Sukh Initiative
COMMUNICATIONS STRATEGY
2015-2018

Facilitated & Developed by
Insha Hamdani inshahamdani@gmail.com
Kamyla Marvi kamylamarvi@gmail.com

Review and edited by
Dr. Haris Ahmed
Zohra Nisar Hunzai

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Acronyms

ACHP	Aman Community Health Program
AHCS	Aman Health Care Services
CAC	Community Advisory Committee
CBO	Community Based Organisation
CEO	Chief Executive Officer
CHW	Community Health Worker
CPR	Contraceptive Prevalence Rate
DOH	Department of Health
FALAH	Family Advancement for Life and Health
FP	Family Planning
HR	Human Resources
HTSP	Healthy Timing and Spacing of Pregnancy
IUD	Intra-uterine Device
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Maternal and Child Health
MCPR	Modern Contraceptive Prevalence Rate
MDG	Millennium Development Goals
MNCH	Maternal and Neonatal Child Health
MVA	Manual Vacuum Aspiration
MWRA	Married Women of Reproductive Age
NGO	Non Government Organisation
PAC	Post Abortion Care
PAIMAN	Pakistan Initiative for Mothers and Newborns
PDHS	Pakistan Demographic and Health Survey
PMIS	Program Management Information System
PMU	Program Management Unit
PP/PA FP	Post Partum/ Post Abortion Family Planning
PSLM	Pakistan Social & Living Standards Measurement Survey
PWD	Population Welfare Department
RH	Reproductive Health
RH/FP	Reproductive Health, Family Planning
TFR	Total Fertility Rate
USAID	United States Agency for International Development

SECTION 1

BACKGROUND AND SCOPE

SECTION 1: BACKGROUND & SCOPE

1.1 - Introduction

Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the wellbeing and autonomy of women, while supporting the health and development of communities. Despite a family planning program that spans almost five decades, Pakistan has shown very little improvement in this sector and since the 1960s "the Contraceptive Prevalence Rate (CPR) has increased by only 0.25% annually until 1990. The CPR rose more sharply from 12% in 1990 to 33% in 2000; with much of this increase occurring in rural areas and in traditional methods. In the following decade, the CPR languished again and was 30% in 2006-7. Of the nearly 24 million Married Women of Reproductive Age (MWRA), 17 million do not use any family planning."[1] Karachi, ranked amongst the top ten most populous cities of the world with a population estimated to be more than 21 million, reports a 45% CPR. There is some evidence that population pockets within Karachi have CPR rates far below the national average. One example is Ibrahim Haidri a peri-urban community of Karachi where a baseline conducted for Aman's Community Health Program found a CPR of 28%. [2]

Corresponding to a low CPR, Pakistan also suffers from a very high maternal mortality rate, and a high unmet need for family planning. Yet, evidence shows nearly universal knowledge regarding family planning. Recent Pakistan Demographic Health Survey (2012-13) figures show there is a strong desire among Pakistani women and men to delay or limit childbearing. Family planning allows for spacing of pregnancies and therefore delay in young age high risk pregnancies, prevention of pregnancies among older women who also face increased risks and closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates.

The **Sukh Initiative** emerged out of commitments made at the London Summit on Family Planning held in July 2012, as a joint partnership between three private Foundations, namely, Aman Foundation, Bill & Melinda Gates Foundation, and The David and Lucile Packard Foundation. The objective of the Initiative is to increase the use of modern family planning through demand and supply related inputs, increasing the modern contraceptive prevalence rate amongst married women within a one million urban population of Karachi, Pakistan.

The Sukh Initiative is implementing strategies and innovations to demonstrate the impact of quality family planning and maternal and neonatal child health information and services on reduction in unintended pregnancies. The Initiative's activities include: door-to-door service delivery, motivation and counselling, back up support to clients through a call center, and family life education to girls and boys; improving quality of locally available services, and strengthening capacity of maternity homes to offer quality post partum and post abortion family planning services.
Advocacy efforts are planned at the local level and with the Sindh's Department of Health (and its MNCH and Lady Health Worker (LHW) programs), Population Welfare, and Education departments for adoption/scale up of the project's evidence-based best practices. These efforts are anticiated to ensure sustainability of an

[1] Khan A, Khan A, Javed W, Hamza H, Orakzai M, Ansari A, Abbas K. Family Planning in Pakistan: Applying What We Have Learned. Journal of Pakistan Medical Association Supplement Vol. 6 No. 4, 2013

[2] Ibrahim Haidri baseline study. AHCS unpublished data

enabling environment for provision and uptake of family planning services through available, accessible, and affordable quality services and the adoption/scale up of best practices.

The Aman Health Care Services (AHCS) department is responsible for implementation of the Sukh Initiative and provision of strong performance management and data solutions for synergised and aligned strategies, and high impact driving the success of the project. The AHCS has contracted partners for implementation of various aspects of the program.

1.2 - Sukh Initiative's Goal, Objectives & Strategies

The Sukh Initiative aims to increase the number of married women of reproductive age currently using modern contraception by at least 15% point from baseline in 1 million underserved population of Karachi. To achieve this, Sukh Initiative will seek to achieve 3 broad objectives:

Objective 1: Increase in Demand for Family Planning Services
The Sukh Initiative aims to increase demand for family planning services especially amongst women who have already expressed a desire to limit or space their children and aims to promote the demand for more effective and long term methods. The Sukh Initiative also aims to address the lack of knowledge and skills of young girls and boys regarding maternal and reproductive health, before they enter into marital relationships thus enabling them to make more informed decisions about their own health as well as promote pre-marital counseling for those young people about to get married.

To achieve this objective, the Sukh Initiative will establish door-to-door family planning demand generation services through community workers in a catchment area of 1 million population. These door-to-door services will target married women of reproductive age (MWRAs) and their husbands and also provide basic maternal health related interventions. MWRAs and their husbands who provide consent to door to door workers to receive phone calls will also receive outbound calls from the call center to further promote demand for family planning and address any concerns that contraceptive users have regarding side effects.

In addition the call center will also provide family planning related information on demand. Family life education sessions focusing on maternal health, marital rights and communication skills will be conducted within the community and in selected schools (and Madrassahs, if possible) within the intervention area, to provide information, raise awareness and build skills of young premarital girls and boys (16+yrs).

Objective 2: Improved access to FP services (by method) and with improved quality of service Supply-side approaches are needed to complement demand creation and they may provide much higher short-term returns on investment in FP than simply creating demand. In Karachi's urban setting both government and private service delivery units are located in most towns of Karachi, however the quality of these services vary and the range of contraceptive choices they offer is limited. The Sukh Initiative will aim to increase local access to quality family planning services and contraceptive method choices, and increase access to quality post partum or post abortion family planning.

To achieve this objective, workers will make door-to-door visits to provide community women with information and if possible provide free of cost contraceptives. Referrals to quality services will be strengthened by door-to-door visits and call center services. The capacity of local service providers will be increased to provide quality family planning services. The Sukh Initiative will also work with private and public maternity homes that provide services to women from the intervention community, and beyond, to improve their quality and capacity to provide postpartum and post abortion family planning.

Objective 3: Ensured long-term sustainability of program focus

Sustainability of the Sukh Initiative can be seen on several levels. Firstly the program interventions need to continue to impact the intervention community both in terms of sustaining the MCPR as well as improved quality of services for the community. Secondly program learnings should contribute to the success and effectiveness of other programs with similar goals, through scaling up of the Sukh Initiative successes, and sustaining them beyond the program period.

To achieve this objective at the community level, the Sukh Initiative will work closely to mobilize local leaders to build their understanding of the importance of family planning and birth spacing for maternal and child health. The Sukh Initiative will also facilitate the involvement of government, donor and civil society stakeholders at every opportunity in order to work in close coordination and to increase stakeholders' involvement and ownership of the Sukh Initiative and promote the possibility of increased funding and up scaling of best practices.

1.3 - Program Management

To provide program management and support, a Program Management Unit (PMU) has been set up at Aman Health Care Services. The PMU is responsible for undertaking the program and its implementing partners will be responsible to report directly to the PMU. The PMU reports directly to the CEO, AHCS. The PMU will contract with implementing partners to implement the various aspects of the program. The PMU will also be responsible for strong performance management and data solutions so that different strategies are synergised and aligned, and high impact drives the success of the project.

Monitoring and evaluation will take place through several mechanisms of the program including an externally conducted program baseline and endline, regular program monitoring and monthly, quarterly and annual performance dialogues.

A steering committee of the Sukh Initiative consisting of representation from all three Foundations oversees the joint grant of $15 million.

1.4 - Implementing Partners:

Measurement Partner: The measurement partner, Aga Khan University (AKU) will provide an external and independent measurement of program impact through a cross sectional survey of a sample population within the 1 million intervention population in the form of a baseline, midline, and an endline.

Door-to-Door Services: Aman Health Care Service is implementing this strategy in the one million catchment area. The PMU has an internal service agreement with Aman Community Health Program (ACHP) for the successful delivery of this strategy.

Call Center Services: Aman Telehealth is implementing this strategy, with an internal PMU service agreement with Aman Telehealth for the successful delivery of this strategy

Strengthening Public Sector Family Planning Services: JPIEGO is implementing this strategy and has experience in working with capacity building of public sector institutions for family planning services.

Strengthening Private Sector Family Planning Services: DKT will be the implementing partner for this component, based on their relevant expertise, capacity and the success of previous similar projects of private sector capacity building in provision of family planning services

Family Life Education: The implementing partner for this strategy is Aahung, who have experience in working with life skills education in schools and strengthening community based initiatives for reproductive health awareness.

Advocacy: The Sukh Initiative will partner with other stakeholders to contribute towards advocacy for family planning policy. A joint work plan will be developed with partners for the agreement of implementation of the advocacy strategy as outlined in the Sukh program framework. However the partnerships will not be based on any exchange of funds, and partners will implement activities through their own budgets.

SECTION 2

COMMUNICATION MODULES AND STRATEGY

SECTION 2: COMMUNICATIONS MODULES & STRATEGY

2.1 – Considerations

The SUKH communications strategy has been developed in year two of program implementation. The strategy recognizes its multi dimensions and therefore provides a communications implementation framework. The framework brings together and links each programe component's specific as well as common communication themes and strategies, creating a holistic communication endeavour, upholding a common objective.

Furthermore, the strategy has been **informed by some key internal and external considerations,** briefly listed below:

a) Sukh Initiative Goal: The foremost conderation is the program goal of increasing modern contraceptive prevalence rate amongst married women in one million population of Karachi; and to test impact of the program strategy, including tactical effective communications on reducing unintended pregnancies

b) Comparable Initiatives: Community/field based health workers providing door-to-door, client-focused information, short term family planning (FP) methods, counselling, referrals for services, client follow up, supported by round the clock Tehehealth services are strategies implemented by public sector such as the Lady Health Worker programe, Family Welfare Assistant of the Population Welfare Department and NGOs namely, Willows Foundation, Greenstar and Marie Stopes Society. Learning, and specific key messages developed by these programs have been considered for Sukh's communication strategy.

c) Sustained Uptake of Reproductive Health, Family Planning (RH/FP) Services: Two innovative approaches in the Sukh Initiative are: i) creating an enabling environment by advocating with community, and those in position of authority and ii) engaging closely with todays youth – tomorrows MWRAs, spouse, and men – to sustain and increase demand and uptake of reproductive health, family planning (RH/FP) services

d) Government Acquiescence: Sukh Initiative has Sindh government's acquiescence for implementation, specifically, the departments of health, population welfare, and education, demonstrated through formal Memorandum of Understandings signed in February 2015

e) Known Barriers to FP Uptake: The communication strategy is cognizant of barriers to uptake of modern contraceptive methods to name a few: fear of side effects of modern contraceptives; insufficient engagement with men in awareness raising campaigns; service providers' personal bias and prejudice towards modern contraceptives; and non-compliance of quality of care standards

f) Sukh Initiative's Design: The program has a comprehensive, multidisciplinary, multidimensional approach, implemented as an integrated program by six independent organization partners, bringing a richness of expertise and need for close collaboration and coordination

g) Implementing Partners' Materials: Implementing partners are benefitting from their respective organization's existing, tested, training modules, job aids, messages and related IEC materials for the Sukh Initiative

h) Existing Messages: Communities have already been exposed to MNCH, HTSP, FP related messages disseminated by government and other NGO projects, through several mediums, including interpersonal communication and electronic media

i) Social Marketing Communications Approach: To increase sales of branded commodities, social marketing organizations such as DKT and Greenstar have adopted communication strategies and approaches drawing on humour, entertainment, couched in the message of sexual pleasure, masculinity, perfect family, and a carefree married life that have been well accepted by communities

j) Messages for Men: Messages focusing on men's sensibilities and informational needs are lacking/insufficient; some men have expressed the desire and need to get involved in family planning decisions, while others prefer to leave FP as a 'women's' matter

k) Security: There are political influences, presence of extremist factions, signs of community disapproval, scepticism, and cynicism noted in some of the intervention areas

l) Sukh Initiative Baseline Findings and Recommendations:

i) Communications on Family Planning issues:

- The baseline reconfirmed the PDHS finding of universal awareness on FP and further revealed that the communities' understanding and interpretation of some FP messages is the promotion of a two child family
- Most people are receptive to discussion on FP and HTSP issues, without any hesitation
- Specific interaction is required not just with MWRAs but others who influence her and her spouse's decision on HTSP
- Specific messages, linking the advantages of FP to men's well-being, as opposed to only women's health is essential in generating demand and uptake of birth spacing amongst married couples of reproductive age
- Television is the most common medium for information, and reaches the most people, especially men

ii) FP Practices & Barriers:

- Abortion is considered by some as a form of FP; "men do not give permission for FP, but do permit getting an abortion"
- MWRAs mothers support FP use, while the influence of mother in laws is decreasing
- Religious 'scholars' condemn any initiatives in their community on FP – propagating increasing the Prophets (PBUH) followers who in turn will go for jihad; reject socio-economic concerns that comes with a large family by alluding to God's promise of providing for everyone.

iii) Advantages of FP for Women

- Lesser work load, expenses and financial worries; more resources available to provide good nutrition, education to children; better nutrition and health of the mother and child.
- Disadvantages of not using FP methods include more work, exhaustion, lesser time to children and woman's early aging, weakness, multiple deficiencies and health issues.
- One baseline survey respondent shared that landlords hesitate to rent out their house to a family with four children, and invitations to social events decrease for family of four or more children.

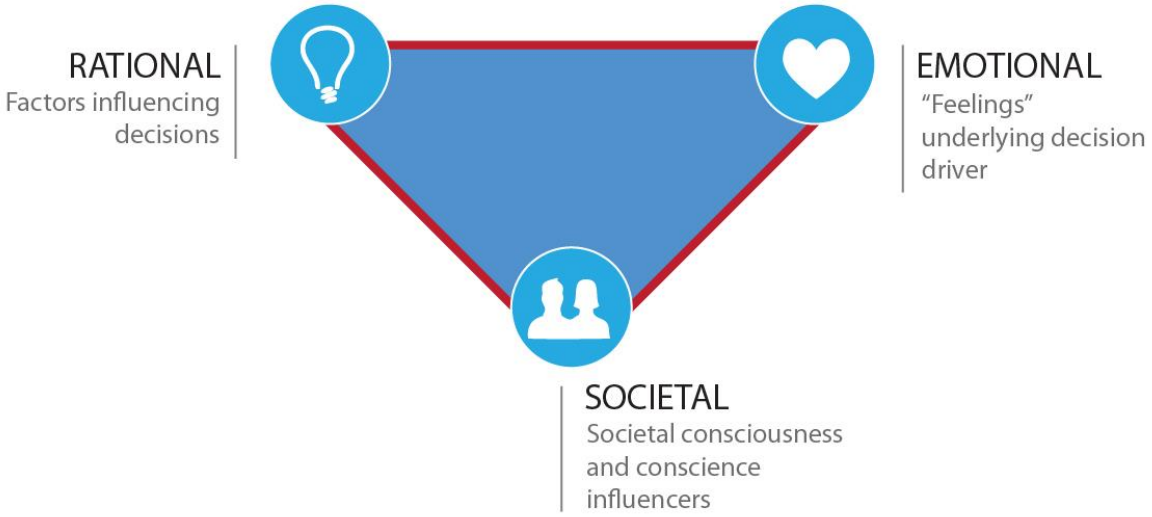
iv) Youth Information Needs & Sources

- Youth need information on puberty, physical and sexual health; minor ailments such as pimples and menses, communication skills, career opportunities, correct religious information with regard to contraception, significance of good company, harmful effects of addictions, and health habits and life style.

- Youth get information from friends, TV, internet and through extensive use mobile phones.
- Youth prefer to share their problems with friends and not their parents due to shyness and fear of disobedience.
- Young girls face much harassment; while boys are inclined towards aggressive behaviour, addiction, substance abuse and crime.

m) Human Behaviour

Marketing studies[3] imply an individual's behaviour and decision making is influenced by three factors: emotion, rationality, and societal consciousness and 'conscience'.



An emotional being by design, a person's attention is captured by who reaches him/her emotionally. Often times, decisions are based by how a person *'feels'*, however, working in tandem with feelings, is the person's rationality - a voice nudging him/her to check some facts before making a decision. Both feelings and rationality in turn exist within an individual's 'consciousness' and 'conscience' of societal norms and concerns.

2.3 Sukh Communications Modules and Strategy

The Sukh Initiative has developed a three module Communications Strategy to serve the program goal with three clear objectives:

- Raise awareness, and facilitate change in perception and behaviour of project's primary beneficiaries and communities on RH/FP issues, leveraging on existing best practice, adoption of effective, evidence-based, government approved themes and messages

- Generate interest and discussion on reproductive health and service provision in urban settings amongst key stakeholders and partners by sharing and disseminating insights, learning, strategies of the Sukh Initiative through formal communication efforts

[3] Edelman's 2014 Brandshare study

- Establish the Sukh brand identity, and equity amongst all stakeholders through development and compliance of formal branding guidelines by PMU and implementing partners

The Communications Strategy is therefore, a holistic, integrated mechanism comprising **three distinct modules:**

Module 1 **Community & Stakeholder Communications**

Module 2 **Program Dissemination - Internal and External**

Module 3 **Sukh Branding Guidelines**

The Sukh Initiative's implementing partners, led by the Sukh PMU, will implement the communications strategy collectively, and in their respective program component.

Program Component	Implementing Partners
Community Intervention	ACHP; Departments of Health and Population Welfare
Service Provision – Public Providers/Facilities	Jhpiego; Departments of Health and Population Welfare
Service Provision – Private Providers/Facilities	DKT; Departments of Health and Population Welfare
Youth Engagement	Aahung, ACHP, Telehealth; Department of Education
Call Centre facility	Telehealth, Aman
Advocacy	PMU in coordination with all implementing partners
Baseline, Measurement	AKU
Program Branding & Communication	PMU in coordination with all implementing partners

SECTION 3: MODULE ONE

COMMUNITY AND STAKEHOLDER COMMUNICATIONS

SECTION 3. MODULE ONE: COMMUNITY & STAKEHOLDER COMMUNICATIONS

3.1 Objective:

The overall objective of the community level communications is to contribute to meeting Sukh Initiative's goal of increasing sustainable uptake of modern contraceptives, with the following specific objectives:

1. Married couples of reproductive age and today's youth adopt healthy timing and spacing of pregnancies and positive reproductive health behaviours
2. An enabling environment with demonstrable understanding and support of the community and its leaders in provision and uptake of FP services
3. Responsive and dynamic family planning policy and its implementation

3.1.1 Approach:

Identifying and engaging with the project's primary, secondary and tertiary beneficiaries and adoption of the following two approaches will achieve the following immediate, short and long term objectives:

1. Approach one for immediate output:
   - **Behaviour change communications** to raise awareness of:

   i) primary beneficiaries namely the current MWRA and her spouse, on their reproductive health and choices, and facilitate empowerment of the individual for making independent, voluntary, well-informed reproductive health decisions and receiving quality FP services; and

   ii) secondary beneficiaries namely the Sukh field teams and service providers engaging with the community and key stakeholders

2. Approach two for immediate, short and long term output:
   Creating an enabling environment for increased and sustained demand and uptake of RH/FP services by:
   - **Behaviour change communications**/engagement with today's youth – tomorrow's MWRA, spouse - to raise their awareness and consciousness for making informed, voluntary reproductive health choices

   - **Social mobilization** for a developing a conducive environment through an aware, sensitized community facilitating provision and uptake of quality FP services

   - **Advocacy** with individuals in position of authority to ensure a response and dynamic FP policy, promoting and meeting all SRHR, MNCH and FP needs of the population in Sindh

3.1.2 Beneficiaries

Communications strategy defines the following primary, secondary and tertiary beneficiaries:

Primary beneficiaries	Secondary Beneficiary	Tertiary Beneficiary
1. Married couples and women of reproductive age, specifically: i. Currently practicing traditional and/or short term modern contraceptives ii. Expressed unmet need for spacing and limiting iii. Never users of modern contraceptives iv. Postpartum, post-abortion women v. Newly-weds and low parity couples	Health care providers (Public and private sector service providers), health facilities' management teams	Family, parents, and peers of married couples of reproductive age and the youth
2. Youth i. Boys and girls aged 13 to 16+ ii. currently enrolled in a school or a madrassah	school teachers and school administration	Community members, men, women
	Local community based leaders and champions who represent and advocate for project goals	local opinion makers/leaders, Religious leaders

3.2 – Key Communication Themes and Messages

Sukh communications has identified the following key communication themes for its primary, secondary and tertiary beneficiaries based on its goal and objectives and informed by baseline findings and analysis.

All implementing partners in their engagement with the community will adopt the standardized messages on key communication themes as showed in diagram (see annex I)

3.2.1 – Messages

The above detailed key communication themes emanate from the program goal and objectives, hence common to all program components' implementing teams in their activities. An understanding and adherence to these communication themes and messages is vital to achieve:

- Common understanding, interpretation, and communication of messages by field and implementation teams

- Reinforcement of singularity of core reproductive health and family planning messages and images (including those communicated by all other public and private sector partners)

- Cohesiveness, credibility and Sukh Initiative's brand equity amongst all program stakeholders

Standard Urdu messages on key themes have been adopted/adapted from government led communication programmes, Johns Hopkins and Sukh Implementing partners existing/tested messages. ***Refer to annex II***

All Sukh communication messages adhere to the following criterion, and principals:

- Appeal to the individual's underlying decision drivers i.e. emotion-rationality-societal considerations
- Serve the individual's specific behaviour change stage and age-appropriate needs
- Reflect professionalism, accuracy, and credibility
- Resonate with the legal provisions and policies of Sindh
- Are positioned in the domain of 'health' and socio-economic 'well-being' and religious[4] discourse
- Demonstrate a rights-based approach
- Attract residents of an urban setting / context
- Employ humour and light hearted approach if relevant

Ease of delivery, and community response to communication messages will be recorded by field teams and regularly reviewed by the Sukh Communications Lead at PMU. Feedback will be sought from IPs on their experience of utilization of messages. Additionally the Communications Lead will:

- Gauge reception and understanding of message by intended audiences
- Undertake review and revision of message to prevent and correct any misunderstanding
- Add additional, needs-based, relevant themes for communications
- Improve messages based on availability of better communication

The Communications Lead will be ultimately responsible to ensure that all implementing partners use/change standardized messages on key themes to ensure uniformity, reinforcement of correct message, and easy recall by intended audiences.

3.3 – Implementation Framework

The communication strategy implementation framework draws on three distinct, yet interlinked components, detailed below:

1. Behaviour change communications and capacity building of programme field teams and implementing partners' staff to enhance in-depth understanding and sensitization on reproductive health and family planning issues will be undertaken prior to initiating and field activities with the community.

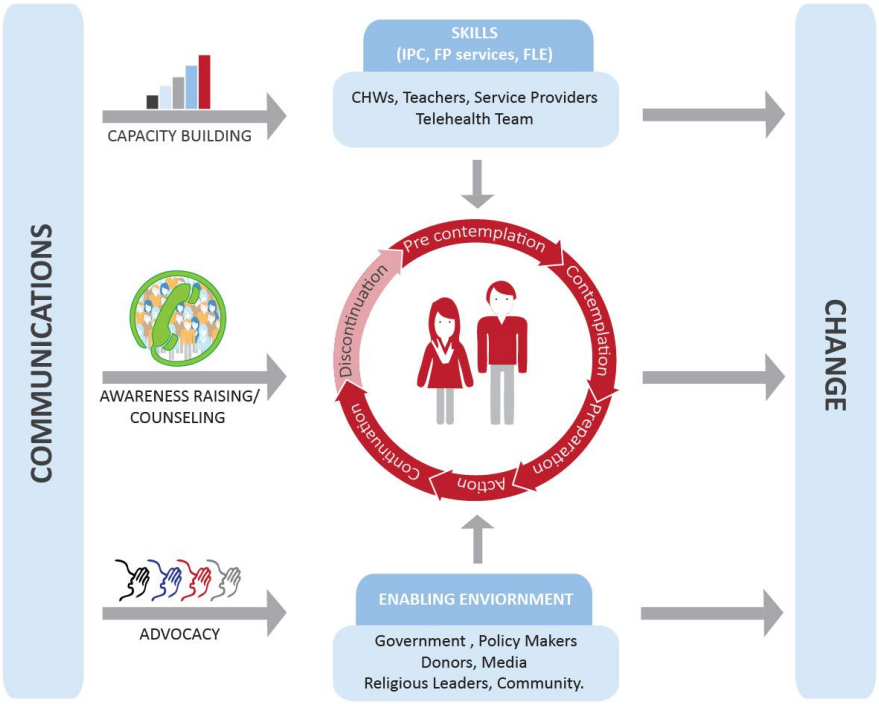
[4] The program will not proactively broach the subject of religion and family planning. However, all field teams and service providers will be trained to sensitively and strategically address the subject if brought up by the individual/community they are interacting with.

Communication skills of all field teams, service providers, teachers, Telehealth call agents and project representatives and champions will be strengthened to effectively broach the subject and use standardized, effective 'messages' with primary beneficiaries of the programme.

This behaviour change amongst the cadre of Sukh teams and service providers will be the first step towards sustained social and behaviour change

2. Awareness raising/counselling and **behaviour change** of primary beneficiaries, that is MWRAs, her spouse and youth, will be undertaken to support the individual's progress towards awareness, change, and action, by the trained and skilled field teams, service providers, and resource persons.

3. Social mobilization & advocacy with tertiary beneficiaries, i.e. community members, decision/policy makers and influences, opinion leaders, and school administration will be undertaken, to increase their understanding on reproductive health, family planning and youth's needs and issues; gain their support and facilitation in creating an enabling environment for sustained change in perception of RH/FP issues, related behaviours and provision and uptake of services.



3.4 –Capacity Building of Project Teams and Service Providers

The program will invest in raising the consciousness, understanding and sensitivity of its entire field based and management teams on RH/FP issues. Special trainings will be provided on effective interpersonal communication, counselling, and facilitation skills to field based teams directly interacting with MWRA, her spouse, and the youth, and community and opinion leaders.

CAPACITY BUILDING THEMES	TRAINEES	TRAINED BY
Maternal and Child Health & Ante/Post Natal Care	CHWs	ACHP
	Religious Leaders	ACHP
	Service Providers (public and private)	Jhpiego
	Telehealth Agents	
Modern Contraceptives Including Side Effects	CHW	Jhpiego
	Service Providers (public and private)	
	Telehealth Agents	
Postabortion Care & Treatment of Septic and Incomplete Abortion	CHW	Jhpiego
	Service Providers (public and private)	
	Telehealth Agents	
Postpartum/Abortion Family Planning	CHW	Jhpiego
	Service Providers (public and private)	
	Telehealth Agents	
Sexually Transmitted Infections/Disease	CHW	Jhpiego
	Service Providers (public and private)	
	Telehealth Agents	
Quality Services	Service Providers	Jhpiego
HTSP	CHWs	ACHP
	School/Madrassah Teachers	Aahung
	Religious Leaders	
Early Age Marriage/Pregnancies Girls Education	CHWs	ACHP
	School/Madrassah Teachers	Aahung
	Religious Leaders	ACHP
Gender/Son Preference	CHWs	ACHP
	School / Madrassah Teachers	Aahung
	Religious Leaders	
FLE	School /Madrassah Teachers	Aahung
	CHWs	
	Religious Leaders	
Client Centred/Rights Based Approach	CHWs	Aahung
	Service Providers	Jhpiego
Client Follow up	CHWs	Jhpiego
	Service Providers	
Interpersonal Communication	CHWs	Aahung
	Service Providers	Jhpiego
	Religious Leaders	
Facilitating Group/Mohalla Sessions	CHWs	ACHP
Counselling Skills on Telephone	Telehealth Agents	ACHP
Value Clarification, Attitude Transformation	Service Providers	Jhpiego
	Telehealth Agents	Jhpiego ACHP
	CHWs	Jhpiego ACHP

3.5 – Awareness/Counselling

Communications for raising awareness, counselling leading to change in behaviour of primary beneficiaries, will be undertaken, that is:

1. Married women and couples of reproductive age
2. Youth - girls and boys between the ages of 13 to 16+, with a focus on pre-marital couples, i.e. those already engaged to be married

Communications focusing on raising awareness and providing counselling will be undertaken to support the individual's progress towards awareness, change, and action, by the trained and skilled field teams, service providers, resource persons, all using standardized, effective messages (annex II).

STAGE	INTERVENTION/MEDIUM	BY
Pre contemplation **Do not have information on maternal and reproductive health** **Lack of information and/or interest in birth spacing**	Provide information on: • Reproductive and maternal health • Healthy timing and spacing of pregnancies • Issues related to early age marriages/pregnancies • Gender/son preference • Telehealth facility as a source for information/counselling	• CHW during group meetings and door to door visits • Group sessions • Radio PSM • Docu-dramas • Street theatre
Contemplation **Have awareness, however, no intention or interest in taking any action**	• Raise 'consciousness' • Help identify barriers in accessing further information, services, support • Address any myths and misconceptions associated with modern contraceptives • Weigh pros and cons of modern contraceptives • Utilize the Telehealth facility to gauge quality and effectiveness	• CHW during group meetings and door to door visits
Preparation **Telehealth called for further information** **Seek out CHW for further information & counselling** **Ask for service referral**	• Telehealth agents provide satisfactory responses and accurate information to all queries • CHW makes follow up visits • Male CHW counsels spouse to address concerns • Information on available services and service provider/facility provider	• Telehealth agents • CHW during group meetings and door to door visits
Action **Visits service provider** **Makes informed, voluntary choice and decision** **Accepts method of choice**	• Provider provides rights-based, client focused information and counselling • Provides services in keeping with all quality standards • Ensure client is satisfied with services • Client registers with and calls the Telehealth facility for information, referrals	• Service providers

Maintenance **Satisfied with choice** **Refers method and service provider to peers** **Agrees to sharing her experience to inform and motivate others**	• CHW makes follow up visits • Provides side effect management • Encourages method continuation Invites/provides opportunities to share experience • Telehealth makes outbound calls and sends SMS reminders	• CHW • Service providers • Telehealth agents
Discontinuation **Dissatisfaction with service/method** **Desire for pregnancy**	• Provide side effect management • Address misconceptions/myths • Information and services for method switch • Importance of healthy timing and spacing reinforced • Counselling for postpartum family planning • Follow up visits for antenatal care • Follow up for postpartum FP • Telehealth counselling	• CHW • Service providers • Telehealth agents

3.6 - SOCIAL MOBILIZAITON

Program teams will make concerted advocacy efforts, on key communication themes, with community influencers for **creating and sustaining an enabling environment** for change, leading to the empowerment of every woman, man, and young person to seek and adopt positive reproductive health behaviours, and make voluntary reproductive health choices.

To meet the Sukh goal and objectives and to fulfil the behaviour change framework, social mobilization and advocacy interventions are to bring change at two levels:

1. *Community Norm/Practice/Culture*: Awareness and consciousness raising efforts will be made with community members and individuals who influence, propagate and reinforce community practice and cultural norms that directly influence the reproductive health choices, behaviours, and decisions of women, men and young people

2. *Policy Reform; Best Practice Scale-Up*: Efforts for policy reform and/or its implementation will be made with policy makers and implementers as they contribute to, reinforce, shape, or influence community expectations, and demand for services. Program dissemination activities (see section 4) will support and bolster advocacy efforts for policy change.

3.6.1 Social Mobilization Objectives:

To meet the Sukh goal, it is necessary to influence individual and community norms, practices and culture by raising awareness on the program's key themes, and seeking their approval and support in creating an environment conducive to provision and uptake of family planning.

For the purpose, Sukh will engage with the community to formulate two formal groups: community based groups/organization and community advocacy committees. These formal community-based bodies will allow for:

- Formal sharing of Sukh goals and activities
- Memberships for each body based on a criteria

- Collective development of objective and plan of action
- Securing formal commitments from members and follow up on the same
- Formal mechanism for members to monitor and receive updates on programme implementation progress
- Identification of challenges and support in addressing the same

Theme	Audience	Medium	Held by
Maternal and Child Health **HTSP** **Early Age Marriage** **Gender/Son Preference** **Girls Education** **Fathers well-being**	Religious leaders	Individual and group meetings	CHWs Field Coordinators Identified CBO Members Trained Religious Leaders
	CBO and CAC Members	CBO meetings Street & interactive theatre/ Role plays	CHWs Field Coordinators Aahung Trained Religious Leaders
	Men/Spouse	Group meetings; sessions at public places; public service messages Street & interactive theatre/role play	CHWs Field Coordinators Service Providers Religious Leaders
	Parents	Door to Door visits; Interpersonal Communication; Mohalla/group sessions Street & interactive theatre/role play	CHWs Field Coordinators Aahung Service Providers Religious Leaders
	School/Madrassah Teachers	Individual/group sessions	Aahung
Modern Family Planning Methods	CBO / CAC Members	Group/individual meetings	CHWs Field Coordinators & Social Mobilizers
	Men/Spouses	Group meetings; sessions at public places; Public Service messages	CHWs Field Coordinators Service Providers
	Mothers/Fathers in Law Parents	Door to Door visits; Interpersonal Communication; Mohalla/Group Sessions	CHWs Field Coordinators Aahung Service Providers
	School/Madrassah Teachers	Individual/Group Sessions	Aahung
Availability of FP/MNCH Services/Facilities	CBOs / CAC	Meetings/ group sessions	CHWs Telehealth Facility
	Community	Group sessions/meetings Public service messages	CHWs Telehealth
	Men	Group sessions; Individual meetings	CHWs Tele health
	Mothers/Fathers in	Door to door visits, group	CHWs

	law; Parents	meetings	Telehealth
Demand/Expect Quality Services	CBO/CAC members	Meetings	CHWs
	MWRAs & Men	Sessions and individual Meetings	CHWs
Family Life Education	Madressah & School Management	Meetings/individual sessions	Aahung Religious Leaders
	Parents	Meetings/individual sessions	Trained CHWs
	CAC/CBO members	Meetings/individual sessions	Trained CHWs
Availability and Utilization of Telehealth Services	All Program Beneficiaries	At all events, engagements	All Implementing Partners
Relevant International Days (Women's, Mothers, World Population, Youth days)	All Program Beneficiaries	At events/activities specific to the day being commemorated	All Implementing Partners

3.7 ADVOCACY

Effective social mobilization at the community level combined with a positive and responsive FP/sectoral policy will ensure an enabling environment for public and non-governmental programs delivering family planning in Pakistan in general and Karachi in particular. The Sukh Initiative will engage with the government as:

I) Sukh implementation partners, with reference to the MoUs reflecting their endorsement, support and involvement in the Sukh Initiative

II) The authority to influence policy and practice in FP service provision and uptake in Karachi in general

Focused advocacy initiatives will be undertaken to:

1. Scale up at least two identified, evidence-based best practices
2. Secure resources, funding and commitments for sustaining the programme

3.7.1 – Audience & Objective

To meet the above advocacy objectives, the programme will regularly engage with **Secretaries and officials of Departments of Health, Population Welfare and Education, donors, service provider networks and associations, and development sector partners** through Sukh programmes planned, on-going external communications with specific engagements throughout the programme life, to:

- Share insights, successes and learning from implementing FP programme in urban context settings
- Update progress in achieving compliance of public and private sector providers to quality standards
- Demonstrate the role of the CHW – male and female – in facilitating and supporting married women, couples and the youth in seeking FP information and services

- Effectiveness (programmatic and cost) of a Telehealth facility in meeting callers immediate informational, side effect management, and emergency healthcare needs
- Success in achieving outcomes of specific interventions, such as setting up FP information counters in public sector health facilities' waiting areas
- Benefits of introducing and including Family Life Education sessions in schools and madrassahs

While program advocacy will encourage participation of a large stakeholder base, especially through external communication plans (see section 4) core audiences, wielding the most authority and influence in bringing about policy reform and effective implementation have been identified with specific objectives:

a) **Sindh Government: Departments of Health, Population Welfare, and Education**
Secretaries and officials of hese departments will be engaged with, to identify and highlight challenges and barriers in FP service provision and uptake and seek their support in addressing these challenges through policy and practice revision; effectiveness of Sukh's evidence-based best practices will be shared with the demand for their adaptation, scale up in similar programmes

b) Parliamentarians
Awareness on the importance of SRHR, and its linkage to population and development issues will be undertaken with the demand that linkages be developed and strengthened between related departments and policies, namely, health, population welfare, education, women, social welfare, and youth

c) Political Party Representatives
Awareness on the importance of SRHR, and its linkage to population and development issues will be undertaken with the demand that SRHR, MNCH be provided visible priority in their party manifestos and its implementation in their respective constituencies.

d) Donors
As key stakeholders, donors will be informed on the learning and achievement of Sukh, with the intention to influence their country funding strategic priorities and funding for scale up of evidence based best practices in public and non-governmental FP programmes. Special commitment and support will be sought for their involvement in building pressure for policy reform and effective implementation of FP and MNCH programmes.

e) Service providers' networks/associations
Employing the forums provided by service providers' networks and associations, Sukh will share in detail all its learning in provision of FP services, and the effectiveness of having all providers undergo a VCAT, adopt a client centred approach, comply to infection prevention protocols, and support and facilitate client's informed, voluntary decision in FP. The specific importance of side effect management will be shared, with the ask that these practices be reflected in medical curriculum, protocols, and practices.

3.7.2 Strategic Engagement Mediums

In addition to the mediums adopted for external communications, PMU team, together with implementing partners will adopt the following strategic means to engage with key stakeholders to come closer to meeting advocacy objectives:

a) **Individual, face-to-face meetings**
Meetings with core teams, behind closed doors has always allowed for focused, candid discussion on issues on the agenda. Furthermore, these meetings reflect the true level of stakeholder's commitment and position on addressing the issue and taking steps to make a difference.

b) **Creating core/task groups**
With the mutual agreement of all partners and stakeholders, creating thematic core groups/task force allows for clear goals and objectives, the roles of each partner and action-oriented agenda setting, and clearly defined desired outputs. Importantly, each participant's contribution and role is defined, leading to action and accountability – which leads to results

c) **Participation/ presentation at events and memberships**
PMU will strategically ensure it is invited to events and meetings as panellists, with government, donors and other policy makers to utilize the forum for highlighting and/or strategically raising policy reform issues – based on experience and learning of Sukh implementation

d) Similarly, **securing invitations/memberships** on government and/or private sector constituted relevant Task Forces will be ensured to contribute to priority setting, follow up on action plans, and accountability of those in authority

e) **Organize large, strategic high profile events**
During Sukh implementation, PMU in collaboration with its implementing partners, will strategically organize time-sensitive high profile meetings, aligned with national/international SRHR events (MDGs; FP2020, Women Deliver, Pakistan national elections) and exploit these events in demanding for progress in improvement of FP provision and policy implementation, encouraging exchange, and identification of sensitive issues. It will be ensured these events receive media attention and coverage and further the efforts to strategically follow up on past commitments made by policy makers, parliamentarians, and relevant officials.

SECTION 4: MODULE TWO

EXTERNAL AND INTERNAL COMMUNICATION

SECTION 4 - MODULE TWO - EXTERNAL AND INTERNAL COMMUNICATIONS

'Communications' is understood by all Sukh Initiative implementing partners as an individual as well as collective activity to resonate, leverage and complement each components contribution, messages and efforts. Sukh Initiative's 'brand identity' led by PMU will be established by each implementing partner, through communicating standardized, uniform messages, reflecting their role, ownership and commitment to the project.

Investments in developing and enhancing Sukh Initiative's visibility within internal teams and external stakeholders will remain a focus throughout the program implementation years. In addition to development of communications messages, program collateral, and implementation of branding guidelines, the sharing of program learning and insights through relevant, effective communication mediums will be key in advancing the projects goal and building an enabling environment for sustainability of increase in uptake of modern contraceptives

4.1 External Communications

The Sukh Initiative will engage with external audiences and stakeholders at provincial, national, and international levels to share the insights, knowledge and lessons acquired through program implementation.

Led and monitored by the PMU, the following external dissemination themes and mediums will be adopted by the initiative. Each Implementing Partner will inform and involve the PMU before undertaking any program dissemination activities.

4.1.1 Objectives

A range of activities, including participation at relevant events will be undertaken by PMU with the collaboration and participation of Implementing Partners to:

1. Disseminate program goal, objectives and design
2. Share insights from implementing a cost-effective, integrated, program with six implementing partners
3. Involve key stakeholders, specifically government, donors, and the private sector to improve Pakistan's health system for reproductive, maternal, and child health services, including issues such as commodity security

4.1.2 Audience

External stakeholders of Sukh Initiative are those entities that contribute to an enabling environment for Sukh Initiative Program goals, as well as that contribute to the long term sustainability of the outcomes. These include:

1. Government: Sukh will engage with the key government partners including Sindh Department of Health, Sindh Department of Population Welfare and Sindh Department of Youth and Department of Education. MOUs have been signed with all these departments to formalise this relationship. A close relationship with the government is important for Sukh so as to:

    a. ensure government has a strong ownership of the program outcomes and recognises that Sukh is contributing to and aligning closely with government policies and frameworks

b. Seek government support and coordination specifically for providing quality services to Sukh communities, ensuring commodity security, facilitating participation of youth through government schools and share experiences and learning with LHW program
c. Mutually benefit from learning and experience in both demand and supply side strategies, and benefit from good practice and prevent duplication

PMU as well as implementing partners will communicate with the government regularly through multiple mediums, including formation of a Technical Advisory Group, sharing reports and newsletters, and inviting government participation in community based events, including site visits.

2. Donors: The three foundations that currently contribute to the Sukh Program are important internal stakeholders for Sukh, and clear mechanisms for reporting and communicating with them are in place and outlined within the Sukh proposal. There are however many other donors that invest in family planning and reproductive health. A close relationship with them is important so as to:
   a. Share Sukh progress and innovations that may be of interest when they are strategizing their own programs. Ensure synergies and coordination between programs to promote upscaling of best practices and avoid duplication.
   b. Promote interest of other donors if Sukh seeks to upscale its programs based on successes and best practices. Support from other donors will become critical to make this happen.

3. NGOs: Sukh Initiative is already a partnership between many organisations, and each brings their expertise to contribute to a broader vision. Sukh has already sought to understand and learn from NGOs and others partners experiences on the ground, and much of the Sukh design is developed from learning from other organisations experiences. Close coordination and exchange of ideas between implementing organisations is therefore crucial to add to the body of knowledge and incrementally improve our ability to deliver on our goals.

   NGOs particularly those implementing programs with similar components as Sukh would have great interest to learn from Sukh Initiatives experience. Additionally NGOs working in advocacy can draw from Sukhs experience and challenges in delivering quality services for low income communities to strengthen their demands at the policy level. Some of Sukh's sustainability also lies in other partners adopting the best practices emerging from the Sukh program design.

4. Secondary Audiences: Secondary audiences include other institutions that impact FP/RH demand and service provision as well as the general public specifically of Karachi. This includes the media, professional bodies such as Pakistan Medical Association and Pakistan Nursing Council, religious institutions, and private sector services beyond those in the Sukh intervention sites. Each one of these audiences would have an interest in learning about Sukh and its successes and challenges.

5. Parliamentarians, Sindh Assembly; Key political party representatives: Taking advantage of the election year falling within Sukh programme period, the project team will leverage and/or support advocacy efforts to highlight the project goal and objectives and learning with a demand that sitting parliamentarians and political parties representatives, acknowledge and include reproductive health in their party manifesto and priorities

6. Media will be engaged to sensitize them on SRHR and youth matters, as stakeholders to the extent that they highlight the issue of their own accord

Sukh PMU team, and implementing partners in undertaking regular dissemination of program progress learning, insights and best practices with these stakeholders, will focus on the following key areas among others:

- CHWs role in influencing and facilitating women and couples to opt for modern contraceptives
- Adoption of rights based/client centred approach in interpersonal communication by CHW and service providers
- Efficacy of the telephone booth / Telehealth services
- Impact of strategy of intervening with MWRAs, community, men and youth of same communities - any learning
- Effective strategies in broaching program focus subjects in the intervention areas' cultural context
- Learnings from an urban family planning programme context
- Learnings from a multi-component programme context

4.1.3 Advocacy Mediums

Sukh will make efforts to disseminate through multiple mediums including:

a) Print Mediums

Program Brochures/Fact Sheets/ Pamphlets: The PMU will create Sukh Initiative related identity materials to disseminate program related goal, objectives and design to all external stakeholders. These materials will represent the whole program, and therefore can be utilised by all implementing partners with their external stakeholders. Materials should be of limited length to give a program overview in a quick glance. Materials should be printed in both English and Urdu.

Program Newsletter: The PMU will produce a six monthly e-newsletter for external audiences in order to engage and inform external stakeholders of Sukh Initiative about program updates, emerging learnings and progress towards goals. The PMU will collate information from all implementing partners to present Sukh as a cohesive multi partner program. The newsletter should feature photographs, case studies, and an update on key performance indicators.

Case Studies and Testimonials: Case studies will be featured through various mediums to help illustrate the outcomes, successes and challenges of the Sukh Program. Mediums may include the newsletter, donor reports, and the website. Case studies may be quoted on electronic and print media and in conferences and meetings. Case studies and testimonials will be collected by the knowledge manager on a six monthly basis from all implementing partners, and a repository will be maintained by the PMU ensuring diversity of issues and successes. Case studies accompanied with photographs (as long as written permission for public dissemination is taken) aim to highlight:

- Success stories of MWRAs adopting, especially first time users, young age users, delay of first pregnancies, post abortion/partum family planning etc.
- Youths challenges regarding life skills and how these were overcome through Sukh interventions
- Community led initiatives that resulted in sustained outcomes for FP/RH
- Service providers increasing awareness and ability to provide quality services
- Successes from telehealth calls that resulted in adoption of FP, resolution of RH related challenges or effective referrals within the Sukh program (to CHW, service provider, youth friendly service etc.).
- Challenges and their resolution from Sukh Intitiatives partners field level staff

Printed PSAs: Printed public service announcements in the form of advertisements and supplements may be utilised by Sukh Initiative in newspapers, especially local newspapers that are Karachi based and in Urdu. These announcements maybe used to advertise availability of quality services, telehealth services for FP/RH, and leverage on an international day commemoration to raise awareness on the issue, if appropriate

Publications or reports including research studies and evaluations: PMU will take a lead in identifying key reports for end of project dissemination. These may include a technical report on baseline, midline and endline results, program summary, major learnings and outcomes, any studies conducted through Sukh, etc. The purpose of these reports will be to contribute towards the learnings of the FP/RH sector and share recommendations with regards to the Sukh experience and become a documented repository for the future. These publications will be distributed to all key stakeholders in the FP/RH sector especially government, NGOs and donors.

b) Electronic Mediums:

Radio: Sukh will work with those radio stations that broadcast specifically to Karachi audiences to promote Telehealth services specifically for FP/RH services. Telehealth will use identified themes and key messages of Sukh on radio, to generate demand for information and referrals to service providers through calls. Creative ways to broadcast the messages and the Telehealth service will be utilised including jingles, so that the message remains appealing and attracts the audiences.

Media Interviews: Sukh representatives from PMU and from implementing partners will be encouraged to participate in media talk shows and other programs related to relevant subject matter. Representatives will utilise the opportunity to promote the themes and key messages of Sukh as well as speak about the key outcomes and challenges of the program. They may also take the opportunity to advocate for increased prioritisation of FP/RH by government and political parties. PMU should develop a list of TV and radio channels and keep them informed of the Sukh Program to generate invitations to participate in media interviews.

Press Conferences: At every major public event of Sukh, the program (PMU or implementing partners) will invite media participation. Special briefing packages with a press release, and background information should be provided to the media as well as an opportunity to speak with key program personnel, to ensure that reporting is done accurately and in a manner that promotes the key outcomes of the program.

Web Presence: The purpose of the web presence of Sukh will be to inform all external stakeholders about the program outcomes, strategies, implementing partners, key learnings etc. Sukh Initiative through the PMU will develop its own program website that provides a comprehensive overview of the program, and provides access to all key documents including reports, newsletters, and data emerging from the program. Sukh Initiative site will provide links to all partners sites, including the implementing partners, donors, and related government partners.

Implementing partners may also feature Sukh Initiative on their own organisation websites, to promote and share the learning and outcomes from their specific part of implementation. All implementing partners must highlight that their strategies are a part of a larger program and provide a link to the Sukh Initiative website.
Sukh Initiative should also develop it's own social media pages on facebook and twitter to promote information about the program outcomes and learnings and also utilise the forum to promote the themes and key messages of Sukh. Public events may also be announced on these sites.

c) Meetings, Seminars and Conferences

Program Midterm National Event: Following a hi level public launch of the Sukh Initiative in which all key stakeholders participated, Sukh Initiative will also hold a hi level mid term event, that invites all national level stakholders. At this event, scheduled for mid 2016, Sukh Initiative will share progress and emerging learning, celebrate successes, and share challenges with government, NGO and donor stakeholders.

National Networks: Several national networks for SRHR and FP have been established including youth networks, Pakistan Reproductive Health Network (PRHN), Pakistan Alliance for Post Abortion Care etc. These alliances are useful as they connect stakeholders from all over the country and are a useful forum for exchange of learning and sharing of resources. Many of Sukhs implementing partners are already active members of these alliances and networks. PMU will aim to become a member of national networks, and utilise the mediums that the networks offer, including national and provincial meetings, list serves and linkages to promote sharing of Sukh's experience and learnings, as well as benefit from the experience of network members in areas of work that are similar to Sukh.

National/International FP Conferences & Task Forces: Sukh PMU must make every effort to ensure participation of Sukh PMU and implementing partners in national and international conferences to share the key learnings emerging from the program. Any presentations that are made at these public events on behalf of Sukh should be shared with PMU for inputs and finalization.
National meetings include:

- Population Association of Pakistan, annual conference
- PAPAC National Assemblies
- PRHN National Working Group Meeting
- FP2020 task force (PMU may need to coordinate this with donor Foundations who are a member)

International meetings include:

- National FP2020 Taskforce
- International Family Planning Conference (held annually)
- APCRSH (Held every 2 years)
- Women Deliver – (held every 3 years)

All disseminated photographs will carry a caption/footnote detailing, event, location, date, Each photo with people will reflect footnote or asterisk, stating that prior permission from those photographed was taken for printing; names of those in photo (if relevant)

MEDIUMS OF EXTERNAL DISSEMINATION	Government	Donors	NGOs/ Partners	Secondary Audiences
PRINT				
Program brochures/fact sheets/pamphlets	X	X	X	X
Program newsletter	X	X	X	X
Case Studies/Testimonials	X	X	X	X
Printed PSAs, newspaper supplements	X		X	X
Publications or reports	X	X	X	X
Research results, studies, and evaluations	X	X	X	X
ELECTRONIC				
Radio (Telehealth Service Promotion)				X
Media interviews – Advocacy	X			X
Press conferences				X
Web presence	X	X	X	X
MEETINGS, SEMINARS & CONFERENCES				
Program Midterm National Event	X	X	X	X
Participation at Provincial Technical Committees	X			
National FP/RH Networks	X		X	
National/International FP Conferences & Task Forces	X	X	X	

4.2 Internal Communications

The Sukh Initiative's implementation is unique in its involvement of six implementing partners, focusing on distinct components, yet interlinked and inter dependent in meeting their own and the project's overall goal and objectives.

4.2.1 Objectives

The PMU will drive effective, timely, internal communications amongst all program implementing partners and teams, through concerted knowledge management, meeting the following objectives:

- Updates on program developments and progress
- Information on changes in program strategies
- Alerts on any risks/threats
- HR updates – for example, members joining/leaving
- Sharing relevant sector based updates

The PMU Communication Lead as point of contact will pull together relevant information from all partners using existing sharing mechanisms, and further share amongst the program teams through one of the below mediums.

It is to be noted, that the Communications Lead will concern her/himself only with larger/program level information, and not serve inter-partner communications for specific purposes

4.2.2 Mediums

The following Mediums will be adopted for the purpose:

Medium	Objective	Frequency
***'SukhWeeK'/ConnectSukh* E-Newsletter**	Progress Updates on: i) planned activities, ii) capacity building, iii) events/pictures; iv) insight from the field; v) HR changes vi) sector updates	Weekly: dedicated week to one component; on rotation
Email Group	Announcements to be made by PMU and/or implementing partners relevant to all partners	As required
SMS Alerts	Only for urgent messages/updates, specifically risk related updates	As required
Meetings/Dialogue	Program progress sharing	Monthly/quarterly/annual
Electronic and Hard Copy Library of All Materials	Maintain a repository of all training modules, IEC, reports, publications, presentations developed by each partner and PMU; policies and guidelines	Inventory developed, updated and shared quarterly with all partners

SECTION 5: MODULE THREE

SUKH INITIATIVE BRANDING & MARKING GUIDELINES

SECTION 5. MODULE THREE: SUKH INITIATIVE BRANDING & MARKING GUIDELINES

The Sukh brand is developed to establish its brand identity and equity amongst all internal and external stakeholders. Consistent, standardized branding in all internal and external communications will strengthen and reinforce the project's message and cultivate an emotional perception and connection of its beneficiaries with the project's partners, services, messages and representatives.

5.1 Sukh Initiative Brand:

The Aman Health Care Service program title, 'Sukh Initiative' denotes peace of mind that can be achieved through adoption of healthy timing and spacing of pregnancies and resultant prevention of ill health caused by too many, too frequent pregnancies and childbirths.

The 'Sukh' brand, in Urdu, with its predominant green, and image of a flower, evokes an image of peace and prosperity, while its Urdu tagline, *Sehat Apnana*, *Sukhi* Gharana reflects the association between adopting healthy behaviors and a happy family and community.

The word 'Sukh' is associated with lasting happiness, and this highlights the message that good health provides long-term serenity and benefits to a family. The Sukh name was chosen to provide a positive association with healthy behaviours while maintaining culturally appropriate norms of a more traditional society.

Strategic, standardized visibility and promotion of the brand and its associated content, text and messaging will develop an association of 'Sukh' initiatives with a credible source of much needed quality services and information amongst the individuals and communities it serves and all its stakeholders.

Implementing partners' utilization and compliance with the Sukh brand and guidelines will bring cohesiveness to the project's four distinct components and its perception as being 'one' interlinked programme.

PMU is responsible to provide branding guidelines to all implementing partners, train relevant staff on compliance, and monitoring of the same.

5.2 Brand/Logo Positioning

The following Sukh logo is approved. Logo printing specifications – Annex V

5.3 Internal Communications & Administrative materials:

The titles of all program documents - reports, memos, work plans, budgets, policies, approval forms etc. - will carry the Sukh logo, positioned on the top right hand side as part of the document title /'header'

5.3.1 Publications

Sukh logo is to be positioned prominently on the cover of all program publications, namely event participant packs, reports, job aids, training manuals, trainee reference materials, worksheets, research publications etc.

- Urdu/Sindhi publications - the Sukh logo is positioned on the left upper corner of the title page. Partner's logo is placed on the left upper corner of the title page
- English Publications – Sukh logo is on the upper right corner of the title page, with partners logo (if relevant) is placed on upper left corner

The following text is to be printed on the inside title page or at the lower bottom back cover of the publication:

This activity/brochure (specify) is developed with the support of Sukh Initiative, a project of Aman Health Care Services.

5.3.2 Program Marketing/Promotion Materials

The Sukh logo is to be prominently positioned on the following listed materials by each implementing partner.

Implementing partners	Materials
ACHP	Field station/office signage
	Indoor signage
	Mohalla/group meetings banners and standees
	Community members' meetings banners and standees
	Program supported events - banners, standees, backdrop, participant and media packs, and invitations
	Community Health Worker branding – uniform, sash, bags, badges

	Thematic brochures and IEC materials
	Referral cards
	Giveaways
	International day commemoration (Population Day, Women's Day, HIV/AIDS, Youth Day)
JHPIEGO & DKT	Public and private service provider facility signage
	Public and private service facility posters and signage
	Indoor posters and stickers
	Referral cards
	Client card
	IEC (giveaways)
	Program supported events – banners, standees, backdrop, participant and media packs, and invitations
AAHUNG	IEC
	Giveaways
	Youth Friendly Spaces signage
	Youth Friendly Space indoor posters and stickers
	Program supported events – banners, standees, backdrop, participant and media packs, and invitations
	International Days commemoration (Population Day, Literacy Day, HIV/AIDS, Youth Day)
TELEHEALTH	Phone booths
	Posters and stickers
	Giveaways
	Program supported events – banners, standees, backdrop, participant and media packs, and invitations
	International Days commemoration (Population Day, Women's Day, HIV/AIDS, Youth Day)
AKU	Publications
	Presentations

5.4 Acknowledgement

All implementing partners in their verbal and written communications and announcements will undertake standardized, uniform, acknowledgement of Aman Health Care Services. The following statement will be included in all external/public communications:

"Sukh Initiative, *a project of Aman Health Care Services*, is improving mother and child health by promoting healthy behaviors, increasing access to quality services, and working with communities, to support and sustain behavior change"

Acknowledgement of Aman Health Care Services is to be made in cases of significant renovation of a building (school, health facility, youth friendly space, CBO) and/or provision of equipment. A plaque will be placed at a prominent place inside the building, adjacent to the equipment, the Telehealth booths, youth friendly spaces and all other relevant spaces/materials, stating:

> *This <renovation/equipment/building> was supported by*
> *Sukh Initiative, a program of Aman Health Care Services*
> *Date*

5.4.1 Donor Acknowledgement/Visibility:

Aman Health Care Services, Sukh PMU, and all Implementing Partners:

1. Will not use directly or by implication the name(s), logo(s), trademark(s), service mark(s) of the Sukh Initiative donors (namely, Aman Foundation, Bill and Melinda Gates Foundation, and The Lucile and Packard Foundation) in connection with any products, publicity, promotion, financing, advertising, or other public disclosure without prior written permission from the PMU.

2. May not make any statement or otherwise implying to donors, investors, media or the general public that it is in any way a direct grantee of the subgrant extended by the Foundations or any other donor. They shall only represent themselves as subgrantee of Aman Health Care Services.

3. Will not use the name of the donors in publications, for advertising, for promotion of its products, for other commercial purposes or otherwise, without appropriate prior written permission from PMU.

Exceptions:

Program Management Unit, Sukh Initiative, will approve any exceptions to Sukh Initiative's Branding and Marking in advance and in writing

5.4.2 Placement of logos for documentation:

	Government of Sindh Logo (If required)	
	Implementing partner Logo (if required)	
Donor Logo (if required)	Government of Sindh Logo (If required)	

SECTION 6

RISK ASSESSMENT AND MITIGATION

SECTION 6: RISK ASSESSMENT & MITIGATION

Risk	Impact on Project	Prevention/Mitigation
Non compliance of rights based / client focus communications approach	Community develops distrust in FP and Sukh	Ensure at time of hiring willingness and comfort with RH/FP issues VCAT sessions and refreshers Monitoring of CHWs and providers post IPC skills a part of performance appraisal KPIs
Misrepresented theme and messages	Generating confusion in mind of individuals and community Diluting the efforts of other partners	Ensure complete compliance with written/documented messages Periodical quiz of field teams Regular checks of community response / experience of field teams to address challenges faced by teams in ensuring correct understanding and perception of message
Messages misunderstood as promoting two children family	Individuals and community will reject any program efforts	Adherence, and clearly enunciated messaging Responses ready to counter such an interpretation by individual; community
Ineffective side effect management and follow up support	Discontinuation of method and strengthening of individual; communities myths and misconceptions	IPC reflecting, active listening, understanding, supporting and providing professional side effect management
Parents object to FLE content/messaging	Programme will not continue in schools	Pre tested, refined, culturally sensitive, age appropriate messaging
Religious leaders opposition to RH/FP messaging	Community may adhere to religious leaders argument and reject Sukh interventions	Hold one-on-one meetings with religious leaders to secure their support; Develop willing and receptive leaders as champions and resource persons with engagement with sceptical leaders Remain conscious and sensitivity of religious leaders sect
Conflicting messages within components	Confusion created in community; brand equity compromised	Regularly review and revise if required, all key common theme messages for adoption by all partners
Untimely updates/ responses from Implementing partners	Program collaboration and cohesive reporting to internal and external stakeholders suffers	PMU Knowledge Manager, facilitates all partners for prompt responses through simplified information sharing mechanisms PMU regularly identifies the loss to program documentation and sharing owing to implementing partner's delay in response
Violation of branding guideline by field teams Non compliance by implementing partners	Brand identity and equity suffers and does not meet its desired impact	Branding guidelines for all field communication materials are provided PMU library/online resource directly posts it for easy access and reference Logo color, size, design is provided in technical terms for printers Materials carrying incorrect branding are identified and immediately replaced, under PMU supervision
Donor acknowledgement and visibility without prior permission	Violates commitment and trust of donors	PMU undertakes immediate rectification by: removing, 'retrieving' the text, or sharing a formal corrigendum Submitting apology to Aman Foundation for the oversight/violation
Branded Signage becomes cause for security concerns	Programme achievements and progress may get adversely affected by a branded signage owing to community's misunderstanding	Programme will assess the community prior to putting up a branded signage at its offices/sites PMU will be involved in the decision, to ensure Branding Guidelines are not violated

ANNEXURES

Annex I: THEMES

Themes:

a) **Healthy Timing Spacing of Pregnancies (HTSP)**
Introduced in Pakistan initially by the FALAH and PAIMAN project, HTSP is an intervention that supports and facilitates a woman and a couple to space their pregnancies to achieve the healthiest outcomes for women, new-borns, infants, and children, within the context of free and informed choice.

Messages will be premised in the evidence that becoming pregnant too soon after a previous birth, miscarriage, or abortion places a woman and her new-borns at a higher risk of adverse health consequences. WHO recommends an interval of at least 24 months between the birth of the last child and when the next pregnancy is attempted in order to reduce the risk of adverse maternal, perinatal, and infant outcomes. In other words, couples should continue using a contraceptive method for at least two years from the birth of the last child.

> **Benefits for the new-born:** Babies spaced at least 24 months after the birth of the youngest child are more likely to survive than babies spaced by less than 24 months; and they are less likely to be premature, to have low birth weights, or to be malnourished.
>
> **Benefits for existing children:** Chances of survival of the youngest existing child are also improved through adequate birth spacing. And babies spaced by three years or more are even healthier than those spaced by two years. For example, infant mortality in Pakistan could be reduced almost by half – from 76 per 1,000 births to 50 – if all births were spaced by at least three years.

b) **Early Age Pregnancies**
When a woman younger than 18 years of age becomes pregnant, she and her new-born face increased risks of health complications compared to women 20-24 years old. In case of a newly wed couple's wife being under 18, information and support for delay in first pregnancy is required for purely health reasons. In 2013 the Sindh Assembly passed the Child Marriages Restraint Act, 2013 that defines both male and females below the age of 18 years as a child and makes it a punishable offence to engage in or in any way facilitate the marriage of a minor. This law will provide additional impetus to promote messages that delay marriage and therefore the first pregnancy of a couple.

c) **Husband/Fathers well being**
The Sukh baseline records the community identifying the importance of linking a man's health and sense of well-being with his family size. A man, with insufficient resources to meet the basic needs of his children and family, is a man who is not at peace and does not experience a sense of well-being. The decision of timing, spacing, and number of children a couple makes, has an undeniable involvement of the man. Fathers benefit from recommended birth spacing intervals when they see a healthy mother and child. Fathers also benefit financially as they avoid the unwanted burden of raising a child born from an unintended pregnancy. As FALAH points out, there is nothing more catastrophic for a father than the death of a mother of small children or ill health owing to morbidities caused by ill timed, frequent pregnancies.

d) **Modern Contraceptives:**
Accurate information on the range of FP choices available through different contraceptive methods, namely condoms, oral contraceptive pills, injectable, emergency contraception, IUDs, implants, and sterilization will be imparted. Importantly, side effects of each and how to manage side effects, including counseling for method switch will be a focus.

The unreliability of traditional methods will be provided for communication, however, in keeping with the individual/clients voluntary choice of method.

e) **Postpartum Family Planning:**
Postpartum family planning prevents unintended and closely spaced pregnancies within 24 months of childbirth. Uptake of a modern contraceptive method, or an IUCD within xxx hours of childbirth can help healthy timing, spacing and prevention of unintended pregnancies. The benefits and availability of postpartum family planning methods will not only be shared but also promoted by field based community health workers. Myths regarding inability of a lactating mother to get pregnant will be clarified.

f) **Abortion and Emergency Contraception is not Family Planning:**
As per Sukh baseline findings, abortion is being adopted as a means of family planning. Sukh will discourage this practice, given the dangers associated with induced abortions, especially in the absence of, or limited availability and accessibility of safe abortion services.

Emergency contraception is to be promoted, but as an emergency contraception, not as a substitute to short or long term family planning. Only in case of a failed contraception – traditional or short-term method – is the emergency contraception to be used and that too not more than x times a year.

g) **Postabortion Family Planning:**
In case of miscarriage or induced abortion, WHO recommends at least a six month interval before the next pregnancy based on the health needs of the woman. The project will specifically focus on building the skills of service providers and field based community health workers in engaging and counseling women having undergone a recent abortion/miscarriage to adopt a method of their choice to prevent future unintended and likely, high risk pregnancies

h) **Sexually Transmitted Infections/Disease:**
Skills and capacity to identify signs of STI/STDs will be imparted to Sukh providers and health workers so they may inform, support and facilitate women and men to seek medical help, with referrals to service providers

i) **Maternal and Neonatal Child Health (MNCH):**
MNCH refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labor. The project will bring to the communities the importance of ante and postnatal care; signs of a complicated delivery and postpartum family planning.

Good maternal health and nutrition are important contributors to child survival. Deficiencies in micronutrients affect women of reproductive age and are associated with adverse health effects. Physiological changes in pregnancy lead to an increase in the demand of many nutrients, especially iron, folic acid and zinc. The micronutrients that are most important for maternal and child health outcomes include iron, vitamin B12, folic acid, vitamin D and selenium.

j) **Continuum of Care:**
Sukh project has leveraged on the 'continuum of care' concept that focuses on the health of the mother and her children as a *continuum* throughout the prenatal period, the baby's birth, neonatal life and the breastfeeding period, therefore introducing and promoting healthy timing and spacing of pregnancies as a component of an integrated reproductive health activity.

The "Continuum of Care" for reproductive, maternal, new-born and child health includes integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood - care provided by families and communities, through outpatient services, clinics and other health facilities. The Continuum of Care recognizes that safe

childbirth is critical to the health of both the woman and the new-born —and that a healthy start in life is an essential step towards a sound childhood and a productive life. Linking interventions in this way is important to allowing greater efficiency, increase uptake and provide opportunities for promoting related healthcare elements, such as healthy timing, spacing of pregnancies, and postpartum family planning

k) **'Quality' Services**:
Quality is a non-negotiable multi-faceted component of RH/FP services including, client-focus, adequate counselling supporting the client to make an informed, voluntary, free from coercion decision, infection prevention and compliance to standardized quality assurance protocols. Importantly, an understanding and sensitivity towards clients' perception and experience of 'quality' and providers' is necessary to reduce the gap between client and providers expectations.

l) **Client centred/rights based approach**:
Concept of the client's dignity, attention to the needs and rights of the underserved and ensuring a client's right to an informed, voluntary choice and decision on FP uptake will be instilled in all providers and health workers. Service providers and health workers will have the information that facilitates a woman and couple to make an informed choice meeting their specific need.

Leveraging on FALAH's strategy, contraceptives for specific needs will be tactically introduced by the CHW and/or service provider. For example, condoms and pills may be an excellent introduction to contraception, and may provide reliable birth spacing for couples with relatively high education or desire to delay their first pregnancy. Couples willing to practice birth spacing but are resistant to adopt a modern method will be informed about the entire range of modern contraceptives available to them.

m) Gender Equity
Gender equality refers to equal access to social goods, services and resources, and equal opportunities in all spheres of life for girls and boys, men and women. Opportunities such as receiving an education, vocational skills, engaging in cultural and social events, pursuing a career, without the excuse of cultural norms and practices is important for empowering both men and women to become active, productive members of society and to their personal self-actualization.

However, given the same/equal chances in life is insufficient to bring about true equality. Women and men have different needs and experiences. Taking these into consideration at the time of providing 'equal' opportunity is gender equity. For example, giving boys and girls equal access to all the courses offered in a school may not result in girls taking advantage of this opportunity if some courses are predominantly filled with male students and have only male teachers. Sexual harassment at school, public spaces, and the work place affects women more than men.

While gender inequality does lead to women being more likely to be disadvantaged and marginalized, there is a negative impact of gender inequality on men as well. For example, cultural/societal norms regarding the appropriate behaviour for men tend to put them under pressure to be the sole bread earners, provide materially for their family; deny them opportunities of being more nurturing towards their children and wife; assume a role of unrealistic emotional strength leading to suppression of feelings, giving way to stress.

Gender issues and gender equity is an inherent part of Sukh communications capacity and skill building initiatives: Gender is part of the service providers' VCAT trainings; youth engagement trainings of school teachers/madrassahs; community mobilizers' trainings on broaching the subject

with religious leaders and community leaders. This will equip the providers and CHWs to broach the subject of son preference leading to too many, too frequent pregnancies.

n) Domestic Violence:

Domestic violence is a pattern of abusive behavior in any relationship within the household that is used by one person to gain or maintain power and control over another person. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children, who grow up witnessing domestic violence, are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life - therefore, increasing their risk of becoming society's next generation of victims and abusers[5]. The linkage and impact of domestic violence on reproductive health decisions will be identified and addressed as and when required

o) **Girls Education:** It is proven that with an education, girls lift themselves – and everyone around them – out of poverty.

- For every extra year a girl stays in school, her income can increase by 15 to 25%
- There is a 20% increase in child survival when household income is in a mother's hands
- If 10% more girls attend school, a country's GDP increases by an average of 3%
- When a girl receives more education, she is 6 times less likely to be married as a child and will have 2.2 fewer, yet healthier children who are more likely to go to school themselves
- Each extra year of a mother's schooling cuts infant mortality by between 5 and 10%

However, without an education, girls are more likely to marry young, have children early, and spend their life in poverty6

p) Family Life Education:

Sukh Initiative is tactically engaging with parents, school administrations and teachers, and the community to be able to engage with youth on issues such as pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, early age marriages, rights within the nikahnama, positive health seeking behaviours and the importance of planning a family. Engaging with youth from 12-17 years will allow the program to influence and inculcate positive values, provide adolescents with correct knowledge and support them in developing essential skills that will enable them to make better decisions about their lives.

q) **FP and Religious Edict**:

Sukh teams will be provided basic, simplified information on FP and Islam, to equip them with sufficient information and materials to respond to related questions and concerns, and engage with religious leaders to garner their support for healthy timing and spacing of pregnancies.

[5] National Domestic Violence Hotline, National Center for Victims of Crime, and WomensLaw.org

[6] Plan Global Initiative www.becauseiamagirl.ca

Annexure II: Messages

	GOVERNMENT		SUKH			
Strategic Communication Themes Add more	**LHW**	**MNCH**	**CHWs (ACHP)**	**Service Providers (Jhpiego, DKT)**	**Aahung**	**Telehealth**
دورانِ حمل دیکھ بھال کے لیے اہم پیغامات						
حمل کے دوران معائنہ	ہر حمل کے دوران کسی تکلیف کے نہ ہونے کی صورت میں بھی ہنرمند فرد/ ماہر زچگی سے چارمرتبہ طبی معائنہ ضرور کرائیں جس میں پہلا معائنہ ابتدائی تین ماہ کے دوران ہو۔ دوسرا معائنہ اگلے تین ماہ کے دوران ، تیسرا اور چوتھامعائنہ حمل کے آخری تین ماہ کے دوران	حمل کے دوران چار معائنے کرائیں ایک معائنہ ابتدائی تین مہینوں میں ایک معائنہ اگلے تین مہینوں میں اور دو معائنے آخری تین مہینوں میں	ہر حمل کے دوران کسی تکلیف کے نہ ہونے کی صورت میں بھی ہنرمند فرد/ ماہر زچگی سے چارمرتبہ طبی معائنہ ضرور کرائیں جس میں پہلا معائنہ ابتدائی تین ماہ کے دوران ہو۔ دوسرا معائنہ اگلے تین ماہ کے دوران ، تیسرا اور چوتھامعائنہ حمل کے آخری تین ماہ کے دوران		1- حمل کے دوران کل بارہ معائنے کروانے چاہییں ، ہر مہینے باقاعدگی سے معائنہ اور نویں مہینے میں چار معائنے یعنی ہر ہفتے معائنہ - اگر یہ ممکن نہ ہو تو حمل کے دوران متعلقہ عورت کو کم زکم چار بار معائنہ کروانا چاہئے یہ معائنے پہلے ،تیسرے،چھٹے اور نویں مہینے میں ہوناچاہئیں۔	
تشنج سے بچاؤ کے ٹیکے	حمل کے دوران تشنج سے بچاؤ کے دو ٹیکے ضرور لگوائیں	اس کے باوجود کہ آپ نے پہلے سے تشنج سےبچاؤ کے ٹیکے لگوا رکھے ہیں مگر پھر بھی حمل کے دوران تشنج سے بچاؤ کے ٹیکے ضرور لگوائیں	حمل کے دوران تشنج سے بچاؤ کے دوٹیکے ضرور لگوائیں۔		تشّنج کے ٹیکے لگوانا اہم ہوتا ہے کیوں کہ حمل کے دوران یہ ٹیکے لگوانامحفوظ عمل ہے اور یہ ماں کو دِماغ کے جھٹکوں اور زندگی کے لئے خطرہ بننے والے انفیکشنز سے بچا سکتے ہیں	
حمل کے دوران اضافی خوراک	حمل کے دوران ہرقسم کی میسر خوراک معمول سے زیادہ کھائیں کسی قسم کی خوراک کی ممانعت نہیں ہے مثلاً انڈہ، مچھلی، گوشت وغیرہ	No message	حمل کے دوران ہرقسم کی میسر خوراک معمول سے زیادہ کھائیں کسی قسم کی خوراک کی ممانعت نہیں ہے مثلاً انڈہ، مچھلی، گوشت وغیرہ		متوازن غذامیں دودھ، انڈا، سبزیاں، دالیں، سلاد، پھل، گوشت سب شامل ہیں،جو حاملہ خاتون کو مناسب مقدار میں تھوڑی تھوڑی دیر بعد لیتے رہنا	

	چاہئے۔					
	حاملہ عورت کو حمل کے دوران کافی آرام حاصل ہو اور یہ کہ اُس پر کام کی زیادتی نہ ہو		دورانِ حمل ذاتی صفائی کا خاص خیال رکھیں اور دن میں ایک سے دو گھنٹے آرام ضرور کریں۔	No message	دورانِ حمل ذاتی صفائی کا خاص خیال رکھیں اور دن میں ایک سے دو گھنٹے آرام ضرور کریں۔	حمل کے دوران ذاتی صفائی اور آرام
	حمل کی پہلی سہ ماہی (پہلے 12 ہفتوں)کے دوران ، مائیں فولک ایسڈ والی غذائوں کے ساتھ ساتھ فولک ایسڈ کی گولیاں بھی استعمال کریں۔		حمل کے چوتھے مہینے سے لے کر بچے کی پیدائش کے چھ ماہ بعد تک فولاد کی گولیاں اور فولاد سے بھرپور غذا باقاعدگی سے کھائیں		حمل کے چوتھے مہینے سے لے کر بچے کی پیدائش کے چھ ماہ بعد تک فولاد کی گولیاں اور فولاد سے بھرپور غذا باقاعدگی سے کھائیں	دورانِ حمل فولاد کی گولیوں کا استعمال
			حمل کے دوران کم یا زیادہ بلڈپریشر، ہاتھ پاؤں پر سوجن،خون کا جاری ہونا یا دورے پڑنے (خطرناک علامات) کی صورت میں فوراً ہنرمند طبی کارکن / مرکزِصحت / ہسپتال سے رجوع کریں۔	حمل کے دوران خطرناک علامات ظاہر ہونے کی صورت میں ضروری اقدامات کریں	حمل کے دوران کم یا زیادہ بلڈپریشر، ہاتھ پاؤں پر سوجن،خون کا جاری ہونا یا دورے پڑنے (خطرناک علامات) کی صورت میں فوراً ہنرمند طبی کارکن / مرکزِصحت / ہسپتال سے رجوع کریں۔	حمل کے دوران خطرناک علامات کی پہچان
	کسی ایمرجنسی کی صورت حال سے نپٹنے کے لئیے ہسپتال کا انتخاب پہلے سے کر لیں حاملہ کو مرکزِ صحت یا ہسپتال پہنچانے کے لئیے سواری اور رقم کا انتظام کر کے رکھیں		بچے کی پیدائش کے دوران ہنگامی صورتحال سے نپٹنے کے لیے ہسپتال، پیسوں، سواری، اورخون دینے والے افراد کا بندوبست پہلے سے کرلیں		بچے کی پیدائش کے دوران ہنگامی صورتحال سے نپٹنے کے لیے ہسپتال، پیسوں، سواری، اورخون دینے والے افراد کا بندوبست پہلے سے کرلیں	محفوظ زچگی کے لیے ضروری انتظامات
			محفوظ زچگی کے لیے جگہ کا انتخاب ہسپتال/ گھر پہلے سے کرلیں		محفوظ زچگی کے لیے جگہ کا انتخاب ہسپتال/ گھر پہلے سے کرلیں۔	
	زچگی کے لیے ڈاکٹر/لیڈی ہیلتھ وزیٹر/نرس /تربیت یافتہ دائی کا انتخاب کریں		محفوظ زچگی کے لیےہنرمند افراد (لیڈی ڈاکٹر / لیڈی ہیلتھ وزیٹر/نرس / کمیونٹی مڈوائف) کی نشاندہی اور انتظام پہلے سے	زچگی ہنرمند افراد سے کرائیں ہنر مند افراد سے مراد ڈاکٹر، نرس، لیڈی ہیلتھ وزیٹر اور کمیونٹی مڈوائف ہے۔	محفوظ زچگی کے لیے ہنرمند افراد (لیڈی ڈاکٹر/لیڈی ہیلتھ وزیٹر/نرس / کمیونٹی مڈوائف) کی نشاندہی اور انتظام پہلے سے کرلیں۔	

			کرلیں۔			
			نوزائیدہ کے لیے موسم کے مطابق کپڑے ، گھر پر زچگی کرانے کی صورت میں صاف بستر، صاف کمرا، اور محفوظ زچگی کے لیے ہر بار نئی کٹ کا انتظام پہلے سے کر کے رکھیں۔	نوزائیدہ کے لیے موسم کے مطابق کپڑے ، گھر پر زچگی کرانے کی صورت میں صاف بستر، صاف کمرا، اور محفوظ زچگی کے لیے ہر بار نئی کٹ کا انتظام پہلے سے کر کے رکھیں۔	محفوظ زچگی کی تیاری
			اگلے حمل کو موخر کرنے کے لیے زچگی کے 48 گھنٹے کے اندر اندر چھلہ رکھوایا جاسکتا ہے اور نل بندی کرائی جاسکتی ہے	اگلے حمل کو موخر کرنے کے لیے زچگی کے 48 گھنٹے کے اندر اندر چھلہ رکھوایا جاسکتا ہے اور نل بندی کرائی جاسکتی ہے	حمل کے ساتویں سے نویں ماہ کے دوران خاندانی منصوبہ بندی سے متعلقہ پیغامات
دورانِ زچگی دیکھ بھال کے لیے اہم پیغامات						
			محفوظ زچگی کے لیے تین صفائیوں (ہاتھ ، جگہ اور سامان) کا خیال رکھیں	محفوظ زچگی کے لیے تین صفائیوں (ہاتھ ، جگہ اور سامان) کا خیال رکھیں	محفوظ زچگی کے دوران صفائی
		زچگی کے دوران خطرناک علامات ظاہر ہونے کی صورت میں ضروری اقدامات کریں۔	زچگی کے دوران خطرناک علامات ظاہر ہونے کی صورت میں حاملہ کو فوراً ہسپتال/ مرکزِ صحت پہنچائیں	زچگی کے دوران خطرناک علامات ظاہر ہونے کی صورت میں حاملہ کو فوراً ہسپتال/ مرکزِ صحت پہنچائیں	زچگی کے دوران خطرناک علامات
بعداز زچگی دیکھ بھال کے لیے اہم پیغامات						
		زچگی کے بعد خطرناک علامات کو اہمیت دیں اور ظاہر ہونے کی صورت میں فوری اقدامات کریں۔	بعد از زچگی زیادہ مقدار میں خون کا اخراج، کپکپی کے ساتھ تیز بخار، پیٹ کے نچلے حصے میں شدید درد یا شرمگاہ سے بدبو دار مواد کے اخراج کی صورت میں ماں کو فوراً ہسپتال/مرکزِ صحت پہنچائیں۔	بعد از زچگی زیادہ مقدار میں خون کا اخراج، کپکپی کے ساتھ تیز بخار، پیٹ کے نچلے حصے میں شدید درد یا شرمگاہ سے بدبو دار مواد کے اخراج کی صورت میں ماں کو فوراً ہسپتال/مرکزِ صحت پہنچائیں۔	بعد از زچگی خطرناک علامات

بعد از زچگی معائنہ	پیدائش کے بعد پہلے چھ گھنٹے کے دوران ماں اور بچے کا معائنہ لازمی ہے	زچگی کے بعد چھ گھنٹوں کے اندر اندر کم از کم ایک معائنہ ضرور کرائیں	پیدائش کے بعد پہلے چھ گھنٹے کے دوران ماں اور بچے کا معائنہ لازمی ہے			
بعد از زچگی خاندانی منصوبہ بندی	بعد از زچگی ماہواری آنے سے پہلے آپ دوبارہ حاملہ ہوسکتی ہیں اس لیے ضروری ہے کہ : 1بچے کی پیدائش کے کم از کم دوسال بعد اگلے حمل کا ارادہ کریں 2-اسقاطِ حمل کے چھ مہینے بعد اگلے حمل کا ارادہ کریں اس سے آپ کے بچے کی نشوونما میں مدد ملے گی اور آپ کی صحت بھی بہتر رہے گی۔		بعد از زچگی ماہواری آنے سے پہلے آپ دوبارہ حاملہ ہوسکتی ہیں اس لیے ضروری ہے کہ : 1بچے کی پیدائش کے کم از کم دوسال بعد اگلے حمل کا ارادہ کریں 2-اسقاطِ حمل کے چھ مہینے بعد اگلے حمل کا ارادہ کریں اس سے آپ کے بچے کی نشوونما میں مدد ملے گی اور آپ کی صحت بھی بہتر رہے گی۔			
زچگی کے بعد خوراک اور آرام	اضافی خوراک کے ساتھ ساتھ دن میں ایک یا دو گھنٹے کے لیے آرام ضرور کریں اور ذاتی صفائی کا خیال رکھیں۔		اضافی خوراک کے ساتھ ساتھ دن میں ایک یا دو گھنٹے کے لیے آرام ضرور کریں اور ذاتی صفائی کا خیال رکھیں۔			
خاندانی منصوبہ بندی کے لیے اہم پیغامات						
زندہ بچے کی پیدائش کے بعد	1- اگلے حمل کا ارادہ دو سال کے بعد کریں اور اس دوران اپنی پسند کا کوئی موثر مانع حمل طریقہ استعمال کریں ۔		1- اگلے حمل کا ارادہ دو سال کے بعد کریں اور اس دوران اپنی پسند کا کوئی موثر مانع حمل طریقہ استعمال کریں ۔			
اسقاطِ حمل کے بعد	حمل ضائع ہونے یا نوزائیدہ بچہ فوت ہونے کی صورت میں کم ازکم چھ ماہ انتظار کریں اور اس دوران اپنی پسند کا کوئی موثر مانع حمل طریقہ استعمال کریں		حمل ضائع ہونے یا نوزائیدہ بچہ فوت ہونے کی صورت میں کم ازکم چھ ماہ انتظار کریں اور اس دوران اپنی پسند کا کوئی موثر مانع حمل طریقہ استعمال کریں			

جدید مانع حمل طریقوں کا استعمال	بچے کی خواہش پرمانع حمل کے عارضی جدید طریقوں (چھلہ/انجکشن/امپلانٹ) کو چھوڑنے پر عورت دوبارہ حاملہ ہوسکتی ہے یہ طریقے استعمال میں آسان اور ہر جگہ دستیاب ہیں۔	شادی شدہ جوڑوں کو بچوں کی پیدائش میں مناسب وقفہ کے طریقوں کے بارے میں علم ہونا چاہیے	بچے کی خواہش پرمانع حمل کے عارضی جدید طریقوں (چھلہ/انجکشن/امپلانٹ) کو چھوڑنے پر عورت دوبارہ حاملہ ہوسکتی ہے یہ طریقے استعمال میں آسان اور ہر جگہ دستیاب ہیں۔			
نوزائیدہ بچے کی دیکھ بھال کے لیے اہم پیغامات						
نوزائیدہ کو کپڑے میں لپیٹنا Wrapping	پیدائش کے فوراً بعد نوزائیدہ کےسر اورجسم کو صاف کپڑے سےخشک کریں اور صاف کپڑے میں لپیٹیں تاکہ بچہ گرم رہے	پیدائش کے بعد سردی سے بچانے کے لیے نوزائیدہ کے جسم اور سر کو مناسب طریقے سے لپیٹ لینا چاہیے	پیدائش کے فوراً بعد نوزائیدہ کےسر اورجسم کو صاف کپڑے سےخشک کریں اور صاف کپڑے میں لپیٹیں تاکہ بچہ گرم رہے			
ناڑو باندھ کر کاٹنا Cord cutting	بچے کا ناڑو باندھنے کے لیے ہمیشہ نیا اور صاف دھاگہ / کلیمپ اور کاٹنے کے لیے نیا اور صاف بلیڈ استعمال کریں		بچے کا ناڑو باندھنے کے لیے ہمیشہ نیا اور صاف دھاگہ / کلیمپ اور کاٹنے کے لیے نیا اور صاف بلیڈ استعمال کریں			
پیدائش کے بعد ماں کا دودھ شروع کرانا Breastfeeding Initiation	پیدائش کے فوراً بعد بچے کو ماں کا دودھ شروع کرائیں	پیدائش کے فوراً بعد نوزائیدہ کو ماں کا دودھ شروع کرائیں اس سے بہت سی بیماریوں کے خلاف بچے کی قوت مدافعت میں اضافہ ہوگا اور موت سے بچائے گا۔	پیدائش کے فوراً بعد بچے کو ماں کا دودھ شروع کرائیں			
پیدائش کے بعد بچے کو نہلانا Bathing	پیدائش کے بعد نوزائیدہ کو کم ازکم چھ گھنٹے تک نہ نہلائیں۔	پیدائش کے بعد نوزائیدہ کو نہلانے میں تاخیر سے کام لیں اور جسم پر چپکی ہوئی ورنکس کو صاف نہ کریں ۔	پیدائش کے بعد نوزائیدہ کو کم ازکم چھ گھنٹے تک نہ نہلائیں۔			
نوزائیدہ میں خطرناک علامات	پیدائش کے بعد نوزائیدہ میں خطرناک علامات ظاہر ہونے کی صورت میں فوراً مرکز صحت/ہسپتال لے کر جائیں۔	نوزائیدہ میں کم از کم پانچ خطرناک علامات کے بارے میں ماں کو نہ صرف پتہ ہونا چاہیے بلکہ پہچان کرنے کے قابل بھی	پیدائش کے بعد نوزائیدہ میں خطرناک علامات ظاہر ہونے کی صورت میں فوراً مرکز صحت/ہسپتال لے کر جائیں۔			

		ہو				
چھ ماہ تک صرف اور صرف ماں کا دود ھ پلانا Exclusive Breastfeeding	پیدائش کے بعد بچے کو چھ ماہ تک صرف اور صرف ماں کا دود ھ پلائیں حتی کہ پانی بھی نہیں ۔	پیدائش کے بعد بچے کو چھ ماہ تک صرف اور صرف ماں کا دود ھ پلائیں حتی کہ پانی بھی نہیں	پیدائش کے بعد بچے کو چھ ماہ تک صرف اور صرف ماں کا دود ھ پلائیں حتی کہ پانی بھی نہیں ۔			
بچے کو نیم ٹھوس غذا شروع کرانا weaning	بچے کو چھ ماہ کی عمر کے بعد نیم ٹھوس غذا شروع کرائیں	۔ بچے کو چھ ماہ تک صرف اور صرف ماں کا دودھ پلانا جاری رکھیں اس کے بعد نیم ٹھوس غذا شروع کرائیں۔	بچے کو چھ ماہ کی عمر کے بعد نیم ٹھوس غذا شروع کرائیں			
حفاظتی ٹیکے Immunization	۔ بچے کو حفاظتی ٹیکوں کا کورس مکمل کرائیں اور تین سال تک باقاعدگی سے وزن کرائیں۔	حفاظتی ٹیکوں کے بارے میں خاندان کو معلومات ہونی چاہیں اور بچے کو حفاظتی ٹیکوں کا کورس مکمل کرائیں	۔ بچے کو حفاظتی ٹیکوں کا کورس مکمل کرائیں اور تین سال تک باقاعدگی سے وزن کرائیں۔			
Gender/Son Preference						
Gender/Son Preference	بیٹی اللہ کی رحمت بیٹا اللہ کی نعمت بیٹی ہو یا بیٹا دونوں کی پرورش کرنا ہمارے لیے اہم ہے ۔		بیٹی اللہ کی رحمت بیٹا اللہ کی نعمت بیٹی ہو یا بیٹا دونوں کی پرورش کرنا ہمارے لیے اہم ہے			
Male involvement in Family Planning						
	ایک ذمہ دار شوہر کی حثیت سے اپنے بیوی بچوں کی صحت اور خوشحالی کے لیے گھر والی سے بچوں کی پیدائش میں وقفے کے لیے بات کریں		ایک ذمہ دار شوہر کی حثیت سے اپنے بیوی بچوں کی صحت اور خوشحالی کے لیے گھر والی سے بچوں کی پیدائش میں وقفے کے لیے بات کریں			

Early age pregnancy						
	اپنی اوربچے کی بہتر صحت کے لیے اٹھارہ سال کی عمر سے پہلے حاملہ نہ ہوں اور اس دوران اپنی پسند کا موثر مانع حمل طریقہ استعمال کریں		اپنی اوربچے کی بہتر صحت کے لیے اٹھارہ سال کی عمر سے پہلے حاملہ نہ ہوں اور اس دوران اپنی پسند کا موثر مانع حمل طریقہ استعمال کریں			

ANNEX III: IMPLEMENTATION FRAMWORK FOR CAPACITY BUILDING

3.4.1 - Trainees

i. Community Health Workers (CHW)
ii. Social Mobilizers
iii. Field Coordinators
iv. Service Providers – public and private
v. Health Facility Management
vi. Secondary Level School Teachers
vii. Telehealth Call Agents

CHWs, their **supervisors, social mobilizers, field coordinators**, will be trained to increase their knowledge and understanding of reproductive health, maternal health, gender, and birth spacing issues in order to be fully cognizant of the issues and barriers women and men face in accepting a FP method. Importantly, these trainings will include sessions on identifying and addressing their own personal values that influence and inform their own behaviours.

Focused instruction on provision and counselling on modern contraceptives, informed choice and their side effect management and support and facilitation in method continuation and/or switch will be provided.

Skills will be enhanced in interpersonal communications - active listening, demonstrating empathy, and interacting with a client-focus - counselling, facilitating sessions on reproductive health issues, and engaging/advocating with community leaders and opinion makers; and the correct, effective utilization of relevant IEC and job aids.

Service providers will receive trainings on all the above-mentioned subjects, and in addition, on provision and availability of modern contraceptives, postpartum and postabortion family planning, postabortion care, side effect management and counselling for method switch/continuation.

Training on clinical quality standards for RH/FP services, including infection prevention protocols will be imparted, supported by regular monitoring for compliance and seeking/recording client satisfaction.

The project's **youth engagement** component, will train a cadre of identified schools/madrassah's on Family Life Education themes for two youth cohorts 12-14 years and 15 -17 years of age. Trainings will include skill building on engaging with the youth, with a focus on active listening to instil comfort and confidence in their young audience. Focus will be on pre-marital counselling, based on the median age of marriage per PDHS being 19.5 years for girls

Sessions on teachers and resource persons' own comfort and confidence in broaching family life education subjects in a school environment after fully understanding the importance and relevance of these subjects will be given special attention

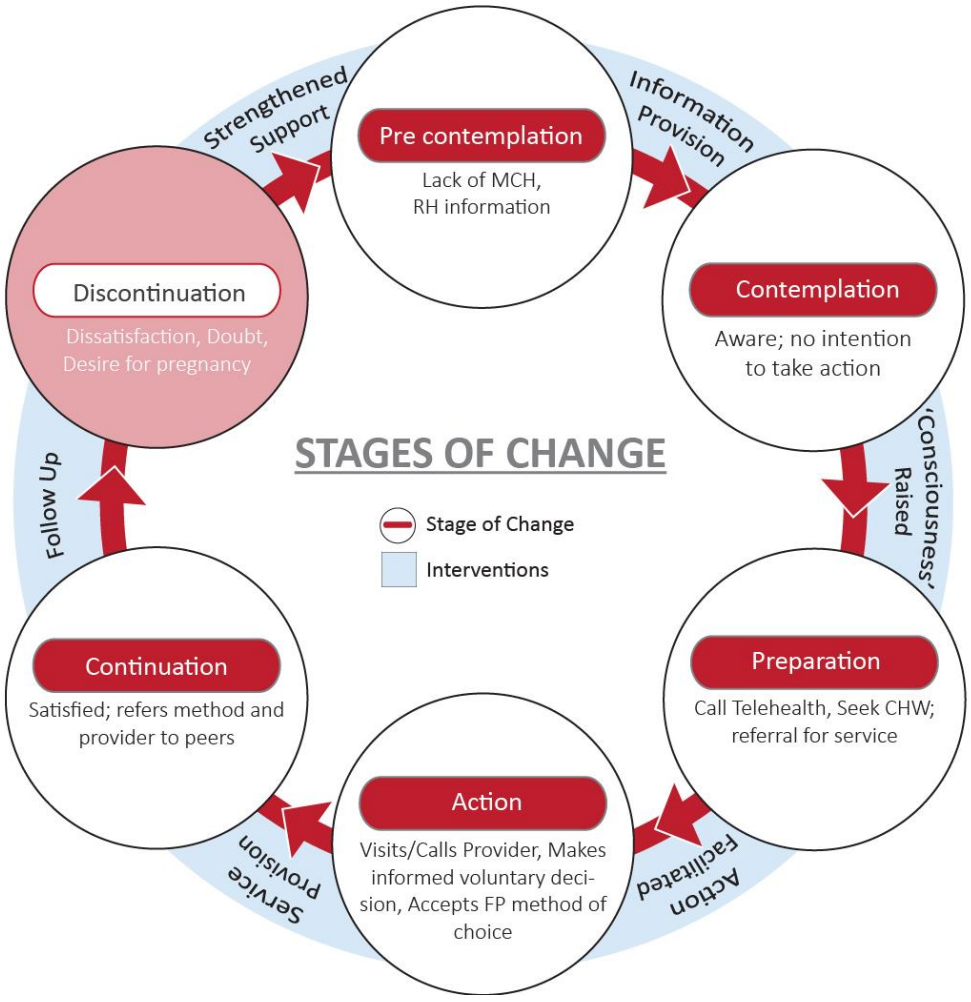
Resource persons from within the community-based component will be selected to conduct youth engagement sessions on FLE, for those 16 + years of age, through a community approach at youth friendly spaces per project implementation design. This group of resource persons will undergo the similar trainings as teachers in order to effectively engage with, counsel, and if required, refer youth to service providers.

To effectively address and cater to RH needs of the youth, sensitization sessions on the subject will be held with **service providers,** especially those who will become part of the referral network for the youth component, to provide health care services to young people who have experienced sexual, physical, or emotional violence, suffering from STIs, and pre and post natal care for very young pregnant girls

Additionally skills and capacity on holding sessions with Community Based Organization and Community Advisory Committees' members on the subject of youth's RH needs through a family life education approach will be enhanced

Telehealth call agents will be trained on technical aspects of RH/FP, adapted especially in skills for information, referrals, and counselling provided over the telephone for each category of caller, including the youth.

All those trained will have an understanding of the influences that shape an individual's behaviour and decisions, and the stages of change will be imparted to all teams; strong emphasis will be laid on adopting client focused/rights based approach in interpersonal communications and interactions after undergoing a self-reflective, personal value clarification, attitude transformation (VCAT) process. Capacity building training modules and facilitation will be led and provided by different partners which is showed in chart below based on the ***Standardized messages based on the themes used is attached in annex II.***



Annex IV: Sukh Strategic Communication Framework

Awareness and counselling	**Project Objective 1:** Increase in Demand for Family Planning Services **Communication Objective:** Married couples of reproductive age and today's youth adopt healthy timing and spacing of pregnancies and positive reproductive health behviours.			
Audience	**Audience segmentation**	**Key themes**	**Key messages**	**Communication Medium**
Married Women and Couples of Reproductive Age:	a) **Newlyweds** (married within past two years) b) **Postpartum & Post-abortion** women are vulnerable and susceptible to an unintended pregnancy c) **Low parity** couples d) **Ever users** of family planning methods e) **Short-term FP method** users f) **Traditional/Natural method** users g) **Non users**, with an evident need to space and/or limit childbearing h) **Spouses** of MWRA	Communication themes focus on reproductive health, family planning and maternal health, specifically: **Healthy Timing, Spacing of Pregnancies** is a woman and couple's informed, voluntary decision to delay the first pregnancy if the woman is less than 18 years of age, and delay conception before 24 months, after a birth. **Early Age Pregnancy** specifically for a woman younger than 18 years of age **Husband/Fathers' wellbeing** is directly linked to and associated with his family size. **Modern Contraceptives,** especially long-term	**HTSP:** Healthy timing and spacing of pregnancies achieves the healthiest outcomes for the woman, her new-born, and her older children. Becoming pregnant too soon after a previous birth, miscarriage, or abortion places a woman and her new-borns at a higher risk of adverse health consequences. **Father well-being:** A man, with insufficient resources to meet the basic needs of his children and family, is a man who does not enjoy 'health' and a sense of wellbeing. Moreover, the death of a mother	A range of **communication strategies** and **mediums** will be adopted by Sukh to engage with married women and couples of reproductive age on the aforementioned key themes. a) CHWs will make door-to-door visits to identify and register MWRAs as per their RH/FP needs. **Interpersonal communication** with the woman, her spouse and/or her family undertake to raise awareness, address and concerns and make referrals to trained Sukh service providers for services b) **Group sessions**, better known as Mohalla meetings will be organized/ held by the CHWs to have focused discussions on any one subject pertaining to MNCH; SRHR; and family planning. Group sessions will allow participants to openly discuss their concerns, seek clarifications, and break the sense of isolation for those silently suffering from concern and anxiety. Group sessions also encourage peer learning and support. c) **Telehealth service** will be a 24/7

		methods, provide safe, reliable birth spacing and limiting options. **Postpartum Family Planning** for the prevention of an unintended and closely spaced pregnancy within 24 months of childbirth. **Abortion and Emergency Contraception** is not Family Planning. **Post-abortion Family Planning** **Sexually Transmitted Infections /Disease**	of small children further exacerbates the quality of life. Fathers benefit just as much from recommended birth spacing intervals as it promises a healthy wife, and less financial burden with raising a small family	source of confidential, professional, accurate information, counselling, and referrals. Relying on only a voice the facility will ensure utmost professionalism in providing information and addressing concerns that will be gender and bias free d) Wherever possible, SRHR issues will be approached and presented as interactive role-play, interspersed with light-hearted comedy and entertainment through **street theatre**. Benefitting from the medium, sensitive subjects will be broached through an enactment, while providing much food for thought and psychological catharsis. In the same vein, docudramas will be produced, piloted and aired to highlight and address SRHR issues, raising awareness and consciousness amongst the viewers. e) **Public service messages** on MNCH and HTSP will be developed and aired by Telehealth on strategic/select radio programs, raising awareness on the issue, combined with encouraging use of the Telehealth facility, as the first step to support and advice

Specific Intervention:

Newlyweds

a) Couples married within past two years, will be engaged individually and/or as a couple. The male and female CHW will work in tandem to provide information and facilitate voluntary choice of method by referring to the closest Sukh provider.
The newlyweds will be especially informed on the benefits of HTSP for the mother and new born, but also the older child and father's overall well-being. Societal concerns such as son preference, pressure from family elders, and any religious misunderstanding will be broached/addressed with sensitivity.

The newly wed man will be specifically engaged, firstly to encourage involvement in making informed HTSP decisions with the wife as a couple, and to broach the concept of his own well being. The Telehealth facility will be introduced and the couple will be encouraged to register with the facility to receive

outbound calls and SMS messages for their information

b) Specific Ask: Consider planning for their family, mutually decide on ideal family size; address their questions on modern contraceptives; encourage them to meet the service provider to choose a method of their choice with the providers professional medical advice, and receive/demand for quality service with assurance of follow up and side effect management if required. Call Telehealth for any further information

c) Output: The newly-weds will visit a service provider, seek out the CHW for referrals and also call and register with Telehealth for on-going informational support.

Pregnant and postpartum

a) Intervention: Pregnant and postpartum women will be identified by CHWs during their door-to-door visits and registered as such for follow up counselling sessions. Pregnant women will be provided information during their antenatal care visits on postpartum family planning methods and referred to providers' part of the Sukh Initiative for a safe delivery and/or postpartum method. The CHW and/or service provider will professionally address all concerns and questions regarding postpartum family planning uptake, especially IUCD.

As good maternal health and nutrition are important contributors to child survival, information on the adverse impact of deficiencies in micronutrients affecting women of reproductive age will be shared. Physiological changes in pregnancy lead to an increase in the demand of many nutrients, especially iron, folic acid and zinc. The micronutrients that are most important for maternal and child health outcomes include iron, vitamin B12, folic acid, vitamin D and selenium. Focus on nutrition of the mother will be stressed

b) Specific Ask: Given their impending and/or recent delivery it is essential that they opt for a modern long term contraceptive, in order to remain free from an unintended pregnancy for at least 24 months, and pay full attention to their own and new-born's health. A visit to the referred qualified service provider will be stressed upon and facilitated. The number and registration process at the Telehealth will be encouraged for timely information, support, and reminders for ante/post natal visits, child immunization etc. Women not opting for a post partum contraceptive will be visited after regular intervals to address concerns and provide support in adoption of a contraceptive; follow up visits will be made to women who accept a method, to provide any side effect management, if required and support method continuation or switch

c) Output: Postpartum women will visit and select the referred service provider for delivery and advice, and uptake of postpartum family planning method. In case of dissatisfaction with the method, the woman will seek the CHW or visit the service provider or call Telehealth for side effect management that will be promptly provided

Postabortion:

a) Intervention: Women having undergone a recent abortion/ miscarriage will be identified during door to door household visits by CHWs and be informed on the health risks of conceiving before six months of their abortion/miscarriage and the availability of safe postabortion family planning methods. The CHW will address all her concerns and questions regarding modern contraceptives for her specific condition, and refer her to Sukh trained public or private providers for professional medical advice and a method of her choice

b) Specific Ask Given the fertility/health status they must delay another pregnancy by six months for postabortion women and at least two years for postpartum women by adopting a modern contraceptive. Call Telehealth for any further information

c) Output Women will adopt a family planning method to prevent another unintended pregnancy

Low parity women and couples

a) Intervention: Couples with one or two children will be specifically identified and engaged with, by CHWs to inform and support them to plan their families per their health needs and resources. Benefits of HTSP for the mother and newborn and older child's health will be shared. The importance of the father's well being, stemming from a family size he can provide for will be further stressed. Societal concerns such as son preference, pressure from family elders, and any religious misunderstanding will be broached/addressed with sensitivity. The Telehealth facility will be introduced and couple encouraged registering with the facility to receive outbound calls and SMS support
b) Specific Ask: Choose and adopt a modern contraceptive to successfully manage their fertility, adopting healthy timing and spacing of pregnancies to achieve their ideal family size. Call Telehealth for any further information
c) Output: Women and couples will be empowered to make an informed, voluntary decision on choice of a family planning method, and manage the timing and spacing of their children.

Short-term FP method users

a) Intervention: STM users will be registered by CHW during their door to door visits for follow up and specific support will be provided for switching to long term methods in case of more than one year spacing requirement of the couple. The ease of a long term method, as opposed to injectable, pills or condoms will be explained. Referral to provider and Telehealth facility will be made for follow up, counselling and further detailed information on available choices
b) Specific Ask: Switch to long-term method for a better, comfortable and reliable source of contraception; Call Telehealth for any further information
c) Output: Women and couples will see the benefit of long term contraceptive and adopt a method of choice

Traditional/Natural method users

a) Intervention: Traditional users will be registered by CHWs during their door to door visits and be informed on the available range and benefits of modern contraceptives. The risk of conceiving, when using traditional methods will be highlighted, and MWRA/couple will be encouraged to visit a service provider to learn more on modern contraceptives and make an informed, voluntary choice/decision. Fear of side effects will be addressed, with assurance of side effect management and option of method switch per preference
b) Specific Ask: To visit a service provider, learn more about methods to make an informed, voluntary decision on adoption of modern contraceptives; Call Telehealth for any further information
c) Output: Couples will experience the satisfaction and peace of mind in using a modern contraceptive

Non-FP users

a) Intervention: Non-FP users will be registered by the CHW at the time of her door-to-door visits. The reasons for not using a FP method will be ascertained through inter personal engagement with the MWRA and information and counselling provided accordingly. Societal and/or religious concerns if any, will be addressed with sensitivity. The MWRAs mother, mother in law and spouse will also be engaged with if required, to provide information on modern contraceptives, the risks of unintended pregnancies, and the benefits of HTSP on the mother, new born, child and father.

b) Specific Ask: In case of spacing/limiting desire, see a service provider and make an informed, voluntary decision on method of choice. Call Telehealth for any further information
c) Output: An increase in first time users will be recorded in intervention areas, with couples experiencing safe, reliable methods in meeting the timing and spacing needs

MWRAs' Spouses

a) Intervention: Men/spouses of MWRA will be engaged individually and in men's mohalla/group meetings by the male CHWs to raise their awareness on HTSP, range of available modern contraceptives, each one's possible side effects and any other concerns identified by the husband.
Male and/or female CHWs will engage with the spouse either individually or through group discussions to address and respond to required information and facilitation in making an informed decision together with their wife.
b) Specific Ask Consider HTSP for the health of your wife, newborn, children and above all your own well being; identify any and all concerns in order to make an informed decision about adopting a modern method
c) Output Men and spouses understanding and involvement in modern method choice for timing, spacing and/or limiting will increase leading to better spousal communication, and a sense of overall wellbeing of the entire family

Ever users / FP Discontinuation

a) Intervention: Women and couples who have ever used family planning and have discontinued owing to dissatisfaction with the method, or side effects will be identified and engaged with by the CHWs during her door to door household visits, to ascertain the reason for discontinuation of modern contraceptives. Accordingly, they will be counselled, and their side effect concerns/experience addressed. CHW will inform and support the MWRA/couple in adopting any other safe, quality, reliable modern contraceptives that can meet their spacing/limiting needs.
b) Specific Ask: Not to be discouraged by a previous unpleasant experience, and opt for another method, for comfortable, reliable healthy timing and spacing of pregnancy. Call Telehealth for any further information
c) Output: Women and couples will be satisfied with their new method of choice

Audience	Audience segmentation	Key themes	Key messages	Communication mediums
Youth	• Between the ages of 13 to16+ • Enrolled in a school or madrassa • Entering their reproductive years • Have insufficient information, advice and guidance on their SRH issues • Considered as 'adults' by the community, having achieved puberty • Experience increase in social responsibilities and societal expectation of fulfilling specific	a) Pubertal changes: b) Early age marriage and pregnancy c) Maternal health d) healthy timing and spacing of pregnancies e) Girls Education	**Pubertal changes:** a) Physical, emotional and social changes take place during the process of puberty, which is normal and experienced by everyone when going through this stage in life; menstruation especially with reference to menarche is normal and every girl experiences this as her reproductive health development. Nocturnal emissions are a normal occurrence, and not a disease. b) **Early age marriage and**	**School/Madrassa**: Identify and select schools and madrassah's in the intervention areas. School/ Madrassah administration will be brought on board and their approval secured for the purpose. Selected teachers will be trained on communication and counseling skills, attaining comfort and

	roles • Do not command social status within the community, nor hold decision-making power within the family owing to their age and gender		**pregnancy** (before attaining the age of 18 years) is against the law and leads to negative social and health related consequences. Marriage itself is a civil contract between two consenting adults and stipulates the right of each partner as his/her 'marital rights' with the marriage contract, known as the nikkahnama. c) **Maternal health** is crucial for the mother and the new-born and can be ensured through antenatal and postnatal care, and safe childbirth as critical to the health of the new-born and mother. Nutritional needs during pregnancy and after childbirth are essential for a healthy mother and child d) Too many, too frequent pregnancies are harmful, hence **healthy timing and spacing of pregnancies** is essential for a healthy mother, child, father and family. At least two years (24 months) after childbirth is required for the mother's body to recuperate and be ready for another pregnancy; and the two year old to be old enough to share his mother's attention with a sibling. **e) Girls Education:** It is proven that with an education, girls lift themselves – and everyone	confidence in broaching the 'unconventional subject'; and in depth understanding in the key FLE themes. In addition to classroom engagement, extra- curricular activities around FLE subjects will be developed throughout the academic year. **Community based youth groups** will be organized with the support of the community to identify out-of-school/working youth. Trained CHWs will conduct these sessions and provide on-going support to the young people in and out of the sessions. Establish **Youth Friendly Spaces**, with the support of the community to provide the youth with a physical 'space' to gather, learn, and discuss their issues in a healthy environment. Internet and Telehealth facilities will be provided **Telehealth 24/7 services**

			around them – out of poverty. When a girl receives more education, she is 6 times less likely to be married as a child and will have 2.2 fewer, yet healthier children who are more likely to go to school themselves. Each extra year of a mother's schooling cuts infant mortality by between 5 and 10%. However, without an education, girls are more likely to marry young, have children early, and spend their life in poverty	provide professional, accurate information, counseling and referrals for services to all young callers ensuring confidentiality and anonymity if desired **Service providers** will be sensitized and trained to interact with youth on their SRHR issues; discern signs of physical and/or substance abuse at the time of engaging and examining their young client.

Youth Specific Interventions[7]:

- Identify and select schools and madrassah's in the intervention areas to gain access to youth. School/ Madrassah administration will be brought on board and their approval secured for the purpose. Select teachers will be trained on communication and counselling skills, attaining comfort and confidence in broaching the 'unconventional subject'; and in depth understanding in the key FLE themes. In addition to classroom engagement, extra-curricular activities around FLE subjects will be developed throughout the academic year will be organized for engaging on these subjects with the support of the community, for out of school/working youth. Trained CHWs will conduct these sessions and provide on-going support to the young people in and out of the sessions
- Establish **Youth Friendly Spaces**, with the support of the community to provide the youth with a physical 'space' to gather, learn, and discuss their issues in a healthy environment. Internet and Telehealth facilities will be provided
- Professional, accurate information, counselling and referrals for services will be provided to all young callers ensuring confidentiality and anonymity if desired
- Service providers sensitize and train to interact with youth on their SRHR issues; service providers will be sensitized to discern signs of physical and/or substance abuse at the time of engaging and examining their young client

[7] *Communications Lead will regularly monitor the effectiveness of CHWs and service providers' behaviour change communication efforts, against pre defined key performance indicators. Client satisfaction surveys, reports from the field teams, Client Information System and service providers data will be used to measure progress. Prompt feedback and needs-based support will be provided to field teams and service providers. Risk Assessment and Mitigation Plan will be continually referred and updated to ensure preparedness at all times.*

Expected Immediate/Short Term Outputs for Youth Engagement:

a) Reduction in myths and misconceptions amongst boys and girls related to their physical development processes such as menstruation, acne, and nocturnal emissions. They will feel an increased sense of comfort with their own and others' bodies
b) Better understanding of physical and emotional maturity as being essential for entering into marriage and knowledge on healthy timing and spacing of pregnancies
c) Effective two-way communication amongst peers, with elders, and parents will help boys and girls develop healthy, positive and mutually respectful relationships with them
d) Reduction in harassment of girls through gender sensitization
e) Curbed inclination, especially of boys, towards aggressive behaviour and substance abuse and crime owing to space express themselves and share concerns and growing pains with peers and trained resource persons
f) Knowledge on importance and impact of education, especially girls' education on family and children
g) Improved sexual and reproductive health and healthy timing and spacing of pregnancies
h) Family Life Education incorporated in educational institutions curriculum

Social Mobilization:	**Objective 2:** Improved access to FP services (by method) and with improved quality of service **Communication Objective 2:** Create an enabling environment with demonstrable understanding and support of the community and its leaders in provision and uptake of family planning services			
Audience	**Audience Segmentation**	**Key themes**	**Key messages**	**Communication Mediums**
Local community leaders, social workers, officials, and members of other civil	a) Pharmacy/healthcare facility managers who provide family planning products at their outlets and facilities and provide over the counter advice and referrals to health care providers and facilities	a) Healthy Timing, Spacing of Pregnancies b) Early Age Marriage and Pregnancy c) Husband/Fathers' wellbeing	**a) Healthy Timing, Spacing of Pregnancies** is a woman and couple's informed, voluntary decision to delay the first pregnancy if the woman is less than 18 years of age, and delay conception before 24 months, after a birth. This timing and spacing of pregnancies achieves	Group counselling through **CACs** (community advisory committees) and CBOs. Meeting with local community, opinion and religious leaders through

society organizations[8].	b) Mothers and fathers in law of a couple, especially newly-weds or about to be wed c) Parents of adolescent and youth, especially those going to school will be engaged d) Administration representatives and teachers of intervention schools and madrassahs e) Members (male and female) of Community Advisory Committees (CAC) f) Religious Leaders who lead a masjid, madarassa, deliver or influence the weekly prayer khutbas/address	d) Modern Contraceptives e) Sexually Transmitted Infections/Disease f) Gender Equity g) Domestic Violence h) Girls Education i) FP and Religious Edict j) Family Life Education k) Information and details on the a**vailability of quality FP/MNCH Services/Facilities** l) Receiving **'Quality' Services** is the right of every client m) **Availability and Utilization of Telehealth Service** n) **Postpartum and Postabortion Family**	the healthiest outcomes for the woman, her new-born, and her older children. Becoming pregnant too soon after a previous birth, miscarriage, or abortion places a woman and her new-borns at a higher risk of adverse health consequences. *Benefits for the new-born:* Babies spaced at least 24 months after the birth of the youngest child are more likely to survive than babies spaced by less than 24 months; and they are less likely to be premature, to have low birth weights, or to be malnourished. *Benefits for existing children:* Chances of survival of the youngest existing child are also improved through adequate birth spacing. And babies spaced by three years or more are even healthier than those spaced by two years. **b. Early Age Marriage and Pregnancy** specifically for a woman younger than 18 years of age increases risk of health complications for the mother and her new born, compared to women 20-24 years old. 'Early	CBOs and CACs Information and details will be provided on the a**vailability of quality FP/MNCH Services/ Facilities** especially those, provided and monitored under the Sukh initiative Celebration of International Days with communities to raise awareness and understanding of importance of these issues, and their direct linkage with human rights, at the local, national and global levels such. Project Progress: Regular formal updates on project implementation progress will be shared with the CBO and CAC members to enhance their involvement, seek their support and officially appreciate and acknowledge

[8] These individuals have a vested commitment and interest in the betterment of the community, and will represent other local interest groups. The diversity of the members' affiliations, gender and age group will ensure representation of age and gender specific perspectives on reproductive health and family planning matters and linkages of the issue with other interest areas such as education, employment, sanitation etc.

		Planning o) **Abortion and Emergency Contraception is not Family Planning**	age' in marriage is defined by law as a marriage contracted before a girl and boy have attained the age of 18 years, and is strictly prohibited (Sindh). In cases where a marriage has been contracted, modern contraception will allow for the delay of the first pregnancy without any side effects, till she turns an age when she can carry a pregnancy and responsibilities of motherhood. **c. Husband/Fathers' wellbeing** is directly linked to and associated with his family size. A man, with insufficient resources to meet the basic needs of his children and family, is a man who does not enjoy 'health' and a sense of wellbeing. Moreover, the death of a mother of small children further exacerbates the man and his family's quality of life. Fathers benefit just as much from recommended birth spacing intervals as it promises a healthy wife, and less financial burden with raising a small family **d. Modern Contraceptives,** especially long-term methods, provide safe, reliable birth spacing and limiting options, compared to the unreliability and risks of traditional methods. The	their commitment and efforts to improve their communities Ensure availability and utilization of Telehealth Service. Efforts will be made for community to adopt a behaviour whereby a call centre is called for immediate informational and referral needs, as opposed to delaying any action or decision in seeking medical help. (detailed can see in annex I)

			entire range of available modern contraceptives allows for each woman and couple to choose a method that meets their spacing needs and preferences. **e. Sexually Transmitted Infections/Disease** can be prevented and its further infection is curtailed by seeking immediate medical advice, undergoing prescribed treatment, using safe sex and adopting healthy hygienic behaviours. **f. Gender Equity** demands that girls and boys, sons and daughters, women and men have equal, and equitable opportunities to learn, grow, and pursue their interests and careers, without any discrimination based on the difference of their gender. Once this understanding permeates society and its fabric, son preference, marrying off girls before they are 18 years old, curbing women's opportunities on the pretext of culture, society, economics will decrease and directly impact reproductive health behaviours **g. Domestic Violence,** whether physical, sexual, emotional, economic, or psychological actions or threats of actions	

			negatively impact and influence not only the victim but the entire family and community at large. It is an issue that requires medico-legal redress and has a significant impact on reproductive health behaviours and family planning decisions **h. Girls Education** It is proven that with an education, girls lift themselves – and everyone around them – out of poverty. When a girl receives more education, she is 6X less likely to be married as a child and will have 2.2 fewer, yet healthier children who are more likely to go to school themselves; Each extra year of a mother's schooling cuts infant mortality by between 5% and 10%. However, without an education, girls are more likely to marry young, have children early, and spend their life in poverty **i. FP and Religious Edict** is not in contradiction. Islam does not prohibit birth spacing, in fact it encourages through strong recommendation of new born being breast fed for at least two years, and emphasizing on the importance of meeting all the infant and child's needs; the importance to mothers and motherhood also stresses on the	

			importance of a mothers health, that cannot be maintained in cases of too frequent, too many, too late or too early pregnancies and child births **j. Family Life Education:** Acknowledging and addressing issues pertaining to growing up such as pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, early age marriages, rights within the nikahnama, positive health seeking behaviours and the importance of planning a family; importance of availability of opportunities to grow in order to keep away from drugs and crime **k.** Receiving **'Quality' Services** is the right of every client, that includes the service provider focusing on the client, listening carefully, providing advice free from coercion, supporting a voluntary decision, and using sterilized equipment, washing hands before and after examination and maintaining a clean facility Detailed, specified information on the following will be provided as and when required:	

			l. **Postpartum and Postabortion Family Planning** is essential for the prevention of an unintended and closely spaced pregnancy within 24 months of childbirth and six months till after an abortion. Uptake of a modern contraceptive method, or an IUCD within xxx hours of childbirth ensures healthy timing, spacing and prevention of unintended pregnancies. m. **Abortion and Emergency Contraception is not Family Planning,** carries health risks, and can be avoided by using modern contraceptive. Emergency contraception is to be used only in cases of failed traditional or short-term method, and used as an emergency contraceptive.	

Specific Intervention for community mobilization and increase the service utilization:

CBO Members

a) Intervention: Those identified with an interest and commitment to improving the lives of their community will be engaged with by CHWs (male and female), field coordinators, and social mobilizers, individually to form community based groups to raise their awareness and sensitization to sexual and reproductive health matters; importance and impact of HTSP on the woman, child and her spouse; needs of the young, early age marriages and pregnancies and other associated issues.

CBO meetings provide all members the opportunity to express and discuss related concerns; feelings of being misunderstood and isolation will be removed by encouraging discussion on issues of children and daughter/sons in laws.

Key religious leaders will be identified, engaged and sensitized on issues related to "too many, too frequent, ill-timed pregnancies" and "early age marriages".

Pharmacists will be sensitized towards unintended pregnancies and provided complete information on FP methods and trained service providers including details of Telehealth services.

b) Specific Ask: Hailing their commitment to the betterment of the communities Sukh will ask for these members' support, facilitation and promotion of HTSP, developing a conducive environment for young men and women to plan their families without societal, cultural pressures. Importantly, their support will be sought for making possible the provision and uptake of FP known, acceptable and encourage practice in the community, and commitment to:

- Encourage couples to adopt FP for a well-timed and planned family
- Demonstrate understanding and sensitivity to married couples issues, especially those stemming from gender inequities manifested in son preference and societal pressures
- Provide the young opportunities and space to pursue their interests and hobbies as healthy and creative outlets of expression
- Facilitate youth to apply their FLE learning in their everyday lives and interactions
- Identify and demand for zero tolerance of any form of domestic violence in their homes and families
- Promote girls education in their own families and communities
- Promote the Telehealth as a sound source of professional, confidential, information

Support will be sought from religious leaders in dispelling the myths and misconceptions emanating from a misinterpretation of religious edict on timing and spacing of births; the importance of the health of the mother, and the rights of the child, especially in their formal and informal interactions with community

Pharmacies will be encouraged to carry the range of FP methods and refer customers to service providers and the Telehealth facility for any information and advice

c) Anticipated Long Term Output: Community based group's members' support and facilitation will ensure a sustainable demand for FP and ensure a regular monitoring mechanism for quality of services being provided by service providers; sensitized members will endorse and promote gender equality and equity, allowing space for the youth to grow towards self-actualization

- Enrolment of girls in school will increase, as will girls school drop out rates decrease
- Women, men, couples and young people will pursue healthy behaviours and make related choices and decisions, with the full support of their parents and in laws, as opposed to restrictions, criticism and lack of support from their elders
- Religious sermons will address the issue of HTSP; community will have a better, clearer understanding of religion and FP not being in opposition; religious leaders will represent the view point at formal events organized by Sukh, engaging diverse stakeholders
- CBOs will formally commemorate international days with Sukh teams; registration of clients and increase in calls at the Telehealth
- Clients of the pharmacies and health care providers/facilities will be referred to Sukh providers for informed, voluntary decisions on FP

Community Advisory Committee Members[9]:

a) Intervention: Active, passionate members (male and female), holding the position and stature of influence as opinion leaders will be formally constituted in a community based advocacy committee. Sensitized religious leaders will be members or invited as participants in joining the efforts of the CAC in meeting its goals

b) Specific Ask: With the close involvement and support of Sukh team, Advisory committee members will:
- Develop clearly laid out goals and activities to follow through to create a sustained, enabling environment to promote HTSP and family planning
- Identify opposition and barriers to provision and uptake of FP services and strategize accordingly to address these issues
- Demonstrate their commitment, understanding and sensitization towards youth issues by proactively encouraging parents, teachers, elders and peers to address issues with insight, free from cultural and societal pressures
- Promote girls education
- Promote the Telehealth facility as a credible, professional and confidential source of information and counselling

c) Output: The activities undertaken by the advisory committee will lead to:
- Community leaders' verbalized public support for HTSP, FP and related issues
- Community leaders' verbalized public support for young people to receive family life education through schools and youth friendly spaces
- Identification and further grooming of local leaders and 'champions' promoting the Sukh goal and message within their own networks
- Dispelled myths and misconceptions emanating from a misinterpretation of religious edict on timing and spacing of births
- Sustained increase in demand for and uptake of FP services, empowering a man, woman and couple to plan their family without any pressure and coercion
- Community long term understanding and demand for quality services
- Increase in Telehealth's registered clients and number of calls

[9] *Communications Lead will regularly monitor the extent to which Sukh teams and community based organization and advisory committees are using standardized messaging and demonstrating rights based communication approach. Prompt feedback and support will be provided to field teams and members not meeting/complying with communications guidelines. Risk Assessment and Mitigation Plan will be continually referred and updated to ensure preparedness at all times.*

ADVOCACY:	**Objective 3:** Ensured long-term sustainability of program focus[10] **Communication Objective 3:** Ensured responsive and dynamic family planning policy and its implementation			
Audience	**Audience Segmentation**	**Key Themes**	**Key messages**	**Communication Mediums**
f) Sindh Government g) Parliamentarians h) Political Party Representatives i) Donors j) Service providers' networks/associations	Departments of Health, Population Welfare, and Education Secretaries and officials of these departments Parliamentarians, policy makers and decision makers Sukh donors and other donors who support interventions on reproductive health and family planning Professional networks and associations	Provision of family planning services SRHR and its linkages to population and development issues SRHR issues and link to quality FP and MNCH services Evidence based practices in SRHR particular focus on FP VCAT and side effect management (particularly with networks and associations including policy-makers)	**Govt. departments** will be engaged with, to identify and highlight challenges and barriers in FP service provision and uptake and seek their support in addressing these challenges through policy and practice revision; effectiveness of Sukh's evidence-based best practices will be shared with the demand for their adaptation, scale up in similar programmes **Parliamentarians:** Awareness on the importance of SRHR, and its linkage to population and development issues will be undertaken with the demand that linkages be developed and strengthened between related departments and policies, namely, health, population welfare, education, women, social welfare, and youth **Political leadership:** Awareness on	**Individual, face-to-face meetings** with core teams, behind closed doors has always allowed for focused, candid discussion on issues on the agenda. Furthermore, these meetings reflect the true level of stakeholder's commitment and position on addressing the issue and taking steps to make a difference. **Creating core/task groups:** With the mutual agreement of all partners and stakeholders, creating thematic core groups/task force allows for clear goals and objectives, the roles of each partner and action-oriented agenda setting, and clearly defined desired outputs. Importantly, each participant's

[10] *Communications Lead as part of PMU, will steer and monitor the advocacy activities' compliance with standardized communication messages and guidelines; Prompt feedback and support will be provided to field teams not meeting/complying with communications guidelines detailed above. Risk Assessment and Mitigation Plan will be continually referred and updated to ensure preparedness at all times.*

			the importance of SRHR, and its linkage to population and development issues will be undertaken with the demand that SRHR, MNCH be provided visible priority in their party manifestos and its implementation in their respective constituencies after elections **Donors:** As key stakeholders, donors will be informed on the learning and achievement of Sukh, with the intention to influence their country funding strategic priorities and funding for scale up of evidence based best practices in public and non-governmental FP programmes. Special commitment and support will be sought for their involvement in building pressure for policy reform and effective implementation of FP and MNCH programmes. Service providers/networks: Employing the forums provided by service providers' networks and associations, Sukh will share in detail all its learning in provision of FP services, and the effectiveness of having all providers undergo a VCAT, adopt a client centred approach, comply to infection prevention protocols, and support and facilitate client's informed,	contribution and role is defined, leading to action and accountability – which leads to results **Participation/ presentation at events and memberships *:*** PMU will strategically ensure it is invited to events and meetings as panellists, with government, donors and other policy makers to utilize the forum for highlighting and/or strategically raising policy reform issues – based on experience and learning of Sukh implementation Similarly, securing invitations/memberships on government and/or private sector constituted relevant Task Forces will be ensured to contribute to priority setting, follow up on action plans, and accountability of those in authority **Organize large, strategic high profile events:** During Sukh implementation, PMU in collaboration with its implementing partners, will

			voluntary decision in FP. The specific importance of side effect management will be shared, with the ask that these practices be reflected in medical curriculum, protocols, and practices	strategically organize time-sensitive high profile meetings, aligned with national/international SRHR events (MDGs; FP2020, Women Deliver, Pakistan national elections) and exploit these events in demanding for progress in improvement of FP provision and policy implementation, encouraging exchange, and identification of sensitive issues. It will be ensured these events receive media attention and coverage and further the efforts to strategically follow up on past commitments made by policy makers, parliamentarians, and relevant officials.

Annexure V: Sukh Logo Specification

Color Concept

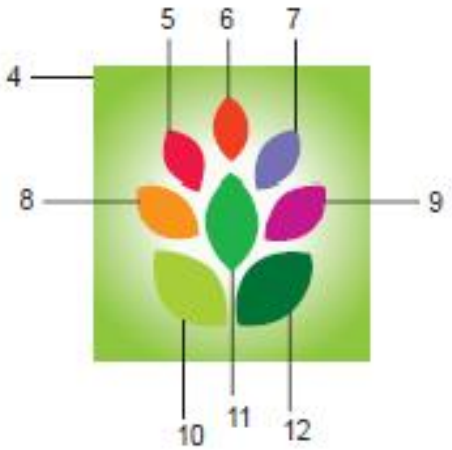
Standard Color

SUKH

Sehat Apnana, Sukhi Gharana

سُکھ

صحت اپنانا... سکھی گھرانہ



1	2	3	4
C =100 M =100 Y =0 K =30 PANTONE 348 C	C =70 M =0 Y =100 K =0 PANTONE 360 C	C =0 M =0 Y =0 K =85 PANTONE Cool Gray 11 C	C =50 M =0 Y =100 K =0 PANTONE 368 C
5	6	7	8
C =0 M =90 Y =100 K =0 PANTONE 485 C	C =0 M =100 Y =70 K =0 PANTONE 192 C	C =60 M =60 Y =0 K =0 PANTONE 272 C	C =0 M =50 Y =100 K =0 PANTONE 1375 C
9	10	11	12
C =20 M =100 Y =0 K =0 PANTONE 240 C	C =40 M =0 Y =100 K =0 PANTONE 584 C	C =80 M =0 Y =100 K =0 PANTONE 361 C	C =100 M =0 Y =100 K =40 PANTONE 348 C

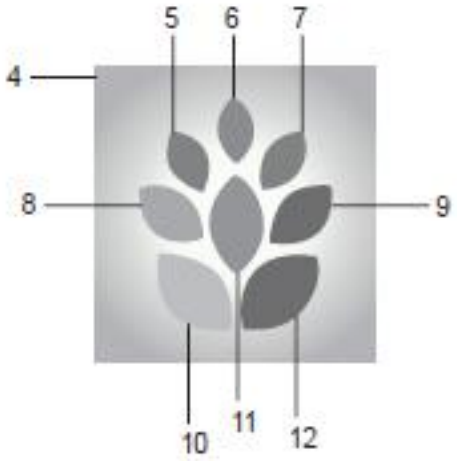
Color Concept

Grey Scale and Black / White

SUKH
Sehat Apnana, Sukhi Gharana

1
2
3

سُکھ
صحت اپنانا... سکھی گھرانہ



1 K –65	2 & 12 K –50	3 K –80	4 K –35
5 & 7 K –60	6 K –55	8 K –40	9 K –70
10 K –30	11 K –75		

SUKH
Sehat Apnana, Sukhi Gharana
سُکھ
صحت اپنانا... سکھی گھرانہ

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