catchment areas. During Year III, the following activities have been done under this partnership: 1) area identification, 2) training of master trainers, with 10 lady health supervisors trained, 3) step down training of lady health workers, with 200 lady health workers trained on healthy time and spacing of pregnancy, post-partum family planning, post-abortion care and post-abortion family planning, and 4) supportive supervision of lady health workers. Lady health workers were also trained on life skills based education for young girls aged 16–22 in collaboration with Aahung. This newly included component contributes to the demand generation for family planning and reproductive health services and is now operating within the Aman Community Health Program.

The lady health worker initiative established in the second half of Year III with completion of trainings and development of collaborating and reporting mechanisms between Lady Health Workers Program and Aman Community Health Program. Lady health workers, in comparison to community health workers, cover a population of 1,000 and the number of married women of reproductive age is 4 times lesser,

therefore an immediate increase in family planning acceptors is not foreseen. However, it is anticipated that the number of current users will be doubled within the project life with dramatic change to the method mix. The objective of this initiative is to re-orientate lady health workers on their prime responsibility to provide family planning services and improve method mix with more focus towards long acting reversible contraception for low parity married women of reproductive age.

v. Support Group Meetings

Separate support group meetings are scheduled every month for married women of reproductive age and married men for discussion on the topics related to family planning, maternal, newborn and child health, and post-abortion care. These meetings are also organized for young boys and girls separately to create awareness on topics related to life skills based education. In Year III, a total 14,763 support group meetings created awareness on family planning, maternal, newborn and child health and post-abortion care. These meetings are held for married women of reproductive age and married men, with 9,080 held for females and 5,683 held for males. Of the total, 5,888 support group meetings (3057 for girls, and 2831 for boys) were with young people in which life skills based education key messages were discussed. On average, there were 8 participants per meeting. Of the total people engaged in awareness raising sessions through support group meetings, there were 73,834 married women of reproductive age; 47,544 married men; 25,008 young girls; and 25,054 young boys. Aahung also facilitated 294 support group meetings for young people on life skills based education messages, which were attended by 529 boys and girls in total. Pre and post-tests from support group meetings with young people showed increase in knowledge on effects of early marriage, on benefits and importance of healthy timing and spacing of pregnancy.

D. Promoting family planning/reproductive health through Aman Telehealth

Aman Telehealth employs various marketing techniques for creating awareness about the helpline number and services in the community.

i. Community awareness sessions

As part of this strategy, 91 community sessions were conducted for the awareness and promotion of the helpline number 9123 in the catchment areas. Aman Telehealth promotional stalls were displayed at youth festivals organized by Aahung, and at family health days organized by Jhpiego and DKT to serve the same purpose. Various types of marketing collateral including t-shirts, brochures, standees, banners, wall mounted frames, calendars and stickers etc. were also distributed during awareness sessions and other events in the community.



ii. Telephone booths and wireless phones

In Year III, 10 telephone booths were installed bringing the total number of telephone booths to 26. In order to further increase the number of Telehealth clients, mobile

telephone sets were also provided to community health workers to enable them to register married women of reproductive age during household visits. 20 wireless telephone sets were provided to community health supervisors for registration of married women of reproductive age, married men, and youth during support group meetings.

iii. Short messaging services

Aman Telehealth disseminated short messages over mobile phones for raising information on various key messages and for and promoting health-seeking behavior. These messages also provide information regarding Aman Telehealth services. In total, 1,351,990 text messages were sent with an objective to impart life skills based education, and create awareness on family planning and reproductive health. These messages were sent as part of various campaigns related to different events and specific international observances like World Population Day. Majority of campaigns (77 percent) were focused on married women of reproductive age and their husbands on the topics of maternal, newborn and child health, family planning, post-partum family planning and post-abortion care. About a quarter (23 percent) of these campaigns were targeted towards youth and involved sending text messages related to life skills based education.

Facilitating demand generation for family planning/reproductive health services at public health facilities

E. Demand generation for family planning at Jhpiego facilitates

i. Counseling for post-partum family planning services

In Year III, Jhpiego hired and placed one counselor each at Sindh General Hospital in Korangi 5, Landhi Sindh Employees Social Security Institution Hospital and Sindh General Hospital in Saudabad. They conducted awareness raising sessions in public sector facilities and provided group or personalized counseling for facilitating an increase in the uptake of post-partum family planning at these facilities. A counseling counter was also established in the antenatal care clinic, which is equipped with IEC material, contraceptive samples, Medical Eligibility Criteria Wheel, and a counseling flip chart to facilitate one-on-one discussion with the clients during sessions. Records show an increasing trend of acceptance of implants among married women of reproductive age during the past one year, and a remarkable increase in the overall adoption of long acting reversible contraception. During counseling it is ensured that clients are respectfully counseled on all methods and choices and they are fully satisfied. Furthermore, antenatal care and pre-labor counseling focuses on the importance of post-partum family planning and on interval family planning. Information of other methods are also provided.

ii. Awareness raising sessions

In Year III, counselors conducted 373 awareness raising sessions for pregnant women, their mothers in law and husbands. These sessions are held at secondary level hospitals in antenatal care, postnatal wards, and labor rooms, as well as during family health days. During the sessions, counselors narrate stories, show informational/educational videos, and answer questions regarding family planning services and methods. The impact of these sessions was evident by increased number of clients accepting family planning at the respective sites.

iii. Facilitating demand generation at private health facilities

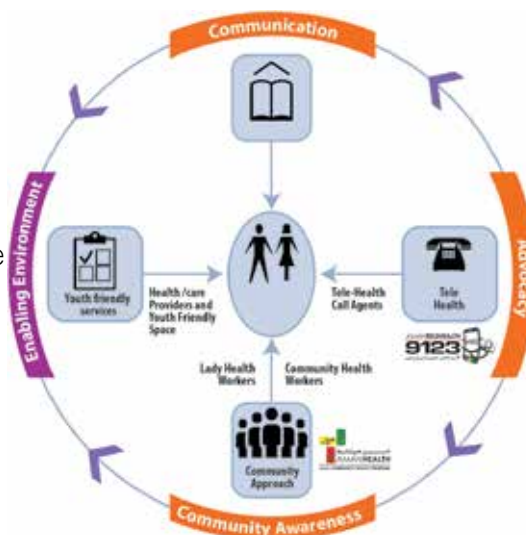
Heer Apa activity is a small gathering of women, invited to tea at facilities or nearby community place where a mobiliser facilitates a discussion on antenatal care, post-natal care, nutrition and family planning. Interested participants are referred to health camps or service providers for receiving services. 31 sessions were conducted around established clinics, through which 465 participants were informed regarding all modern methods of contraception and clinic services.

iv. Life skills based education in schools

Aahung provides life skills based education to boys and girls between the ages of 12 to 16 at selected schools and alternate learning institutes within the catchment areas. The main focus of life skills based education is to provide information to youth on maternal health, maternal rights, pubertal changes, development, communication skills, appropriate and legal age for marriage, and responsible decision making skills.

A new life skills based education e-course has been developed for implementation in the alternate learning institutes. Keeping in mind the profiles of the target group, a thorough situational analysis was carried out. To gather all stakeholders' inputs and ownership on the e-course, a working group was set up in January, which comprised of youth representatives, parents, teachers, a senior life skills based education master trainer from Aahung, representatives from the provincial Department of Education and program management unit. This group met twice to discuss and review the draft curriculum. The course will be available to students during Year IV.

Life skills based education in schools



During Year III, 6 IEC materials have been printed on puberty, nikkah nama (marriage contract), HIV, gender, hepatitis, male penile discharge, female vaginal discharge, early marriages, and child sexual abuse. These materials are distributed widely to young boys and girls in the community and at schools.

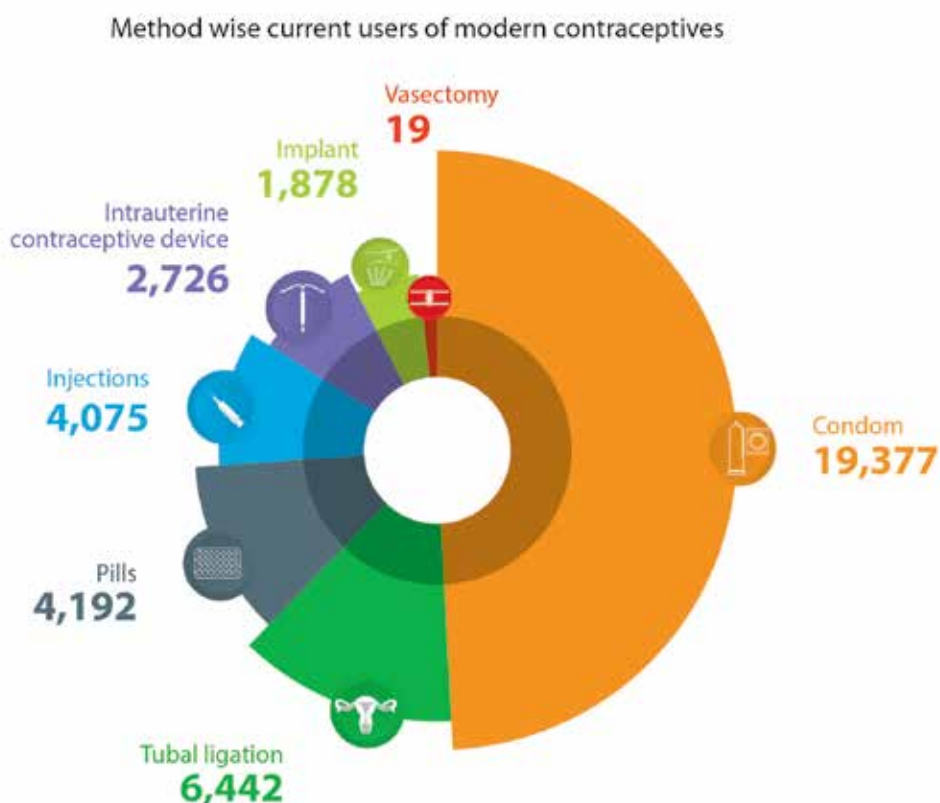
F. Improving access and quality of family planning services

i. Household services by community health workers

In Year III, each community health worker provided door-to-door services to a population of 3,500 in 6 cycles of 2 months each. In addition to the referrals (details in section 4.1), community health workers also directly provided family planning supplies including condoms and pills. Overall, 416,098 condoms were distributed amongst 37,442 clients, while 23,464 pills were distributed to 13,343 married women of reproductive age.

The numbers are dominant by services given at households by community health workers with an overwhelming number of condom clients, followed by those who use pills. The referral record indicates a large number of long acting reversible contraception referrals. Acceptance of a long acting reversible contraception family planning method after referral is low, at around 32 percent. Program management unit along with Aman Community Health Program identified the reasons as; (i) transportation cost for clients was a barrier; and (ii) availability of providers after working hours at public facilities.

Program management unit approved and agreed for Aman Community Health Program to organize a pool transport for clients especially for family health days. With Aman Clinic on board, provider availability after working hours has also been addressed. Referrals to DKT have also increased to address evening or late afternoon timings opted by most clients. It is expected that Year IV will witness an equal equation between referrals made and services received.

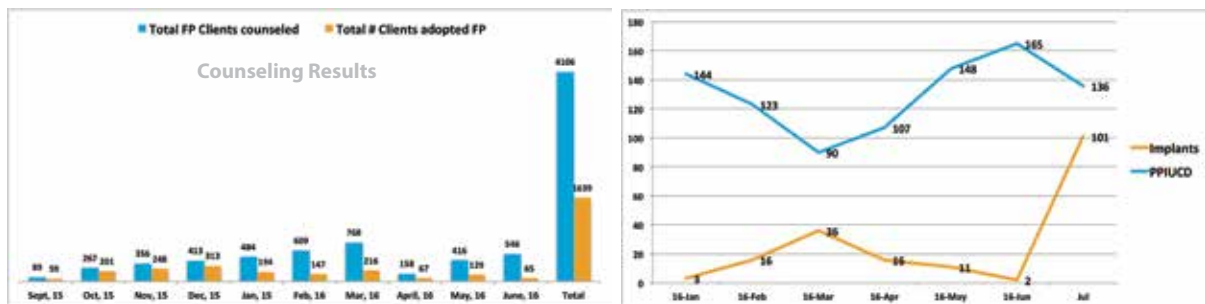


G. Improving public sector family planning/reproductive health services

Jhpiego works on increasing access to a broad range of family planning services including post-partum and post-abortion family planning services by improving quality of family planning services in public sector health facilities.

In order to monitor the increase in clients at the intervention facilities, service data is collected from the facilities. In this regard, printed registrations have been placed in the labor rooms of 24/7 maternal and child health facilities. Data from eight maternal and child health facilities is being collected, as of January 2016. It showed that between

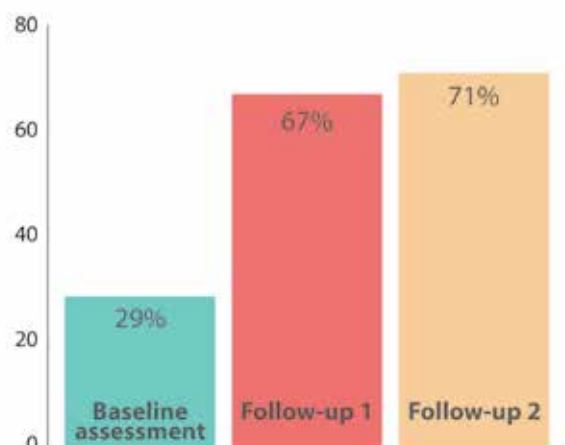
January to June 2016, 26,474 married women of reproductive age visited these facilities and 3,490 deliveries were conducted. 35 percent of the women having deliveries were counseled for post-partum family planning, of which 26 percent accepted any of the modern family planning and 22 percent exclusively opted for post-partum intrauterine contraceptive devices. Additionally, 2,981 women received counseling on family planning from trained counselors placed by Jhpiego, of which 818 accepted family planning methods. Service data from 20 family welfare centers shows that 7,320 married women of reproductive age visited these facilities during January to June 2016. Of these, 3,429 sought family planning services. All married women of reproductive age seeking family planning services received counseling, and amongst those who accepted to use contraceptive method, 96 percent accepted modern contraceptive methods. The data shows increasing trends of injections at 29 percent, pills at 16 percent, intrauterine contraceptive device at 9 percent and implants at 10 percent. Records show an increasing trend of implants acceptance among married women of reproductive age in the past one year and a remarkable increase in overall long-acting reversible contraceptives adoption. The graph below shows trends in uptake of post-partum intrauterine contraceptive devices and post-partum-implants during the reporting period.



H. Trends for long-acting reversible contraception in post-partum family planning

i. Improved quality of public facilities

Specific performance standards and checklists were reviewed and incorporated into the SBM-R[®] tool. This included general counseling, infection prevention, combined oral contraceptive pills, injections, intrauterine contraceptive device, implants, post-partum intrauterine contraceptive device, and manual vacuum aspiration. The Jhpiego team was oriented on the use of the tool to better understand scoring and frequency. A field visit plan for the SBM-R[®] was also done with clinical trainers. A total of 85 SBM-R[®] were done during Year III. Round 1 was completed on 57 facilities, whereas 28 facilities have been reassessed during the second round after on job counseling sessions. The results reveal 35 percent improvement in quality scores of family welfare centers and 28 percent improvement in maternal and child health facilities. These sessions were jointly conducted with nominated representatives from respective departments. Population



Welfare Department showed interest in adopting the SBM-R® tool as their monitoring tool and requested Jhpiego to train Population Welfare Department trainers and senior doctors on supportive supervision.

ii. Health camps and family health day

Family health day is a weekly activity taking place at the family welfare centers of Population Welfare Department. These are first of its kind initiative in Sindh and in partnership with Population Welfare Department, which ensures the functionality of the scheduled family health days while Jhpiego provides supportive supervision. The main objectives of family health days are: (1) provision of quality family planning services especially long acting reversible contraceptives; (2) to improve the image of family welfare centers; and (3) to engage lady health workers as bridge between community and family welfare centers. Family health days target newly married women, pregnant women and mothers seeking services for birth spacing. An orientation session was also conducted for Aman Community Health Program field teams on family health day and referral mechanism. During Year III, 40 health camps, and 108 family health days were held at 10 family welfare centers and 18 Population Welfare Department facilities. Due to the unavailability of family planning commodities and supplies at family welfare centers, family health days have been put on hold by Population Welfare Department. Program management unit is in continuous engagement with Population Welfare Department on availability of commodities and has been reassured by Additional Secretary, Population Welfare Department that this issue will be resolved within three months. Family health days that were initially conducted have had a catalytic effect in improving acceptance by the community for seeking family planning services from family welfare centers that were least frequently visited by married women of reproductive age for family planning. This figure stood at 4 percent in the baseline survey. In the second quarter of Year IV, Population Welfare Department has addressed stock outs and program management unit and Jhpiego are in discussion with them to redesign the frequency of family health days to more acceptable numbers per month.

I. Improving private sector family planning/reproductive health services

i. DKT Pakistan

DKT organized 40 family health days in all 4 towns during which 2,879 married women of reproductive age visited the camps. This activity is also used as a marketing tool to increase the flow of clients toward the private health facilities trained on family planning/reproductive health. Field teams, door to door community service, Aman Telehealth text messages and invitations during Heer Apa gatherings are also utilized for gathering participation on the health camp. Free services provided during the camp include counseling, blood pressure/body mass index monitoring and some family planning services, subject to availability at the facility where events are held.

ii. Aman Clinic

Aman Clinic is an initiative of the Aman Health Community Services started in February 2015 in peri-urban areas of Karachi. Its main purpose is to provide quality primary care clinical services at an affordable price. Being located in proximity of the catchment area, the clinic has two components a) in-house services for long-term reversible methods for extended hours i.e. from 9:00 am to 5:00 pm; and b) door-

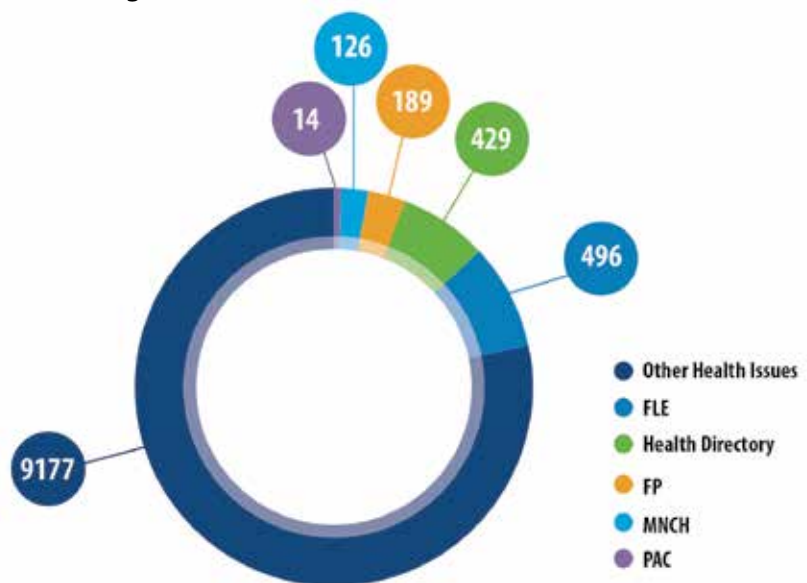
step services by an outreach mobile unit. In outreach services, staff shall provide scheduled dose of injectable contraceptives by using medical eligibility criteria, which includes the management of side effects. During the reporting period, Aman Community Health Program worked on conceptualizing their role in the program and formalizing the partnership. After development and finalization of the budget, assessment of the clinic for providing family planning services was conducted and the equipment required was listed for procurement. Hiring process for staff doctor and lady health workers has been initiated and the clinic will initiate its in-house referral services and door-to-door services in first quarter of Year IV.

iii. Aman Telehealth

Aman Telehealth uses a state of the art medical software containing over 85 medical algorithms and 600 disease summaries to provide information to clients via inbound and outbound counseling calls.

- Inbound calls
This year 10,431 inbound calls were received, of which 4,728 were sourced through awareness and promotion sessions and other marketing strategies taking place in the community. 5,703 calls were generated through telephone booths and telephone sets.

Categories of Calls received from Sukh Catchments



- Outbound calls
This year, 22,227 people were contacted through 51,964 outbound call attempts, of which 11,585 clients were registered, while 5,586 did not get themselves registered. Aman Telehealth had a target for the percentage of refusal calls below 15 percent. With regular follow up and multiple attempts, the refusal was contained at 8 percent of the calls i.e., 4,050 calls.

iv. Youth friendly space

The development of youth friendly spaces is a pilot initiative with an aim to reach out to approximately 2,100 young people. This year, Aahung carried out site visits to vocational training centers, community centers and schools to identify an appropriate location for them. To assess the youth's requirements for such a space, several focus group discussions were held with young boys and girls in the community. A MoU was subsequently signed with Karachi Metropolitan Corporation in April 2016 to establish a space at Arif Hussain English Medium School, Campus 1 where life skills based education sessions and counseling services will be offered. These will be inaugurated in the first quarter of Year IV.

COMMUNICATION, ADVOCACY AND SUSTAINABILITY

A. Advocacy - Partnerships with the Government

i. Partnership with Education and Literacy Department, Sindh

Aahung held meetings with the department and its related segments to get their support in the implementation of life skills based education in government schools in the Sukh Initiative catchment areas. Six meetings were held, one with the curriculum council and Sindh Text Book Board, and nine with other partner organizations. A formal agreement was signed in the form of a MoU to initiate life skills based education in government schools in the catchment areas.

ii. Partnership with Department of Health, Sindh

The program management unit signed a letter of collaboration with Department of Health's National Program for Family Planning and Primary Health Care, Sindh in Year II. This is also known as the Lady Health Worker Program. In Year III, program management unit maintained close collaboration with the department during the revision of its PC-1 of Lady Health Worker Program for the next five years. Vigorous advocacy enabled the program's participation in this document. The 'innovations' included in PC-1 were based on recommended practices from Sukh Initiative.

iii. Partnership with Population Welfare Department, Sindh

Program management unit held several meetings with Population Welfare Department with a focus on two major themes: (1) partnership with Population Welfare Department for conducting family health days at their designated facilities, and (2) negotiations and advocacy for inclusion of Sukh Initiative's practices in Population Welfare Department's Costed Implementation Plan for Sindh.

■ Meetings with provincial and district technical committees

Technical Committee is a collaborative forum established by the Department of Health and Population Welfare Department. The main objective of these meetings is to improve coordination among various health and population welfare projects. Technical committees are established at two levels: first at the district level, and second at the provincial level. Sukh Initiative is a member of both committees, and participates in both forums to share progress updates with other development partners. This year, the program was represented in eight district level meetings and two provincial level meetings. These forums were particularly useful in establishing and maintaining effective liaison with the public sector and therefore also contribute to the advocacy goals of the project.

■ Networking and partnership with development partners

Sukh Initiative works closely with various national and international forums such as Pakistan Alliance for Post Abortion Care, Population Association of Pakistan and Pakistan Reproductive Health Network.

Packard Foundation Country Office organized a Health Development Partner Forum in order to provide an avenue to the Donor Working Group Sindh on maternal, newborn and child health, and family planning/reproductive health, to develop synergies and avoid duplication of efforts. Sukh Initiative also participated in this forum.

■ **Technical Advisory Group**

This serves as a coordination mechanism and provides technical advice, recommendations and support to the program for attainment of program goals. This committee consists of eminent experts on family planning/reproductive health including members of provincial assembly, government departments (health, population welfare, and education and youth affairs) and members from the private sector such as Pakistan Nursing Council, USAID, United Nations Population Fund, Rutgers WPF, National Committee for Maternal and Neonatal Health, and social marketing enterprises. In Year III, Sukh Initiative organized two meetings with the whole group on December 10, 2015 and June 22, 2016. Technical inputs were sought from the technical advisory group for various challenges faced by the project, particularly regarding the inclusion of Madrassahs in the programs. Following on the recommendations of the technical advisory group, Sukh Initiative later decided not to include religious institutes in the project. Similarly, emergency contraceptive pill has also been added to community health workers' supplies dispensing list on recommendation of target advisory group. Community health workers will be supplying emergency contraceptive pill during household visits after receiving training on its protocols. One of the lessons learnt in previous years was regarding the under-utilized potential of the technical advisory group. In attempts to address this learning, several one-on-one meetings were held with individual members of the technical advisory group, which led to improved ownership of the program by the group members. A result of involvement of the technical advisory group in advocacy efforts has led to the inclusion of Sukh Initiative in two initiatives by the provincial government.



B. Communication

i. Edutainment

In Year III, Aahung produced a docudrama on the theme of 'early marriage prevention', which was aired in the catchment areas. The script of this docudrama *Bandhan nahi Bachpan*, was developed in consultation with all partners in order to ensure that in addition to forwarding the core message, it also helped in promoting the Sukh Initiative ecosystem. The docudrama was aired daily on 4XM, a regional entertainment channel and 80 spots were aired on the only cable TV channel operating in the project area, with an estimated access to over 40,000 households.



A recall study conducted to evaluate the effectiveness of

the docudrama showed that of the 65 percent of respondents who claimed to watch TV on a frequent basis, 26 percent recalled watching a drama on early marriage prevention. Further questioning showed that of those who could recall the drama, 85 percent could recall at least one of the key messages of the drama. Interestingly, 70 percent of the respondents who watched the drama identified all key messages as new knowledge.

ii. Sukh Initiative Website

A new portal has been developed for the program, which will be launched in September 2016, and can be accessed on sukh.amanfoundation.org. In the meanwhile, the existing website is also being populated regularly.



iii. Dissemination

The program has made its presence felt at International Conference on Family Planning, The Asia Pacific Conference on Reproductive and Sexual Health and Rights, Women Deliver (Invest in Girls and Women – It Pays) 4th Global Conference, and Asian Population Association Urban Health Conferences. Moreover, Sukh Initiative baseline data was also presented at International Conference on Family Planning, 2015, held in Bali, Indonesia.

C. Sustainability

The program management unit engaged with ExpandNet in March 2014, with a series of Skype calls held on biweekly basis. Understanding the relevance of ‘beginning with an end in mind’, Sukh Initiative developed a long-term partnership with ExpandNet through which many team members were trained and oriented on scaling up.

Sukh Initiative’s partnership with ExpandNet has been instrumental in conceptualizing the sustainability of best practices. Technical input was provided and trainings conducted by ExpandNet made the team well aware of the fact that the path to ensure sustainability requires a lot of groundwork during early project implementation stages.

The sustainability strategy of the program enables working closely with Population Welfare Department, Department of Health and education departments for both horizontal and vertical expansion of its high impact practices. To date, Sukh Initiative has been successful in gaining the attention of policy makers and implementers and most of the practices/process of the program are now included in provincial strategy documents, one example is the Costed Implementation Plan. Five of its six objectives reflect Sukh Initiative’s sustainability achievements. Program management unit looks forward to the Strategic Communication partner and ExpandNet to further enhance this strategy.

In Year III, two major events include a South–South learning event in Dubai, in which representatives from UHI, India shared their learning and experiences with the program team. These interactions resulted in the following major outputs so far:

**i. Developing process document tool – Sukh Implementation Mapping (SIM)
Process Documentation Tools**

Started working with government departments from the very onset of the project and engaging with Population Welfare Department and Lady Health Worker Program

ii. Developing outlines for paper on Sukh Initiative case study

- Roll down training on Scaling Up Methodology for 40 program team members
- Timely utilization of ongoing advocacy opportunities to include program practices in policy document

As a result of various advocacy efforts channeled towards sustainability of the project approach, best practices of the project have been incorporated in the Costed Implementation Plan of the Population Welfare Department, Sindh.

iii. Task sharing by mid-level providers for:

- Implant insertions
- First dose of injectable contraceptives by lady health workers
- Family health days at the Population Welfare Department facilities
- Inclusion of life skills based education in the curriculum for nurses

MONITORING AND EVALUATION

Measurement, learning and evaluation process

Aga Khan University's Department of Community Health Sciences is responsible for providing an external and independent measurement of program impact through quantitative and qualitative methods using representative samples from the one million intervention population. Monitoring and evaluation not only helps in documenting the level of success over the project's life, but it also assists in making mid-course correction based on feedback from the community and implementers. Diagrammatic layout of Sukh Initiative's measurement, learning and evaluation process is as follows:



A. Monitoring Process

Aga Khan University also facilitates program management unit in process evaluation with an aim to track progress, inform the program management unit, and to contribute to the field by building capacity of implementing partners on presentation of results. Through supportive supervision and monitoring, Aga Khan University provides credible evidence of program progress and guides program management unit and each solution lever to improve implementation, where and when required. In Year III, one detailed round of monitoring, learning and evaluation has been completed with each partner, and two rounds were completed for Aman Community Health Program. This periodic monitoring was done at four tiers to ensure capturing a holistic picture of implementation activities as possible. The reports of findings were then shared with respective partners through program management unit.

i. Development of tools

Process monitoring tools were developed in consultation with all partners after assessing their specific needs and challenges. These tools included checklists comprising of short questionnaires for each IP according to their implementation plans.

ii. Field monitoring and data collection

The core team members from Aga Khan University for Sukh Initiative are trained monitors who administered each checklist with relevant respondents/solution lever as per its specially designed methodology. Methodologies ranged from data review, interviews and field spot checks of randomly selected samples. To capture a holistic picture of the intervention, the monitoring and supportive supervision activities were conducted at four levels described below:

- Interviews with Sukh Initiative core teams
- Interviews with Sukh Initiative field teams
- Observation of community outreach activities
- Interviews with higher officials of Population Welfare Department, Sindh Employees Social Security Institution, Karachi Metropolitan Corporation and Department of Health

iii. Data analysis and sharing results

The interviews in all monitoring visits were recorded and transcribed for analysis. Reports of each partner were shared with program management unit for their further sharing with Aman Community Health Program and Aman Telehealth in January, DKT in April, Aahung in May and Jhpiego in June 2016.

iv. Round II

A second round of supportive supervision and monitoring of Aman Community Health Program was done to assess the progress of the field teams after re-strategizing of field activities from the first monitoring report. For other partners, the perceptions of married women of reproductive age were obtained through specific questions related to telehealth-booths, life skills based education, docudrama and others. These were also incorporated in Aman Community Health Program checklists. As the first round was very detailed and conducted in all 10 stations for Round II of supportive supervision, the strategy was changed and Aga Khan University visited randomly selected Aman Community Health Program stations. However, questions were included to assess the awareness levels of married women of reproductive age about other interventions i.e., use of Aman Telehealth services, attending life skills based education sessions, viewing of life skills based education docudrama and types of health facilities approached for family planning services. In this way, key activities of all implementing partners were assessed in Round II of monitoring and supervision.

B. Quick Investigation of Quality (QIQ)

In continuation with the baseline assessment, Aga Khan University conducted a QIQ survey of public and private sector health facilities for family planning and post-abortion care services. QIQ is a standard approach that uses specific short-listed quality indicators to monitor quality of care in family planning programs on a regular basis. It utilizes a set of three related data collection instruments designed to monitor shortlisted indicators of quality of care in clinic-based family planning programs. The following activities highlight the process adopted for those surveys. Review and finalization of QIQ tools have been completed.

i. Development of QIQ tools

Three data collection tools were developed by Aga Khan University in consultation with program management unit and implementation partners

- Facility audit with selected questions to the program manager
- Observation of client-provider interactions and selected clinical procedures
- Exit interviews with clients departing from the facility

ii. Data collection

QIQ was conducted in seven randomly selected Population Welfare Department health facilities using proportionate to town population along with one hospital each from Department of Health, Sindh Employees Social Security Institution and Karachi

Metropolitan Corporation respectively. Data from private facilities were collected from November 2015 to January 2016, while data from public facilities were collected in between May to June 2016 by trained research teams of Aga Khan University. The research team was also trained for direct observation of relevant clinical procedures i.e., Manual vacuum aspiration and postpartum intrauterine contraceptive device insertion by qualified master trainers from Jhpiego.

iii. Data Management

Data entry was followed by data editing. Double data entry was carried out and the two datasets were compared for ensuring error free data. Draft reports of both private and public sector were prepared after data analysis, which were reviewed by the management team. After the final review, the private sector report was submitted in April 2016 and a combined report of private and public sector was submitted in June 2016, to program management unit for sharing with the DKT and Jhpiego.

iv. Results

The QIQ assessment was conducted at 21 private (DKT's Dhanak clinics) and 10 public facilities.

v. Private facilities

About one third of all 21 DKT facilities had all approved methods of family planning with no stock out. However, none of the clinics had all necessary equipment required to provide available family planning methods. The most widely available methods in the clinics included pills, injection and intrauterine contraceptive device. Almost all clinics were providing counseling for post-abortion care and post-abortion family planning and only one third of all facilities were providing MVA for post-abortion care; 48 percent of the clinics were providing postpartum intrauterine contraceptive device insertion. More than one half (58%) of clients believed that they were provided with right amount of information.

vi. Public Facilities

Out of the 10, eight clinics (80%) clinics had all the approved methods of family planning, with no stock out. However, none of the clinics had all necessary equipment required to provide available family planning methods. The most widely available methods in the clinics include condoms, pills, injections and intrauterine contraceptive devices. Six clinics (60%) were providing counseling for post-abortion care and post-abortion family planning and only 02 clinics were providing Manual Vacuum Aspiration for post-abortion care. Only 59 percent of clients believed that they were provided with right amount of information.

vii. Common findings at both private and public facilities

Similarly, the findings at both types of facilities suggest that overall quality of clinical care provided at these clinics needs improvement. The findings suggest that clients at almost every clinic were treated with dignity and respect. However, most of the times providers were not reasonably interested in clients' concerns and needs, as reflected by lack of discussion regarding reproductive intentions of their clients. On direct observation at private clinics, only 7.7 percent of the providers assessed contraindications before advising pills, while 53.8 percent assessed contraindications for intrauterine contraceptive device insertion, whereas at public facilities, 29 percent (2 out of 7) of the providers assessed contraindications before prescribing injectable and one of them assessed contraindications for implant. Furthermore, observation of

intrauterine contraceptive device insertion revealed lacking infection control practices at both private and public facilities, i.e., only one provider at each type of facility washed hands and dried in air before insertion of intrauterine contraceptive device.

viii. Student research at field sites

A student's (enrolled in the master's program) research project was sponsored by Sukh Initiative on contractual basis during Year III. This research project, titled "Factors associated with discontinuation of modern methods of contraception among women of reproductive age group in low to middle income areas of Karachi", is in process. Data collection from married women of reproductive age of ages of 15 – 45 years on the discontinuation of modern methods of contraception is in progress. It involves both qualitative and quantitative data collection.

ix Evaluation

A baseline study was conducted by Aahung to assess the baseline knowledge and attitudes of adolescents prior to implementation of life skills based education in schools. This study was conducted using a quantitative interviewer administered tool and a qualitative focus group discussion with 469 boys and girls from 12 secondary schools. Results of this survey have been used to develop recommendations and to modify the program strategy in order to ensure efficacy. The key findings of the baseline were:

- Sensitization levels of the adolescents in the intervention area are relatively high. This is accompanied by low levels of knowledge on key reproductive health indicators.
- Cultural dynamics define decision-making and communication patterns in students. The youth have low autonomy in decision making at the household level.

There are complex gender dynamics in the community and a marked difference in the lives of young men and women as observed through their communication skills and confidence levels.

Knowledge on bodily changes in adolescents is limited and consequently their comfort level in talking about related issues is also low.

Program management unit has also included youth survey in midline evaluation by Aga Khan University to assess the impact of the intervention on behaviors of young persons.

C. Internal monitoring mechanisms of Sukh Initiative partners

i. Aman Community Health Program

For quality assurance and supervision, Aman Community Health Program carries out internal monitoring of the services at 3 levels: by community health supervisors, by field coordinators, and by Aman Community Health Program management team. Community health supervisors provide supportive supervision to community health workers. This year, new tools were developed for monitoring of household activity and support group meetings. On the second level, field coordinators at each field station monitored the activities through field visits and desk reviews. Each field coordinator monitors five support group meetings and five community representative group meetings in a month. Aman Community Health Program's senior management (deputy general managers and managers) also conducts monitoring visits. For optimizing the

role of the management team, assistant managers were removed as a layer for supervision. All findings and observations from monitoring activities were recorded and actions were taken after discussions in the management meetings.

Aman Community Health Programs Monitoring Visits during Year III

Visits by:	# of visits
Deputy General Manager (DGM)	30
Manager Operations (MO)	153
Assistant Manager (AM)	160
Field Coordinators (FC)	979
Community Health Supervisor (CHS)	4517

ii. DKT

A standard operating procedure for monitoring & evaluation has been developed, and 103 monitoring and supervisory visits to Dhanak clinics were carried out in the reporting period. Moreover, three performance review meetings have also been conducted in Year III.

iii. Aahung

In order to ensure that community health workers are conducting life skills based education sessions according to quality standards, Aahung conducted 235 support group meetings with young people, 16 life skills based education sessions at Community Advisory Committee meetings, and 27 sessions at community representative groups meetings. Aahung’s team also provided onsite support to community health workers at 161 support group meetings, and 27 refresher sessions for community health workers. They also carried out 71 monitoring visits of schools and alternate learning institutes to see if they implemented life skills based education as per quality standards.

iv. Aman Telehealth

For ensuring the quality of Telehealth services, third party evaluation of call agents under the program’s domain for maternal, newborn and child health, family planning and life skills based education related calls, was initiated in the reporting year. During the year, an average of 81 percent compliance was achieved with family planning protocols. Customer feedback was initiated in quarter III, and an overall customer satisfaction rate for the last 6 months has been reported at 80 percent. Moreover, through an internal audit, all telephone booth sites were physically visited and booths and sets were comprehensively inspected which was followed by a brief discussion with surrounding public and key stakeholders. Additionally, town coordinators conduct regular visits in the community to ensure phone lines are working and operational. Further, the program management unit team monitors the call recordings to ensure call agents are following the standard protocols, algorithms and are not biased in referring a specific method of family planning. Internal monitoring of Aman Telehealth and other partners is not only on physical verification but data reported is also analyzed and discrepancies discussed. Ghost calls are also made to gauge the level of preparedness of Aman Telehealth operators.

D. Monitoring of integrated work plans by program management unit

Program management unit ensures, through the measurement partner, that development of a program monitoring and PMIS system tracks and measures the progress of the program component followed by a regular review of emerging monitoring and PMIS data. In addition, the program management unit facilitates monthly performance dialogues with implementing units in order to use emerging monitoring and PMIS data to strategize the meeting of challenges, and where necessary adjust program plans to ensure success towards program goals. In Year III, the program management unit conducted regular meetings with the field teams to develop monthly activity planner and to discuss the previous month's activity status. The field operations planning meeting is conducted on the fourth working day of each month and is facilitated by the Sukh Town Coordinators. As a result of this meeting, a monthly integrated field activity work plan is developed, which in turn is shared with all partners and is followed up during the senior management team meetings.

E. Supportive supervision and joint monitoring of public health facilities

Visits with representative officials from Population Welfare Department were carried out in March 2016. 18 facilities were monitored as per Jhpiego standards. Scores and action plans of each facility were presented to Population Welfare Department and received appreciation on the SBM-R® tool. Major issues were red-flagged and discussed with Population Welfare Department. Immediate action was taken up following the meetings with regard to staffing issues, such as sending letters of appreciation and warnings to poor performers and those who are not punctual. Sukh Town Coordinators conduct regular visits to public facilities to monitor the provider behavior and client interactions. With regard to family health days, the observations spanning from provider behavior to client experience are noted and shared with Jhpiego's team. These family health days are also conducted in facilities of district government and quasi government that are monitored by program management unit.

MANAGEMENT AND COORDINATION

With the inception of implementation activities in the field, program management unit followed a rigorous coordination plan and increased interaction among all partners and stakeholders to enhance synergy in the project.

A. Strategic Management

Sukh Initiative's steering committee includes representation from all three Foundations and acts as an advisory body to program management unit. A teleconference is scheduled for the third Wednesday of each month, and provides an opportunity for program management unit to share project updates and get feedback and strategic direction on issues and challenges. In this year, eight SC meetings were held in total of which seven were teleconferences and one was held in-person. The in-person meeting of the steering committee was held in Bangkok, Thailand, on February 21 and 22, 2016. Key objectives of this meetings included discussion on planning for midline evaluation, increasing focus on quality of implementation as compared to the quantity of target and discussion on implementation strategies of all partners. One of the important strategic decisions taken in this meeting was to conduct a pilot for the task sharing of delivery and administration of the injections at the doorstep.

B. Operational Management

To ensure that all stakeholders are up-to-date with project implementation status, program management unit conducts monthly meetings with implementing partners to capture their respective monthly progress. These meetings are held at two levels: on every fourth working day, a field operation meeting is held where a monthly planner of partners is discussed and field level issues and challenges are addressed specially related to inter partner collaboration. The second level of interaction is with senior management from each partner, who meet on every second Wednesday of each month. The senior management team shares project updates and discusses operational and



Technical Advisory Group Sukh Initiative

Introductory Meeting
July 18, 2014
Karachi



strategy related issues. The key points of all meetings are circulated among partners every month.

C. Review and Planning

Partners met twice this year to review their progress against the overall targets and objectives of the project and to finalize their plans for implementation. A mid-term review and planning was conducted on December 2015 during which each implementing partner's strategy was reviewed in detail. The outcomes of these meetings were agreed with measurable indicators and results based framework for the next 6 months. Annual retreat meetings were held in May 2016, to review project strategies in the light of lessons learnt during implementation. The process of retreat involved each partner holding their review and planning meeting individually, followed by a combined three-day meeting with all partners. A snap shot of the whole year's progress and the plan for Year IV was presented to the representatives of the three foundations. The most important outcomes of the annual retreat included a revised strategy for Year IV, updated key indicators for Year II and improved coordination and synergy among partners.

CRITICAL LEARNING

A. Power of the Mass Media

Media, especially electronic media has immense power and it plays a very important role in opinion making, transforming views and restructuring social norms. Aahung took advantage of this medium in changing the perceptions of the community in the catchment area through a docudrama titled Bachpan nahi bandhan, which was aired in the catchment area. To gauge impact the docudrama had created in the community, Aahung conducted a recall study in which its success was measured. The feedback was overwhelming and it led to some positive changes.

In the area of field station 8, a girl was asked by her family to leave school and discontinue her studies. Her school teacher, instead of convincing the bride-to-be's family, went to the groom-to-be and talked to him. She convinced him to watch the drama. The drama made a positive impact and the family collectively decided to postpone the wedding till both reach appropriate age. Thus, the drama not only led to the barring of an early marriage but it also prevented the girl from discontinuing her education.

B. The younger the wiser

The most remarkable sign of the success of a family planning project is when a daughter convinces her mother to opt for a family planning method.

DKT has a very distinctive feature called the Heer Aapa tea party. It is an informal way of getting to know the community and resolving their issues. During these sessions, health supervisors talk to small audiences mainly about the benefits of family planning. Usually married women attend those sessions and they sometimes bring their teenage daughters with them.



A young girl attentively attending the session

In a recent session, we had a pleasant surprise during a session when a teenage girl started advising her mother. The woman already had eight children and these frequent pregnancies and deliveries took a heavy toll upon her health. As a result, the elder daughter had to help her mother and leave her studies. The girl insisted that the DKT team counsel her mother to take a better family planning choice. The mother refused to take any method then because of the cultural myths and perceptions, but after a month she came to the clinic to avail family planning services.

C. Let's call 9123!

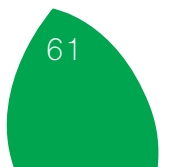
The user-friendly and cost effective telephone service is not only providing health-related information but also making a difference in the lives of its users.

Razia, a 35 year old, mother of 3 and a resident of Korangi, called the helpline 9123. She complained of weakness, body aches and mood swings. After following her history with algorithms and summaries, it was observed she had an intrauterine contraceptive device placed since past five years but was not counseled on its expiry and methods of removal. The intrauterine contraceptive device had expired and was causing problems.



Easily accessible telephone booth

Kaneez Zehra – A call agent at Aman Telehealth – informed her that her symptoms are a manifestation of over use. The caller was referred to a nearby family planning facility where it was removed. In the meantime, her husband used condoms. After clinical follow-ups she was counseled through outbound calls. The service provider offered her a basket of choices. Later on, she opted for an implant.



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