



SUKH INITIATIVE ANNUAL REPORT

YEAR IV
JULY 2016 TO JUNE 2017



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.

SUKH INITIATIVE
**ANNUAL
REPORT**
YEAR IV
JULY 2016 TO JUNE 2017

CONTENTS

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

ABBREVIATIONS & ACRONYMS	5
MESSAGE	7
SUKH INITIATIVE AT WORK	9
Context in which we work	9
Where we work	9
Implementing partners	10
Program model	15
PROGRESS AT A GLANCE	17
POPULATION COVERAGE AND MAPPING OF HEALTH FACILITIES	21
Population coverage	21
Mapping of health facilities for service provision	21
ENABLING ENVIRONMENT	23
Community representative groups	23
Community advisory committees	24
Promotion of FP/RH through community awareness sessions	24
Community engagement on youth issue	24
CAPACITY BUILDING	27
Capacity building of CHWs	27
Capacity building of LHWs	29
Capacity building of CACs and CRGs	31
Capacity building of health care providers	31
Capacity building of government stakeholders	31
Capacity building of school teachers	32
Capacity building of ATH call center agents	32
Capacity building of Sukh Initiative team and implementing partners	33
Supporting capacity building initiative	33
STRENGTHENING OF HEALTH FACILITIES	35
Upgradation of public health facilities	35
Strengthening private health facilities	36
Increase in demand for family planning services	36
Demand generation for quality FP services	38
LHW initiative	40
Improved access to FP services (by method) and with improved quality of service	41
Partners support in improving access and quality of FP services	48
Promotion of FP/RH through ATH	49

Provincial Government Partners



Project Partners



SUSTAINABILITY OF PROGRAM FOCUS	51
Community level engagement	51
Strategic communication	51
System strengthening	51
Learning forums and engagement by PMU	55
MEASUREMENT LEARNING AND EVALUATION	57
Midline	57
Process monitoring and evaluation	60
Quick investigation of quality (QIQ) survey	62
MONITORING AND SUPERVISION	63
Internal monitoring mechanisms of Sukh Initiative's partners	63
Monitoring of integrated work plans by PMU	64
GOVERNANCE AND MANAGEMENT	65
Strategic management	65
Operational management	67
Review and planning	67
CRITICAL LEARNING	69
Awareness and action	69
The younger the wiser	69
Let's call 9123!	70

ABBREVIATIONS & ACRONYMS

ACHP	Aman Community Health Program
AHCS	Aman Health Care 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 Timing 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



MESSAGE

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

Sukh Initiative has completed nearly three 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 a 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 over 2.5% to the global population. The current annual growth rate for Pakistan is around 1.45% and urbanization is occurring at a rapid rate of 3%. Over 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 an 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-community-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.

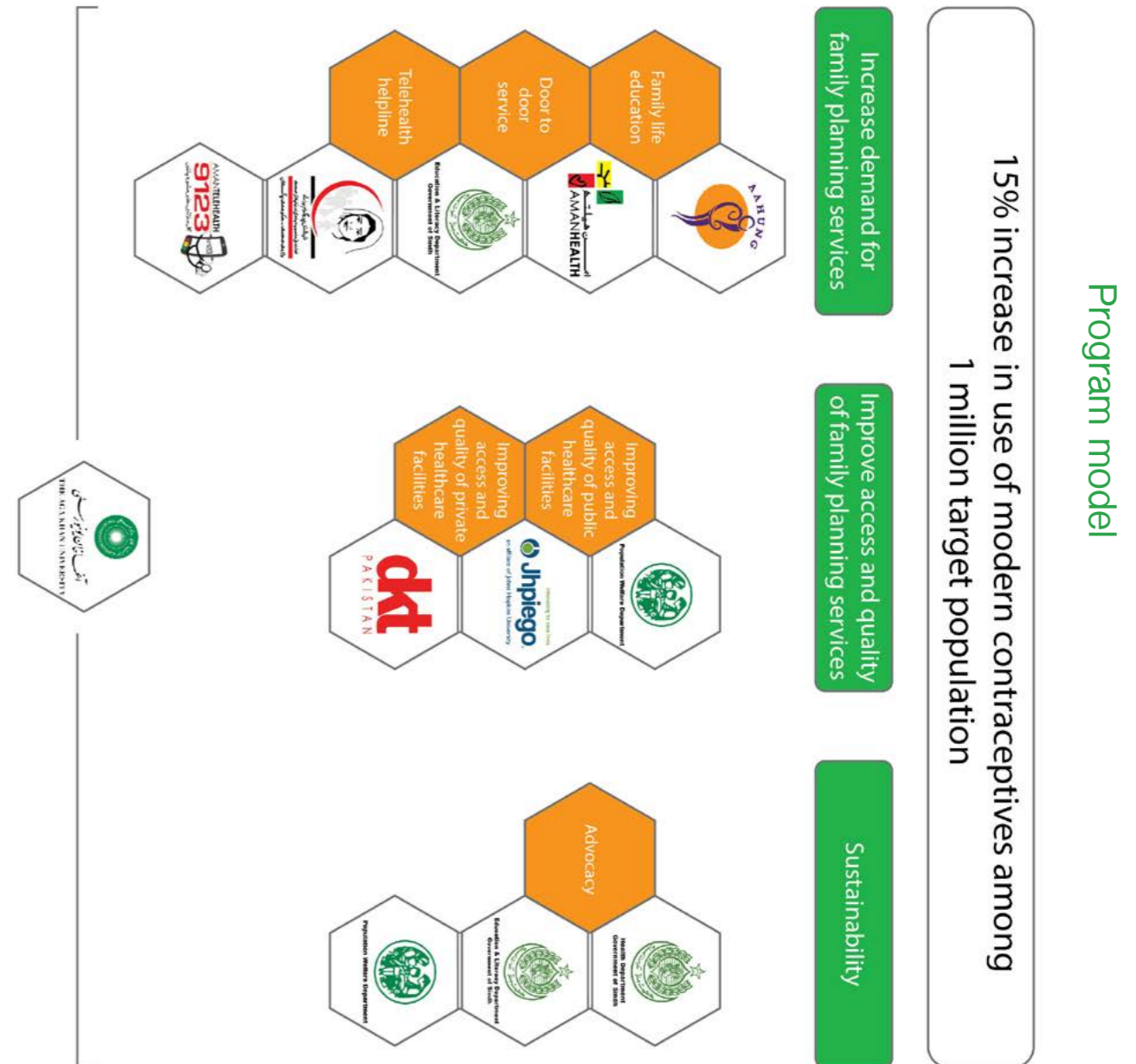
For more information, please visit: www.aku.edu

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



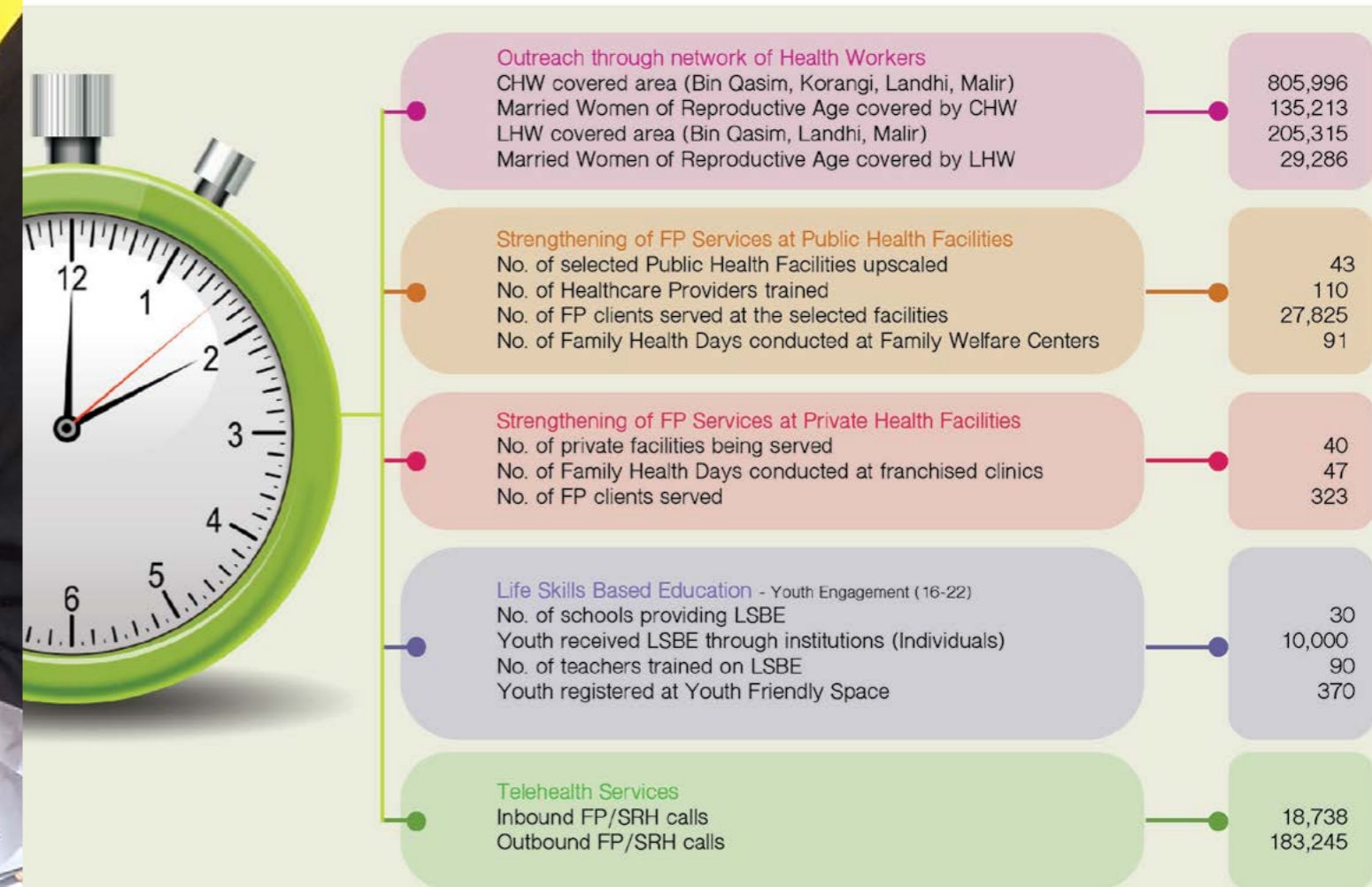


PROGRESS AT A GLANCE

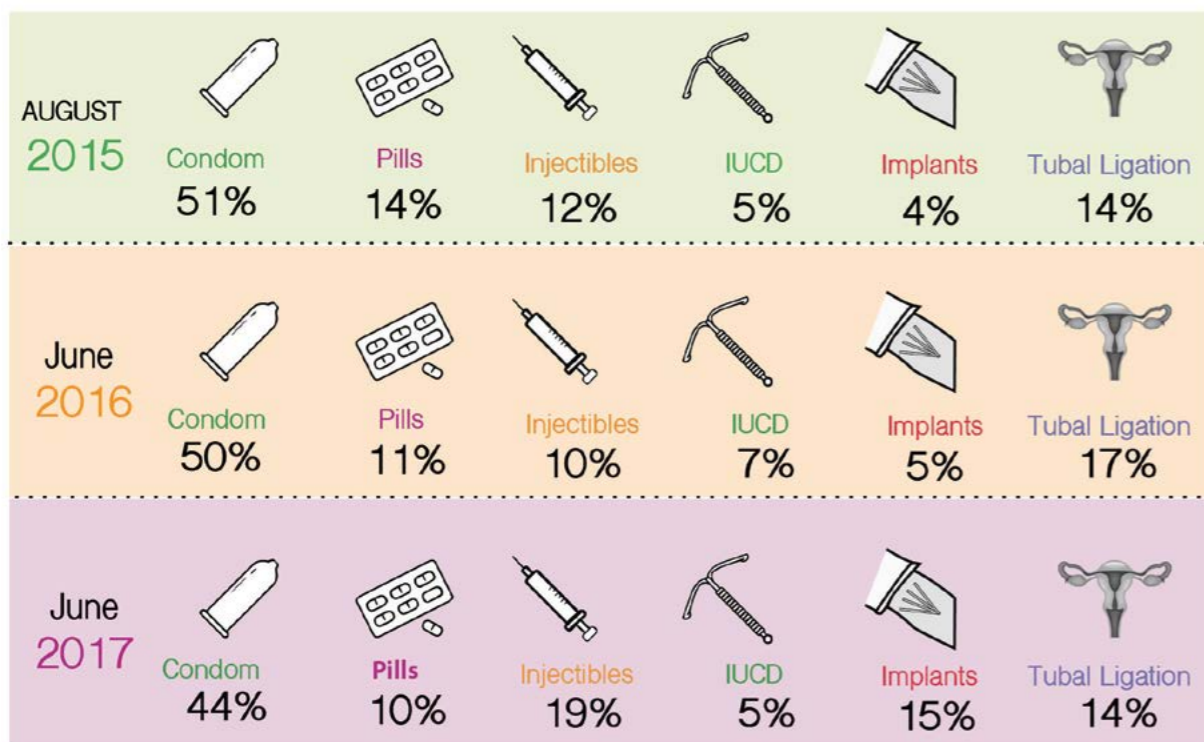
Sukh Initiatives serves four towns of Karachi, namely Korangi, Landhi, Bin Qasim, and Malir. Project sites were selected based on the criteria of lower socio-economic income neighborhoods. These include areas both with and without LHW coverage, as well as areas where no other organization is actively pursuing family planning demand generation activities. An overview of Year 4 progress during July 1, 2016 to June 30, 2017 is as follows:

- As of June 2017, Sukh Initiative reached uncovered population of 805,996 individuals through 194 Community Health Workers (CHWs).

Progress of Sukh Initiative (As of 30 June 2017)



Distribution of current users as per method

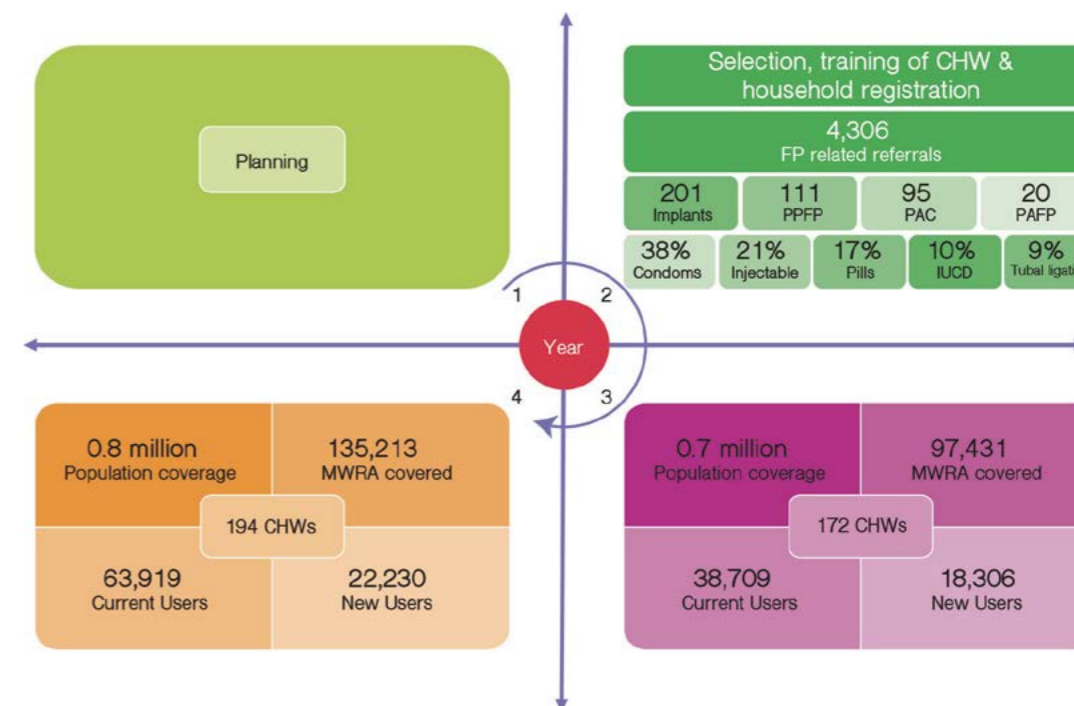


- Over 29,286 married women of reproductive age (MWRA) were approached by Lady Health Workers (LHWs) to provide family planning and reproductive health (FPRH) information, while 135,213 MWRA received information through CHWs. The number of current users of modern FP methods recorded at the closing of the year in the community was 63,919 that included 22,230 new users.
- A total of 5,771 FP clients were served by Aman Clinic. 4,416 FP injectable clients were served through outreach service in Sukh catchment area. 739 implants and 47 IUCD were inserted including some other services.
- Under the service provision for public sector, a total of 82,518 MWRA visited Sukh Initiative's 9 partner mother and child health (MCH) centers between July 2016 and June 2017. Of the 8,800 deliveries conducted during this time, 75% were counseled for PPF. A total of 59% accepted any modern FP method, out of which 34% opted for PPIUCD and 55% for implants.
- A total of 33,278 MWRA visited 22 family welfare centers (FWC) during July 2016-June 2017. Of these MWRA, 2,917 visited for ANC, whereas 2,536 visited for prenatal care (PNC), and the remaining 27,825 for FP services. All MWRA who visited FP clinics were counseled on various methods and 86% of them accepted a modern contraceptive method. The data shows an increase in trend of FP adoption, which is more than double as compared to baseline figures. The number of users of FP services increased from 2,669 users in January-March 2016 (Baseline) to 6,501 in April-June 2017.
- Sukh Initiative's implementing partner, DKT Pakistan, organized 47 health camps in the 4th year of implementation in order to extend services through private sector. These health camps were visited by 660 MWRA, of which 323 adopted family planning methods. The three most opted methods by the clients were condoms (52%), IUDs

(21%) and injections (19%). Ten *Heer Apa* activities were also arranged which were attended by 123 participants.

- Since inception, Aman Telehealth (ATH) has reached 30,849 MWRA and a total of 191,236 call attempts were made by ATH to inform MWRA about side-effect management and to follow-up.
- Sukh Initiative's efforts for advocacy and system strengthening has reaped positive effects. The concept of 'Family Health Days' (FHD) initiated by Sukh Initiative in Sindh, has been adopted for up scale by Population Welfare Department (PWD), Government of Sindh, and currently FHDs are being organized in 10 districts across Sindh where the project Costed Implementation Plan (CIP) is being implemented.
- Sukh Initiative is the first project in Sindh province to initiate 'Task Shifting'. Under this initiative, 200 LHWs and 10 Lady Health Supervisors (LHS) were trained to administer first dose of injectable contraceptives during Year 4.
- Sukh Initiative entered a Memorandum of Understanding (MoU) with Department of Education (DoE), Government of Sindh to include Life Skills Based Education (LSBE) modules in Secondary School Curriculum for Sindh province. In only two years' time Sindh Textbook Board has included LSBE modules in the curriculum, and in its first phase, pilot testing of integrated LSBE curricula is underway in six schools. The schools are not from the Sukh Initiative catchment areas. Two schools will be taken from Shaheed Benazirabad, 2 from Hyderabad and 2 will be from Karachi. The DoE is of the view that the schools should not be already sensitized to this curriculum so that they can observe the response from the teachers and the students with this curriculum as part of their first exposure rather than their continuation of the learnings. The Project Management Unit (PMU) appreciates and fully endorses this approach.
- CHWs tested an android based application for community based data collection. It is being upgraded and will be adopted by the LHW Program of Government of Sindh. Sukh Initiative is providing technical assistance to the LHW Program for customizing the existing application to its needs and specifications.

Impact made by CHWs in the uptake of contraceptives





POPULATION COVERAGE AND MAPPING OF HEALTH FACILITIES

A. Population Coverage

In Year 2, a total population coverage of 800,000 individuals was marked. During the Year 3, the population coverage for each CHW was increased strategically from 1,500 at the inception, to 3,500. This number was eventually raised to the maximum of 4,000 per CHW in the Year 4. Thus, with 194 CHWs, population coverage reached 805,996 in Year 4. LHW Program Sindh has increased population coverage of LHWs across the province from 1,000 to 1,200, with effect from January 2017, and with 189 LHWs, Sukh Initiative is covering a population of 205,315. Overall, just above one million population was reached in Year 4.

B. Mapping of Health Facilities for Service Provision

i. Mapping of public health facilities

Jhpiego, as a technical lead, working with public sector in improving quality of FP services, had initially planned to include 80 service delivery points in its ambit. The 80 public facilities of Sindh Department of Health (DoH), Sindh Population Welfare Department (PWD), Karachi Metropolitan Corporation (KMC) and Sindh Employees' Social Security Institution (SESSI) were mapped within the project area and assessed for existing FP services using Jhpiego's Standards-Based Management and Recognition (SBM-R®) tool. Based on the assessment and convenience for client access, the number of facilities was reduced to 65 in Year 3, and later in Year 4 to 43. Most of these facilities either had infrastructural issues beyond the project's scope to manage. Some centers were only providing antenatal care (ANC), postnatal care (PNC) and Expanded Program on Immunization (EPI) services with nonfunctional labor rooms that too with limited service provision timings. Sukh Initiative provided trained counselors for PPFPP for the facilities that had high client turnover. These facilities included:

- 20 FWCs: These are managed by Population Welfare Department (PWD) through a Family Welfare Workers (FWW) who provide all FP services except implants and any of the permanent methods;
- 2 Reproductive Health Centers-A (RHC-A): A medical doctor manages these centers for PWD and can provide implants and permanent methods in addition to other FP services;
- 10 Maternal Child Health Centers (MCH): Of these 6 are of KMC, 3 of DoH and one of SESSI. These centers provide postpartum family planning (PPFP) services in addition to all FP services, excluding permanent methods;
- 11 Dispensaries (3 of KMC, 7 of DoH and one of SESSI): These facilities provide FP counselling and services, excluding implant and permanent method. They have nonfunctional labor room, but despite that they have high turnover of clients and are potential site for PPFPP.

ii. Mapping of private health facilities

During the reporting period, targets for DKT Pakistan were reduced from 80 private health facilities to 40. Despite the fact that DKT Pakistan operates with firm commitment and makes consistent efforts to provide quality services, it faces challenges such as turnover of the providers, lack of ownership by providers (working as employee at clinics or working at a rented property), providers showing poor commitment to internalize the concepts of quality and difficulty in gathering the providers for trainings to enhance their skills. To cope with the key challenges, PMU advised reconsidering targets. The target of upgrading 80 healthcare facilities has been reduced to at least 40 healthcare centers with trained providers on modern Family Planning. During the reporting period, revised plan of mapping 40 clinics across 4 towns was completed by DKT Pakistan.

It is important to note that the referrals for DKT Pakistan were suspended from November 2016 to March 2017 due to unacceptable quality of providers' training. The providers were assessed for gaps by NCMNH and retrained by Jhpiego. Therefore, providers resumed their activities in phases.

ENABLING ENVIRONMENT

Along with increasing demand of FP and service provision, Sukh Initiative engages with communities at multiple levels to create an enabling environment for promoting increased uptake of family planning services. A brief overview of efforts made in this regard is given as follows:

A. Community Representative Groups (CRGs)

Till Year 3, Sukh Initiative engaged Community Based Organizations (CBOs) for their direct engagement with the community. As a part of course correction, this activity was then focused at Community Representative Groups, which are instrumental to ensure smooth operations by extending their support in project activities, including generating referrals from community, connecting with potential clients, visiting and convincing households of new potential pockets and other activities. In addition to this, Community Representative Groups used this forum to discuss and plan for their area's development issues such as sanitation, scarcity of water, health and hygiene, schooling and other facilities.

Furthermore, during year 3, a total of 13 training sessions on topics related to "Leadership and Social Mobilization" were conducted by Pathfinder International. A total of 261 Community Representative Group and Sindh Employees' Social Security Institution (SESSI) members (189 men, and 72 women) participated in these sessions. With these trainings, Community Representative Groups were more organized in understanding of their roles and responsibilities to address day-to-day challenges, provide support and enabling environment for CHWs. ACHP continues to discuss these issues, refreshing their thoughts, in its monthly Community Representative Group meetings.

Sukh Initiative has established contact at two levels; first at the grassroots level with members from the households. Formed by ACHP, each Community Representative Group has 5 designated members, who facilitate meetings on monthly basis. There are 2 Community Representative Groups for a population of 20,000, one having only female members and the other with only male members. The members come from the households and provide support in project implementation, and come up with solutions for day-to-day challenges. The second level of engagement is with community gatekeepers, including religious leaders, social activists, school owners, teachers, political influencers, area counselors, and healthcare-related entities such as members from health care provision facilities including doctors and Lady Health Visitors (LHVs).

In Year 4, total 1,170 Community Representative Groups were conducted. Overall total 11,202 members and other community-based stakeholders were reached. Sukh has witnessed positive results of engaging Community Representative Groups. During Year 4, they have been actively engaged with CHWs for mobilization. They helped to overcome the barriers with non-responding family members specially elders and convinced them to allow their family members to adopt FP. They also provided counseling, reached out to other potential FP users in the community and connected them with the providers.



B. Community Advisory Committees (CACs)

For a population of 100,000, ACHP has established one Community Advisory Committee. In total, 10 Community Advisory Committees are onboard for the 10 Sukh Initiative stations. These were formed by ACHP and engage community stakeholders, local leaders, activists, religious leaders, prominent political personalities and community elders. Each Community Advisory Committee has 7 to 10 members, and they meet once in a quarter. During Year 4, 38 Community Advisory Committee meetings were conducted which reached out to over 525 participants from the Sukh Initiative target area of intervention.

Frequency of interaction with Community Advisory Committees has been reduced as the milestone of population coverage has been achieved by Year 4. Sukh Initiative continues to follow-up and engage with them but they work independently. During Year 4, Community Advisory Committees played a pivotal role to avert an adverse incidence as they are now sensitized about FP and related issues.

C. Promotion of FP/RH through community awareness sessions

Creating awareness and positioning of Sukh ATH in the community is pivotal as it helps people to understand the project and recall the services in time of need. The best practice identified so far is to spread the word of Sukh ATH services through bi-directional communication with clients in the form of support group meetings and related fora.

During Year 4, Sukh ATH conducted 135 awareness sessions reaching out to 1,148 MWRA and CHWs. Over 97 promotion sessions were conducted with community and 38 promotions sessions were conducted with field workers and with LHWs. The audience included both males and females. These sessions covered thorough orientation of the objective of Sukh ATH, components of Sukh ATH services, call flow process in ATH, as well as identification of emergency and non-emergency situations, with the help of PowerPoint presentation.

Furthermore, a total of 91,766 marketing collaterals were distributed among Sukh Initiative catchment during the field sessions, for the promotion of the number 9123 as the helpline for ATH and Sukh. As a part of marketing and communication activity, ATH participated in various local health events and shared information through stalls. To further enhance the brand image of ATH as Sukh Initiative helpline, extensive cable TV advertisement campaigns are already being developed. These campaigns would be aired throughout the next year.

D. Community engagement on youth issue

As Sukh Initiative partner, Aahung is promoting Life Skills Based Education (LSBE) 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 secondary high schools, but also by using innovative ways to access those who are out-of-school, such as conducting support group meetings by CHWs and LHWs, organizing events and theatre to raise awareness on SRHR and FP issues.

i. Youth Mela

As a part of community engagement activity a youth mela (youth fun fair) was organized by Sukh-Aahung on May 13, 2017 at Model Park, Korangi number 3.5, Karachi. The purpose of this event was to enhance the interaction of community youth with the Sukh Initiative and involve them in constructive activities (such as theatre, quizzes, puppet and music shows, and setting up stalls) to disseminate information about SRHR. Additionally, the youth from the Sukh Initiative's Youth Friendly Space (YFS) conducted a theatre performance on consequences of early age marriage, gender, harassment and decision making.

Aahung advertised the mela (fair) through flyers that were disseminated with the support of ATH. Moreover, it was advertised by sending SMS over mobile phones. Sukh Initiative PMU and implementing partners were also invited and they actively participated. This event was attended by over 3,000 youth, teachers, parents and caregivers from the community.

ii. Theatre

Aahung organized 2 theatre performances which were conducted by the YFS youth. This activity reached out to 1,200 stakeholders in schools. A group of 15 community youth of YFS group developed a script for a play on issues related to early age marriage, harassment, gender inequality and lack of communication.

Theatre performance was an effective strategy for raising awareness, addressing myth and to disseminate SRHR information among youth.

The output of these activities are as follows:

- Youth Mela: 3,300 (youth, caregivers and community members)
- Theatre performances: 2 theatre performances (reaching out to 1,200 young people, caregivers, and community stakeholders)
- Whole School Activities (WSA): 13 WSA in year 4 (reaching out to over 3,800 young people, caregivers, and teachers)
- Registration at YFS: 374 (55 boys and 30 girls attended at least 5 sessions of LSBE)

iii. Learnings

Such community based interactions has manifold impact, they increase the visibility of the project and its objective to the stakeholders, who not only appreciate the intervention as such but also feel part of these success and would like to continue to do so. In addition, dissemination of different information sets also facilitates mobilizers and Sukh Initiative workers to build on these discussions for their future community interactions.



CAPACITY BUILDING

A. Capacity building of CHWs

i. Orientation of CHWs on referral mechanism, MEC wheel and PFP counseling

It was observed that a large number of clients referred by CHWs at public providers were found medically ineligible for the chosen method. Responding to this need, a customized training sessions on medical eligibility criteria (MEC) wheel, method specific counseling and history taking was conducted with the CHWs. A total of 168 ACHP field staff received the training in four batches for topics pertaining to referrals mechanism of FP clients, emergency contraception, Post-Abortion Family Planning (PAFP) and adverse event protocols. Post referral follow-up of the training shows CHWs have improved knowledge and the referrals have increased nearly 100% (from Q1 to Q4) with MWRA being correctly referred for eligible for contraceptive methods.



CHW Training session

ii. Infection prevention sessions for helpers from clinical training site

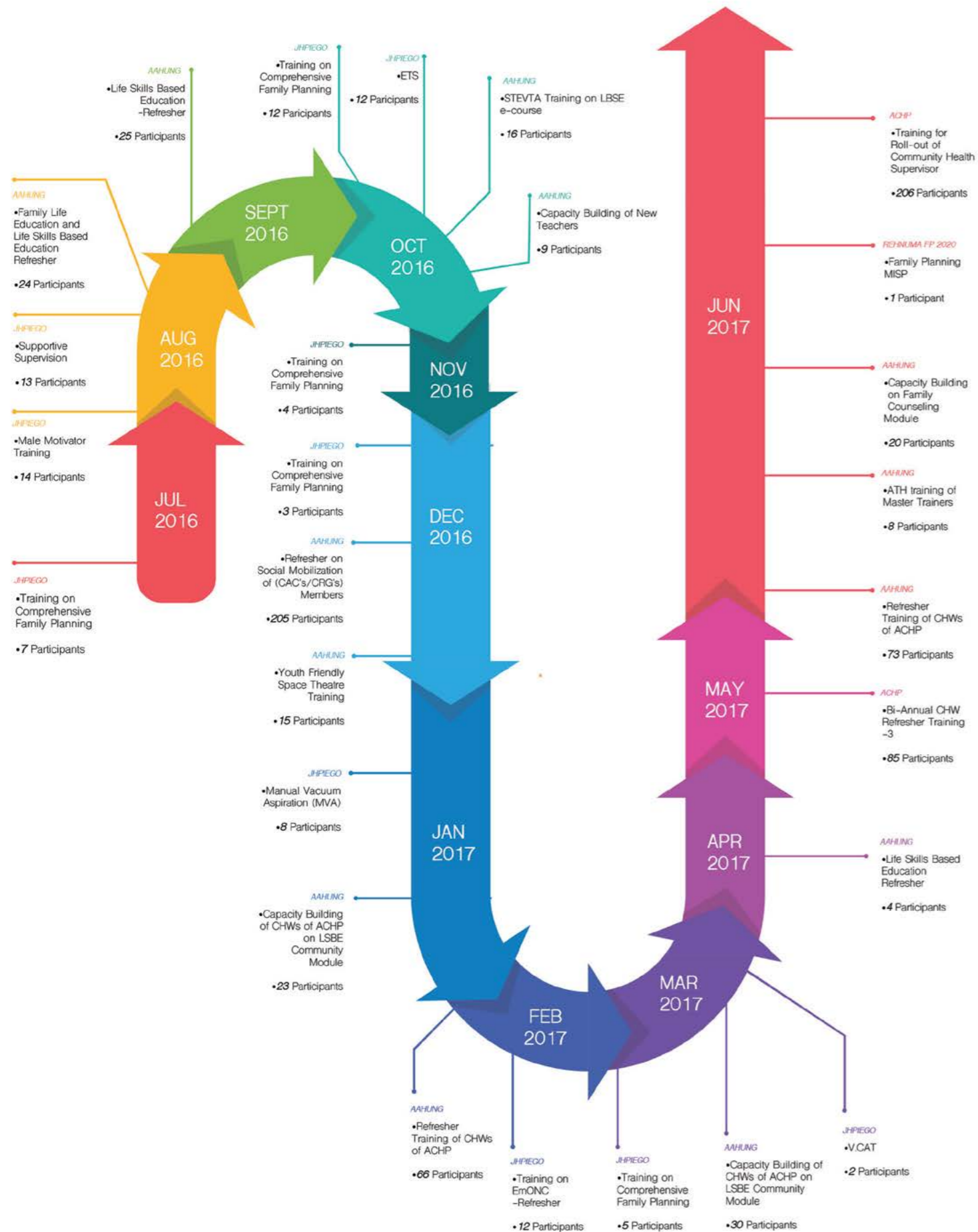
To implement infection prevention standards, a training for 32 helpers was organized, in three batches, to acquaint them on universal precautions for their clients' safety. The training course for this cadre of health care providers was specially designed by using pictorial power point presentation, puzzles, pre and post-test questionnaire. Hands on practice for instrument handling, waste management, preparation of bleach and hand rub were also included. This initiative is highly appreciated by the respective hospital management as their training and refreshers are improving the safety practices of their team.

iii. Training of male motivators on PFP counseling skills and value clarification

The first ever training of the male motivators was conducted by Jhpiego and was well received. The main objective of the training was to sensitize the participants about facts related to population issues and the role they can play in supporting referrals of clients. This includes counselling husbands on birth spacing, since in most cases, they are the decision makers. The workshop also discussed an overview of FP methods. At the end of the training a list of Sukh Initiative facilities with the location and addresses shared with them for referral.

A total of 14 male motivators were selected for this training. These participants work as male Family Welfare Assistants (FWA), with the PWD at the FWCs and are responsible for the male mobilization as part of the Department's male mobilization strategy.

Capacity Building through Trainings July 2016-June 2017



iv. LSBE training for CHWs

The LSBE component works very closely with CHWs and LHWs who identify young people to participate in exclusive group sessions for the purpose of maximizing outreach and to engage more out-of-school youth. During Year 4, Aahung trained 200 CHW's (84 through Life Skills Based Education (LSBE) training and 185 through refreshers).

The role of CHWs on LSBE has been enhanced to include mothers into the discussion and the strategy has been reworded as Family Counseling. The same has been introduced with the LHW initiative. Aahung is doing a cohort study with selected families both in the CHWs and LHWs catchment area to understand the impact of these sessions which in itself a new approach being tested in Sukh Initiative.

B. Capacity building of LHWs

i. FP sensitization sessions for 200 LHWs

During the reporting period, 200 LHWs were oriented on Sukh Initiative and FP, by Jhpiego. Considering the implementation of CIP, it is expected that LHWs will work for motivation and promotion of FP.

It is important to note that the LHWs are already trained on FP as part of their curriculum under the basic training. Since LHWs also perform duties for polio and measles campaign, their focus and retention of FP knowledge diminishes over time. Sukh has re-oriented the LHWs on these topics by conducting a refresher training. Moreover, functions of the Call Center and LSBE related topics were also integrated with comprehensive FP orientation for LHWs and LHSs.

ii. LSBE training for LHWs

During the reporting period, Aahung provided LSBE training to a cadre of 207 trainees including LHWs and LHSs. A total of 8 refresher sessions were conducted with these LHWs during April 2017 at Pakistan Steel Mill Officers Mess. The purpose of these refreshers was to review key LSBE concepts, address hurdles faced in the field and increase LHWs comfort in communicating sensitive LSBE/SRHR issues with community youth.

The inclusion of the LHWs in the Sukh Initiative has served as a sustainable resource point for dissemination of SRHR information at the community level. Feedback has revealed increased interest and ownership of the LSBE program amongst the LHWs. As they already have foundational knowledge of FP, they are able to grasp the relevance of youth SRHR with ease. Their stronghold in the community and access to families enable more holistic dissemination of SRHR messages.

It is important to note that the LHSs are not providing injectable, the primary purpose was to involve LHSs in 1st dose injection training to escalate their role as supervisors, and enhancement of their knowledge, so that they could help LHWs as in context of supportive supervision.

Regarding plan for onsite support visit in year 5, a pool of 20 CHWs and 30 LHWs have been trained on Family Counseling and Aahung will provide onsite support to both cadres. The plan includes:



- 40 onsite support visits for CHWs (2 visit / CHW) for Family Counseling support
- 60 onsite support visits for LHWs (2 visit / CHW) for Family Counseling support

Additionally, 40 support visits will be undertaken with LHWs conducting LSBE sessions with community in addition to Family Counseling sessions.

iii. LHW and LHS training on first dose of injection

The program is the first in the province of Sindh to initiate Task Shifting, with LHWs being trained on giving first dose of Contraceptive Injection, which previously were only given by a mid-level provider (Lady Health Visitor and Lady Medical Officer).

Under Sukh Initiative, the need to provide the first dose of Contraceptive Injection was identified in the light of a short study done by Sukh Initiative's measurement partner, The Aga Khan University. The finding of the study titled "Reasons of Discontinuation of Family Planning" suggested that women find it cumbersome to go to a facility for getting injections as the first injection is not administered by LHWs. The response from Aman Clinic's door-to-door services for provision of injections has also shown overwhelming acceptability by women for the same. The Program Management Unit (PMU) of Sukh Initiative then developed a detailed standard operating procedure (SOP) with PWD and Lady Health Worker Program for post training follow-up of LHWs, with a special focus on their client selection criteria.

Sukh Initiative started advocacy with the LHW program on task sharing in the second quarter of Year 4, and recommended LHW program to call a meeting of stake holders to start working on task sharing (first Injection by LHW) in Sukh LHW Initiative catchment. Objective of this training was to refresh knowledge and to build counseling skills of LHWs and LHSs of National Program, (working with Sukh Initiative) and to

make them eligible for the first dose of injectable contraceptives.

In this regard, 6 day training was arranged at Regional Training Institute of PWD. The trainings (due to large number of participants, was organized in 6 batches), were held from January 2017 to March 2017. 200 LHWs and 10 LHS were trained on the first dose of injection by PWD. 200 LHWs have completed hands-on training through screening activity where each LHW screened 2 clients in the presence of PWD service provider.

As an outcome of the training, the LHW and LHS are able to measure blood pressure accurately, have improved counseling skills, can remove myths and misconceptions around contraceptives and are now eligible to provide the first dose of injectable contraceptive to the clients. The objective of the training has been efficiently achieved. Followed by the training LHWs were observed through monitoring the screening activity for provision of first dose of injectable contraceptives.

C. Capacity building of CACs and CRGs

ACHP had revisited the role of Community Advisory Committees (CACs) and Community Representative Groups to get maximum contribution from these fora towards project. A one-day training was conducted for Community Advisory Committee and Community Representative Group members on Social Mobilization. The aim of this training was to build capacity of community members to actively contribute to Sukh Initiative and sensitize them to ensure their support to ACHP field workers and resolve local issues within communities. 205 members were trained through 18 training sessions during month of December, 2016.

D. Capacity building of health care providers

i. Capacity development of public health care providers (HCPs)

31 HCPs were given customized training on PFP/PAFP and post abortion care (PAC) by Jhpiego based on the need of service providers. Although, this training was well received, the need still persists due to frequent transfers or retirements of trained provides. Therefore, OJC is an ongoing activity to fill the emerging gap.

ii. Capacity development of private health care providers (HCPs)

During Year 4, 10 health care centers were added in the Dhanak network in Sukh Initiative catchment. 14 providers completed their training on comprehensive FP and 26 providers participated in training on post-abortion care before technical skill assessment.

E. Capacity building of government stakeholders

i. Transforming attitude of workers

Jhpiego conducted training on transforming the attitudes of workers towards FP needs of clients and community. 12 Master Trainers, two from each Department (KMC, SESSI, DoH and PWD) and clinical training sites, were selected. They were trained earlier on comprehensive FP and PFP. An advanced 5 days training course 'Effective Teaching Skills' (ETS) was conducted to enhance their skills as master trainer.

ii. Orientation workshop on supportive supervision / SBMR

Supportive supervision training was organized for district health officials of mid-level by Jhpiego. A total of 13 staff members were trained across all four government department to conduct supportive supervision and joint monitoring.

F. Capacity building of school teachers

i. LSBE training program for schools

By Year 4, Aahung trained over 90 teachers (34 direct trainings and 63 through refreshers). Over 200 on site support visits were conducted which was focused on monitoring teacher's performance (content and teaching methodology).

The school LSBE program with 30 schools and 4 vocational training centers has enabled more than 10,000 young people to receive quality SRHR information. 26 of the 30 target schools have effectively institutionalized LSBE into their academic timetables with most of the schools have completed the LSBE syllabus with the class 10 batches before their graduation this year.

G. Capacity building of ATH call center agents

i. Values Clarification and Attitude Transformation (VCAT)

A 2-day refresher training for 24 ATH call agents was conducted by Jhpiego. Topics covered included comprehensive FP and PFP counselling. Follow-up of this training revealed that the call agents were having difficulty in managing PFP related calls hence another 2-day refresher training focusing on PFP counseling was conducted for 17 call agents.

Furthermore, a training on VCAT was also conducted by Jhpiego for 15 ATH call agents. With a focus on client centric approach, this training enhanced understanding and helped in identifying and removing personal barriers regarding PAC and FP/RH issues.

As part of the close out strategy and sustainability plan of Sukh Initiative, the project is building in-house capacity of the trainers and training institute (Urban Health Institute within Aman Health Care Services) to be able to continue to provide both refreshers and on-site trainings of Telehealth providers. Sukh Initiative also plans to include international experts for training of call agents and the trainers so that the momentum continues beyond the project life.

ii. LSBE training for youth

Aahung trained 24 ATH operators (10 direct training and 14 refreshers) in LSBE to enable the operators to respond to youth issues and implement the protocols more effectively, lending to the sustainability of the initiative. An integrated LSBE/YFHS module was also developed for HCP's so that they may provide SRHR information including value clarifications in a holistic manner during all capacity building sessions.

H. Capacity building of Sukh Team and Implementing Partners

i. Scalability workshop

Sukh Initiative is committed to develop capacity of its implementing partners. In August 2016, a group of 4 Sukh Initiative members participated in a series of training "Scalability Workshop," organized by EXPAND-NET. The trained PMU staff then further cascaded this training through a workshop on Project sustainability and scalability. It was attended by Sukh Initiative Implementing Partners (IPs) and nominees from Aman Tech and Aman Health – Emergency Medical Services department (that has scaled its ambulance intervention in two districts of Sindh outside Karachi, working as a Public Private partnership with Sindh government). The two day workshop introduced the trainees to ExpandNet Sustainability – Scalability Framework.

ii. Personal Effectiveness, Communication and Community Engagement (PECCE)

Through regular interaction and follow-up with the partners, a need for training on effective communication, leadership and meaningful community engagement was identified. A 3-day training workshop was organized by Sukh Initiative PMU. NGORC, a leading training firm trained 50 staff members of Sukh Initiative's implementing partners and PMU in 2 batches during May – June 2017. Key focus of this workshop was on 'PECCE'. A follow-up and mentorship for 8 weeks was also undertaken to complete the learning element. This activity was concluded with a formal certificate distribution ceremony.

A comparative analysis of pre and post training highlighted that nearly more than 80% of the participants retained the learnings of three components including the topics: community engagement, leadership and personal effectiveness, and effective written communication. Their immediate supervisors were appreciative of their improved efficiency. The participants appreciated various components of training along with use of technology (WhatsApp group) for follow-up and exchange of information.

I. Supporting capacity building initiative

Sukh Initiative supported a Seminar on World Contraception on September 26, 2016. This seminar was held in collaboration with PWD, Sindh and Johns Hopkins Center for Communication Programs (JHCCP). JHCCP and PWD presented the history of contraceptive, religious aspects and an overview of contraceptive usage in Sindh.





STRENGTHENING OF HEALTH FACILITIES

A. Upgradation of public health facilities

During the reporting period, 27 facilities were upgraded (9 MCH facilities, 11 dispensaries, 6 FWCs and one urban health center). Labor rooms (LR) across 9 MCH centers were upgraded with necessary furniture and fixtures (Labor tables, instrument trolleys, infection prevention material and supplies). In addition to this, minor repair and paintwork was done along with placement of curtains to ensure privacy of clients.

FP supplies were also made available in LRs for all MCH centers to ensure uninterrupted PPFPP service delivery. Jhpiego team ensured availability of FP stock along with proper record keeping for PPFPP clients in LR registers with HCPs.

Other facilities included setting up of a counter for counselling services in the ANC outpatient department (OPD). The counters provided with IEC material, contraceptive samples, MEC wheel, and a counseling flip chart to facilitate one on one discussion with the clients during the counseling session. Jhpiego counselors are deputed in heavy client load facilities to counsel and maintain the records of PPFPP clients for immediate and extended postpartum period. Furthermore, awareness raising sessions are also conducted by counselors at ANC waiting area and in afternoon at postnatal wards where husbands/ mothers-in-law allowed meeting the mothers. IEC material, videos and storytelling are being used to share info about PPFPP/ FP and healthy timing and birth spacing.

FP services were not provided at MCH centers at the beginning of program activities. After Jhpiego's intervention under Sukh, FP servers were initiated and Jhpiego provided initial stock of all methods including LARC and short-term methods to the MCH centers. Currently the mechanism of supply has been strengthened where the MCH management through Contraceptive Logistics Information Management System (CLIMS) is raising the demand and commodities will be provided by PWD. It is important to note that the response from MWRA is welcoming as they are counseled during the ANC period and this helps in FP adoption after delivery. However, this requires strong role of FP counselors. At the PNC ward, the MWRA counseled may not necessarily be only the new mothers, but also other eligible women who accompany them.

For extending PPFPP services, a separate area for Implant and IUCD insertions was set up. This is located next to ANC clinic at SESSI hospital and Korangi.

i. Upgradation and development of training sites

In addition to the 27 facilities upgraded, one site for theoretical / classroom trainings and two sites for clinical trainings was also upgraded. The Regional Training Institute of the PWD has been upgraded with minor repair and paint work for providing theoretical lectures by provision of instruments and equipment for PPFPP and IP practice.

Two clinical training sites (SGH hospital Korangi # 5 and SGH hospital, SESSI hospital in Landhi) were developed as clinical training sites for clinical practicum. The FP Skill labs consists of 5 counters, each dedicated for development of competencies in counseling skills, infection prevention, interval IUCD, postpartum IUCD and implants.



FP room at Urban Health Dispensary. Camp on every alternative Wednesday under supervision of Jhpiego staff

The labs have been established adjacent to LR so that midwifery students, house officers, and resident doctors can enhance their skills on manikins. Under the supervision of master trainers, they also have easy access to LR to provide services to postpartum clients. It has a capacity for 10–15 students. This skill lab was provided with all furniture and fixtures essential for skill enhancement such as multimedia and its display screen for theoretical knowledge sharing. Skill stations are equipped with simulators of PPIUCD, Implants, manual vacuum aspiration (MVA), and IUCD along with instrument kits for IP. A separate station of infection prevention is also provided to demonstrate the standards of taking necessary precaution.

ii. Non structural adjustments (NSA)

A total of 41 facilities were selected for repair and paint work as per Jhpiego standards for NSA. The work was initiated in 25 facilities but was put on hold by Additional Secretary PWD. The reason being PWD was already scheduling to do repair and maintenance work under CIP according to the new branding guidelines. Since the CIP funds release is still pending, Jhpiego was requested from CIP to prepare one branded FWC in accordance to the guidelines set by the department. As of reporting period NSA work has been completed in 22 facilities i.e., 8 MCH 24/7 facilities, 4 dispensaries, 6 FWCs, 2 skill labs and 2 implant insertion rooms.

B. Strengthening private health facilities

A total of 15 potential providers were selected by DKT Pakistan. The existing health centers have been filtered to select the clinics to be retained over the project life and thereafter are under DKT Pakistan's regular program. The existing clinics will be remapped in the first quarter of Year 5 to ensure substantial population coverage and new clinics to be selected if required.

Ten more clinics have been established during the first half of Year 4. Basic instruments kit contains 44 items including IUCD Kit, Sterilizer, separator and other related material.

C. Increase in demand for family planning services

The goal of Sukh Initiative is also to bring about improvements in uptake of modern contraceptives, through raising awareness and promoting positive behaviors. Programmatic activities in this regard include door-to-door services through CHWs, interpersonal communication with youth, counseling services through helplines and community events designed to raise awareness of the key messages pertaining to FP/RH. Communication approaches represent systematic attempts to positively influence

the health seeking practices of populations. The following mechanisms are in place to increase FP demand:

- Training and engaging CHWs and LHWs;
- Increasing access to FP services (by method) at door step and strengthened referral mechanism;
- Strengthening support through call center support services and life skills based education to both females; and males to improve and increase access to modern FP methods.

i. Door-to-door services

With the aim of increasing demand for family planning, 230 CHWs (including 30 male community mobilizers) and 200 LHWs were being engaged by ACHP to provide women and men with counseling and information, FP products and referrals at their door step. Door to door services provides personalized attention to women and allow the program to cater to specific individual needs for information, counseling, distribution of condoms, pills and supplements. CHWs refer women with specific FP/RH needs to quality service providers, pregnant women to maternity homes that offer post-partum and post abortion family planning. CHWs also provide young boys and girls in the community with LSBE and inform both couples and youth to utilize ATH call center services for more information and counseling needs.



Counseling session by CHW

Retention of CHWs has been a concern for SUKH Initiative as there is high turnover. This has been resolved now as market competitive packages are being offered. The CHWs are now more sensitized and committed to Sukh Initiative's work.

a. Household visits for FP counseling

During Year 4, 200 LHWs have reached 27,000 MWRA, whereas 200 CHWs have reached out to 131,810 MWRA, respectively.

b. Mobilization through CACs and CRGs

20,084 stakeholders and community members were given awareness and mobilized through Community Advisory Committee and Community Representative Group meetings during the reporting period.

c. Support Group Meetings

Support Group Meetings (SGMs) are scheduled every month separately for MWRA and married men for discussion on topics related to FP, MNCH, and PAC. Similarly, SGMs are also organized for young boys and girls separately to create awareness on topics related to LSBE. It was discussed and agreed upon in SC meeting in Dubai that SGMs didn't work well as more one to one interaction could be more effective at this stage of the project. As agreed upon in SC meeting in Dubai, SGMs will be halted from Year 5 and will be replaced with a better alternative.

d. *Women Support Group Meeting (SGM)*

During the reporting period, 42,109 MWRA (15 – 49 years age) were reached through 4,032 Women SGMs by LHWs. 104,089 MWRA (15 – 49 years age) were reached through 8,671 Women SGMs by CHWs. A total of 7,958 young girls (16–22) were reached through 785 SGMs for LSBE by LHWs and 33,398 young age girls (16–22) were reached through 4,886 SGMs for LSBE by CHWs.

e. *Support Group Meetings (SGM) for men*

A total of 774 SGMs for men and 400 SGMs for boys were conducted during the reporting period.

f. *Corner meetings for men*

Corner meeting is a methodology to deliver Sukh Initiative messages to small group of men in the community or to provide individual attention to husband from the community so as to provide support to the husbands for FP related decision. This activity is aimed to enhance inter spousal communication for adoption of suitable FP method.

During the reporting period, 23,470 corner meetings were conducted. These meetings are monitored by MOs, FCs and SMs. Results and feedback suggests that there is keen interest from husbands in the community to gain knowledge of family planning.

g. *Data Collection through use of technology*

Two hundred Female CHWs are using hand held devices with android based application for data collection and household visits planning in field. LHWs have also started initial phase of implementation of this application in their respective areas.

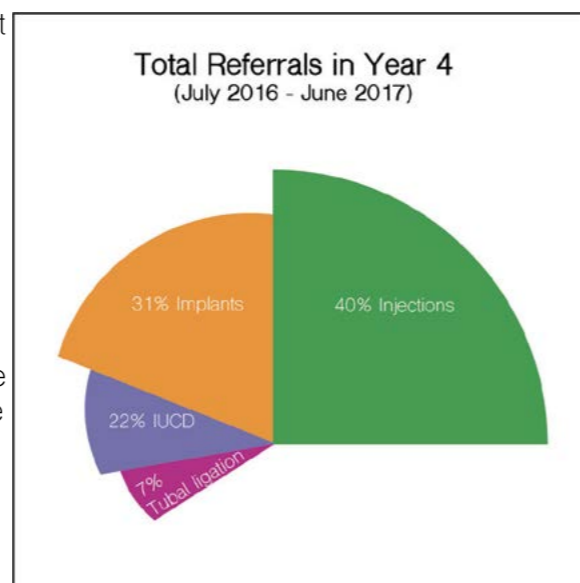


D. Demand generation for quality FP services

i. **Referrals by method proportion**

40% referrals were made for injectable, the number seems satisfactory due to keen follow up and referral of clients to link up with Aman Clinic outreach services. The strategy of client mapping had a significant impact on injectable referrals and uptake. In Year 4, 31% referrals were made for implants, followed by IUCD and Tubal ligation respectively as 22% and 7%.

The concept of client mapping is to focus mobilization activities based on the clients' needs. With help of mapping, there was more frequent interaction with the non-users and users of traditional contraceptive to introduce them to modern contraceptive choices. It has been generally observed that such clients either opt for condom or injectable as a method of choice as a result of the interaction.



ii. **Referrals for maternal care**

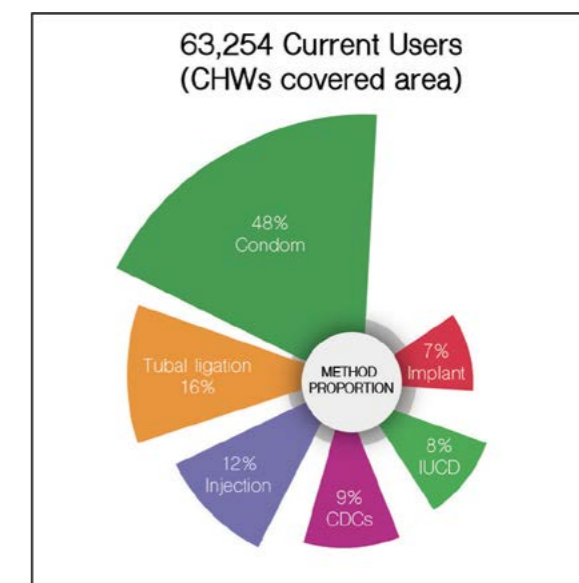
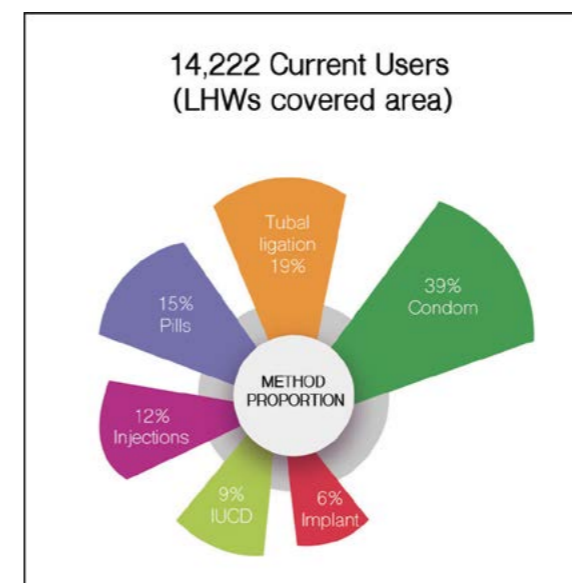
During the reporting period, 1,750 MWRA were motivated and referred to adopt postpartum family planning. 190 referrals were made for Post Abortion Care (PAC) and 154 for Post Abortion Family Planning (PAFP).

iii. **Current and new user**

63,919 current users of modern FP methods were maintained at the closing of the year in the community inclusive of 22,230 new users.

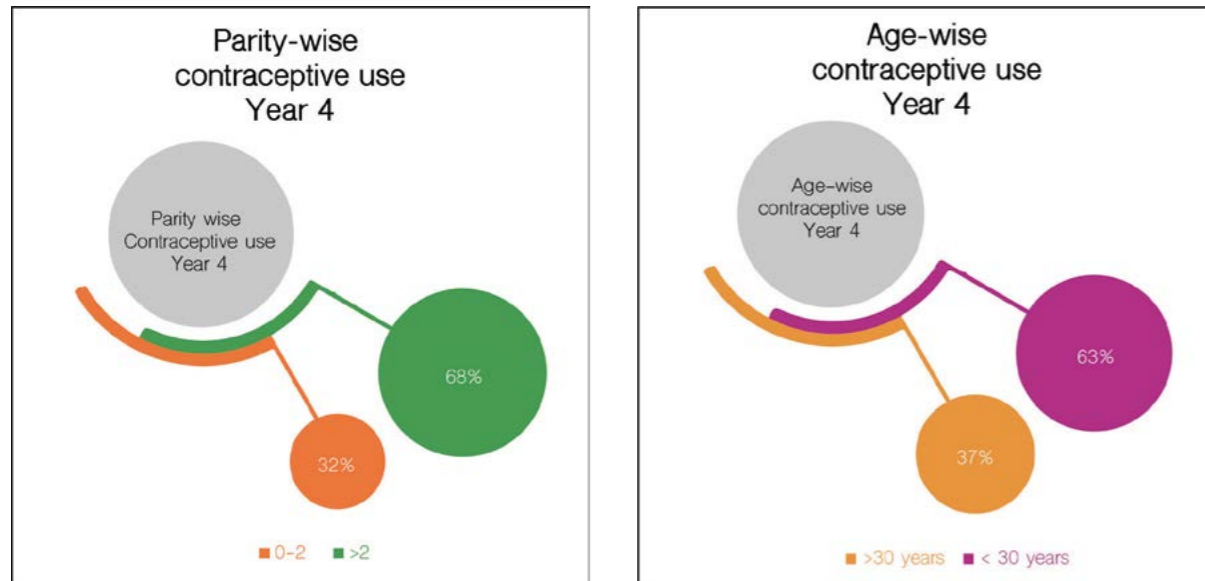
iv. **Method mix proportion**

Current FP clients under LHW covered population are 14,222; and under CHW covered population are 63,254 respectively. The method mix is as follows:



v. Client profile in relation to contraceptive use

FP adoption cases were further analyzed on the basis of age of MWRA and parity. Around two thirds of MWRA (63%) who adopted methods were of 30 years old or younger. 68% of them had more than two children, while the rest had 0–2 children.



vi. Additional door-to-door supplies

Choice of clients (COC) is important to receive supplies and its quantity from CHWs. On an average, 7 to 16 condoms were distributed per client during the Year 4. A total of 9,305 COC users received supplies at their door step with an average of three COCs stripes were given to recipients. 22,648 clients have received contraceptive pills. Condoms clients were probed if they were using condom properly. In case of history of condom rupture, the users were offered the emergency contraceptive pills (ECPs). Similar services were offered to traditional users. 16,062 ECP stripes were distributed to clients.

E. LHW initiative

The Sukh Initiative have actively engaged government stakeholders and other development partners to share emerging learnings and success at every stage of the program. Strong engagement with the health and population departments as well as with the LHW program is critical for possible potential of scale up through the public sector. To ensure project sustainability, the Sukh Initiative signed a MoU with National Program, Government of Pakistan to engage 200 LHWs to create demand in LHWs areas for MNCH and RH&FP services. LHWs from the area are also trained through a master trainer model and provided with short visual LSBE materials to be used in their community outreach programs.

The field activities of LHW initiative were started in the month of July 2016, and LHWs started conducting SGMs. Around 189–200 LHWs have been working in the Sukh Initiative area of intervention, covering a population of 200,000. During the reporting period, 29,286 MWRA have been approached to provide FPRH information. Under the

Sukh Initiative covered area, LHWs works include 3 towns (Bin Qasim, Landhi and Malir) and 6 stations.



Monthly progress review meeting with LHWs and LHSs at Malir town

A total of 42,109 MWRA (15 – 49 years of age) were reached through 4,032 Women Support Group Meetings by LHWs. Topics discussed included FP, PAC, MNCH, and LSBE. Additionally, 7,958 young girls (16–22) were reached through 785 support group meetings for LSBE by LHWs.

F. Improved access to FP services (by method) and with improved quality of service

Along with dedicated efforts for demand generation, a strong supply side is crucial to project success. Analysis of past FP projects in Pakistan suggests that issues of low quality of care, including inadequate knowledge of care-givers, inadequate method mix, and lack of counseling resulted in inadequate motivation.

Addressing the need, Sukh Initiative works with public and private health facilities to improve access to FP services with improved quality of service. Jhpiego works with public health facilities, and DKT Pakistan with private ones. Within the purview of the Sukh Initiative, Jhpiego and DKT Pakistan complements the work of other Sukh Initiative consortium partners and provide not only improved access to FP services, improved quality of service (than currently available), as well as to increase supply and access to a broader range of modern contraceptives (PAFP and PFPF materials). Apart from that, youth friendly services by Aahung also provides access to quality and youth-friendly reproductive health services to youth.

During year 4, the average quality of service score improved from 21% (baseline) to 82%.

i. Public health facilities

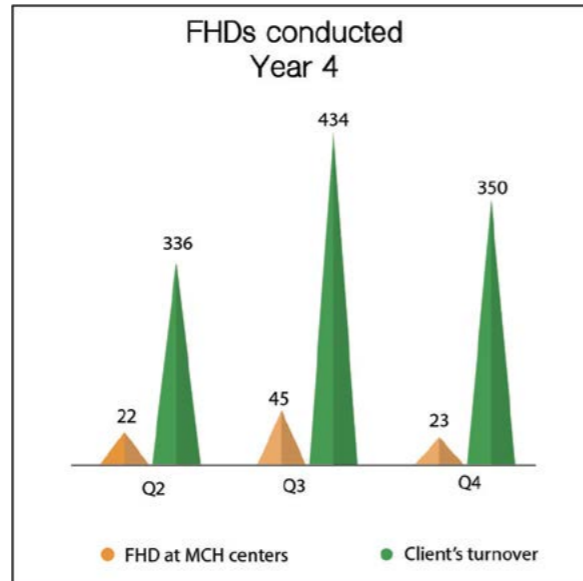
a. Counseling Services

A dedicated counseling counter is placed in the ANC OPD. The counters provided with IEC material, contraceptive samples, MEC wheel, and a counseling flip chart to facilitate one on one discussion with the clients during the counseling session. Jhpiego counselors are deputed in heavy client load facilities to counsel and maintain the records of PFPF clients for immediate and extended postpartum period.

In order to maximize the outreach of PFPF services, Sukh-Jhpiego has set up a separate area next to ANC clinic at SESSI hospital and Korangi 5 for Implant and IUCD insertions.

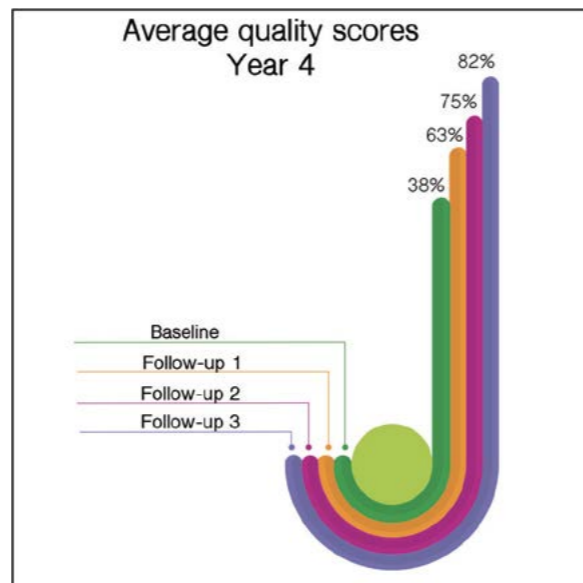
b. Family Health Day (FHD)

FHD is a weekly activity at the FWCs of the PWD in the Sukh Initiative catchment area endorsed by ACHP. The initiative has been taken in Sukh Initiative for the first time in Sindh, in partnership with the PWD who ensures the functionality of the scheduled FHDs while Jhpiego provides supportive supervision. The main objectives of FHDs are: (i) provision of quality FP services especially LARCs; (ii) to improve the image of FWCs; and (iii) to engage LHWs as bridge between community and FWCs. FHD targets newly married women, pregnant women, and mothers seeking services for birth spacing. An orientation session was also conducted for ACHP field teams on FHD and referral mechanism.



A total of 91 FHDs were conducted at MCH, dispensaries fortnightly and at FWCs. In majority of facilities, FP services were introduced for the first time. A very encouraging response was received at dispensaries, which were previously serving cases with minor ailments at OPDs.

Apart from above FHDs conducted at MCH centers, 17 FHDs were also organized at PWD facilities in which 410 clients were entertained by FWC staff. PWD deputed their doctors during FHD for implant insertions.



c. Quality of services score at health facilities

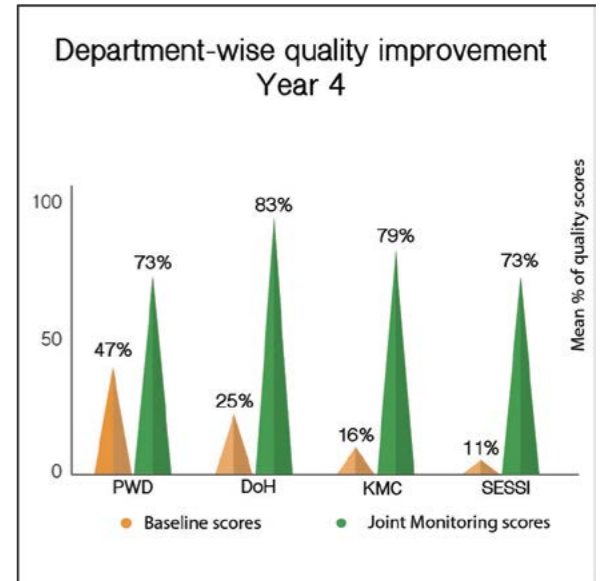
Average quality of service score improved from 38% (baseline) to 82% Using SBM-R (Standard Based Management and Recognition) tool the quality of FP services were assessed for 3 follow-ups conducted bi-annually.

d. Joint monitoring visits conducted with the DoH, KMC, PWD and SESSI

The joint monitoring is done annually with the objective to measure performance, compliance with standards and progress of HCPs. This helps to evaluate HCP PFP/FP Skills after training and streamline record keeping of FP/PPFP services in facility registers. Moreover, challenges and way forward are also discussed.

Joint monitoring visits are focused on skill assessment of HCPs, evaluated on Jhpiego checklist (SBM-R) filled by both representatives. The scores are tallied and joint action plan is prepared and a close follow up for red flag issues is dealt with jointly.

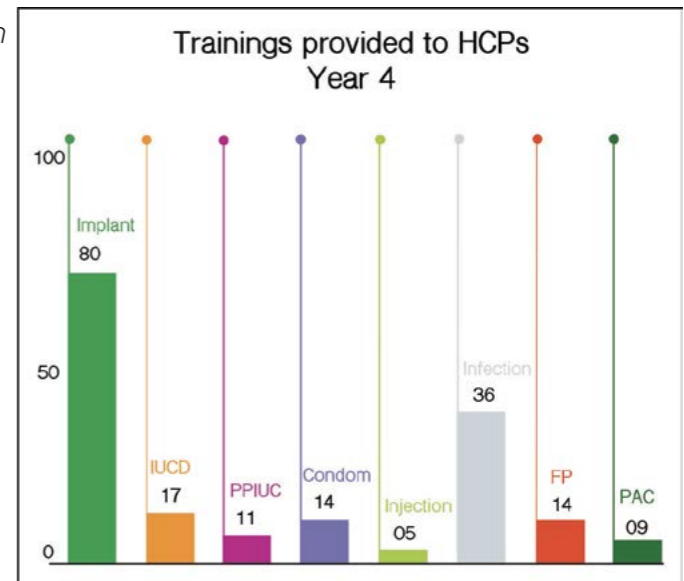
HCPs from (33 HCF) 8 facilities of DoH, 6 HCF of KMC, 1 HCF of SESSI & 18 HCF of PWD has been assessed during Y4 as shown in the graph. The graph shows a remarkable improvement in quality standards scores when compared with baseline of the same service.



There was no proper monitoring system in place and with the introduction of joint monitoring the senior team members and administrative staff are learning the process and benefits of regular monitoring. They are quite keen to adopt it as such for their departments.

e. Supportive supervision visits and on job coaching

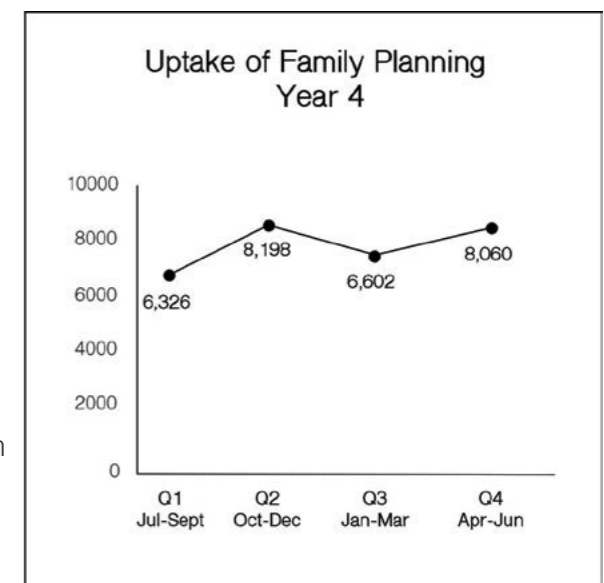
During supervisory visits, on job coaching sessions conducted to enhance the knowledge and skills of service providers.



The following shows the number of HCPs trained on specific topics after TNA:

f. Over all FP uptake in public, health facilities in year 4:

The graph outlines the comparison in the quarterly FP uptake in Year 4. During Year 3 (Jul-2015-Jun2016) the figures of FP Uptake in all three types of facilities (FWCs, MCH & dispensaries) were negligible as compared to their results in Year 4.

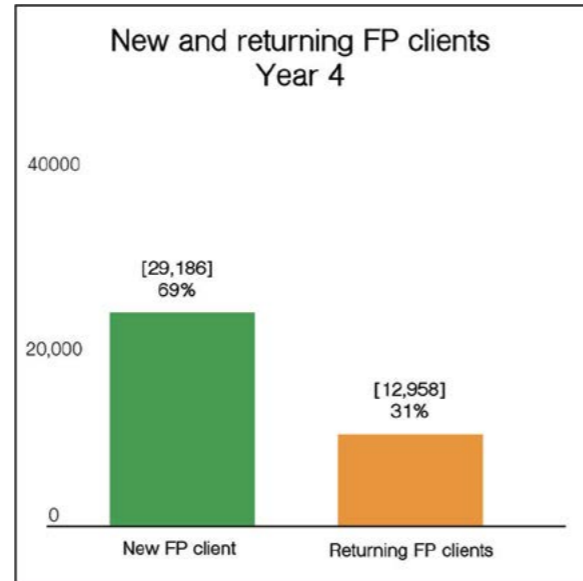


A constant upward trends in number of FP services can be observed.

By comparison, figures in third quarter of Year 4 somewhat declined, as provision of first dose of Injection (Depo) by LHWs and CHWs at doorstep was initiated in that period, maintaining > 2 time rise from third quarter of last year (2,761) before rising again to 8,060 in 4th quarter.

g. Breakup of New and returning clients:

The bar graph represents the breakup of new and old /returning clients. The results shows 69% of clients visiting Sukh Initiative facilities are new FP users, and 31 % clients are returning clients.



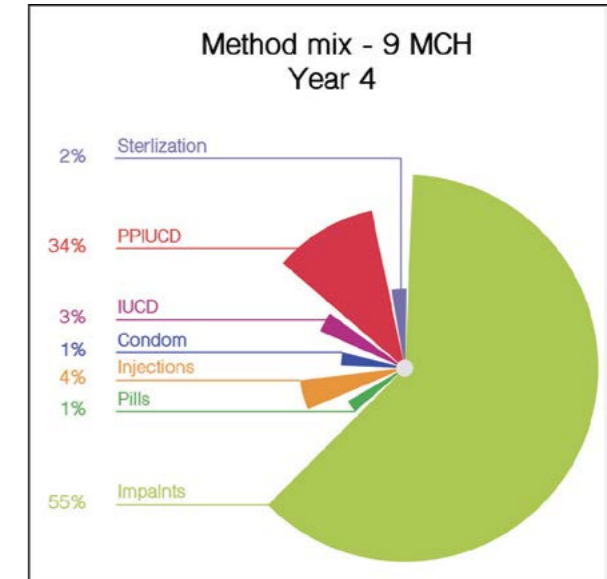
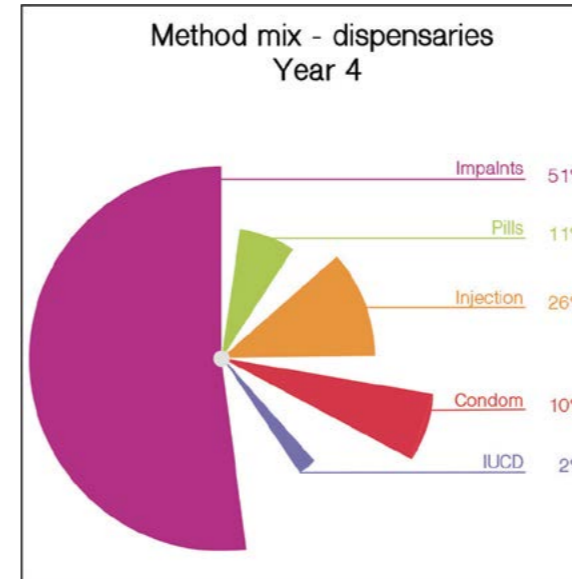
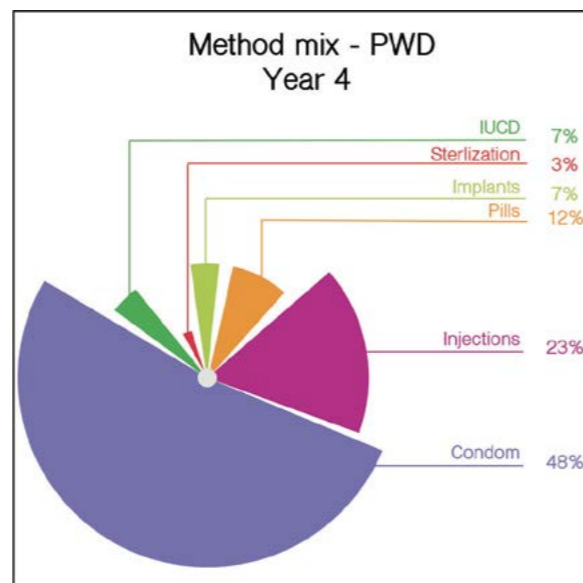
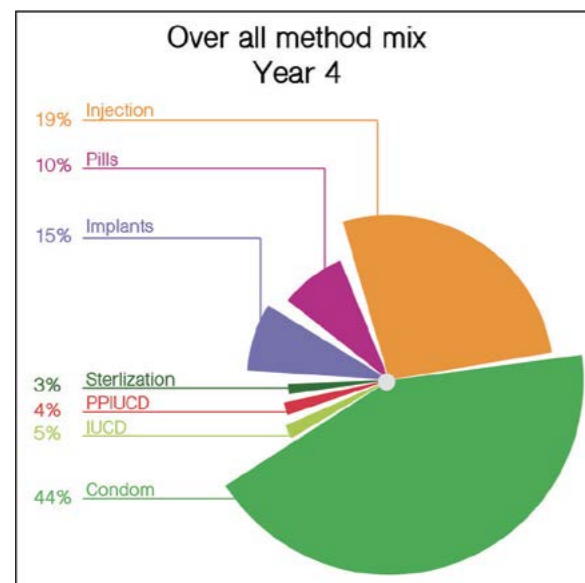
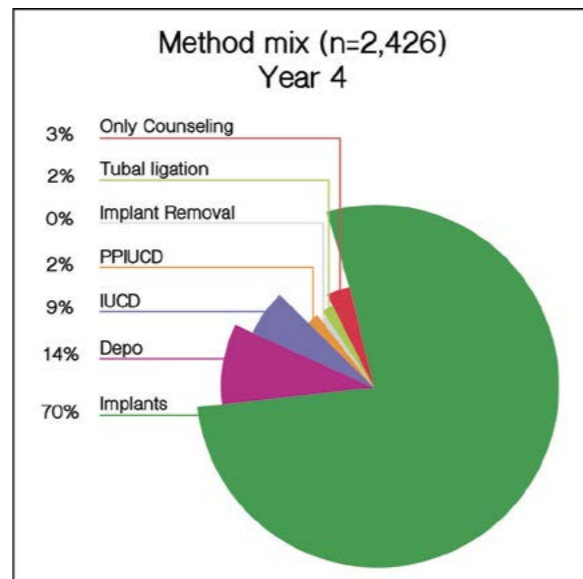
h. Referral data

A total 2,426 clients referred during Year 4. The pie chart shows the method mix. Implants remained the most popular method of choice among MWRA, as 70% of the clients opted for them.

Method Mix

The pie chart illustrates the mix of various contraceptive methods during Year 4. The results shows remarkable increase in implant and IUCD uptake in comparison to Sukh Initiative Baseline Survey. The use of Implant increased from 0.8 % to 15% whereas IUCD increased from 1.8% to 5%. Similarly, the rest of methods also show increase. Condom remains most popular method.

In comparison, the method mix of various types of HCFs show very interesting results. PPIUCD uptake is 34% in MCH but nil in FWCs and dispensaries because deliveries can only be conducted in MCH



and PPIUCD can be provided just after delivery.

Similarly, implants were the most chosen method in MCH (55%) and Dispensaries (51%) whereas condoms in FWCs, while injection were equally high in demand in Dispensaries (26%) and FWCs (23%), but low in MCH (4%).

Interval IUCDs were 7% in FWCs, 3% in MCH and 2% in dispensaries. Pills were 11% in dispensaries, 12% in FWCs, only 1% in MCH as lactating mothers could use.

ii. Private health facilities

Under Sukh Initiative, DKT Pakistan is further strengthening their social franchise model of "Dhanak Clinics" with private HCPs to improve access to affordable quality FP/RH services.



Client seeking counseling services

Heer Apa is an activity whereby community women get to gather at facility or nearby community space. This informal session at tea is hosted by mobilizer (Health supervisor) who facilitates discussion on ANC, PNC, FP, nutrition and related topics. The provider also introduces basket of choices available at her clinic. During the reporting period, 10 Heer Apa events have been organized which was attended by 123 participants (women and their young daughters).

During Year 4, DKT Pakistan organized 47 health camps in which 660 married women of reproductive age (MWRA) visited, of which 323 adopted family planning methods. The three most opted methods by the clients were condoms (52%), IUDs (21%) and injections (19%).

A total of 10 Heer Apa activities were also arranged which were attended by 123

participants. During the reporting period DKT Pakistan organized 47 health camps in which 660 married women of reproductive age (MWRA) visited, of which 323 adopted family planning methods.

In addition to this, 10 private health facilities were upgraded, 14 Service providers were trained on comprehensive FP, 26 Service providers were trained on PAC, and 28 providers participated in Task Oriented Need Assessment of Clinical Skills (TOACS). In addition to this, 47 health camps, 10 Heer Apa activities and one manual vacuum aspiration activity were conducted.

DKT Pakistan also supported Aman Clinic by providing 1,000 implants at free of cost to support LARC and ensuring promotion of choice by making product available to the partner.

a. Performance assessment and mentoring of health care providers working for DKT Pakistan under Sukh Initiative

In order to assess the quality of care provided through private providers, Sukh Initiative PMU undertook an assessment activity conducted by National Committee for Maternal and Neonatal Health (NCMNH) with the aim to evaluate the master trainers of Jhpiego & DKT Pakistan working under Sukh Initiative, for their knowledge and clinical skills for Family Planning services and PAC. Further, the private service providers working under DKT Pakistan were assessed for their knowledge and clinical skills for FP services and PAC.

Areas of improvements were identified for both trainers and the service providers. NCMNH prepared a category wise service list for recommended service provision by DKT Pakistan providers based on skills and knowledge. The activity initiated in March 2016 and within a month the final report along with recommendations was submitted. In light of the submitted report, DKT Pakistan has scheduled a training session in July 2016 for 40 health care providers working under Sukh.

iii. Aman Clinic

Aman Clinic is an initiative of the AHCS. Its main purpose is to provide quality primary care clinical services at an affordable price in selected peri-urban areas of Karachi. Being located in proximity of Sukh Initiative catchment area, Aman Clinic works with Sukh Initiative to provide injectable at doorstep, in-house services for long-term reversible methods for extended hours i.e., from 9:00 am to 5:00 pm. ACHP also engages dedicated resources of LHVs to provide injections to MWRA at home, and also conducts health camps to promote quality FP services.

During the reporting period, Aman Clinic had served 5,771 FP clients. Around 4,416 FP Injectable clients were served through outreach service in Sukh Initiative catchment area. 739 Implants and 47 IUCD were inserted including some other services.

iv. Aman Telehealth (ATH)

The primary role of Sukh Telehealth is to remotely support the delivery of program interventions by building a bridge between demand and supply of health services as well as counselling for the side effects management and to ensure compliance with treatment for better management of patients' health. ATH uses state of the art medical software for inbound and outbound calls.

Average time taken by ATH to connect to a caller is 4 seconds. Average call duration is estimated at 6 minutes.

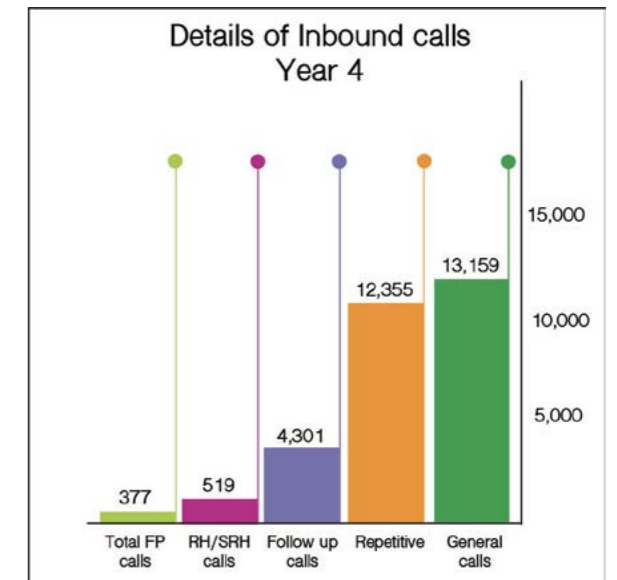
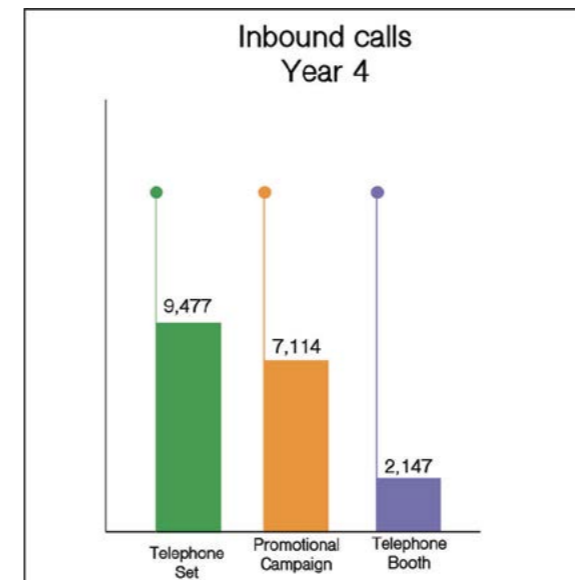


ATH operators providing telehealth services

a. Inbound calls

A total of 18,738 inbound calls were received against the target of 7,200 from Sukh Initiative catchment areas during the year. This was almost 2.6 times of the annual target. An increase in the number of self-calling/promotional calls from the community is a sign of positive change of people's acceptance and empowerment to talk about their health issues on phone.

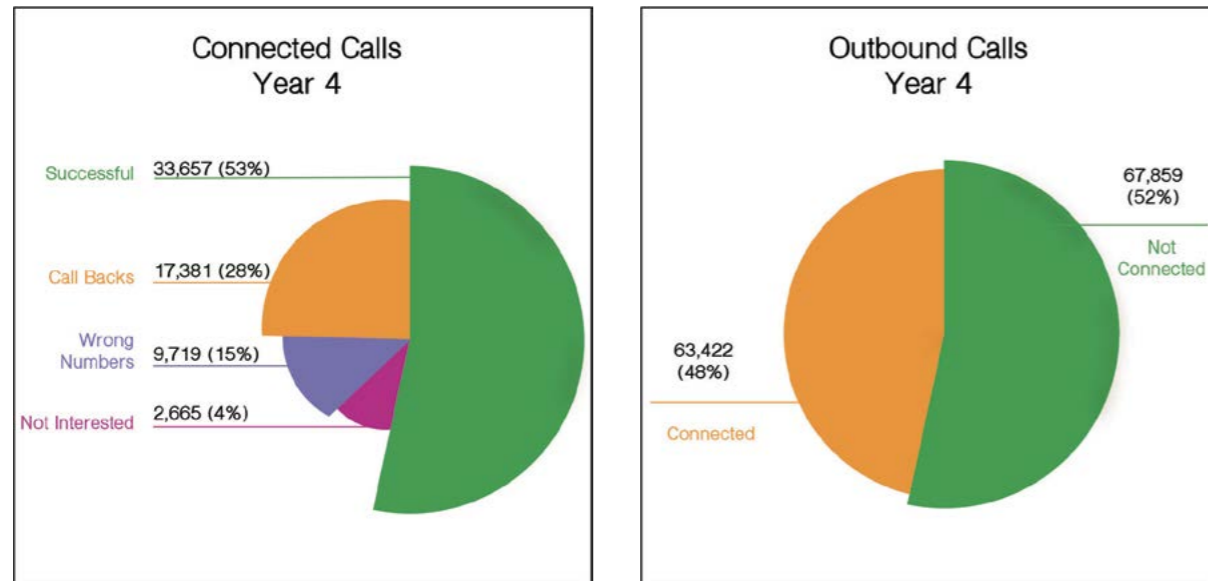
During the reporting period, FP related calls were from Sukh Initiative catchment were measured at 4% whereas LSBE calls were recorded at 7%. The number of FP related calls is relatively less as door to door FP service is being provided in the community which mobilizes MWRA at a direct level. Whereas, the ratio of SRHR doubles the number of FP calls as these matters require more privacy and people prefer to talk about SRH issues on phone rather than face to face, as they are assured about confidentiality of their identity.



b. Outbound calls

To extend the outreach, ATH makes calls to its own data base of Sukh Initiative target areas along with contact details provided by Sukh Initiative implementing partners. The basic objective of the outbound call is to register MWRA, married men and youth; to fill the gap of information and counselling for the side effect management related to FP, SRH issues; and to follow up with LARC clients. At the first contact, the client is registered with Sukh ATH services, on the second contact, all family members are registered including MWRA and children. Sukh ATH then initiates discussion on FP from third call onwards.

During the reporting period, 85,649 people were contacted through 183,245 attempts of outbound calls. The total population registered through these calls was 33,657, comprising of 16,779 MWRA and married men and 6,300 youth. Rest of the people registered from Sukh Initiative catchment included children and adolescent below 14 years of age and single, widowed and divorced adults above 25 years of age.



G. Partners support in improving access and quality of FP services

i. Youth engagement activities - Aahung

a. Whole school activity

Whole school activities have been an effective mechanism to reinforce class room learning. A key objective of this activity is to engage youth, parents and teachers through meaningful interactive activities to understand LSBE pertaining to everyday life. To further strengthen this component, Aahung has conducted 13 whole school during the reporting period, reaching out to over 3,800 young people, caregivers, and teachers.



Students engaged in Whole School activity

b. Youth Friendly Space (YFS)

Aahung inaugurated its YFS in Korangi in August 2016. This has seen significant engagement with and retention of youth. To date, 370 youth have been registered at YFS and participated in at least one health session on SRHR issues. On average, 25 health sessions are conducted every month on the topics such as, health and its importance, pubertal changes and myths and misconceptions related to this, gender and sex, self-protection, sexual harassment, STIs and STDs and its kinds etc. Out of these 370 youth, at least 40 to 50 young people attended these health sessions regularly, at least 2-4 times a month. A staff of three dedicated individuals; 1 YFS

coordinator, 1 male counselor and 1 female counselor, conduct these sessions. In addition to the regular health sessions, these counselors also conduct need based counselling sessions on an individual basis.

The YFS youth members have demonstrated their interest in and commitment to advocating for SRHR issues faced by young people in their communities. They have taken ownership of this space and are also a part of the YFS Theatre Group which advocates for and disseminates information around youth SRHR issues in the community. The YFS team has worked at strengthening the intervention, improving lessons plans and responding to learnings.

c. E-Course

With a focus on digital learning, Aahung developed LSBE e-course during Year 4. The key objective of this course is to enable young people aged 16-20 to attain key SRHR messages in a concise yet comprehensive manner. Whilst this mode of education was ineffective particularly in the vocational training centers, it will be utilized in the long run as a self-administered tool on websites/portals where youth can access the content directly, independently, and free of cost.

H. Promotion of FP/RH through ATH

i. Short messaging services

ATH provides family planning information to callers, counseling through outbound calls and send SMS adherence reminders and other information. The service is integrally linked with the other solution levers of Sukh Initiative including the door to door component for follow up with community women and men for ongoing information and counseling needs and SMS reminders. Young girls and boys can use the service for information needs which can be accessed confidentially and anonymously. They also provide SMS reminders and follow up calls for clients of maternity homes.

Sukh ATH has been efficiently using Short Message Service (SMS) for raising awareness and information sharing with current and prospective beneficiaries of Sukh Initiative. During the reporting period 1,967,216 SMSs were disseminated via health alerts in the community. Over 40 different SMS campaigns were conducted focusing on messages related to FP services, MNCH, SRH/ LSBE along with updates on health related activities (family health days and other promotional events by Sukh IPs in the community. Over 25,203 MWRA and youth were reached out for these campaigns.

ii. Technology integration

Technology Integration of Sukh ATH is pivotal as it contributes to sustainability of the project. The end goal is to have a robust and integrated information system of beneficiaries. Sukh ATH has been constantly working to improve and upgrade the information systems and integrity of data, and eventually adopt a fully integrated Customer Relationship Module (CRM) system. A demo of this CRM will be presented in November 2017. In line with ATH in collaboration with other businesses of Aman Health, CRM is a one window solution for the beneficiaries of Aman Health Eco System. A client can use any of the services of Aman Health Ecosystem with single unique ID and his/her information can easily be shared among business units for follow up. This single customer view feature also supports the complaints management system. After the launch of these upgrades, the current process of

information sharing between Sukh ACHP and Sukh ATH is expected to become easier.

During the reporting period another technological upgrade was recommended for automated outbound call feature. Now in the execution phase, this feature has resulted in increased number of attempts and an improved number of connects. An integrated Voice Response is also initiated for acquisition that would help ATH prioritize Sukh Initiative customers.



SUSTAINABILITY OF PROGRAM FOCUS

A. Community level engagement

Over the years, project has developed extensive internal and external coordination mechanism with community gatekeepers, implementing partners, and development sector and government stakeholders.

For Community ownership and sustainability, Community Representative Groups and Community Advisory Committees have been formed. Community Representative Group meet each month to discuss issues in service provision and door to door activities as conducted by CHWs and provide community based solutions as needed. Community Advisory Committee is also actively playing its role in the community.

B. Strategic communication

Based on the discussion in SC meeting – Karachi in September 2016, it was agreed upon that a strategic communication partner will be instrumental for disseminating Sukh Initiative high impact practices. For this purpose, Sukh Initiative conducted a desk review and analysis of all possible partners. Center for Communication Programs Pakistan (CCP-P) was finalized which now leads strategic communication component of the Sukh Initiative, both in terms of contributing towards the overall objectives and to support project's external communication activities. 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.

CCP-Pakistan has been instrumental in redesigning the logo of Sukh Initiative along with a comprehensive design philosophy. The revised logo for Sukh Initiative was approved in SC meeting, Dubai (April 2017). Along with developing information package on Sukh Initiative for key stakeholders, thematic photo bank and designing annual report for external audience, CCP-Pakistan has also designed a comprehensive Branding and Styling Guide for Sukh Initiative implementing partners which is now being successfully implemented. They are also developing bi-annual e-newsletter for internal and external audience and will provide support for design and editorial services to Sukh Initiative Implementing partners.

In addition, CCP-Pakistan will facilitate seminars for Midline dissemination, advocacy and networking. They will also work with implementing partners to build their capacity in advocacy and orientate them on leadership management.

C. System strengthening

A objective of the program is to strengthen system of government departments to improve the quality of family planning services across Sindh. For this purpose, Sukh Initiative PMU

has collaborated with Sindh Department of Health (DoH), Population Welfare Department (PWD), Department of Education & Literacy and Sindh Employees' Social Security Institution (SESSI) from the very onset.

An overview of collaborations with Government stakeholders is as follows:

i. Networking and partnerships with government stakeholders

a. Partnership with Education and Literacy Department, Sindh (ELD)

Sukh Initiative has activity supported Aahung to advocate integration of LSBE into the secondary school curricula in Sindh. Aahung has been working with ELD and its related segments to get their support in the implementation of LSBE in government schools in the Sukh Initiative catchment areas. A formal agreement was signed with the DoE in the form of a MoU to initiate LSBE in the government schools in the Sukh Initiative catchment areas during Year 3. These efforts have reaped fruits in Year 4. A Technical Advisory Committee was set up in partnership with the ELD, Sindh, and members from Provincial Institute for Teacher Education (PITE), Sindh Textbook Board (STBB), and Bureau of Curriculum (BOC). After conducting a Technical Advisory Retreat with this group, a draft LSBE integration framework has been submitted to the Curriculum Wing for review.

ii. Government stakeholders' visit to Aman Foundation

Sukh Initiative organized a meeting for key Government stakeholders and dignitaries on January 10th, 2017. Dr. Azra Fazal Pechuho, Member National Assembly and Chairperson, Oversight Committee Health and Population, Government of Sindh and Ms. Shahnaz Wazir Ali, Co-Chair, Oversight Committee Health and Population, visited Aman Foundation and Sukh Initiative's areas of intervention.

The guests were briefed about Sukh Initiative and were given exposure about use of Android based tablets by CHW, functional integration, FHD experience sharing by CHW & LHW, youth engagement through YFS & use of call center. They were also given a tour of its field stations with Aman Community Health Program (ACHP). Guests were impressed by use of android based handheld application by CHWs. They requested to train LHWs on the same aspect for improving the services. Sukh Initiative later on trained LHWs on this application. Stalls were also set up by Sukh Initiative' implementing partners at the Aman Foundation's Head Office. The guests were oriented about different processes and functions involved in creating positive impact in the field of FP. The dignitaries endorsed and appreciated the practices of Sukh Initiative and affirmed their support the project.

The tour led to interactive session with the youth of Arif Public School in Korangi where Sukh Initiative provided appropriate reproductive health counselling. Dr. Azmat Wasim, Additional Secretary Technical, Population Welfare Department (PWD), Dr. Jairam Das, Provincial Coordinator, Department of Health, Dr. Renuka



Dignitaries visit to Aman Foundation

Swami, Representative of United Nation Fund for Population (UNFPA) were also present during the visit.

iii. Partnership with the Department of Health (DoH), Sindh

For creating an enabling environment and to advocate for strengthening PFP and PAFP services, Sukh Initiative facilitated consultative meetings with health departments for drafting PFP strategy for Sindh. The draft strategy is submitted to DoH for further review and finalization.

a. Meetings with the Provincial- and District Technical Committees

Technical Committee is a collaborative forum established by the DoH and PWD. 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 (DTC), and second at the provincial level (PTC). Sukh Initiative is a member of both committees, and participate in both fora and share progress updates with other development partners. During Year 4, Sukh Initiative was represented in two DTC meetings and three PTC meetings. These fora were particularly useful in establishing and maintaining effective liaison with public sector and, thus, also contribute to the advocacy goals of the project. During these meetings, concerns regarding sharing of data and supply of FP commodities were raised. Further advocacy is in process with the departments to develop a mechanism for provision of supplies to quasi government facilities (SESSI and KMC) where FP services have been initiated as a result of Sukh Initiative's efforts.

b. Sukh Initiative supports Costed Implementation Plan for digitalized data collection

The efforts of advocacy and meaningful engagement with Government led to signing MOU between Sukh Initiative and Costed Implementation Plan (CIP) unit under PWD, Government of Sindh. The CIP is initially being implemented in 10 districts of Sindh to be scaled up to 29 districts under Plan Implementation Unit (PIU), Population Welfare Department, Government of Sindh. The PIU is guided by the Sindh FP2020 Working Group. Presently, the CIP is being funded by the Government of Sindh under a PC 1, with Population Welfare Department as the lead agency for implementation in collaboration with DoH and other stakeholders.

As per the MoU signed in August 2017, the Sukh Initiative will support CIP for development and operationalization of an android based application for data capturing, including a reporting dashboard for analysis and accountability purpose. This robust and technology based information system will enable CIP to stream line data and decision making for its commitment to Family Planning.

c. Development of Quality Evaluation Toolkit

Sukh Initiative will facilitate development of a synchronized Quality Evaluation Toolkit for health care providers. The objective is to ensure that the FP interventions are standardized as per the revised standards of the Government of Sindh. For this purpose, a Quality Evaluation Toolkit will be developed and tested in both public (PWD, DoH, KMC and SESSI) and private facilities across Sukh Initiative intervention areas. Upon successful implementation of this pilot phase, CIP will endorse this toolkit for scaling up across 29 districts in Sindh.

iv. Advocacy and coordination

a. Facilitating FP progress at Policy level

Sukh Initiative has played a key role in updating policy and procedures for Health and Population Welfare Departments.

Some of key contributions include:

- The concept of “Family Health Days” initiated by the program in Sindh, has been adopted for scale by PWD and currently FHDs are being conducted in 10 CIP districts across Sindh
- Sukh Initiative is the first in the province to initiate Task Shifting, with LHWs, who were trained on giving 1st dose of contraceptive injections. This was previously only given by a mid-level provider (LHV or Lady Medical Officer)
- Sukh Initiative was also instrumental in issuance of a directive from Director General Health Sindh to pioneer insertion and removal of implants by mid-level providers (LHV), a procedure previously restricted to lady doctor only
- Sukh Initiative has been a forerunner in provision of FP counselling, services and PFP at MCH Centers, Social Security and Municipal Cooperation hospitals and dispensaries
- Sukh Initiative entered a MoU with DoE Sindh to include Life Skills Based Education modules in Secondary School Curriculum for Sindh. In only two years, Sindh Textbook Board has included LSBE modules in the curriculum and in its first phase. Pilot testing of integrated LSBE curricula is under way at six schools.
- CHW tested android application for community based data collection. This is being upgraded and will be adopted by the LHW Program, Sindh. Sukh Initiative is providing technical assistance to the LHW Program for customizing the existing application to LHW program needs and specifications.

It is important to note that that funds granted to Sukh Initiative by BMGF and DLPP have not been used for any policy reform or used to create new policy.

b. Technical Advisory Group (TAG)

This serves as a coordination mechanism and provides technical advice, recommendations and support to the program for attainment of program goals. The Group consists of eminent experts on FP/RH, including members of provincial assembly, government departments (Health, Population Welfare, and Education) and development partners from USAID, UNFPA, and National Committee for Maternal and Neonatal Health, Pathfinder and Social Marketing organizations. TAG has been instrumental in provides oversight to project implementation.

In year 4, a field visit was conducted by the TAG members which laid the foundation of scaling up Sukh Initiative best practices of android based data collection, for both the CIP and the LHW program. The process was later initiated in the third quarter of year 4 and is now completed to roll out in the third quarter of year 5.

v. Development of advocacy kit

For the purpose development of Sukh Initiative Advocacy kit, Dr. Talib Lashari was contracted. The advocacy framework covered two broad objectives including:

- Create an enabling environment for the implementation of Sukh Initiative by

- securing support and involvement of the government in Sukh Initiative
- Institutionalization or scale up of evidence-based best practices of high impact

This kit has been finalized, reviewed and approved by Sukh Initiative Program Management Unit.

vi. Memberships

For active engagement and to further strengthen advocacy and resource mobilization for expansion of FP/RH initiatives; the Sukh Initiative PMU team is an active member of following task forces, fora and groups working nationally and in the Sindh province:

- FP2020 Country Engagement Group
- Sindh FP2020 Working Group
- Pakistan Alliance for Post Abortion Care
- Provincial and District Technical Coordination Committees for Family Planning

vii. Communication and dissemination

a. Edutainment

In Year 4, Aahung produced a new docudrama was developed, “*Jeo Sukh K Saath*”, to promote SRHR messages on gender equality, early age marriage, and violence. This was aired over 150 times in the Sukh Initiative catchment areas reaching out to 500,000 households within the catchment area. Whilst the official airing duration was until 10th July 2017, the operator has continued to independently air the docudrama on an ad-hoc basis based on his personal interest in its objective. A recall study to evaluate the effectiveness of the docudrama is scheduled in first quarter Year 5.

b. Sukh Initiative on social media

The Sukh Initiative PMU redesigned the website and revised web content with support of CCP-P. The web address <http://sukh.theamanfoundation.org> features the new logo of Sukh Initiative along with fresh content and updates about the project and IPs. This website is being regularly updated. Furthermore, the PMU team also created a Facebook page <https://www.facebook.com/Sukh.pk/> for promotion on social media.

D. Learning forums and engagement by PMU

Along with project implementation, Sukh Initiative PMU actively represents the project at various events and fora. An overview of such engagements during the reporting period is as follows:

- In November 2016, Sukh Initiative supported the 17th Population Association Conference based on “Investing in Family Planning for Sustainable Development Goals” held in Karachi. Sukh Initiative organized a session on “Enhancing access to family planning in Peri-urban setting.” Dr. Sadia Qureshi chaired the session and panelists were Dr. Tauseef Ahmed, Fouzia Naeem, and Zahid Ali Memon. Considering the high percentage of youth audience, the session emphasized to engage young people for dispelling the myths and misconception on the issues related to FP/RH. The session also highlighted stark disparities in contraceptive amongst rich and poor

in Karachi and focused on four key issues related to limitations of LHVs, doctors, training, task shifting, supplies and procurement.

- Capitalizing on the value of participation in the national conference, the team also engaged in the 7th Annual Public Health Conference which was based on “Sustainable Development Goals for Health: Collaborating for Prosperity,” held at Health Services Academy, Islamabad from December 11 to 12, 2016. Sukh Initiative PMU team participated in two scientific sessions “Role of Family Planning in Achieving Sustainable Development Goals” and “Access to Safe, Effective, Quality and Affordable Essential Health Care Services” and presented two papers. This was first time that the Sukh Initiative model was displayed at national level. Findings of the studies were shared with diverse audience (policy makers, media, students, civil society, and politicians, researchers and cooperate sector) for the improvement of reproductive health services both public and private service delivery channels and it was well received by the audience.
- In March 2017, the research team of Sukh Initiative, submitted 4 abstracts to the 3rd Annual Public Health Conference, organized by Tylor University, Malaysia. The aim of the conference was to build a comprehensive dialogues with scholars and family planning practitioners on reproductive health rights and share the work experiences and explore new heights in public health. The team presented 3 oral presentations and exhibited one poster in the three days conference held in July 2017.
- For the capacity building of research team, the Sukh Initiative made a collaboration with National TB Program, WHO-TDR and Global Funds. PMU Research Manager from the team participated in SORT-IT Structured Operational Research Training, held in Islamabad in March 2017. Through this partnership, one manuscript (developed on Sukh Initiative data, during the training course) will be published in December 2017.
- In April 2017, the PMU team submitted 4 abstracts for the 9th Asia Pacific Conference on Sexual Reproductive Health (APCSRH), held from November 27 to 29, 2017. Abstracts for three posters and one oral presentation were accepted for presentation. This is the biggest scientific forum on Reproductive and Sexual Health in the Asia-Pacific region. The conference provided an opportunity to learn about various family planning programs around the work, how they keep track on operational activities and possible comprehensive solutions to the aforementioned problems.

MEASUREMENT LEARNING AND EVALUATION

A. Midline

Midline evaluation of the project was conducted between November 2016 and January 2017. A total of 3,870 women participated in the survey. All administrative unit from 4 towns: Korangi, Landhi, Bin Qasim and Malir were included in the sample. Using the mixed methodology the evaluation aimed to understand the strategies that worked in the implementation phase and also identified the gaps of strategies that couldn't work.

i. Quantitative Results

Key highlights of the results are as follows:

a. Demographic

1. Age: 50.8% of the clients were aged 25–34
2. Education: 35% illiterate and 65.2% were literate
3. Parity: 39.8% women had 3–4 children
4. Poverty: 52% of the population live under 2.5 USD

b. Reproductive health behavior

- Facility based delivery: 79% opted facility based delivery
- 12% of the women were pregnant at the time of survey
- 62.5% mentioned their current pregnancy as wanted
- 7.9% women said that they wanted no more children

c. Current use of family planning

- Use of contraceptive has been increased 9% points from baseline
- Use of modern contraceptive use is 41.1%
- Method continuation in last two years 61.7%
- Education has no role with the use of contraception. 64.1% of the educated clients are using modern contraception
- 41% women having 3–4 children are using contraception
- Women aged 20–29 were the most dominant group for using contraception, i.e., 42.7%
- Most common method was condoms used by 54.4%
- Use of LARC was increased 4 folds this year
- Female sterilization has been improving with respect to increase in age : 32.7% women aged 35 plus are opting female sterilization method
- 46.4% of non-users listed infertility, breastfeeding, infrequent sex, completed family size as reasons for not using contraceptives

d. Role of public and private facilities

- 47.6% contraceptives were obtained from private facilities
- Public facilities accounted for 29.5% of contraceptive use
- Community based door to door services contributed to 22.9%
- CHWs are the main source for providing information on contraception in all Sukh Initiative Stations. Community resource utilization for obtaining contraceptive services more than doubled at Midline (from 10% to 23% at midline survey)

e. Youth Component:

- 94.9% MWRA recognized the importance of LSBE for young girls
- Only 13.4% understand the right age at marriage
- Only 11% MWRA attended LSBE sessions along with their daughters

f. Aman Telehealth

- 21.2% participants were aware of Sukh Initiative's Telehealth service providing FP related information
- 54.3% were familiar with 9123 number
- In last 1 year only 5.2% MWRA called Sukh Initiative's Telehealth to seek guidance on FP methods
- 50.2% women expressed that this is an effective way to have FP knowledge

ii. Qualitative results

The qualitative exploratory assessment aimed to explore the perception and experiences of married men and women, CHWs and healthcare providers regarding contraceptive use by Sukh Initiative catchment population in 10 stations of Sukh Initiative. The results of the qualitative discussion are presented in three main themes and further emerging are themes are constructed on the understanding, experiences and perceptions and practices shared by the participants related to FP use.

a. Appropriateness and means to promote contraceptive use in catchment populations of Sukh Initiative

Under the theme of appropriateness, perception and practices of men and women related to seeking FP information, barriers related to FP use, acceptance for FP use, and communities' suggestions to promote contraception in the community was explored. The theme was further categorized in sub themes:

- Presence of Aman health workers has made the accessibility and availability of the information and services easy

"Attending meetings have raised awareness in us, which we never had before"

Women FGD - Bin Qasim town

- Community support, autonomy and cultural barriers for FP use

"Though we are becoming modern, but still husband and wife don't like to discuss this matter (FP) outside their bedroom"

Women FGD - Landhi Town

- Cultural barriers

"Meetings with Sukh Initiative's FC and religious leaders have removed many of our misconceptions, and now we think positively about family planning and are also allowing our children to have polio drop"

Men FGD - Bin Qasim Town

- Change in behavior / thinking

"The way community health workers guiding our married ladies about family planning, you can guide "our unmarried ladies, so that in future they can plan their family better"

Men FGD - Malir

- Independent use of FP

"Men in our communities don't care much about family planning. A man thinks that his wife shouldn't worry about having more children when he is earning the money for them"

Social worker IDI - Korangi Town

b. Equity and accessibility to contraceptives in catchment populations of Sukh Initiative

Through equity, both men and women in the expressed their feelings for receiving FP information irrespective of socio-economic status, age or number of children.

- Equity

"Though CHWs are providing information door to door without considering the need and demand, there is need to focus illiterate, poorest people and couple with more than five or six children as they are more deserving."

Men FGD - Bin Qasim Town

- Accessibility

"CHWs give information door to door to women and support group meetings (SGMs) are conducted twice a month and provide very good information to the people in the communities."

Key informant Interview - NGO health worker

We get everything free of cost from Aman

Women FGD- Landhi Town

c. *Perspective on available FP services in the area in relation to cost and quality of services*

Following perspective of FP availability, men and women shared their experiences related to cost and quality services.

- Methods and preferences

“Injection and condom are cheaper and safer, rest of the methods are too expensive”

Men FGD - Korangi Town

- Quality of Services- Concerns

“I have an IUCD placed, for last 2 months I am having bleeding, health care provider gives me 3-4 tablets to take and asks me to tolerate it. This is not solving my problem”

Woman FGD - Landhi Town

- Suggestions to promote FP

“The way you are guiding our married ladies about family planning, you can guide our unmarried ladies, so that in future they can plan their family better”

Men FGD - Malir Town

- Ideal FP services

“Facility should be nearby otherwise we are dependent on others; if it is near we can take our child and go there.”

Women FGD - Korangi Town

B. Process Monitoring and Evaluation

Aga Khan University for Health Sciences (AKU) is responsible for providing an external and independent measurement of program impact through sample quantitative and qualitative methods within one million intervention population. Monitoring and evaluation not only helps in documenting the level of success over the project life, but it also assists in making mid-course correction based on feedback from community and implementers.

Following are the results of three rounds of monitoring:

Partners Involved: ACHP, DKT, Jhpiego, Aahung, Aman Telehealth

No. of monitoring visits conducted:

- 3 Monitoring rounds of ACHP (at community level and at field stations)
- 2 Monitoring rounds of DKT Pakistan (all Dhanak Clinics provide FP)
- 2 Monitoring rounds of Jhpiego (hospitals, RHCs, dispensaries, MCH Centre, RHS-A, FWC and MSU)



- 2 Monitoring rounds of Aahung (schools and field staff of LSBE)
- 2 Monitoring rounds of Telehealth Centers (Telehealth booth installed at the field stations)

Type of interviews:

- In-depth interviews,
- Observatory Checklists
- Structured questionnaire

i. Results

Community health workers

- In the first two rounds community could not recognize SUKH but in third round nearly 90% of the community is aware of SUKH Initiative
- CHWs are more trained to motivate and encourage MWRA on use of contraception if they refused more than three times in a yearly cycle
- Station staff have become punctual and well-organized as compared to previous rounds. Refreshers and trainings still need to be conducted on understanding of MIS and managing weekly, monthly, and quarterly data reporting
- Newly hired CHWs required training to communicate with community. CHW herself needs motivation to continue efforts in the field as they mostly switched to other projects after received training on FP

Jhpiego

- In all two rounds; at government clinics, it is difficult to find separate record of Sukh Initiative since they are usually over flowing with clients
- Clients follow-up was observed in the second round and providers are now trained to IUCD insertion, as compared to previous rounds now they have more confidence

MONITORING AND SUPERVISION

A. Internal Monitoring Mechanisms of Sukh Initiative's Partners

i. ACHP

Project staff at different levels conducted monitoring and supportive supervision by using SBMR tool. Regular monitoring and supportive supervision of FP services is being conducted by Manager Operations, Assistant Managers and Field coordinators. Monitoring and supportive supervision ensure all strategies are implemented properly, quality of services is maintained as per criteria and checking of on-site service delivery components is carried out.

ii. DKT Pakistan

Project activities were monitored during Senior Management Team meetings, retreats, Technical Advisory Group meetings and project review meetings, midline assessment, field visits, and field coordination meetings. DKT Pakistan management reviews project progress regularly and provide support accordingly. In addition to these activities, monitoring of service providers and health camps was also conducted through field visits and quality assurance related visits. The coordinator conducted visits to ensure implementation of MIS tools and data collection.

iii. Jhpiego

Internal Monitoring of 44 Facilities has been done twice. This includes (40 facilities) 91% by Program Manager and (43 facilities) 98% by M&E officer. Monitoring of training events include 14 visits during reporting where 100% of service data was reviewed and analyzed for any error. Each health care facility is visited by Jhpiego clinical trainers on monthly basis. They monitor FP stock regularly.

iv. Aahung

In order to ensure sessions according to quality standards, Aahung conducted pre/post-tests of capacity building teachers training, CSG sessions with CHWS and LHWs. The objective is to determine the level of knowledge and attitudes of teachers around reproductive health issues and services and to raise awareness in community regarding maternal and child health. 224 pre/post tests were conducted this year.

200+ on-site support visits have been conducted in year 4 during Implementation of LSBE in schools and VTCs. Over 190 on site support visits were conducted with CHWs and LHWs this year. The pre- and post- test results in these visits have revealed that one touch sessions can increase participants' knowledge. Regular on-site support visits are an essential factor in ensuring government schools implement LSBE class consistently. They have also improved the quality of implementation and enabled teachers to conduct sessions with students independently.

- Still very few facilities maintain and send the monthly record of clients to the management
- There was no stock out but few facilities were not able to maintain privacy during counselling. Moreover, unavailability of female washroom was also observed in recent monitoring round
- Need base refreshers trainings was the important highlight of second round

DKT Pakistan

- In all two rounds, it was observed that DKT Pakistan providers need to be trained more efficiently on various features related to FP / MVA, instruments handling, infection prevention, incident management and client focused counselling
- Compared with first monitoring visit, providers now emphasized on providing informed decision choices to women and prioritized their child's health and the socio-economic situation of family
- Provider recognized the need of training on communication skills. The CHWs are the only source for clients and they found it difficult to motivate the client to continue the method after side effect

Aahung

- Very few schools and teachers were sensitized about LSBE session for youth in the first round. However, in the second round LSBE is now the part of their course curriculum and schools have allocated youth friendly space
- In both rounds, docu-drama was found to be confused with other dramas with similar theme on early marriage (shaadi). We received a number of success stories related to early marriages

ATH

- In the first round of monitoring, ATH had very low response in terms of utilizing the facility and MWRA were unaware of availability of Tele booth and did not have cell phone
- In the second round MWRA's awareness on SUKH Telehealth services has increased up to 48% but availability of mobile phones is still an issue with most of the women
- In the recent monitoring round, it was also observed that men and women now discuss health messages received from Telehealth

C. Quick Investigation of Quality (QIQ) Survey

AKU conducted a QIQ survey provided at public and private clinics, from January to June 2017. Data collection was completed in March, analysis and report was prepared in October 2017. According to the preliminary results of comprehensive assessment of quality indicators for public and private facilities, public facilities need further enforcement to fully equip these facilities for provision of quality FP services. Furthermore, specific trainings/refreshers of service providers in FP and PAC counseling may help in improving provider-client interaction and quality of interpersonal care. Overall selected facilities were less equipped in terms of providing modern contraceptives.

v. **ATH**

To ensure and improve the quality of services provided by Sukh ATH, routine checks of customer satisfaction and compliance with protocols during the period were assessed by centralized quality assurance team. Although slightly below the benchmark of 85%, but overall compliance rate remained sustained at average of 75% throughout the year. Sukh ATH is still working in strong liaison with QA team to further identify the areas and opportunities for continuous improvement of quality to ensure that the trends must move upward in the future. For the assessment of quality at agent level, Knowledge, Attitude and Practice (KAP) test is conducted on a quarterly basis. In the reporting period, two KAP evaluation of call agents were conducted. The test comprised multiple choice questions (MCQs) related to FP and LSBE to get precise view of the agents counselling for FP and SRH related issues.

vi. **AKU**

Monitoring visit of station 6 was conducted on PMU's request for supporting and guiding ACHP field management to prepare an appropriate display of their field progress for the representatives of the Foundations. The midline field activities were monitored for quality assurance by measurement partner, and PMU. This monitoring was done for both qualitative and quantitative field work.

B. Monitoring of integrated work plans by PMU

PMU with the support of measurement partner developed a program monitoring and PMIS system. This system tracks and measures the progress of the program components towards envisaged outcomes. This is followed by a regular review of emerging monitoring and PMIS data. In addition, PMU facilitates monthly performance dialogues with implementing units in order to use emerging monitoring and PMIS data to strategize to meet challenges and where necessary adjust program plans to ensure success towards program goals. In Year 4, PMU conducted regular Field Operating and SMT meetings along with IPs retreat during the month of April 2017. As a result of this activity, an integrated work plan was developed for all Sukh Initiative partners which is being followed upon.

GOVERNANCE AND MANAGEMENT

With a focus on strong governance and management, Sukh Initiative PMU followed a rigorous coordination plan since inception to increase interaction among all partners and stakeholders. This led to strengthen project synergy and continuous improvement. An overview of key elements is as follows:

A. Strategic management

i. **Field visits**

Sukh Initiative's Steering Committee (SC) includes representation from all three Foundations, and acts as an advisory body to PMU. The field visit by the Steering Committee is one of the main events that PMU undertakes in addition to the in-person annual Steering Committee meetings. During the reporting period, the Steering Committee visit was scheduled from September 26 to 28, 2016. The delegation included Lana Dakan, Program Officer, The David and Lucile Packard Foundation and Wynn Bubnash, Associate Program Officer, Family Planning at Bill & Melinda Gates Foundation. This was the first time since Sukh Initiative's inception in 2013, that head office representatives from the Gates and Packard foundations witnessed Sukh Initiative activities in the catchment area. Dr. Yasmeen Sabeeh Qazi, Lead FP





Advisor represented the Pakistan office of BMGF and DLPF. Aman Foundation was represented by Dr. Saadia Quraishy, member of Aman Board of Trustees and by Ahmed Jalal as CEO, Aman Foundation.

PMU developed a field visit plan and shared agenda with all relevant foundation representatives. Support activities were also undertaken which includes provision of invitation letters for visa, development of welcome packet that included agendas, profiles of relevant stakeholders and meetings commitments. In addition to this, PMU led coordination for security, administration and related areas to facilitate this visit.

During the three-day visit, the guests visited a field station, youth friendly space, and private and public sector health facilities. The visitors directly communicated with the CHWs and CHSs to understand the field operation dynamics. The guests also attended a support group meeting at a house in the community where they observed a CHW facilitating a discussion among women on long term FP methods and management of side effects.

Later on, the guests visited the stalls managed by Sukh Initiative implementing partner field teams and were briefed on project progress, quality assurance mechanisms, monitoring tools & checklists, CHW android application, ATH call booth and various IEC materials developed under Sukh.

The donors interacted with the implementing partners at three levels. First at the field level with operations teams by visiting the stations, public/private facilities and YFS. The second level interaction was with the IPs team during the stalls visit and lastly with the senior management team members. The SMT members gave a power point presentation on the service data, challenges and achievements.

ii. Meetings

PMU actively engages Steering Committee members to update them about project progress and seek strategic guidance. During the reporting period, three in-person SC meetings and nine teleconference meeting were held. The first in-person SC meeting was held on September 28, 2016 in Karachi. The second in-person SC meeting was held on April 03, 2017, in Dubai. The third in-person SC meeting was held on June 20, 2017, in Seattle, United States of America.

Project progress and challenges were shared by Sukh Initiative PMU. Feedback and

key strategic decisions were finalized during these meetings. Furthermore, The SC meeting in year 4 have been instrumental in making key strategic decisions in the conduct of Sukh Initiative. Some of these are:

- Inclusion of CCP-Pakistan as strategic communication partner
- Exclusion of AKU as end-line evaluator
- Discussion on no cost extension for Sukh Initiative
- Approval of financial disbursement mechanism designed by KPMG
- Approval of up gradation of financial and TeleHealth software

B. Operational management

PMU conducts regular monthly meetings with implementing partners to ensure regular tracking of project activities and update all stakeholders on project implementation status. The focal representatives of all IPs present their respective monthly progress. Challenges are discussed along with feedback. PMU guides all IPs for quality project implementation. These meetings are held at two levels. This includes:

i. Field Operation Meeting (FOM)

This meeting is held on 4th working day of every month and is usually hosted at AHCS office. PMU team facilitates this meeting whereby monthly planner of partners at field level is discussed. Moreover, field level issues and challenges are addresses especially related to inter partner collaboration. During the reporting period 12 FOMs were organized.

ii. Senior Management Team (SMT) Meeting

This meeting is attended by the assigned senior management staff from each partner and is usually held on 2nd Wednesday/Thursday of each month. SMT members presents project updates, and discusses operational and strategy related issues. The key points of all SMT meetings are circulated among partners every month for follow-up. During the reporting period 12 SMTs were conducted by PMU.

C. Review and planning

During the month of May 2016, PMU executed a two pronged retreat planning strategy. As step one PMU conducted individual meetings with partners to review the project status, work plan and budget. The IPs were briefed on the expectations for Year 5-6 for a concentrated effort.

As step two, a 3 day workshop was conducted where partners met and streamlined respective program activities with supporting and collaborating partner(s). At the end of the retreat a consolidated work plan was developed and agreed in line with the budgets.

The partner finalized work plans, implementing strategies and sustainability initiatives were presented to the Foundations. Dr. Yasmeen Qazi represented The BMGF and DLPF. Whereas, Mr. Ahmed Jalal represented the Aman Foundation. The Foundations provided their valuable feedback on the work plans and strategies that were later adapted accordingly.



CRITICAL LEARNING

A. Awareness and action

Shahnaz a 30 year old mother of three resides in Landhi, Karachi. She struggles with her husband to make ends meet and conducts stitching classes for the neighborhood girls at her home. She also suffers from anemia and is extremely weak. Tending to the daily household chores, raising her children as well as contributing to the household income had taken a drastic toll on her health leaving her always exhausted and overworked. In addition to all this, she did not want to get pregnant again, as she was in no condition physically or financially to have a fourth child.

ACHW Salma approached and counseled her extensively on birth spacing through the adoption of modern FP methods. To Shahnaz, the ACHW was a ray of hope and made sense to her. However, much to her disappointment when she discussed the matter with her husband on adopting FP methods, he flatly refused, leaving Shahnaz felt helpless. She was dependent on her husband, and in her socio-economic conditions, women can't afford to argue much with their husbands.

ACHW Salma remained firm and decided not to give up. She met Shahnaz's husband and counseled him on the matter. She also discussed about the importance of birth spacing and effectiveness of modern FP methods and emphasized how it was a necessary component for the health and well-being of his wife. She made a sound case, and her mission proved to be a success as he was convinced and agreed to allow use of an IUCD method for his wife.

ACHW then set the FP process into motion. She provided guidance to the couple at every step, from deciding upon the right IUCD method, as per the couple's choice, to referral and facilitation to and from the health facility. They were also informed about Aman TeleHealth, so their medical queries can be addressed by informed individuals.

After adopting the IUCD method, the couple realized how their decision to adopt FP would improve their life. They were highly satisfied and expressed their gratitude to Salma for her sincere efforts.

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 FP method.

DKT Pakistan has a very distinctive feature called the *Heer Apa* tea party. It is an informal way of getting to know the community and resolving their



A young girl attentively listens the session

issues. During these sessions, health supervisors talk to small audiences mainly about the benefits of FP. Usually married women attend those sessions and they sometimes bring their teenage daughters with them.

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 drop out of school to help her mother. The girl insisted that the DKT Pakistan 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. She opted for oral contraceptives.

C. Let's call 9123!

The user-friendly and cost effective telephone service is not only providing health-related information, but is 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 FP 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 for contraception use. Later on, she opted for an implant.

©Sukh Initiative 2017

The annual report for Sukh Initiative was prepared and designed by Center for Communication Programs Pakistan. Information in this report was provided by project implementing partners Aman Community Health Program, Aman Telehealth, Aahung, Agha Khan University, DKT Pakistan and Jhpiego. Information contained in this document does not imply official endorsement of the donors.

Maps and illustrations included in this report are for illustrative purposes and are not for authoritative representations.

Photo credits: Sukh Initiative except where separately credited.

Any inquiries regarding this report should be sent to sukh.communications@amanfoundation.com

Provincial Government Partners



Project Partners



Plot # 333, Korangi Township
Near Pakistan Refinery Ltd.
Karachi, Pakistan
+92 (21) 111-111-823