



Sukh Initiative

Towards Healthier, Happier Families

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

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Sukh Initiative is Pakistan's first urban family planning project, launched in 2014 as a result of a partnership between three private foundations, namely the Aman, the Lucile & Packard and the Bill & Melinda Gates, aimed at empowering married women of reproductive age and their families to access contraception by increasing knowledge, improving quality of services and expanding basket of choices; thus contributing to the goals of FP2020.

Sukh Initiative has implemented a comprehensive menu of synergistic interventions to address barriers to contraceptive use.



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A Systems Approach



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Sukh Initiative has implemented a comprehensive menu of synergistic interventions to address barriers to contraceptive use. In this document, three such interventions are described in detail, namely the door-to-door service by community health workers, the TeleHealth helpline service and the life skills based education for youth.

Door-to-Door Services through Community Health Workers

In Pakistan, only a third of the married women of reproductive age (MWRA) use any contraceptive method while another one fifth has unmet need for family planning. The unmet need for family planning emanates from lack of access and familial and social barriers to contraceptive usage. This requires a comprehensive family planning program that reaches to women but to men and other family members as well. A family planning can only be successful if it is such able to address family planning needs and tackle accessibility barriers to contraceptive use. The Community Health Workers (CHWs) component under Sukh Initiative is helping achieve this by improving outreach of family planning services through improving knowledge and increasing access to contraceptives. The CHWs providing door-to-door outreach services are the backbone and one of the key factors in the success of Sukh Initiative.

The National Program for Family Planning & Primary Health Care, or as widely known the Lady Health Workers' (LHW) Program, covers only 20 per cent of the peri urban areas focused under the Sukh Initiative. This needed significant human resource to overcome this gap in outreach services. Sukh Initiative inducted 200 CHWs to provide services in focus areas uncovered by the LHW program. In addition to female CHWs, the program also inducted 50 male CHWs to ensure meaningful engagement and continuous involvement of men as their buy-in and direct support is essential for uptake of family planning services.

Sukh Initiative's CHWs component has adapted a similar approach to that of Government's LHW Program. The CHWs were chosen from within the focus communities and provided extensive classroom, on-the-job, and refresher trainings. They were trained on health and family planning services, gender mainstreaming and counseling and communication skills. CHWs provide multiple services to MWRAs that contribute in empowering them and winning their trust. The services include improving knowledge; addressing general health issues, especially concerning to communicable and non-communicable diseases, provision of basic family planning services at the doorstep, and facilitating women's visit to clinics and organizing family health days.

CHWs have worked under challenging circumstances. In areas focused by Sukh Initiative, family planning was considered a taboo and women's health generally

given the lowest priority. Male family members or other elders, such as mothers-in-law, mostly took family planning decisions. Some other social behaviors and practices, like son preference and child marriages had further exacerbated the situation for women, resulting in greater deprivation and vulnerability and poor reproductive health status. Lack of knowledge and preconceived myths and misconception about family planning had made it further challenging for CHWs to provide services.

In order to address these challenges, Sukh Initiative established Community Representative Groups (CRGs) that consisted of women volunteers from the focus communities willing to and participating in activities to improve knowledge among their peers on health and family planning issues. These groups meet regularly in which CHWs and health supervisors provide vital information to women on a range of health issues. Since all CHWs are locals, they have been better able to communicate with their peers and earn their trust.

The program has been working successfully with MWRAs to address misconceptions about the use of modern contraceptives through door-to-door mobilization activities. With efforts of CHWs and their door-to-door outreach services, the access to modern family planning methods has greatly improved. Besides, this component has had trickle-down effect to spread health related messages to the grassroots levels leading to better health of women. The results have shown that since the inception of Sukh Initiative, there has been a significant increase in number of family planning users. CHWs are the key contributor in the success of the program and a lynchpin that holds its different components together.



Life Skills Based Education

In a developing country like Pakistan, imparting education on life skills is highly important to help youth harness its energies for constructive purposes. Life skills based education helps introduce critical reproductive health information and management skills in line with the emerging capacity of a child or an adolescent.

In Sukh Initiative, besides generating demand for family planning services through door-to-door outreach and a 24/7 helpline, the project is also engaging adolescents and youth (boys and girls of ages between 12–22 years) through an elaborate life skills based education (LSBE) component. The LSBE component is implemented by Aahung for Sukh Initiative and has the objective of empowering adolescents and youth by providing them knowledge and skills to address their reproductive health needs, influence positive behaviors, and inspire them to be active agents of change for their friends and peers.

The aim of the LSBE component is to engage up to 10,000 adolescents and youth from underserved communities of four towns of Karachi and impart education in safe and conducive learning environment. This effort also accounts for out-of-school and dropout students, who are at a greater risk of facing difficulties in their adolescent year, and are provided LSBE through various outreach approaches. In addition to mainstream schooling, the component also focuses on alternate learning institutes. In this respect, partnerships have been made with four vocational training institutes. An online course on life skills based education is also developed and made accessible to adolescents and young people. The LSBE is also integrated with other components of Sukh Initiative such as in outreach work of community health workers and 24/7 helpline.

Currently, there are 7,674 students receiving life skills based education at 30 public and private schools in focused peri-urban areas of Karachi. The youth-oriented syllabus developed for this purpose focuses on sexual and reproductive health and rights of adolescents and youth. It includes topics such as gender equality, self-dignity, responsible decision-making and pubertal changes in adolescents. In order to establish trust and create supportive system, LSBE component also involves parents, community members, teachers and other stakeholders to improve their acceptability and recognition for the need of imparting LSBE education to adolescents and youth. Activities in this respect range from topical sessions to activity-based engagement with students through art competitions, debates, and other performances.

The component also includes the platform of youth festivals that brings diverse sections of communities together to improve knowledge on reproductive health issues. Issues that require self-reflection such as child marriage and role and responsibility of men in women health seeking behavior are dealt creatively with theatre performances. A range of communication material has also been produced to support the LSBE component and address the information needs of not just adolescents and youth but

of their caregivers as well. This includes informational brochures, pamphlets, pictorial booklets and a television documentary-drama.

In order to demonstrate the value of friendly environment for adolescents, Sukh Initiative has established a Youth Friendly Space (YFS) with the support of the City District Government in a public school. The center provides a platform to young boys and girls irrespective of their cultural background to discuss sensitive topics that are otherwise considered sensitive or taboo and left unaddressed. Trained YFS Staff conducts sessions directly on LSBE as well as provide counseling services. At the YFS, there are nearly 400 girls and boys who have registered and attending individual sessions, taking part in recreational activities, undertaking computer literacy and English language classes and also availing counseling services on issues concerning to sexual and reproductive health and rights.

The LSBE component has been able to enshrine the principles of participation, inclusiveness and sustainability. It has created a critical mass of adolescents and youth in underserved communities of Karachi to further influence positive behaviors. The component has also been able to exemplify institutionalisation by integration of sexual and reproductive health and rights information into mainstream school curriculum. More importantly, it has been able to engage a broad cross-section of the society for creating recognition and need for sexual and reproductive health and rights education for adolescents and youth.



A 24/7 TeleHealth Helpline

Limited knowledge, lack of access to sexual and reproductive health services and high unmet need of contraception are inextricably linked to high maternal deaths and poor reproductive health status. Generally, women in rural or peri-urban settings do not have the opportunity to discuss sexual and reproductive health issues in safe and secure environment. Sukh Initiative has setup a trustworthy source of information in form of a 24/7 helpline – 9123 – accessible to everyone from all over Pakistan from the comfort and privacy of their homes.

As part of the broader goal of Sukh Initiative, TeleHealth helpline provides round the clock information, youth counseling, referral and follow up services to increase access to family planning services. The TeleHealth helpline operates not just on appropriate technology, well trained operators but its philosophy takes into account the local contexts and sensitivities. TeleHealth is accessible in multiple languages, including Urdu, Sindhi, Balochi and Sariki, to help clients share and discuss their issues freely and with greater affinity. In focus areas of Sukh Initiative, Community Health Workers are also linked to TeleHealth services by registering prospective clients during their door-to-door visitations. By the third year of implementation of Sukh Initiative, TeleHealth is actively reaching to more than 50,000 individuals through outbound calls and receiving nearly 25,000 calls per year that included married men, women and youth.

The women-centric approach of TeleHealth has shown positive results. TeleHealth works on mutual respect and trust based on two-way open communication, where female clients also make inbound calls to seek medical assistance. In order to promote inbound calls and receive client feedback, Sukh Initiative has installed telephone booths in common places in its focused towns to further ease access, especially of women clients, to TeleHealth service.

A routine call to TeleHealth follows established protocols whereby an expert receives every call and notes down the complete medical history of the caller. The expert then determines the need and refers the caller to an appropriate service. In order to provide accurate information to the communities, the operators receive regular trainings and refreshers from Aman TeleHealth and other partners of Sukh Initiative. Jhpiego, an implementing partner in Sukh Initiative for strengthening family planning services at public health facilities, formulated capacity strengthening session for call agents to provide knowledge related to reproductive health, birth spacing and improving their counseling

skills on these topics. In addition, Aahung, an implementing partner for family life education, also arranged four refresher trainings to elucidate the concepts of sexual and reproductive health and rights and life skills based education. It is ensured that the operators receive training on a variety of family planning methods so that they are able to effectively guide the clients.

The promotional activities on TeleHealth are also carried out in collaboration with partners. TeleHealth services are regularly promoted through stalls on health days and through integrated branding in print material. TeleHealth is continuously increasing its capacity by making healthcare and family planning counseling more feasible for the communities. It has increased the number of outbound and inbound call volume to an average of 600 to 700 calls per day. It has mapped health facilities, including hospitals, maternity homes, diagnostic centers and blood banks, and setup a database of over 10,000 private healthcare providers and 3,500 healthcare facilities with their contact details, working hours, and fee structure.

The key to success of TeleHealth services is trust of the clients and their feeling of affinity due to the grounding of the program in local ethos, respect of the clients and quality of services.





Sukh Initiative

Transforming Lives

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Sukh Initiative — exemplifying a system approach to overcoming barriers to use family planning services

Karachi, Sindh, September 13, 2017 — Ayoub, 30, lives in a two-room squatter settlement with his wife Hameeda, four children and parents in the suburbs of Karachi. Though he himself had no schooling, his wife Hameeda has elementary education. Uneducated and unskilled, he works on daily wages as a laborer and struggles to make the ends meet. Back-to-back pregnancies led Hameeda to be severely anemic unable to take care of herself or her children. This had put additional burden on his meager income. “I was worried of her,” Ayub said, “but I had no one to turn to and leave it to God’s will.”

A Community Health Worker (CHW), under the Sukh Initiative, on routine visit advised Hameeda for using a long-term family planning method. She asked Hameeda to discuss the use of implant with her husband. For Ayub, however, family planning has always been an uncomfortable subject. When Hameeda brought the subject up, he simply refused to have any discussion. “I was uncomfortable” Ayub said, “I did not want to discuss this [family planning] with my wife so how could I had allowed an outsider [CHW] to discuss such a personal thing.” Upon her next visit after learning from Hameeda that Ayub is unwilling, CHW tried but could not have discussion with Ayub. Over the next few months, the CHW continued visiting Ayub’s family providing general checkups and referrals to his wife and children. This helped in improving health of Hameeda and her children and reducing financial burden on Ayub. More importantly, it also helped gaining the trust of Ayub.

Realizing that Ayub might be uncomfortable discussing family planning face-to-face, the CHW asked him to register with the TeleHealth helpline established under the Sukh Initiative. Upon his agreement, the CHW registered Ayub to the service. “I was reluctant the first time I received the call,” Ayub recalled his experience of receiving an outbound call from an Operator from

TeleHealth, “but the first time he only mentioned the purpose why he was calling and the services and information he could offer.” In follow-up contacts, Ayub felt more comfortable and started sharing information. It was the third follow-up contact by the TeleHealth operator to which Ayub agreed for the need to use a family planning method. “I discussed this with Hameeda, I was so impressed,” Ayub narrated his experience of TeleHealth, “and we decided that it is best we start using a family planning method.” On the next visit, the CHW accompanied Hameeda to a nearby Aman Clinic for administering the procedure. “We are happy now,” Ayub looked at this wife smilingly, “and her [Hameeda] health has improved and I feel nice that we made the decision together.”

Increasing male involvement and improving interspousal communication are considered among key factors for uptake of family planning services and overcoming high unmet need in Pakistan. In Sukh Initiative, 200 CHWs have been inducted to serve uncover population of 800,000 people of peri-urban areas of Karachi. This is in addition to the support and facilitation the Initiative is providing to 800 Lady Health Workers. In addition to family planning information, this network is providing counseling services to couples to address barriers to the use of family planning services. Their door-to-door services are augmented with a 24/7 helpline, which is catering to both inbound calls and also making outbound calls to prospective users registered by CHWs. CHWs are also connected to a network of health clinics and facilities for referral services. Ayub’s story exemplifies how the Sukh Initiative is taking a system approach consisting of behavior change, demand generation and service provision to overcome individual barriers to family planning services.



Sukh Initiative — mobilizing communities to lead transformative change

Karachi, Sindh, September 13, 2017 — Fehmida

Anwar Khan, 28, is a mother of four who lives in an impoverished suburb of Karachi. She looks older than her age but seems content with life. Her home, also shared by her in-laws, seems to be better kept than other houses in the neighborhood. The story of her formative years is no different to other women of her community. Despite being a bright student she could not continue her education beyond secondary. Married at the age of 18, she has already mothered four. It is during the later years of her married life that she was able to transform herself and became an inspiration and role model for other women of her community. "I always wanted to do something, I knew there is a businesswomen in me," she said smilingly. She has helped her husband setup a small family business allowing her to take care of other members of her family. "I did not want to end up as other women in my community, marrying early and bearing children but I was too young to withstand the pressure," she said passionately. Her husband and mother-in-law were not supportive of family planning in the beginning. "Frankly, they did not see any need for it," explaining their disapproval, "and I did not have information or access to family planning." Her family became more supportive of her needs and respectful of her decisions when she actively started contributing towards running the family business and it soon bore fruits. "Now my husband and I practice family planning but I wish I could have had access to services of community health workers (CHW) earlier in my marital life," she did not sound disappointing but thoughtful. "I want other women of my community to avail what I could not," she looked pleased and continued, "I'm helping them introduced to Sukh Initiative and how they can avail services through this program."

Fehmida is now a core member of a Community Representative Group (CRG), formed under the Sukh

Initiative, which meets every month and introduces the program and health services, especially those that relates to family planning, to other members of her community. She was among the most forthcoming volunteers to join the Sukh Initiative when introduced to it for the first time. Initially, she mobilized community members to meetings of CRG and accompanied women of her community to health facilities. Later, she actively started managing health camps together with the CHW of her area. "I have so far convinced and helped six women of my community to start using long-term family planning methods," she said proudly of her contribution to the program, "health camps have helped as women feel empowered when they are together and are more receptive to family planning information and how to access services." It is not just her entrepreneurial spirit and eagerness to extend a helping hand, a few minutes into conversation could tell that her ability to relate to and gain trust of other women of her community has also helped. "Of course they have apprehensions, they ask me about side-effects," when asked of what sort of challenges she has to face, "but I respond to them with a question that whether the side-effects which are minor and can be managed are of more worry to them or their health, wellbeing and the burden of lifetime concern them more."

In recognition of her contributions, Aman Foundation honored Fehmida with an award and also organized a health camp in her name. Nearly 300 women have benefited because of Fehmida. It is because of such transformative and community-led contributions that Sukh Initiative is leading thousands of families to healthier and brighter future.



Sukh Initiative — giving hope and a renewed start to shattered lives*

Karachi, Sindh, September 13, 2017 - Kiran, 14, has experienced far more and worst. Still in her teenage and student of ninth grade in a government school, her story is of scores of other vulnerable girls who are put in harms way very early on in their age. Kiran lives in the suburbs of Karachi and is the youngest among her eight siblings. Her mother passed away when she was still an infant. Raised by her older siblings, she was devoid of parental love and care. Her father was seldom by her working as hairdresser and earning meagerly.

In care of her siblings, often Kiran was to share company with their friends. She trusted them the same who frequented her elder brothers at her home. She was about nine years old when her brother's friend, finding her alone, molested her. Not knowing what to do and unsure of the reaction of her family, Kiran kept this to herself and silently bore the trauma for next five years. "I was so ashamed of myself that I avoided eye contact on way to school and back," she recalled "even back home I confined myself to a corner." Though years had passed by but the harrowing memory lasted in Kiran as it might have happened yesterday. "I could never forget it, I cried at night and had nobody to share my pain with," she recounted the time after the incident.

A friend from school mentioned Kiran about a new place nearby where girls could spend time after school and learn extra. "My friend also told me about computers and other fun activities," reminding herself of why she became interested in registering to a Youth Friendly Space (YFS) setup under the Sukh Initiative. "I decided to visit the Center," wanting herself to become busier, "and really liked the teacher, the way she interacted and spoke." Kiran finally found some solace. The YFS is a social and recreational center intended primarily for young boys and girls between the ages of 14 – 22 regardless of their cultural backgrounds. At the YFS, trained staff conducts regular sessions on Family Life Education as well as provide counseling services. There are 370 girls and boys who have registered and attending individual sessions, taking part in recreational activities, undertaking computer literacy and English language classes and also availing

counseling services on issues concerning to sexual and reproductive health and rights.

At the YFS, Kiran together with other children is learning about a range of life skills, including sexual and reproductive health. "It was the first time she was explained," said the Councilor at the YFS, "that what abuse constitutes and why some experiences make children uncomfortable." After Kiran had registered, the Councilor had noticed the hesitation in Kiran and the distance she kept from other children. The Councilor had started spending additional time with Kiran. It was this bonding that Kiran eventually opened up about her traumatic experience to the Councilor. She was instantly provided psychosocial support. Today, Kiran is an active member of the local theatre group sharing life-skills to other children in her community. "While the scars Kiran carry may never be fully removed, her Councilor said painfully, "but I am happy to see that she [Kiran] has become confident and less hesitant of her surroundings." There are traces of happiness in Kiran, a slight smile on her face, which has taken years. "I want to tell my friends about this place, some of them have already joined," Kiran said empathetically. Kiran wants this realization that violence in any form, at any setting or by anyone is unacceptable and intolerable to be shared by others in her school.

Due to prevailing social norms, open discussion on sexuality is considered a taboo in Pakistan. This puts additional pressure on children and adolescents, particularly girls, to remain silent in instances where they are abused and in the process they become more vulnerable and prone to repeated violence. Even if victims gather the courage to share their experiences, they, are unable to find safe and secure spaces where they can rebuild their shattered lives. Through YFS, the Sukh Initiative has given a model to government counterparts on how safe spaces can give a renewed hope to young lives in Pakistan by giving them protective and preventive information.

* Names, places and some facts are either altered or not shared to hide the identity of the victim.



Sukh Initiative

Making a Lasting Change



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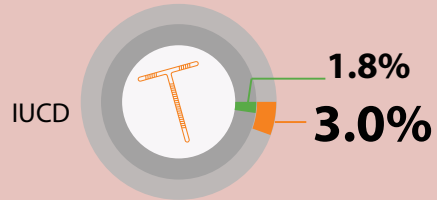
aims to increase modern contraceptive prevalence rate by 15 percentage points from the baseline in one million selected peri-urban population of Karachi

Impact made by Sukh Initiative

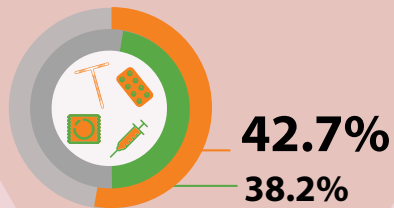
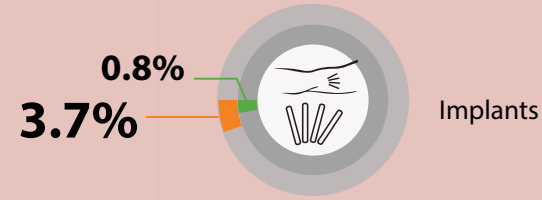
Services data 2015-2017*

Comparison of Baseline with Midline Survey Results (2015 - 2017)

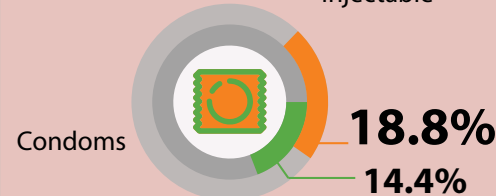
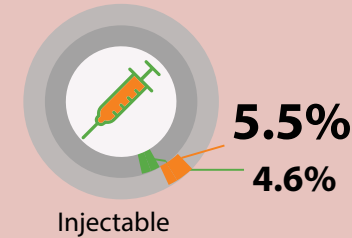
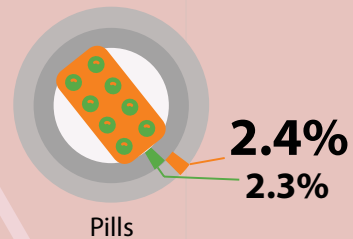
● Baseline ● Midline



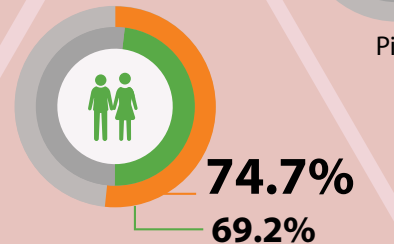
Long-acting reversible contraceptive usage increased by 4.1 percentage points



Ever users of contraceptives increased by 5.5% points



Short-term reversible contraceptive usage increased by 5.4 percentage points



Current users of family planning increased by 4.5% points among married women of reproductive ages of 20 to 29 years



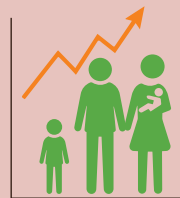
99%

There is 99% knowledge in MWRA about modern contraceptive methods in Sukh catchment area

9.3%



increase in use of modern contraceptives amongst young couples (15-19 years)



Modern contraceptive prevalence rate increased to 41% from 32.1%

9.0%



Use of current contraceptive method for more than two years

1,285
Maternal deaths averted



1.6 Million
Unintended pregnancies averted



1.2 Million
Live Births averted

1,972
abortions averted



* Source: Estimated impact is calculated using MSI impact estimator - 2.1