

SUKH INITIATIVE

Midline Assessment 2017



Summary and Key Findings

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

<http://sukh.theamanfoundation.org>

Sukh Initiative

Midline Assessment Report, 2017

Summary and Key Findings

May 2017

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Sponsored by
Aman Health Care Services

This document presents summary and key findings of the midline assessment of Sukh Initiative made during 2016–2017. The Midline Assessment of Sukh Initiative was carried out under the sponsorship of Aman Health Care Services, Karachi, Pakistan. The Department of Community Health Sciences, Aga Khan University, in the capacity of MLE Partner' carried out the Midline assessment.

The Sukh Initiative is a joint undertaking of multiple partners, spearheaded by Program Management Unit (PMU) of Aman Health Care Services.

The Midline assessment was conducted at ten Sukh Initiative field stations located in four towns of Karachi, i.e. Korangi, Landhi, Bin Qasim and Malir. The findings from the Midline data represent the selected populations.

For further information please write to Sukh Initiative. communications@amanfoundation.com or visit <http://sukh.theamanfoundation.org>

SUKH INITIATIVE - MIDLINE ASSESSMENT

Summary and Key Findings

The Sukh Initiative emerged out of commitments made at the London Summit held in July 2012. It is a partnership between three private foundations, the Aman Foundation, the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation.

Sukh Initiative is a six-year program (2013–2019), with goal of increasing the use of modern contraceptives by 15 percentage points amongst 0.8 million underserved and 0.2 million of LHW covered peri-urban population of Karachi, Pakistan. Sukh Initiative is committed to provide family planning related quality information, counseling, supplies, referrals and services to women of reproductive age residing in the selected communities.

This brief presents findings from the midline assessment comprising of household survey and qualitative data conducted at ten field stations of Sukh Initiative, located in four towns of Karachi, i.e. Korangi, Landhi, Bin Qasim and Malir.

Purpose of the Midline Evaluation

The midline evaluation was carried out with the main purpose of updating the implementing partners about the progress made and identifying gaps or areas which need attention. Assessment was done both qualitatively and quantitatively.

The quantitative method was a household survey, whereas the qualitative method included Focus Group Discussions (FGDs) and Key Informant Interviews (KIs).

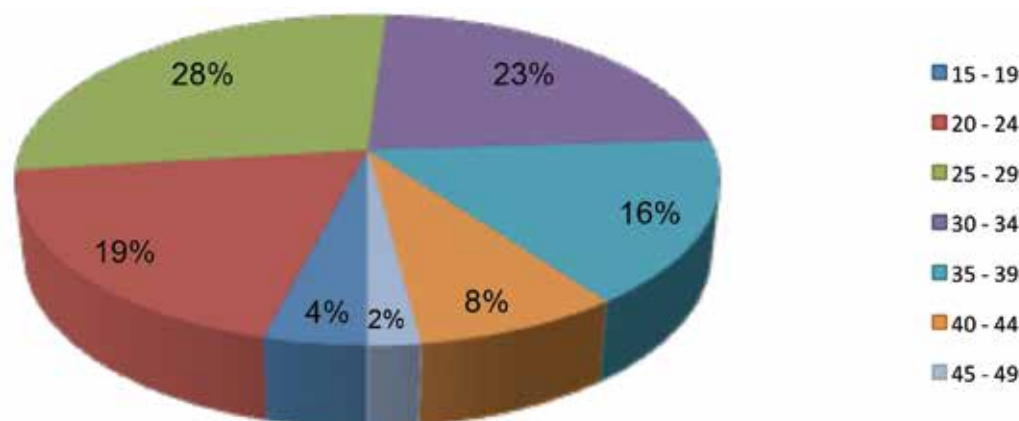


FINDINGS FROM THE HOUSEHOLD SURVEY

Household survey was carried out from December 7, 2016 to January 31, 2017. Data were analyzed of 3,801 women of reproductive age between 15–49 years.

Women in our sample were young and educated

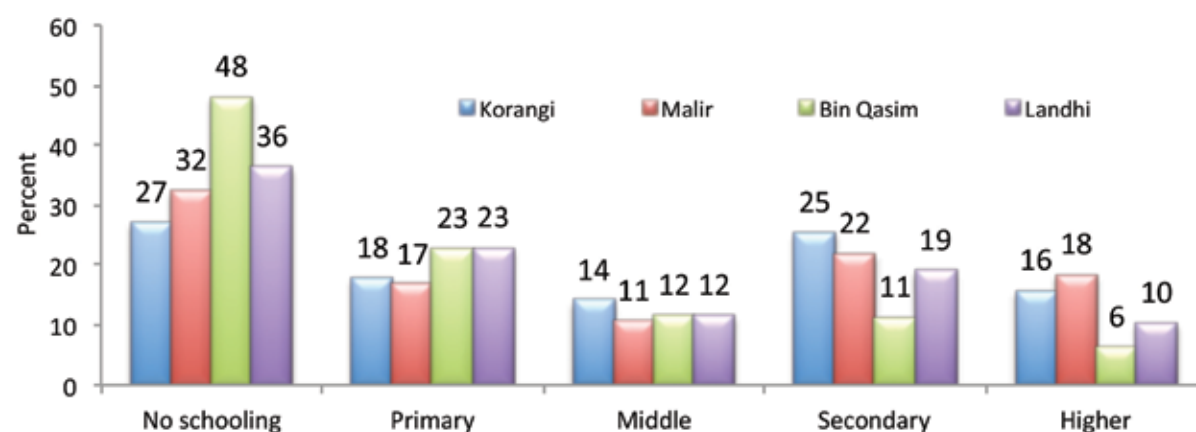
Percent of MWRA According to Age Groups



The median age of the sampled women was 29 years (IQR 25–35 year). Most of the women were in the age group of 25–34 years (50.8%). About 65% women had formal education, whereas 35% women had never attended a school. Among those who had formal education, 20% received primary education, 14.5% attended middle school (Grade 8) and one-third of respondents (33.0%) received secondary or higher education.

The education status of women varied between the towns

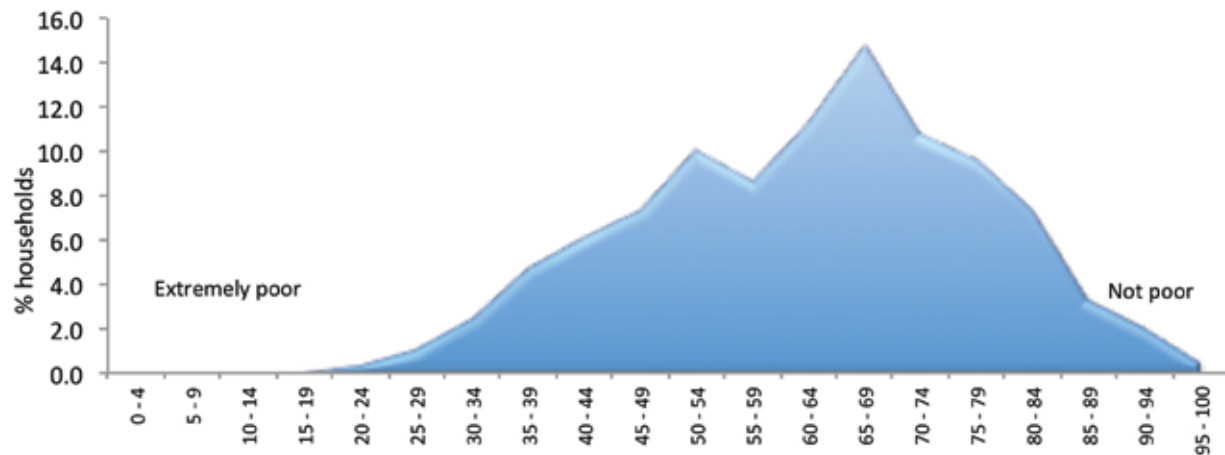
Education status by town



Illiteracy was highest in Bin Qasim town and lowest in Malir town.

About 6% of sampled population lives below the International Poverty Line (\$ 1.25 per day)

Progress out of Poverty Index (PPI) Score (n=3801)



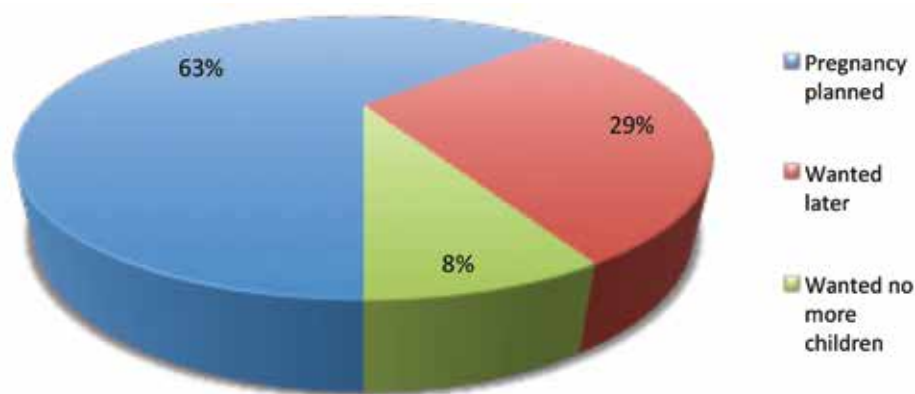
The survey shows that about 6% of sampled population is below the mark of International Poverty Line (\$1.25 per day). Similarly, about 52% population was observed to fall below the National Poverty Line (\$ 2.50 per day).

Teenage marriages and pregnancies exist

Approximately, 4% of MWRA in the sample were in the age group of 15–19 years. Of these, 22.8% were pregnant at the time of interview, and 77.7% had already given birth.

More than one-third of currently pregnant women mentioned their pregnancy as unplanned

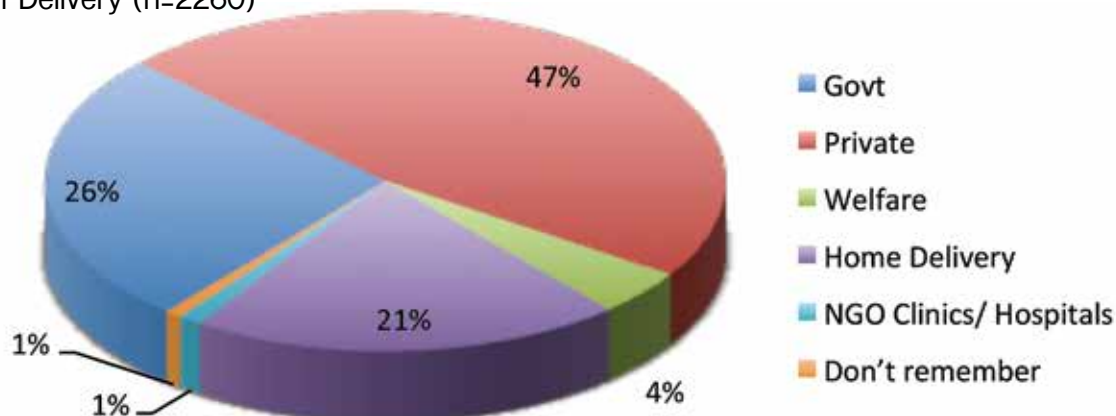
Current Pregnancy Status



Twelve percent of women were pregnant at the time of interview; of these 62.5% mentioned this pregnancy as wanted and 28.2% wanted this pregnancy later, while 7.9% wanted no more children.

Nearly 80% women delivered babies at health facilities

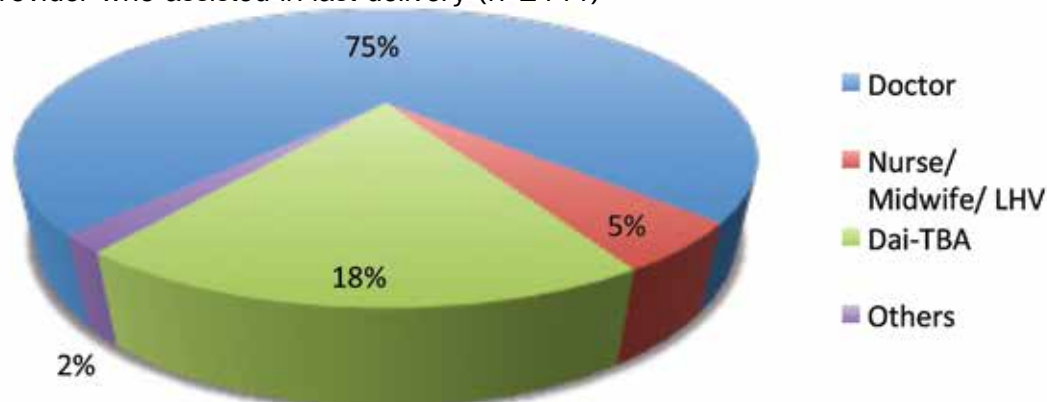
Place of Delivery (n=2260)



Most of the women delivered babies at private hospitals and clinics (47.0%) and government facilities (26.1%), while one fifth of women had home delivery.

Skilled birth attendants conducted most of the deliveries

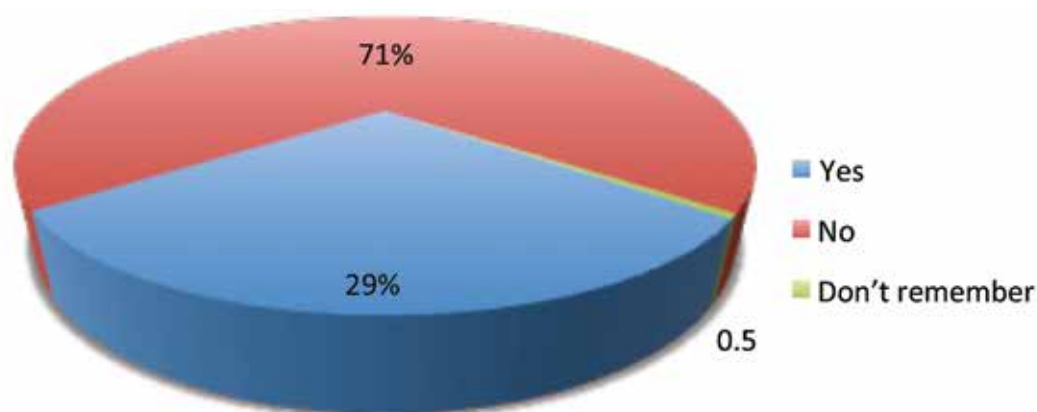
Healthcare provider who assisted in last delivery (n=2141)



Mostly the deliveries were conducted by doctors (75.5%), traditional birth attendants (18%), and nurses and midwives (4.7%)

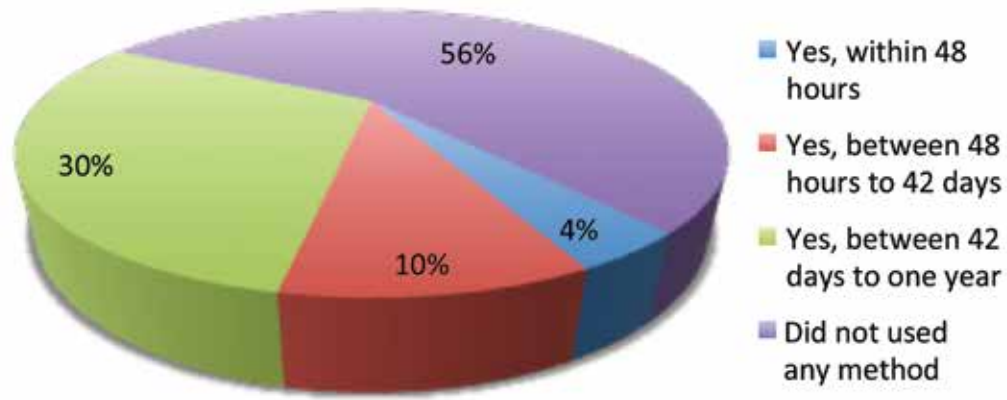
Only 28.5% women were counseled for post-partum family planning after delivery

Post-partum family planning counselling (n=2151)



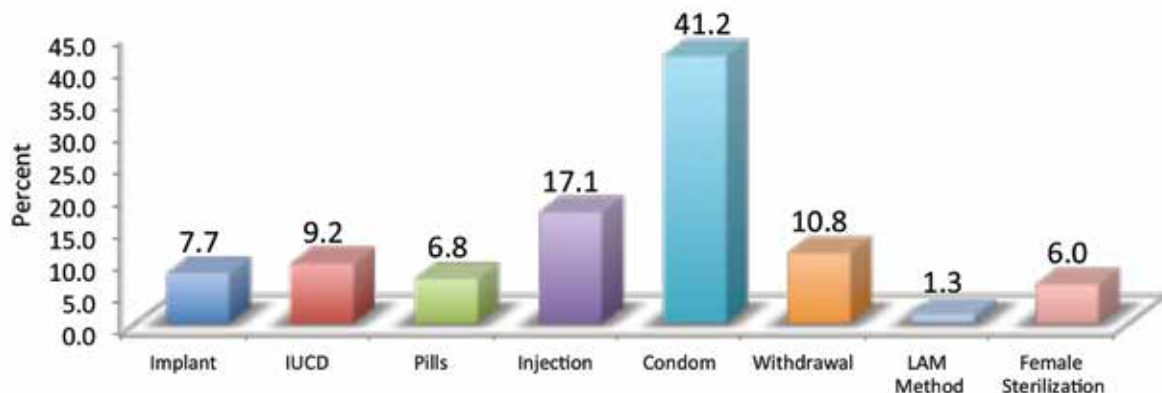
Of those, who gave birth during the last three years, 95.2% of the women responded to question on post-partum family planning (PPFP) counseling (n=2151). Of these, 28.5% were counseled for PPFP.

Post-partum family planning use (n=2126)



Of those who were counseled, 43.7% agreed to use a family planning method with 14% initiating a method within 42 days after delivery and about 30% between 42 days to a year.

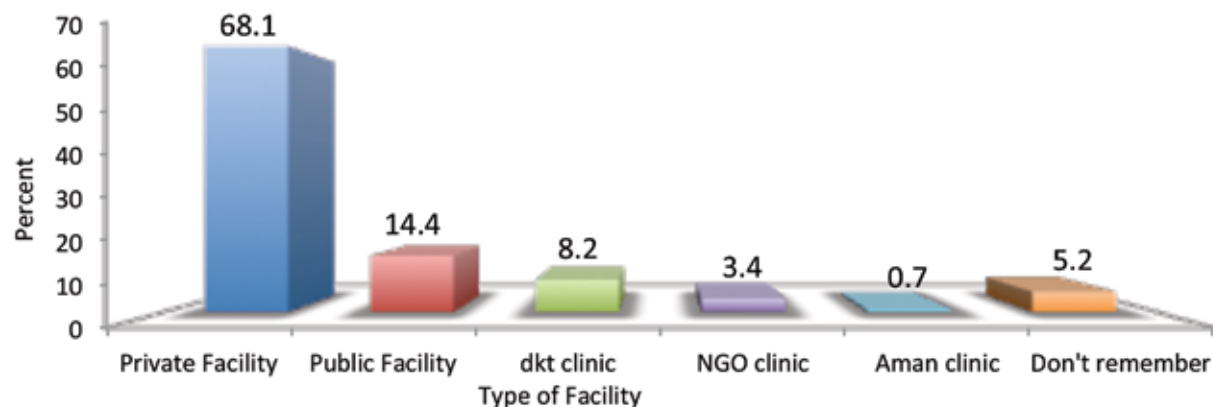
Post-partum family planning method mix (n=912)



Condom remained the most popular method (41.2%), with withdrawal as second common method (10.8%) for post-partum family planning. Long-acting reversible contraceptive (LARC) used were implants (7.7%) and IUCDs (9.2%).

Post-abortion Care (PAC)

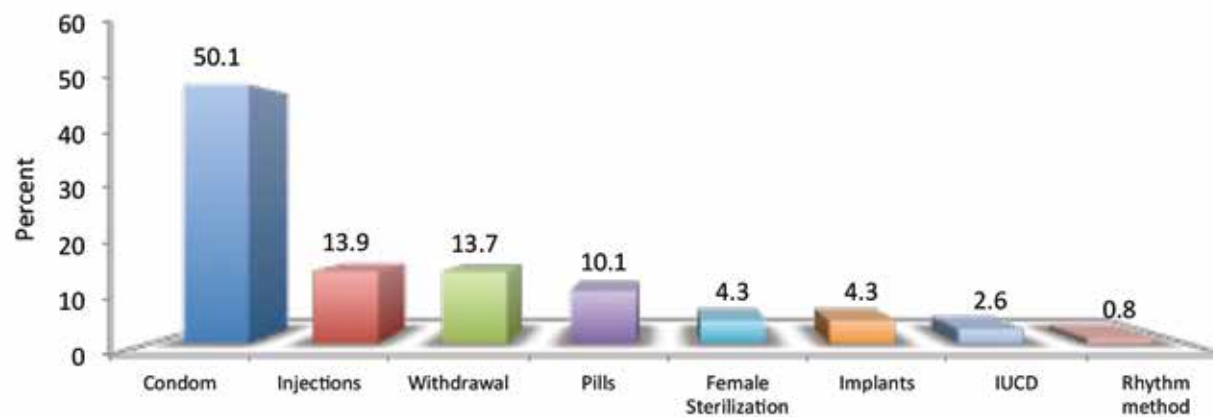
Facilities visited for check-up after abortion (n=290)



About 9.0% (351/3801) of women reported one or more abortions in the last three years. Of these, 18.2% had an induced abortion. For PAC, women accessed private facilities (68.1%), public facilities (14.4%), and facilities affiliated with Sukh Initiative through dkt Pakistan (8.2%).

Post-abortion family planning method use

Contraceptive method used after last abortion (n=117)

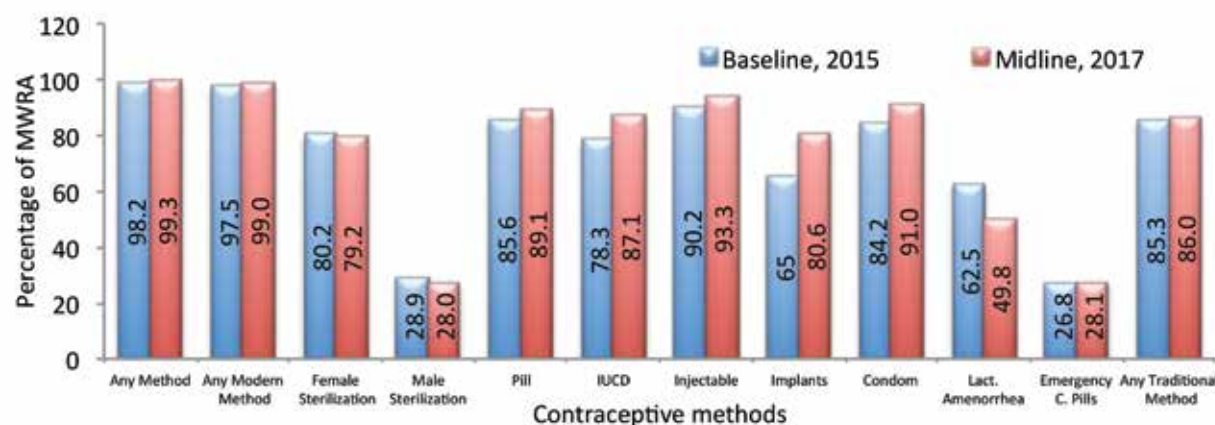


Of the 351 women who had an abortion, 28.0% mentioned about receiving post-abortion family planning counseling

Commonly used methods were condom, injection, withdrawal and pills. Approximately, 7.0 % of women used LARC (4.3% implant and 2.6% IUCD).

Knowledge of modern contraceptive methods shows an improvement from Baselines findings

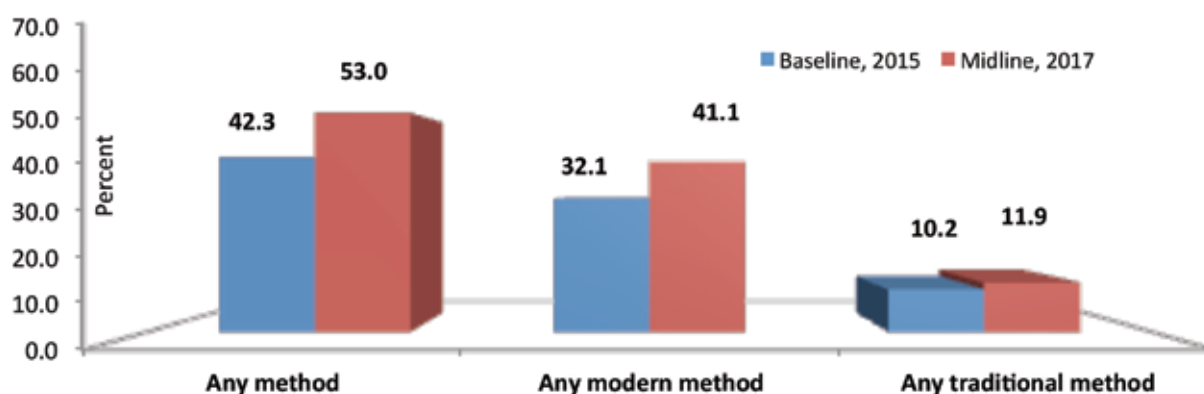
Knowledge about Contraceptive Methods (n=3,801)



For 'any family planning method' knowledge increased from 98.2% at baseline survey to 99.3% at midline survey. Knowledge about modern methods has also increased from 97.5% to 99.0% from baseline figures. Increase in knowledge was observed for pills, IUCD, implants and condoms.

Use of modern contraceptive methods shows an improvement from baselines findings

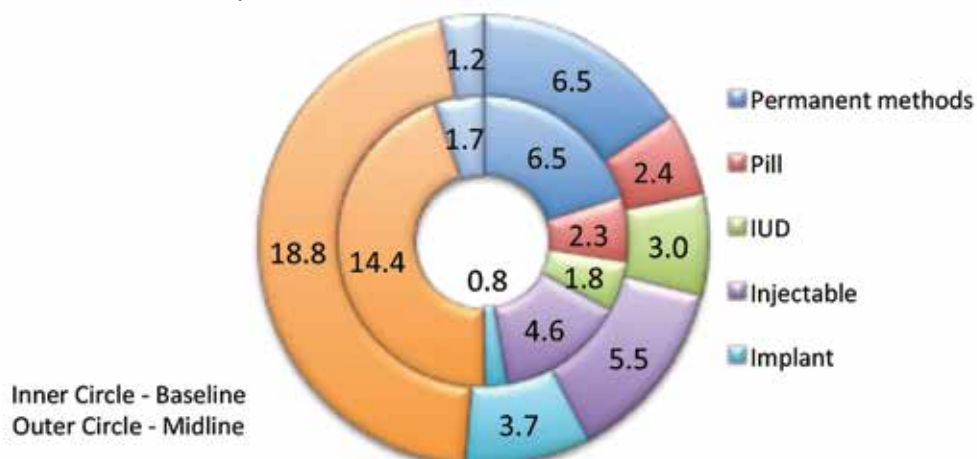
Comparison of current use of contraceptive method



There is an increase of 10.6 percent points in the current use of any method of contraception (42.3% at baseline vs. 53.0% at midline) and 9 percent point increase in use of any modern method (32.1% at baseline vs. 41.1% at midline). Traditional methods also showed an increase of 2 percent point in the use from the baseline figure (9.8% at baseline vs. 11.8% at midline). Overall, an increase of 9 percent point was observed in the current use of modern methods of contraception from baseline figure.

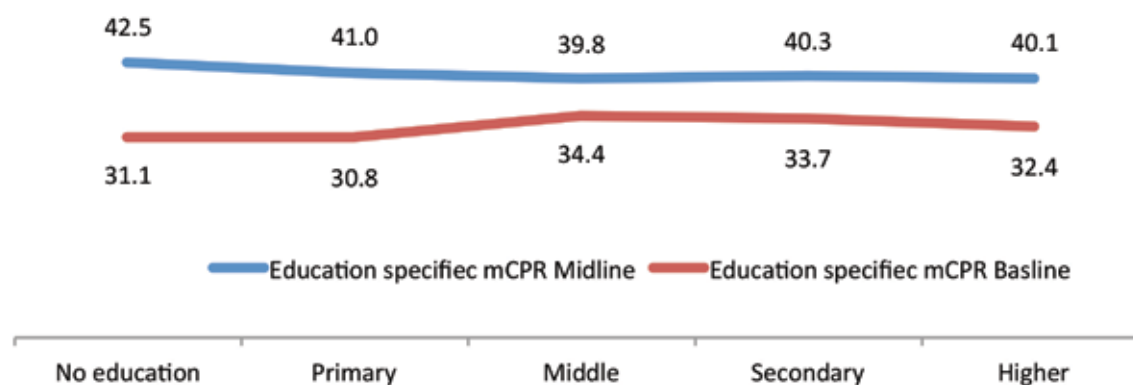
There is an improvement in method mix

Comparison of contraceptive method mix



The change in the method mix is observed in the form of increase in use of long-acting reversible contraceptives (LARC), i.e. IUCD (1.8% at baseline vs. 3.0% at midline), and implant (0.8% at baseline vs. 3.7% at midline). The use of short-acting reversible contraceptives (SARC) have also increased, i.e. condom use increased from 14.4% from baseline to 18.8% at midline, while there is a slight increase in the use of injectable and pills.

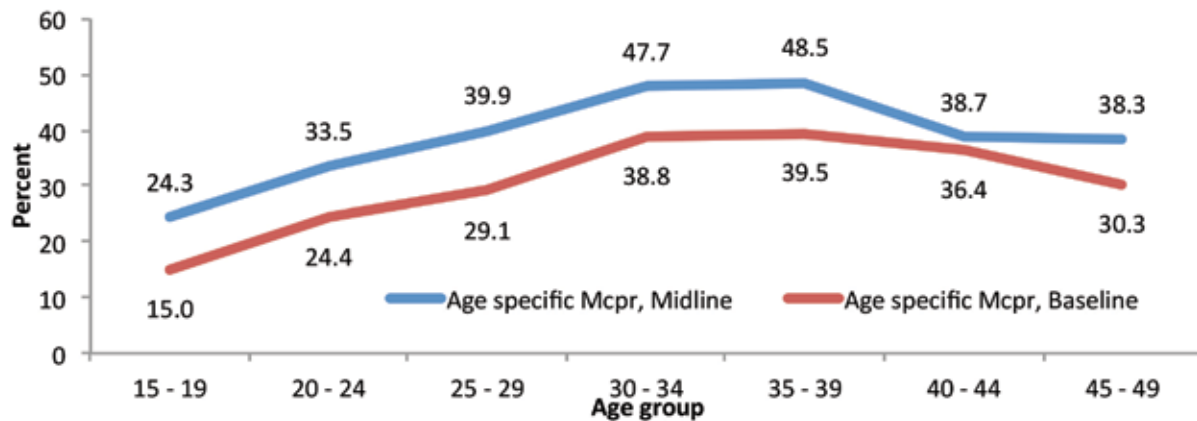
Use of modern methods of contraception is similar in all the education groups



Education-level specific mCPR was recorded to have increased for population segments with different levels of education at midline survey. The mCPR did not differ significantly within the segments with different levels of education, during both baseline and midline surveys.

Use of modern methods of contraception increased in age group of 15-19 years

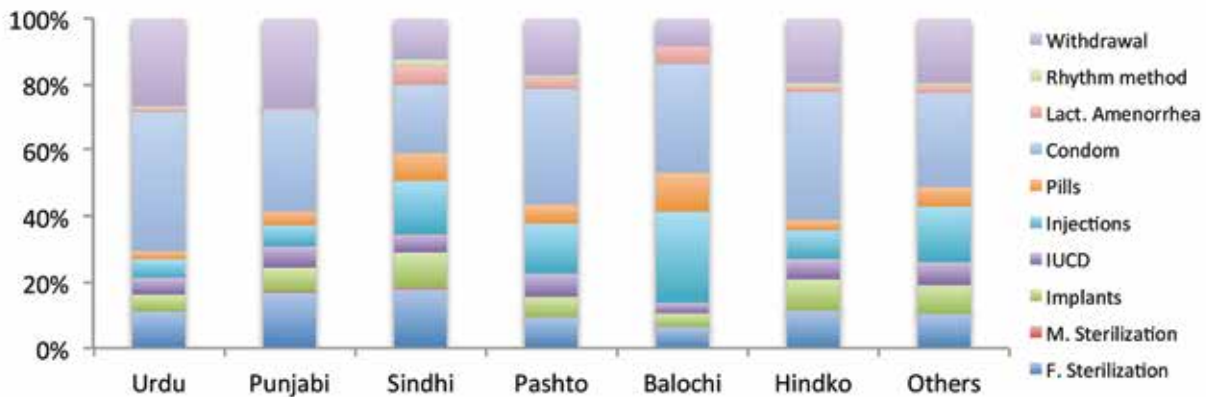
Percentage distribution of age-specific mCPR



The highest rate of use was observed for population segments in the age bracket of 30–39 years in baseline and midline surveys. The increase was remarkable in the younger groups, especially in the brackets of 15–19 years where mCPR of 15.0 at baseline increased to 24.3 at midline.

Sindhi and Balochi speaking population rely more on non-traditional methods of contraception

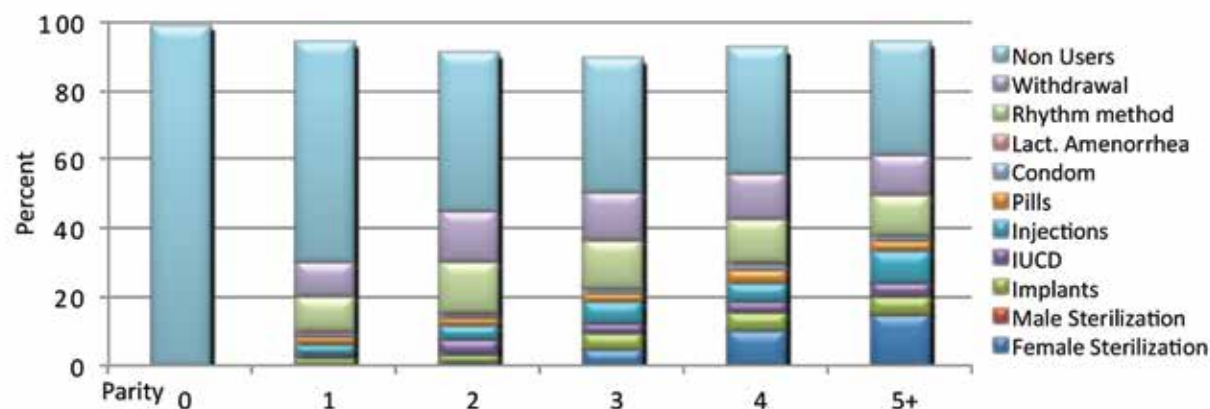
Use of method mix according to various ethnic groups



An interesting pattern of family planning use is observed in different ethnic groups. Though condom use is preferred in all groups; Sindhi and Balochi speaking population rely more on non-traditional methods of contraception.

Use of long-term modern contraceptive is low in women with high parity

Current use of method mix by parity



Among current users, women with one to two children were mostly using condom and withdrawal method. With increasing number of parity, use of implant, injection and tubal ligation increased.

Current modern contraceptive use does not differ in population with different poverty scores

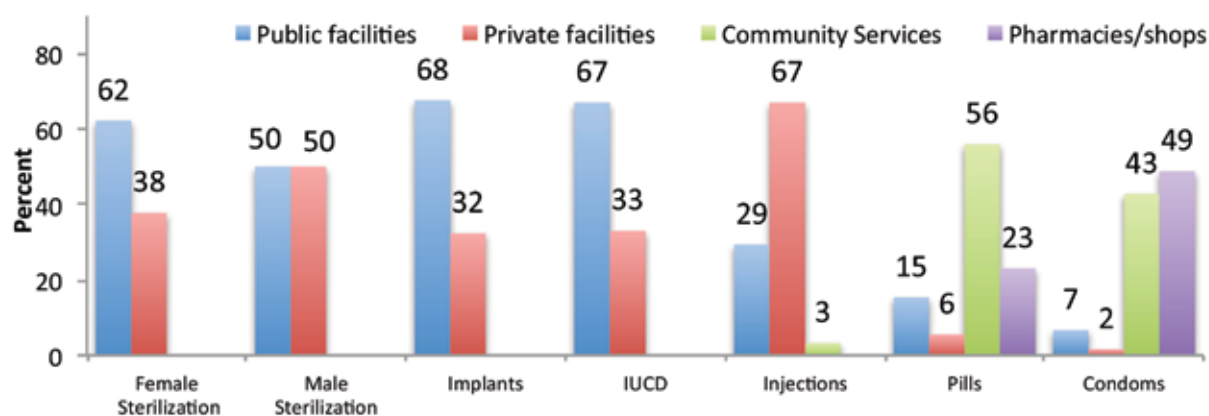
Current modern contraceptive use by poverty scores



The survey data does not show any difference of current modern use across poverty scores strata. A dip is observed amongst those having scores of 90–94, which alone could have happened by chance as these score reflect the mostly better-off population.

Community sources and shops are main source for getting pills and condoms

Source of obtaining modern contraceptive method (n = 1563)



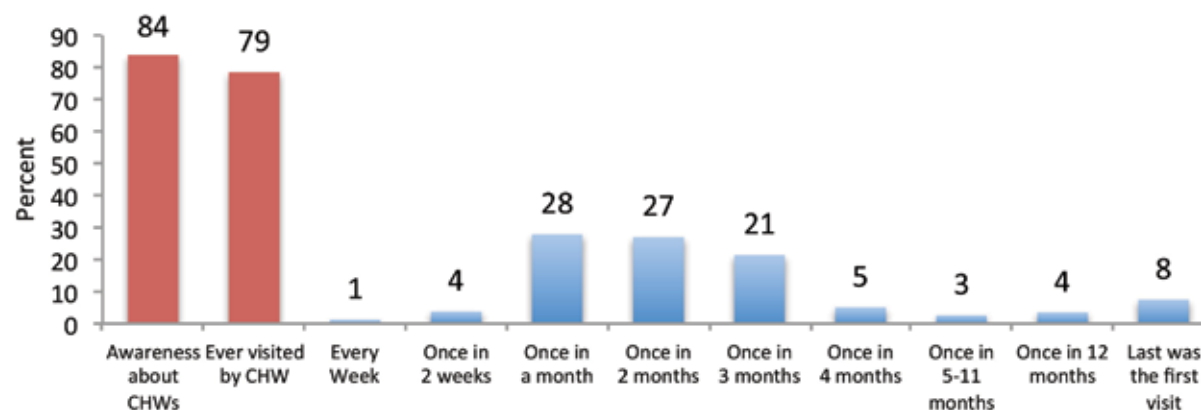
Most of the long-acting and short acting modern methods were obtained from public and private facilities, whereas pills and condoms were largely obtained from CHWs and pharmacies/shops.

Less than a third of women were counseled about side effects of modern methods of contraception

Less than a third of current users (31.7%) were given information on the side effects of a method, and of these 85% (n=639) were given information on whom to contact in case of experiencing a side effect.

CHWs are the main source of information on contraception at 10 field stations

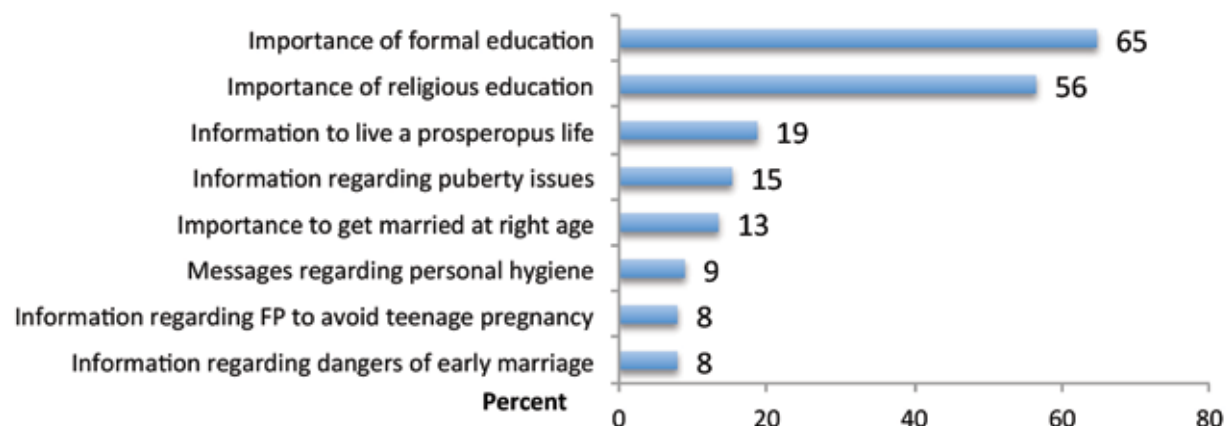
Awareness about CHWs and their visit frequency



The main source of information on contraceptive methods was surveyed to be the Community Health Workers who made home visits.

MWRA consider formal and religious education important for youth

MWRAs' perception about formal and religious education for youth (n=3801)



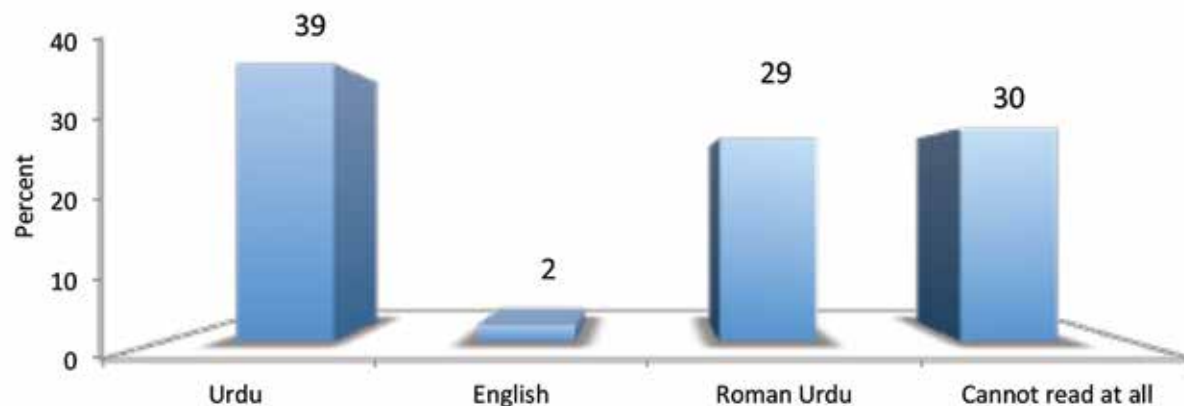
About 65% of women favored the message on importance of formal education, 56.5% supported importance of religious education, and only 13.4% favored the message on the right age of marriage.

Telehealth services needs to run strong marketing campaign in the program focus communities

Only 21.2% women (n=805) were aware of the Aman Telehealth (ATH) services. Amongst those who had awareness, 54.3% (n=437) knew the dialing code of the Telehealth helpline services. Of those who were aware of the services, only 7.5 % had received a call, 3.0% received a message and 5.2 % ever called the number.

Preferred language is Urdu for receiving SMS messages

Preferred language to receive SMS messages



The survey shows 30% women prefer Urdu language for receiving SMS messages, while 28.6% prefer messages in Urdu language but with English typescript. Those who mentioned that they are illiterate and cannot read account for another 30%.

Impact of program implementation

The door-to-door supplies of family planning methods, health facility visits, use of referral slips and watching docudrama on TV were significantly associated (p value <0.001 for each) with use of 'any modern method' of contraceptives. These factors were adjusted for age, education, poverty index, Sukh Initiative field stations support group meetings, Family Health Days and ATH interventions.

FINDINGS FROM QUALITATIVE ASSESSMENT

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

Both men and women in all the focus group discussions (FGDs) were aware of the family planning services offered by Sukh Initiative in their respective areas. This information is received through Aman community health workers that make household visits on a regular basis. Other sources of information were mentioned to be the text messages received on cell phones from Aman Telehealth service and meeting of male members with male workers from Sukh Initiative to talk about family planning. However, not all men mentioned having text messages or meetings with male workers of Aman Health. Men and women mentioned that free transport was also provided to them by the program to visit a health facility.

Community support

In nearly all the FGDs, men and women mentioned that it is an individual's choice to use family planning method and some persons in the community use and some do not use and there are no pressures from any institutions such as religious groups, political parties or any other organization. Some men from Bin Qasim and Landhi town had conservative views and mentioned that family planning (FP) is against Islam while some counter argued that due to high living cost and them being answerable to God and to their children for provision of good food and education, should think about spacing and small families.

Autonomy to use FP methods

Women in FGDs from Bin Qasim and Landhi towns mentioned the strong role of men in their decision-making where they take permission from their husbands to go out of the house or

Attending meetings has raised awareness in us, which we never had before.

MWRA, Bin Qasim Town, Station 3

The information is provided to MWRA by us and by our male workers to men.

CHW, Future colony, Station

Make a center or a clinic where men and women can go and get some information on family planning, it does not look nice that CHWs come to our house again and again.

Men, Bin Qasim Town, Station 2

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

Men, Landhi Town, Station 9

use family planning methods.

In FGDs from these areas there were different views amongst women; some reflected as having conditional autonomy to go out of home and use FP methods but with mutual agreement with husbands and some said they use FP without husband's knowledge. It appeared that though these areas sound conservative in their reflections but both men and women in their own way use FP and men choose to keep it very private in view of the cultural norms.

Men and women from Malir and Korangi were supportive of the use of family planning methods. Men said they have no restrictions on women using family planning methods and they support use of FP methods. Key informants agreed that a woman generally does not have the autonomy to take her own decision, especially regarding family planning. They strongly recommended that Sukh Initiative should involve men and make them aware about family planning services. All participants agreed that Sukh Initiative has contributed in women's empowerment by involving CHWs, who belong to the same communities.

CHWs give door-to-door information to women and support group meetings (SGMs), conducted twice a month; and generally provide very useful information to the people in the communities.

NGO worker

Women in our community view CHWs as successful example of women empowerment.

Key Informant

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

CHWs, Sukh Initiative

FP is done with the consultation of both men and women

FP is with consultation of men and women and can be done with the consent of the husband.

Men, Korangi town station 7

Changing culture

Regarding cultural barriers, men in almost all the focus group discussions mentioned that there are no such barriers; education is becoming common and people have information. Women do consult their husbands or in some cases men's permission is sought and couples decide jointly about matters especially related to family planning and health. The role of other family members, such as mother-in-law, is declining to a large extent, and nuclear family is becoming a norm.

Men from Landhi area mentioned that they don't discuss FP related matters with their elders or younger family members due to embarrassment. Key informants mentioned that change in family size is because of changing

In old days, people thought that family planning is against religion, now as we got fatwa from a religious institute, people gradually understand it.

A Religious person

culture, and financial pressures. A social worker mentioned people are developing positive attitude towards FP use.

A social worker mentioned that early marriage is constraining FP use as young girls cannot take their own decisions and easily give up to family pressures. On the other hand, presence of CHWs in communities means people are giving importance to family planning. One of the long-standing barriers to family planning use, which can exert influence was religious leaders group, which Sukh Initiative took care of by taking religious ruling (fatwa) from renowned Islamic institute/scholar.

Girls get married at very early age of 15 years in these communities, and then they have babies every year, at this age they don't know how to take care of themselves or their babies

A Social Worker

Change in behavior / thinking

Men and women in almost all the FGDs mentioned that FP use is most beneficial to their children and family as with lesser number of children, parents can take good care of children and can provide good education, which is essential in these days. The messages from Sukh Initiative have made men and women more aware of the benefits of family planning and spacing. From Rehri Goth (Bin Qasim town, Station 2), men mentioned that they were not much aware of the family planning methods before, but now they know about it, and are more aware and concerned of health and education of their women.

Some of the young CHWs mentioned that they themselves have learnt about family planning methods after joining Sukh Initiative and they emphasized on providing more and more knowledge to women, as this will empower them.

Prior to CHWs creating awareness on FP in the community, we did not think about the health of women but now we do and opt for spacing of 2 years.

Men, Bin Qasim Town, Station 2

We used condoms even before Aman CHWs were here and would get them from family welfare centers, now we receive these at our homes, that too free of cost.

Men, Bin Qasim Town, Station 2

Who does not like receiving free commodities, and saving some money, now we get pills, injections and condoms free of cost at our homes.

MWRA, Bin Qasim Town, Station 2

Equity

Both men and women in the discussions mentioned that Aman CHWs provide information irrespective of MWRA's education status, socioeconomic status, age or number

We used condoms even before Aman CHWs were here and would get them from family welfare centers, now we receive these at our homes that too free of cost.

Men, Bin Qasim Town, station 2

of children. However, men and women in FGDs from Burmese colonies, residing in Korangi and Bin Qasim towns, emphasized on providing information to illiterate, poor and to people with more than five or six children as they are more deserving.

Who does not like receiving free commodities, and saving some money, now we get pills, injections and condoms free of cost at our homes.

MWRA, Bin Qasim Town, station 2

All the key informants agreed that Sukh Initiative is reaching every home, and before Sukh there were no defined strategies used in these communities to increase FP use. They clearly mentioned the strategies adopted and practiced by Sukh Initiative were household visits, camps, and meeting in neighborhoods (mohallas), however, tele-health and referrals were not mentioned by all participants.

Accessibility

Both men and women raised the concern that some people can afford the cost of family planning methods while most cannot. However, in spite of other resources available in the area, they prefer to avail services of Aman health workers, as they are nearer to their homes, give consultation on methods and provide condoms, pills, IUCD, and implant, as well as provide transportation facility free of charge.

People go to private providers, which are mostly LHVs in our community and they have all the methods available, while government hospital don't have many family planning methods and the provider there ask women to come back again/later.

Key Informant

CHWs mentioned that there are some good clinics, where FP supplies such as injections can be placed so that women can get these easily from there. Dkt clinics are established at homes of providers therefore have somewhat lost their identity as clinics, thus are not getting the intended recognition by the community as healthcare facilities. There is a camp organized once a month by Jhpiego; and CHWs inform women a week before about the camp.

dkt clinics are placed in homes, people don't recognize these, if it is a clinic then it should be identifiable as one or look like a clinic.

Women who go for delivery and they get implant and IUD from the same hospital.

FGD, CHWs

According to the participants, people mostly visit private providers rather than government facilities, as most of the government facilities are far away and the cost to reach government facilities is high. Additionally, most of the time government hospitals had shortage of family planning methods, and people feel their efforts and money are wasted in such circumstances.

Methods and preferences

Nearly in every FGD, men were of the opinion that use of condom is easy; it has no side effects and can be easily found available. Men mentioned that other methods such as IUCD and implants from private sector are expensive and treatment of side effects gets even more expensive, and that one also needs to bear transportation cost. They mentioned that CHWs come every four months and give two packets of condoms, so when faced with shortage after consumption of the two packs, they buy condoms from outside which are cheap and available.

In our area I think 98% of women agree with men to use condoms, only 2% would go for other methods, we are afraid of the side effects.

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

Men, Korangi Town, Station 7

In addition to cost related to commodities and travel, value of time spent on waiting and travel was also mentioned as a barrier to FP use.

We are laborers and work on daily wages, FP gets expensive for us.

Man, Landhi Town, Station 5

Men from Future Colony mentioned that hardly 10 percent of women use injections here, and their acceptability vary. Women mentioned that in case they don't get a method from CHW or clinic, they buy it from store and mostly their men get these for them.

Women who go for delivery they get implant and IUD from the same hospital.

CHW, Sukh Initiative

Women mentioned that after delivery, doctor advise them to use IUCD or injection.

CHWs shared that they give emergency contraceptive pills only to women who use condoms, but they hardly ever use it. CHWs mentioned that private facilities are expensive and are mostly run by midwives and lady health visitors. Sukh Initiative provides free of cost transport to visit Jinnah Hospital, where PWD provides family planning service which are free of cost. However, these services are not available after 1 o'clock in the day.

Withdrawal method did not work for us and I had my daughter, so I switched to injections but my health got badly affected and I have stopped using any FP method.

Woman, Landhi Town, station

Quality of Services - Concerns

Women mentioned side effects of injections, IUCD and implants as main deterrents for their use. The main complaints were related to feeling of general tiredness, breakthrough bleeding, feeling of bloating, amenorrhea, weight gain, low BP and weak eyesight. Women stated that in case of any side effects they discuss with Aman health workers, or visit Jinnah Hospital.

It appeared that women want a long duration of spacing but are perplexed with their side effects, its related cost of management, difficulty in performing religious rituals and intolerant behavior of husbands for denial of sex.

Women and men mentioned that bad attitude of government staff encourage them towards availing services at private sector health facilities, which are far more expensive, but attitude of the providers is good, surroundings are clean and method of choice are available. However, they all were appreciative of the low or free of cost services from government sector.

More or less, CHWs shared the same concerns raised by men and women of communities and endorsed the cost of IUCD ranging from Rs. 250 to Rs. 500. They mentioned that women want free of cost services. CHWs mentioned that 'Sathi condom' ruptures easily and some houses prefer to use better quality of condoms having the brand 'Touch', which is available in the nearby market. CHWs shared that women are more afraid of using IUCD, implant and injection methods because of their side effects.

One of the key informants who is also a FP provider mentioned that they have not been trained on managing side effects and also on removal of IUCD, for which they refer woman to other facilities.

Ideal FP services

When asked about the ideal FP services, men and women responded by saying that services should be available in the close vicinity to their homes, they should get proper counseling, methods should be free of cost or cost should be minimal for example in private sector cost of injection is

Implant results in excessive periods

My periods stopped so I got implant removed, periods should happen not having any periods is bad.

Very few people are happy with condoms, it gets ruptured and resulting consequences are bad.

MWRA, Korangi, Town Station 7

In future colony, Christian colony and in different areas RC sathi is sold from houses

CHWs, Sukh Initiative

FP providers are unkind and disrespectful

MWRA, Korangi Town, station 6

I have an IUCD placed for the last 2 months; I am having bleeding, healthcare provider gives me 3-4 tablets to take and asks me to bear it for the time being. This is not solving my problem.

Woman Landhi Town, Station 9

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

In addition to provision of FP services, facility should also provide other health services; so we can go on pretext of getting medicine for children.

Staff should consider us as human beings.

MWRA, Malir Town, Station 10

Rs. 50–60, it should be Rs. 30, IUCD for Rs. 250 is affordable.

Staff should talk to clients with respect, show caring attitude, be cordial and have soft demeanor. Medicines should not be of expiry date, there should be less waiting time, and side effects should be treated free of cost. Ideal timings for facilities mentioned were in the afternoon from 3–4 p.m. when women had taken care of all the household chores.

Men mentioned that they are on job all day and are back in the late afternoon or early evening, they should have separate clinics in the evening, and men should talk to men.

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

Provincial Government Partners



Project Partners



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