



SUKH INITIATIVE ANNUAL REPORT

YEAR I & II
NOVEMBER, 2013
TO JUNE, 2015

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

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Sukh Initiative is a multi-donor funded, family planning and reproductive health project, primed by Aman Healthcare Services; implemented through a consortium of local and international organizations, in a selected one million underserved peri-urban population of Karachi, Sindh; with an aim to increase modern contraceptive prevalence rate by 15 percentage points.

Provincial Government Partners



Project Implementing Partners



CONTENTS

ABBREVIATIONS & ACRONYMS	5
MESSAGE	7
SUKH INITIATIVE AT WORK	9
Context in which we work	9
Where we work	9
Implementing partners	10
Program model	13
IMPACT IN 2013 – 15	15
Direct engagement with communities	15
Family life education	24
Telehealth helpline service	29
Improving access & quality of family planning services at public health facilities	33
Improving access & quality of family planning services at private health facilities	37
MONITORING AND EVALUATION	39
Impact Evaluation: Sukh Baseline Survey	40
Data collection	41
Key findings	43
Dissemination of Baseline findings	46
COMMUNICATION AND ADVOCACY	49
Engagement with government departments	49
Meeting of Technical Advisory Group	50
MANAGEMENT AND COORDINATION	51
Strategic Management	51
Operational Management	51
CRITICAL LEARNING	53
Learnings from Year I	56
Learnings from Year II	57



ABBREVIATIONS & ACRONYMS

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

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

MESSAGE

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

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

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

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

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

Dr. Haris Ahmed
Head of Sukh Initiative



SUKH INITIATIVE AT WORK

Context in which we work

Sukh Initiative emerged from commitments made at the London Summit on Family Planning held in July 2012 and is a joint partnership between three foundations, namely Aman Foundation, Bill & Melinda Gates Foundation and David & Lucille Packard Foundation. Together, their mission is to increase the use of modern contraceptives in Karachi, Pakistan by 15% among 1 million married women in selected communities. The project began in 2013 and will continue till 2015.

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

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

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

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

Where we work

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

The program catchment area is divided into 10 operational boundaries, each with



an approximate population of 100,000. In each of the operational boundaries, field stations have been established at the most central and relatively secure locations. A field coordinator is in-charge of the overall operations at these field stations. Twenty-five community health workers (5 male and 20 female), two community health supervisors and one social mobiliser are affiliated with each field station.

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

Implementing partners

Aman Community Health Program

Lead partner for door-to-door service

Aman Community Health Program provides free of cost preventive health services to the underserved urban population. It aims to bring health to their doorsteps through Aman Community Health Workers. These health workers have accessibility and acceptability to community members, and have proven to provide uplift to the overall coverage and use of services by underprivileged individuals and households.

Jhpiego

Partner for provision of quality services by public health facilities

Jhpiego is an international, non-profit health organization affiliated with Johns Hopkins University. For 40 years and in over 155 countries, Jhpiego has been working to prevent



the needless deaths of women and their families. It does so by collaborating with health experts, governments and community leaders to provide high-quality health care for their people. Jhpiego develops strategies to help communities care for themselves by training competent health care workers, strengthening health systems and improving delivery of care. Jhpiego engages with the public health sector in order to realize the objective of Sukh Initiative.

Aman Telehealth

Partner for telehealth helpline services

Aman Telehealth is a 24/7 health helpline service facility, providing timely health advice and referral information in over five languages via medical software containing over 85 medical algorithms and 600 disease summaries. This service can be accessed by dialing 9123 from mobile networks and 111-11-9123 on landlines. Trained Telehealth nurses backed by trained doctors, nutritionist and mental health counselors provide services to an average call volume of 600 to 700 inbound and outbound calls a day. Aman Telehealth maps health facilities, including hospitals, maternity homes, diagnostic centers and blood banks, mainly in Karachi and some other parts of Pakistan, and has a database of over 10,000 private healthcare providers and 3,500 healthcare facilities about their contact information, working hours, fee structure and more. For more information, please visit: <https://www.theamanfoundation.org/program/aman-telehealth/>. Aman Telehealth aims to empower and encourage women and youth in particular to avail the widely available mobile phone services to seek timely medical counseling. Public health related SMS alerts highlighting preventive measures to avoid risky health behaviors are also sent through this service.

Aga Khan University

Partner for measurement

Aga Khan University is an institution of academic excellence that plays an important role as an agent for social development. A leading source of medical, nursing and teacher education, research and public service in the developing world, the University prepares men and women to lead change in their societies and to thrive in the global economy. Based on the principles of impact, quality, relevance and access, the University has campuses and programs in Afghanistan, East Africa, Pakistan, and the United Kingdom. Its facilities include teaching hospitals, nursing schools, medical colleges, institutes for educational development, an examination board, and an institute for the study of Muslim civilizations.

Aahung

Partner for family life education

Aahung is a non-profit organization founded in 1995 with a mission is to use a rights-based approach to improve access to quality sexual and reproductive health information and services to contribute towards a healthy society. Aahung has been successful in developing culturally informed strategies to respond to the sexual health needs of the Pakistani population and in bringing attention to sexual health issues and concerns in medical and educational institutions, non-government and government organizations across Pakistan. It runs a Life Skills Based Education program, which aims to introduce critical reproductive health information and management skills in line with the emerging capacity of young people.

Aahung engages with the youth through different means and methods in project areas with a specific goal to impart Family Life Education based on its Life Skills Based Education curriculum.

DKT Pakistan

Partner for provision of quality services by private health facilities

DKT Pakistan works in the private sector to provide modern contraception at affordable prices as well as in the area of social franchising. DKT's Dhanak clinics, more than 750 in number, serve the community in the rural areas of Pakistan.

Center for Communication Programs Pakistan

Partner for strategic communication

Center for Communication Programs Pakistan is a non-governmental organization providing technical leadership in strategic social and behavior change communication design, programming, research, and capacity strengthening. Center is a sister organization of Johns Hopkins Center for Communication Programs based in Baltimore, United States. Center has been working with public and private sector organizations. Center has expertise in design, implementation, and evaluation of strategic communication, including development of campaigns, materials, and special events. It also has unparalleled experience in advocacy and community mobilization campaigns in Pakistan, and an extensive outreach across the country, with nationwide reach through well-entrenched and community-based networks of religious leaders, journalists, communication activists and community-based workers.

Program model

15% increase in use of modern contraceptives among
 1 million target population

Increase demand for
 family planning services



Improve access and quality
 of family planning services



Sustainability





IMPACT IN 2013-15

Direct engagement with communities

Door-to-door services provide individual and personalized attention to women and allow the program to cater to specific individual needs. These include information, counseling, distribution of contraceptives, supplements, and referrals to other partners and local resources through both male and female community health workers. Community health workers have a passion to serve communities and are selected from a population of 5,000, with at least 10 years of formal education and are 18–35 years old. Using the same criteria, male community health workers were also selected from the community from a population size of 20,000.

Community health workers refer women with specific family planning needs to nearby quality service providers. Pregnant women in particular are referred to maternity homes that offer post-partum and post-abortion family planning care. Youths are encouraged to participate in family life education sessions, which are planned and held within the community. Married couples are recommended to use the helpline call center service

Community Health Workers – A Ray of Hope

‘Perseverance for improvement of maternal health’, this is the slogan Shahida adopted when she first joined the ranks of CHWs to increase use of family planning services in her community. Working in the poor community of Union Council Rehri Goth, Shahida met Hawa, a mother of three, during her routine household visit. Hawa, like other women in her society, was totally against family planning. Hawa was suffering from anemia and had never used any family planning method. Her three children, youngest being six-month old, were born at short intervals. Shahida, kept on interacting with Hawa and her family to convince them that having another child, without an appropriate spacing, would have very serious effects on her health. She informed the family that in Pakistan more than quarter of maternal deaths are due to post-partum hemorrhage, which actually is due to severe anemia, one of the side effects of repeated pregnancies within short intervals. Giving them examples from women who were anemic and died during childbirth due to severe bleeding, Shahida made Hawa and her family change their opinion about family planning. Accompanied by Shahida, Hawa had an implant inserted by a local provider. Hawa was counseled on the effects of implant and where to reach in case of any side effects. Hawa now is totally transformed, she is more empowered and instead of fearing of an unwanted pregnancy, she is more involved in the betterment of her family. Hawa’s physical condition has improved tremendously and she has started advocating for spacing to her friends and family members, and makes herself available to participate at Support Group Meetings. Two women from Hawa’s house, her close relatives, have also got implant insertions, convinced from the counseling done by Hawa, who continues to advocate for birth spacing.

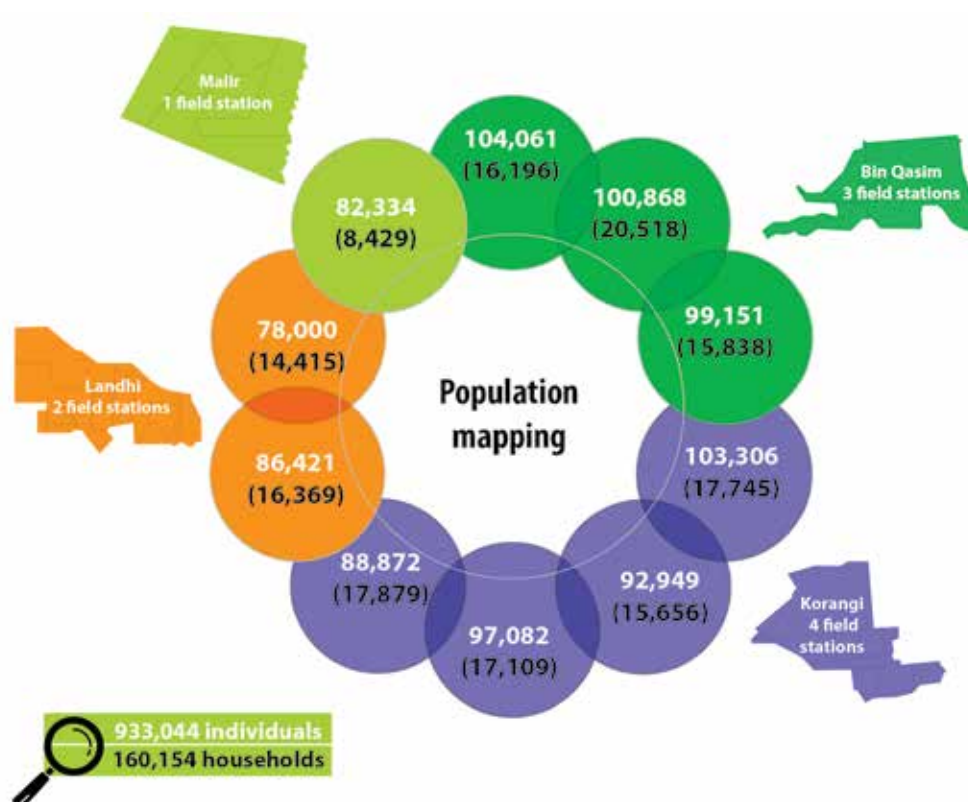
by Aman Telehealth for further information and counseling needs. They also support Aman Telehealth by providing the mobile numbers of married men, women and youth for outbound calls, SMS and reminders. Male mobilization is also an integral part of these services, informing men on the importance of birth spacing and encouraging them to have inter-spousal communication on topics of family spacing and reproductive health.

Mapping of project sites

The mapping of project sites was completed in May 2015 by Aman Community Health Program. The sites are identified in consultation with Aman Healthcare Services and decided upon by the Steering Committee.

A two-phased approach has been adopted to map the population in the project area. In the first phase, total family member count was conducted during the first two quarters of Year II to estimate the population within the selected geographical areas. With the consent of family members, field teams obtained information about the number of family members living in the house, after which unique identification codes were allotted to each household. Temporary and permanent door markings were used for future referencing. Community health workers also did Household Profile Registrations by collecting specific data, including the number of married women of reproductive age, children under the age of five, newlywed couples, and women with low parity (having up to two children).

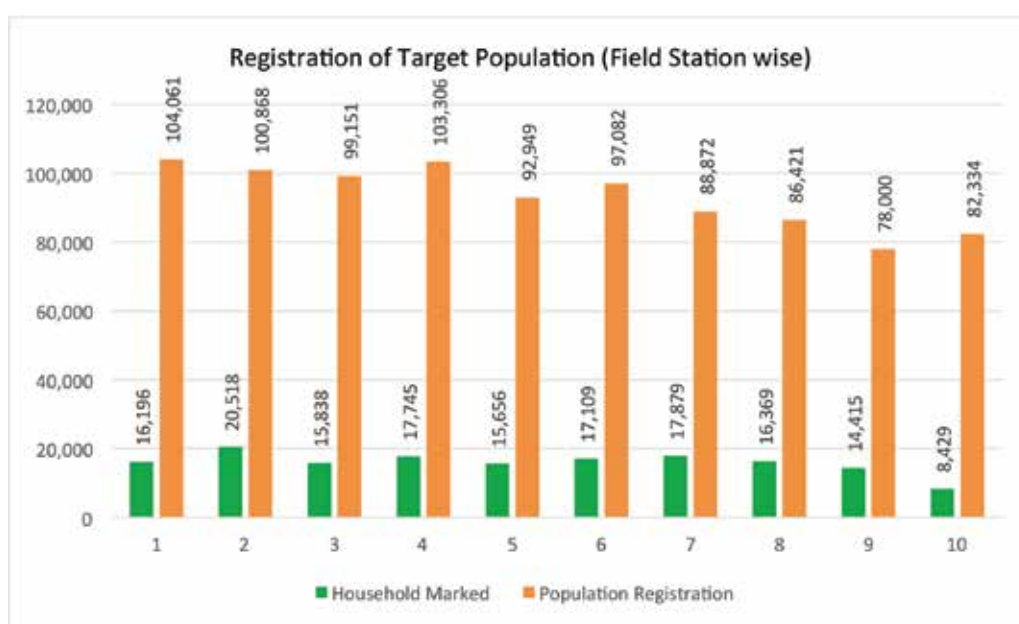
During Year I and II, data of 93% (933,044 individuals) of the target population was collected from January 1, to June 30, 2015.



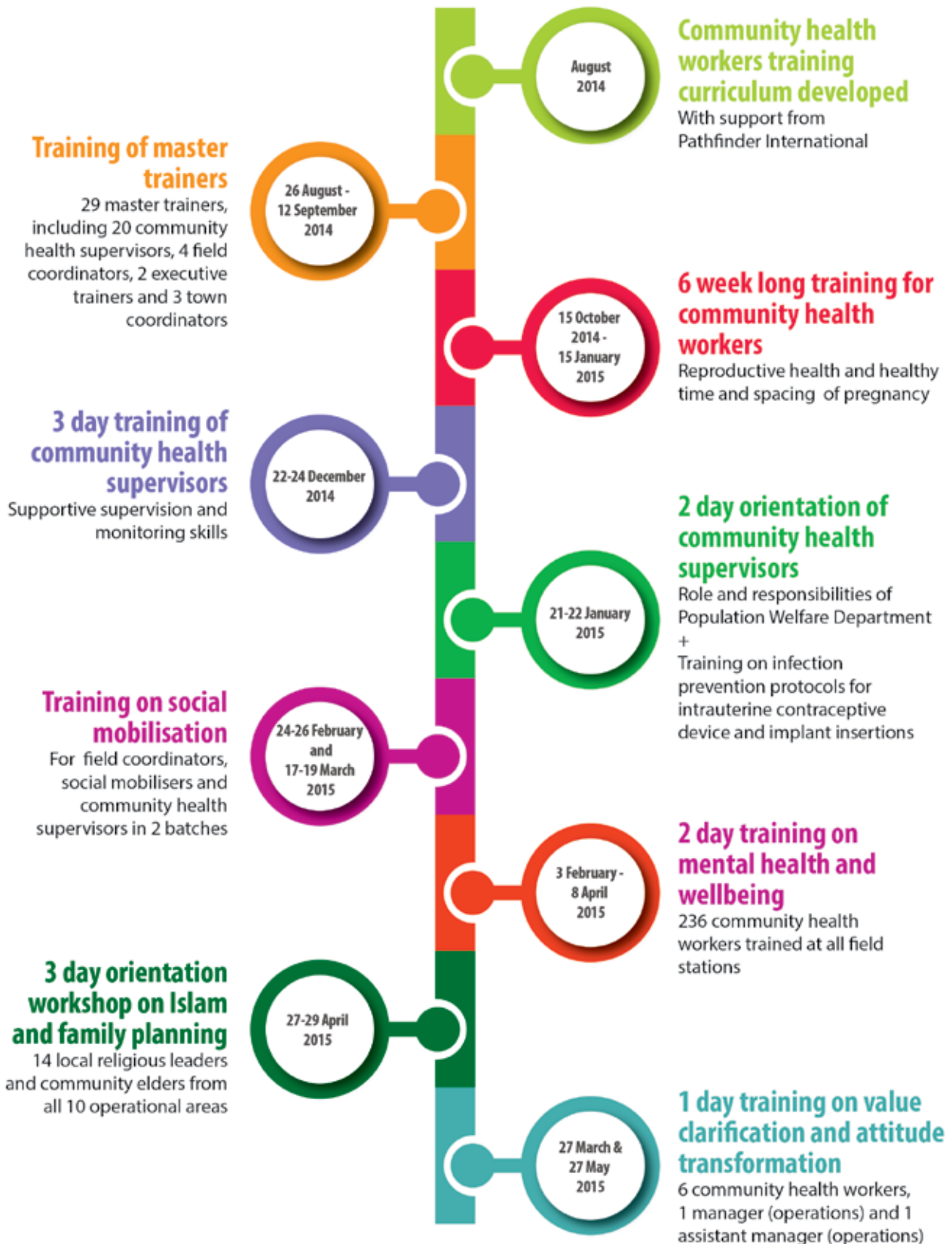


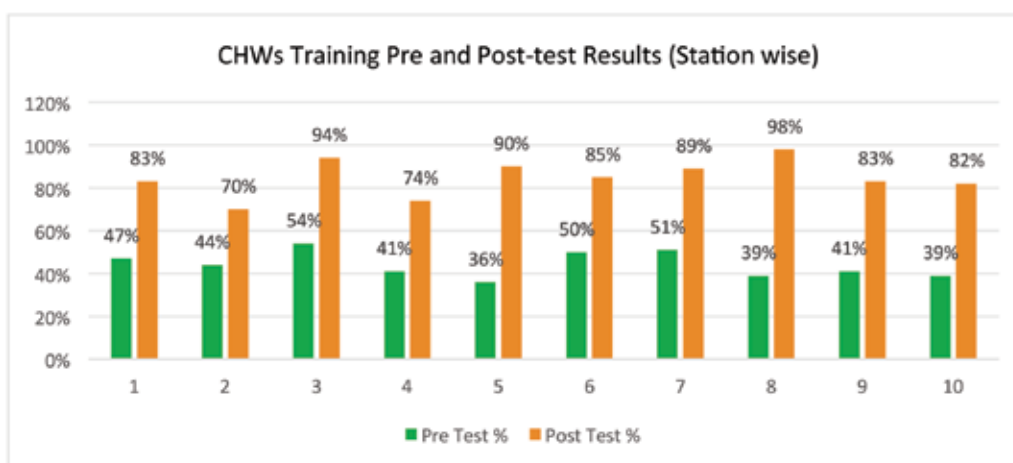
Monitoring and quality assurance of training

Monitoring and supportive supervision of step-down training was jointly conducted by Aman Urban Health Institute and Pathfinder International. Pre and post-test evaluations were done to assess overall performance of community health workers at each field station, identify areas of strengths and weaknesses, and provide regular feedback to the trainers to improve their training.

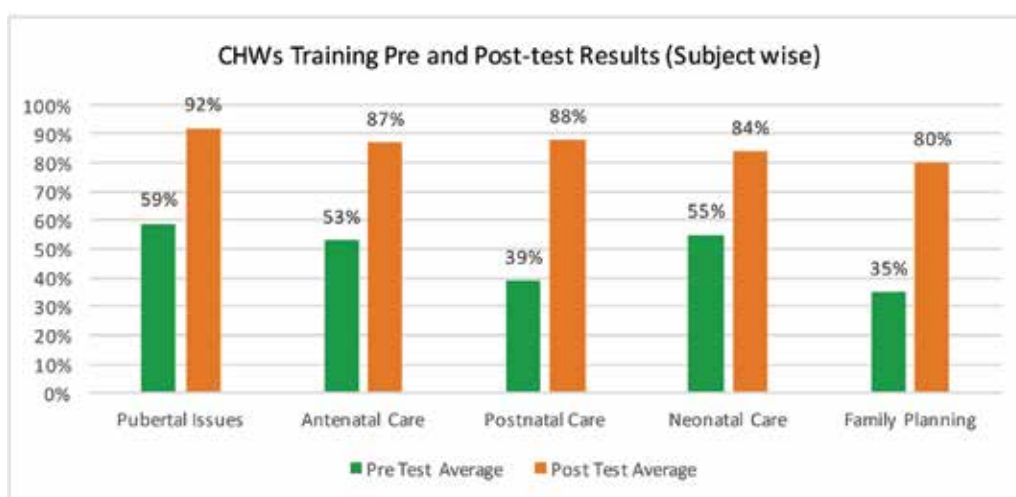


Training of field staff and other stakeholders





Average scores achieved by community health workers in pre-test and post-test. There was a maximum of 59 per cent increase in knowledge.



The performance of each station was directly related to the interest of trainers and trainees as selection was locally done from the areas being served. Most of the stations performed well, while refreshers were suggested for those achieving less than 80 per cent marks. Average gain in knowledge was also analyzed subject-wise, which included puberty-related issues, antenatal care, post-natal care, neonatal care and family planning.

Community engagement

Aman Community Health Program engaged with the community at two levels: one at the grassroots level with members from the households by forming community based organization/community based organization; and the second with community notables through community advisory committees, one each for a population size of 100,000.

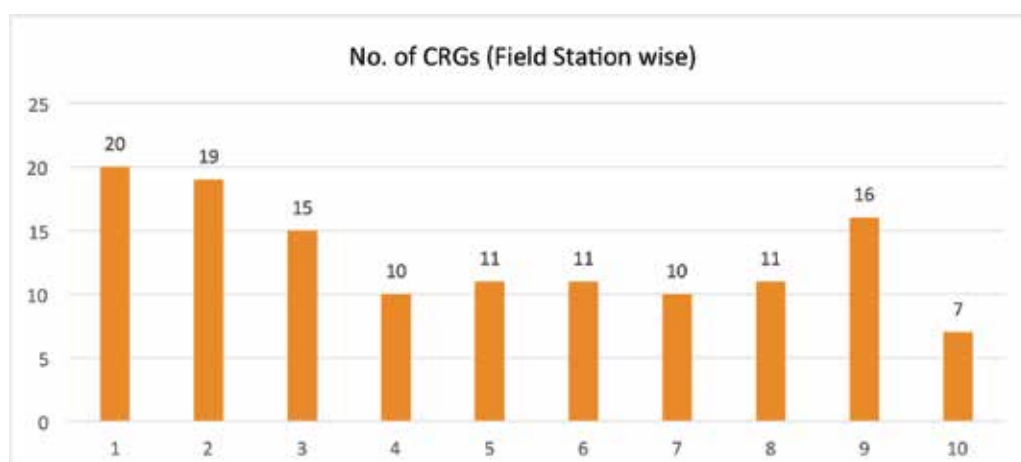
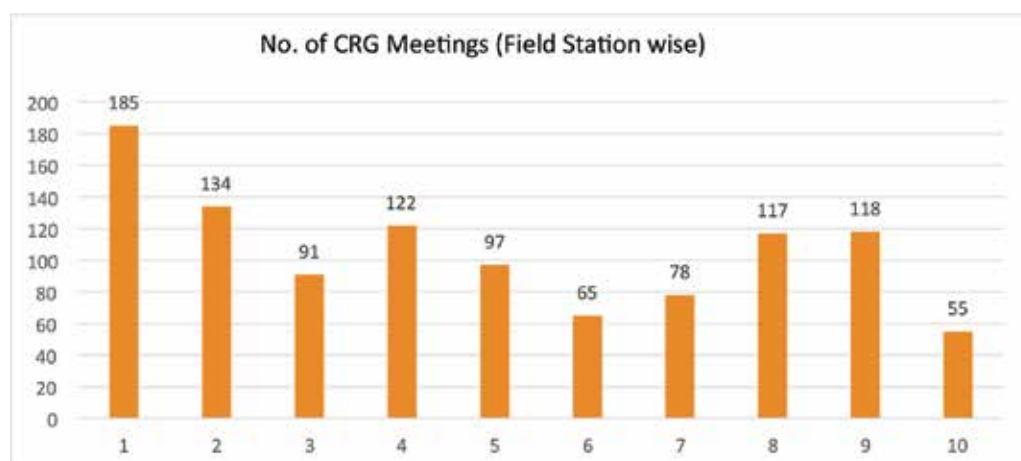
Community representative groups/community based organization

Two community representative groups/community based organizations were formed in communities for every 20,000 people, with separate groups exclusively for females and males. Each community representative group/community based organization has five

designated members and meets at least once a month. These community representative groups/community based organization facilitate project implementation and provide solutions for day-to-day challenges. As many as 130 of these were formed since inception of the program. Social mobilizers facilitated in organizing these meetings. Over 1,060 meetings were conducted during Year II. These were helpful in promoting community ownership of the program and directly support the work of community health workers.

Community advisory committees

These were formed by Aman Community Health Program with representation of key community stakeholders which included local leaders, activists, religious leaders, prominent political personalities and community elders. One community advisory committee exists per 100,000 persons, each having seven to 10 members that meets once a quarter to review progress of the program and extends its support to community-based interventions. These committees have a bigger mandate than community representative groups/community based organization as they help identify schools for interventions by Aahung, nominate private clinics for starting DKT's Dhanak centers, identify sites for establishing Telehealth booths, and support baseline survey activity by



Identifying Champions

"I can, and I will!" Zulekhan, 39, says with conviction to her fellow colleagues at Sukh Community Advisory Committee (CAC), of which she is a member. Married at 16 to a fisherman Yousaf, Zulekhan is now a mother of four children, and lives in Rehri Goth, a peri-urban strip of Karachi, next to the shoreline. She shares the emotional turmoil she went through when married at an early age; "I was so scared to leave my home, friends and family, at a time when I needed them the most, and move to a new environment where every day I had to prove that I was a responsible adult." She is committed to stop early age marriages in her community, and appreciates Sukh to provide her a forum from where she can do that. Sukh Initiative, a five-year project working in underserved and low income communities of Karachi, aims to improve family planning counseling and services through a demand and supply model of interventions. The project is also working with youth to empower them in decision-making, especially on early age marriages. CACs within the project, provide an opportunity to community elders and notables to act as change leaders and facilitate CHWs in their door-to-door counseling services, and to promote healthy behavior. Zulekhan is a champion-in-making to the cause of Sukh, as the project progresses from its inception to a full-scale implementation in these communities.

Aga Khan University. In Year II, 10 community advisory committees were formed for each field station. They held 36 meetings in the year.

Services

In Year II, each of the community health worker provided door-to-door services to 1,500 persons. Service to an additional 2,000 persons was to be given in Year III of the program. After successfully completing training sessions, community health workers reached out to committees upon completing their first cycle of interventions from May to June 2015, while concurrently completing family profile registration of all the 5,000 persons under them. Community health workers continued to provide needs-based services to the community during the registration process.

Number of household visits	
Regular	202,162
Follow - up	15,066
Support Group Meetings	
Female support group meetings (MNCH, FP, FLE)	1,494
Participants in female support group	13,259
Male support group meetings (MNCH, FP, FLE)	697
Male support group participants	5,333

Referrals

Method-wise referral of family planning services

From January–June 2015, all referrals were made to existing public and private facilities for family planning services. For this purpose, a list of all public sector health facilities under the Department of Health and Population Welfare Department were provided by the Program Management Unit to Aman Community Health Program and Aman Telehealth. Community health workers and Telehealth call agents referred clients to the listed facilities. In addition, a list of existing private sector facilities franchised by Marie Stopes Society and Green Star Social Marketing was also shared with community health workers and Aman Telehealth.

Method-wise referrals out of a total of 4,306	
Condoms	38 %
Injectable	21 %
Pills	17 %
IUCD	10 %
Tubal ligation	9 %
Implants	5 %

111 clients were referred for post partum family planning, 20 for post abortion family planning and 95 for post abortion care. Community response to counseling has received encouraging response in a short span of time.

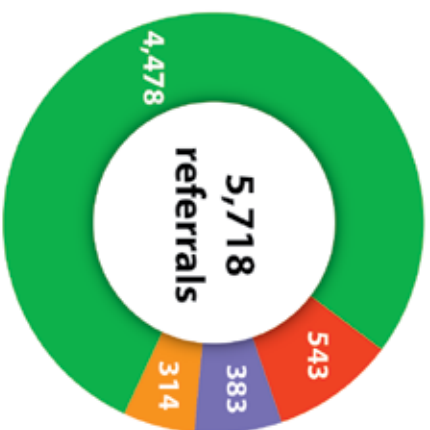
Maternal care referrals

Community health workers referred women for ante and post-natal care, and for facility-based delivery. Out of 5,718 referrals, 4,478 were for antenatal care, 543 for TT, 383 for post natal care and 314 for deliveries.

Early Marriage

'Education and awareness are the two powerful tools to prevent child marriages' a quote that moved Rahila, a CHW during her basic training from Lath Basti, a community with low female literacy, where early marriages are a common practice. Even though Rahila had joined Sukh to contribute in improving the health of mothers and children, but now knowing the hazards of child marriage, she pledged to herself to stop this practice to the best of her ability. Rahila met Khadija, a playful innocent 14-year-old girl, during her routine household visit and came to know, from her parents, that she would be married within a month. Rahila felt disturbed, and talked to both Khadija and her mother of the detrimental consequences that Khadija will have to live with, if they have this wedding. Moreover, being underage and not having her Identity Card at the time of marriage, this was an illegal action and punishable by law. But Rahila was not getting support from the family as they continue to prepare for the wedding. Rahila asked her supervisor Sughra to accompany her to counsel the parents and convince them to postpone the marriage of their daughter. Both Rahila and Sughra continued to visit Rahila and her family to counsel them on the hazards of early age marriage and it was only after regular visits over two weeks that they both were able to convince Khadija, her mother and grandmother, to postpone the marriage till Khadija is 18 years of age. The women discussed with the male members of the family, who were also counseled by male CHWs individually and during male support group meetings, and as a result the family agreed to postpone the wedding only one week before the event. Sukh works with young girls and boys, to make them responsible adults, and it is only because of CHWs like Rahila, who work with personal conviction to bring a change in bad practices in the community which have direct psychosocial and physical effects on health of young girls.

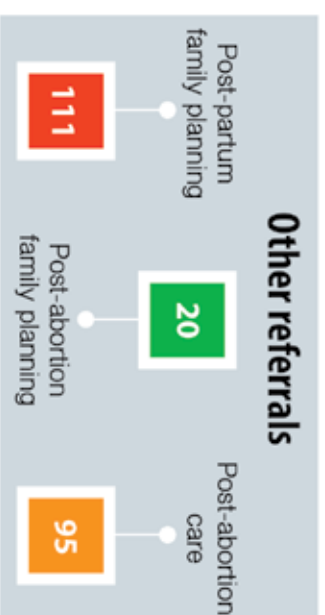
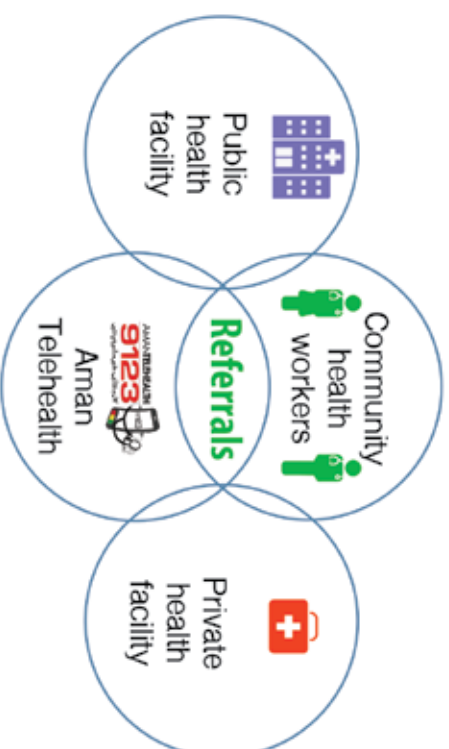
Maternal care referrals



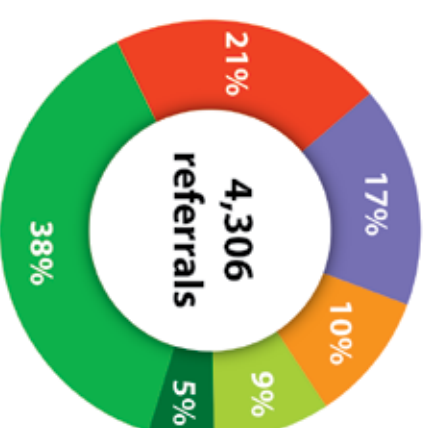
- Antenatal care
- Tetanus toxoid
- Post natal care
- Deliveries



Community health workers also make referrals for antenatal care, post-natal care and facility based delivery.



Method wise referrals



- Condoms
- Injectables
- Pills
- Intrauterine contraceptive device
- Tubal ligation
- Implants



Referrals are made by community health workers through door-to-door counseling and support, and by Telehealth call agents. Community members are referred to listed public and private facilities for family planning services.

Family life education

Aahung joined the program in May 2014 to lead the family life education component. The main focus of family life education is on providing information to the youth on topics such as maternal health, maternal rights, pubertal changes and development, communication skills, appropriate and legal age of marriage, and responsible decision-making skills.

Between the period of May and August 2014, Aahung finalized the Youth Engagement Strategy and conducted a one-day introductory workshop on family life education for the field coordinators and community mobilisers.

Advocacy and networking

As a first step to implement the Youth Engagement Strategy, Aahung undertook the following activities:

Mapping of private and public schools, and alternate learning institutes

Mapping was carried out on 10 project sites with approximately 100 secondary schools and alternate learning institutes. To form partnerships, 30 secondary schools, 7 private schools, 23 government schools and 10 alternate learning institutes were shortlisted. An additional 30 secondary schools were shortlisted for future intervention.

Signing of MoU with public and private schools and alternate learning institutes

In Year II, the program and Sindh Education Department signed an MoU for providing family life education in selected government secondary schools. The agreement also allowed Aahung to increase its coverage from an initial 15 public schools to 23 schools. Moreover, efforts were made to reach an understanding with 7 other private schools and 10 alternate learning institutes and sign MOUs with them in the first quarter of Year III.

Networking and linkages

Linkages have been established between the program and Provincial Institute for Teacher Education. Similar linkages and synergies were developed between government administrators and working relations were established with district officers from the Department of Education and related government departments.

Module and Material Development

Aahung initiated the process of family life education module and material development by requesting organizations working on family life education and life skills-based learning in Pakistan and India to share developed material. These included Rutgers-WPF, Rozan, Tarshi and CREA. Family life education modules and materials were then updated. These included the following:

Community Module for out-of-school young people aged 16-22 years

In Year II, the Aahung team worked on developing a pictorial module for out-of-school young people in all project sites. This module focuses on key topics, such as the importance of having a National Identity Card, early marriage prevention, maternal health

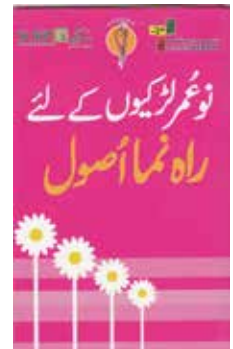




and importance of birth spacing. This is being used by community health supervisors, community health supervisors and social mobilisers.

Family life education module for school going adolescents aged 12–15 years

Aahung's existing modules on life skills-based education have been successfully tested and implemented in various schools across Karachi and Sindh province for over 15 years. The content of these modules were shared with the Sindh Education Department, which endorsed them during the MoU signing phase. This module will be ready for implementation in the first quarter of Year III.



Capacity Building

Training of community health supervisors

In September 2014, Aahung conducted a two-day training for 20 community health supervisors. The objective of the training was to clarify the concept of family life education, highlight its importance, and develop the capacity of community health

supervisors as master trainers to further train community health supervisors. The trained community health supervisors would then be expected to directly hold family life education sessions for young community members in the age bracket of 16 to 22 years.

Roll-out of family life education training with 250 community health workers

Once the supervisors are trained, Aahung provides them with on-site support in rolling out the same training to community health workers. Under the program, 250 community health workers from all field stations received a two-day training on a format similar to the one given to community health supervisors. These trainings provided community health workers with a platform to share their experiences. Many case studies were discussed highlighting prevalent adolescent and youth related issues such as puberty, early marriages and violence.

Training Aman Telehealth call agents and operational team members on sexual and reproductive health and rights and family life education

In December 2014, Aahung conducted a detailed focus group discussion with 10 Aman Telehealth staff in order to carry out needs assessment on current understanding of sexual and reproductive health and rights and family life education. The other objective of the needs assessment was to analyze the calls that were being received related to these topics on a regular basis. Based on the findings of the needs assessment, it was determined that there was a need to train the Telehealth team on key family life education topics such as pubertal changes, menstruation, nocturnal emissions, masturbation and early marriage. Sexual and reproductive health and rights topics such as vaginal discharge, premature ejaculations, sexual violence and sexual dysfunction were also highlighted as core areas lacking basic knowledge. A comprehensive training module was developed based on these findings. Aahung also revised Telehealth's existing protocols related to various sexual and reproductive health and rights topics and developed new protocols on family life education related topics. Furthermore, Aahung supported Telehealth in developing SMS on family life education for mass dissemination within the target communities.

During January and February, 2015, two training sessions were conducted for 28 Aman Telehealth call agents and operational team members on key concepts related to sexual and reproductive health and rights, and family life education.

Capacity building training sessions conducted on family life education with government secondary school teachers

In May 2015, Aahung conducted two training sessions with 39 teachers from 15 government secondary schools to increase participants' knowledge on family life education, including clarifying myths and misconceptions associated with puberty, gender discrimination and their effects. The training also aimed to increase participants' comfort in communicating with adolescents on family life education and related issues. The trainers made use of case studies, conducted debates, group work and audio visual aids to ensure that participants were fully engaged and motivated. Quantitative results from the pre- and post-test have shown that there was 75 per cent increase in knowledge related to pubertal processes, such as menstruation and nocturnal emissions, as well as personal hygiene. Participants were also a lot more aware of legislation around early marriage in Sindh, and gained additional knowledge related to marriage certificates or 'nikkahnamas'.



The last two days of the training focused on conducting mock implementation sessions of the family life education modules in order to provide confidence in conducting these same sessions in classrooms. An open feedback mechanism fostered an open environment of learning and sharing. At the end of the training, teachers were informed to implement modules with students once schools reopened in the first half of Year III.

Conducting parent sensitization sessions through schools and alternate learning institutes

In Year II, Aahung conducted parent sensitization sessions in all schools and learning institutes that were mapped. These sessions introduced parents to family life education, and gained their confidence and permission to run family life education in schools. Five parent sensitization sessions were held in Year II against the planned target of 40 sessions, as the management of all the schools and learning institutes requested that parent sensitization sessions take place only after the teachers had been trained. This was done to ensure that teachers were clear on topics and could provide support to Aahung in mobilizing parents and responding to their queries and concern.

Training healthcare providers

Aahung trainers are in the process of developing modules and training tools to enhance the capacity of doctors and local healthcare providers on adolescent sexual and reproductive health and the provision of youth-friendly services. These training sessions will commence in Year III.



Mass Communication

Development and airing of docudrama on family life education

The first of three short docudramas was developed in Year II of the program. Majority of case studies were on issues of early marriage, a topic with which community members were relatively comfortable and open for discussion, and was taken as the theme for the first docudrama. The docudrama is in the process of being filmed and will be aired on local cable channels in the project sites in the first half of Year III.

Monitoring and Evaluation

Finalization of family life education Indicators

Indicators were reviewed at the Steering Committee meeting held in February 2015. Aahung incorporated revisions and the indicators were finalized in March 2015.

Development of MIS system and tools

Once the indicators and project activities were finalized, Aahung developed a comprehensive MIS system to track all the related activities and interventions. Multiple tools were developed to track the qualitative and quantitative progress to monitor the quality interventions. After the finalization of MIS and related tools, these were shared with the Program Management Unit, and Aahung's internal M&E department conducted a comprehensive training.

Impact evaluation research study

Other than process monitoring, Aahung had planned for conducting extensive baseline evaluations with teachers and students from a sample number of schools from 30 partnerships that were formalized with public and private secondary schools. The tool development for the baseline evaluation was initiated at the end of Year II, and Aahung is in the process of designing effective evaluation tools that will be used for the baseline evaluation.

Telehealth helpline service

During Year I, groundwork was carried out for making Telehealth helpline service operational with a backed up 24/7 call center. In order to systematically implement the service:

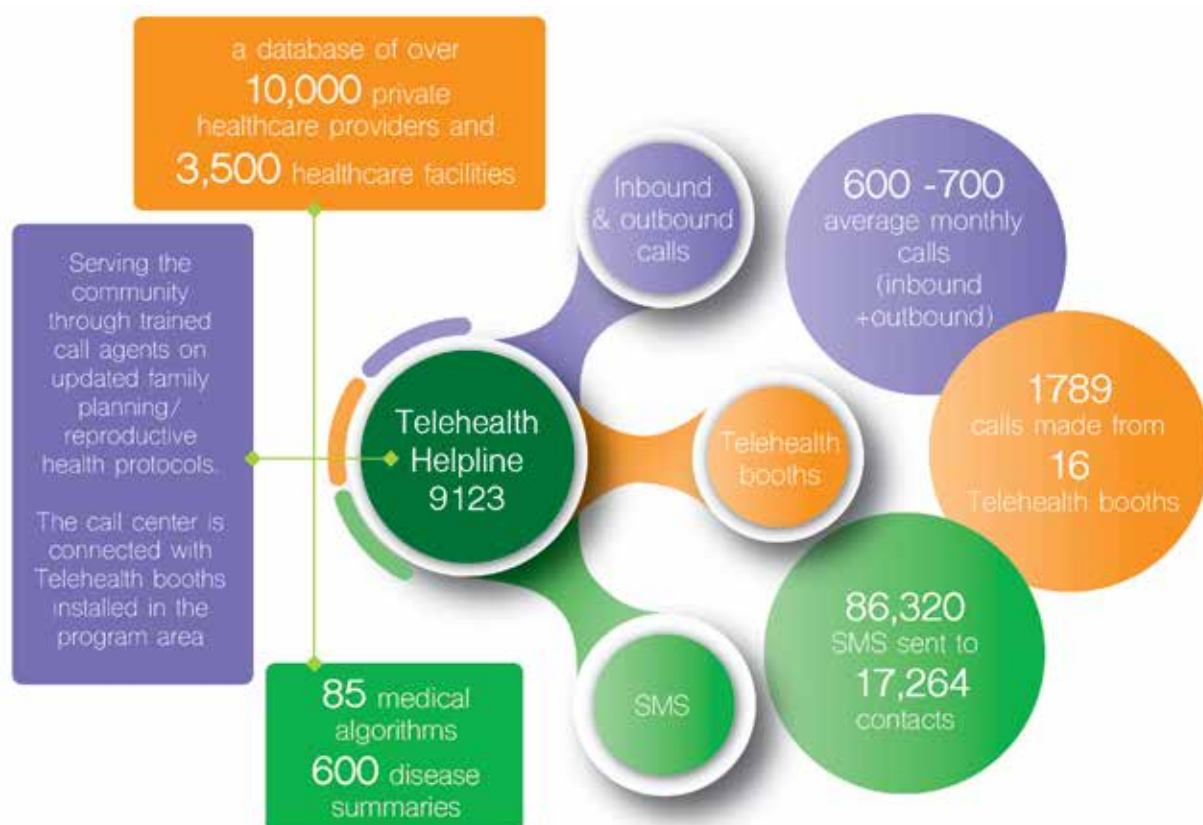
- Call center agents were trained on family planning and reproductive health and related protocols were updated and developed. Moreover, train the trainer sessions were conducted.
- A helpline number was established.
- Information, education and communication materials were prepared; training of trainers on Telehealth service was also conducted.
- Awareness campaigns to project the benefits of using the helpline were held.

Aman Telehealth provided lead in setting up the service and initiated the process of updating the existing family planning and reproductive health protocols for call agents with technical inputs from Jhpiego and National Committee for Maternal and Neonatal Health, a technical arm of the Ministry of Health, Government of Pakistan.

The service was launched on February 2014. Also known as '9123 helpline' to create recall for the number to dial, the service was integrated with the five existing telecom service providers in the country who agreed to charge subsidized rate of 0.5 cent per minute on all inbound calls, making the service commonly accessible and user-friendly. To spread the word about the helpline, educational material was developed and widely disseminated. Moreover, it trained 25 community health supervisors on how to introduce the helpline to communities during household and, male and female group counseling sessions. The trainers were also trained on the importance of getting consent from females to receive calls, and how to seek advice on their family planning and reproductive health and other health-related issues. The helpline and its benefits were introduced at two Community Advisory Committee meetings organized by Aman Community Health Programs.



Telehealth booths installed in different towns

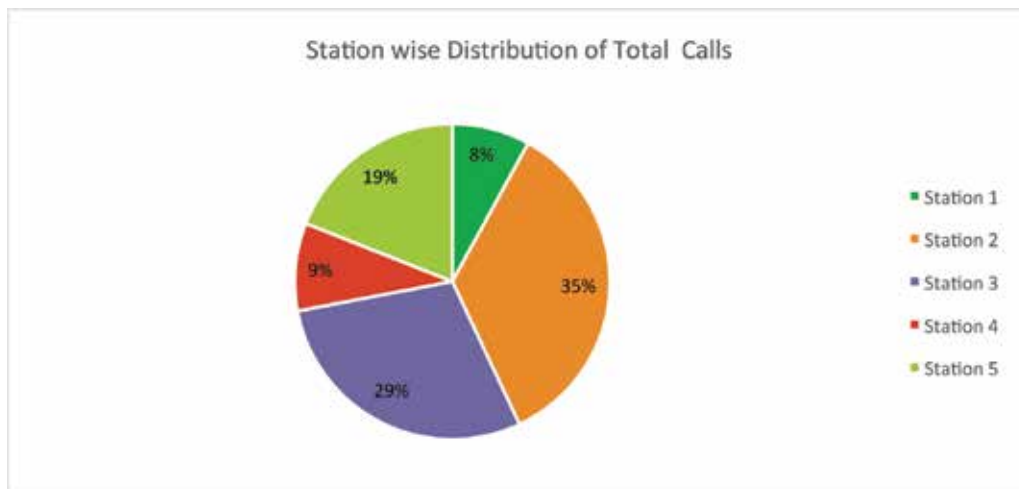


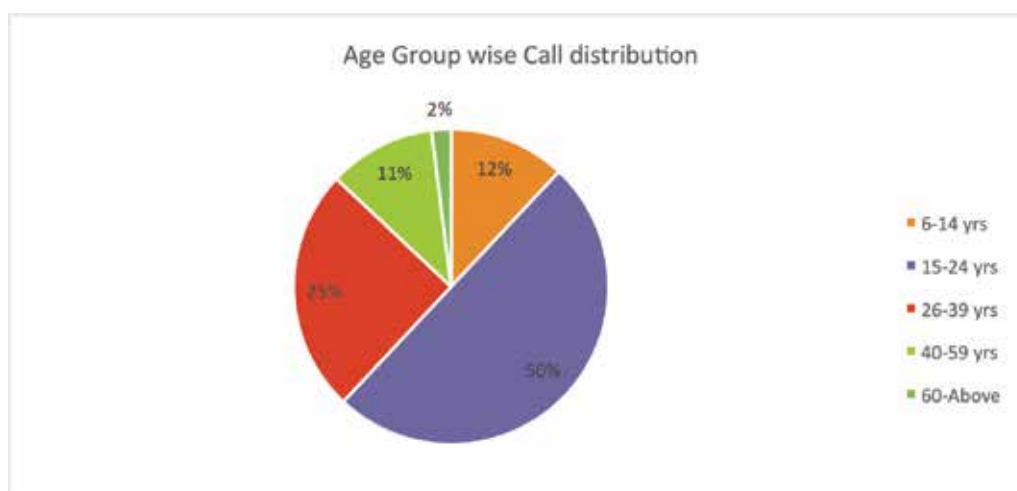
During Year II, Aman Telehealth conducted the first training in collaboration with Jhpiego and Aahung on family planning/reproductive health and family life education for call agents, key management staff, and the monitoring team of Aman Urban Health Institute. The training focused on family planning and reproductive health issues particularly with reference to abortion and post-abortion care, the importance of family life education, adolescents' psychological and physical development, pregnancy and maternal health, and interpersonal communication skills.

Telehealth phone booths were installed in Year II as part of the strategy to expand the coverage of the helpline service and encourage its use. The site selection criteria for the booths was developed by Aman Telehealth and took into account concerns for accessibility and confidentiality, safety and security of device, availability of electricity and mobile signals, and commitment from stakeholders. In the first phase, 16 Telehealth booths were installed by June 2016.

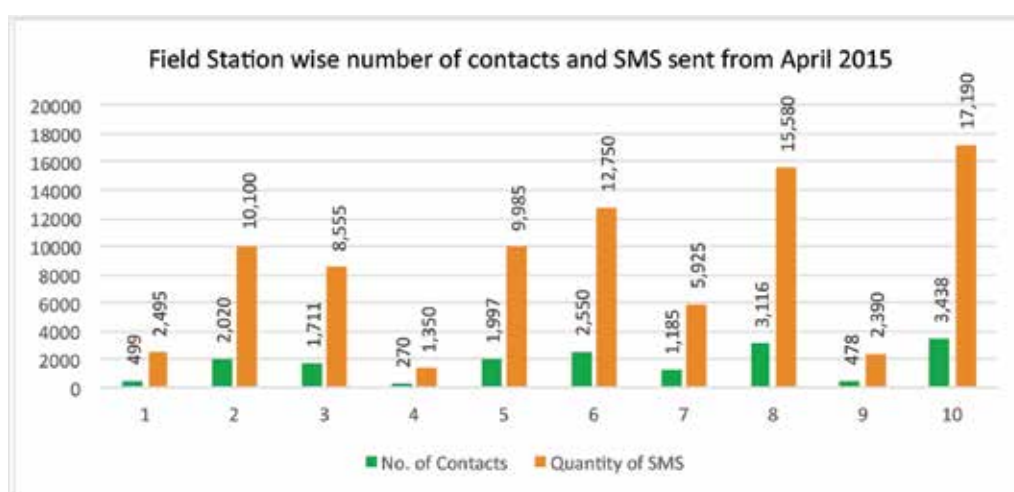
The service began receiving inbound calls from January 2015, as community health workers spread the word during their visits and interactions with community members. As a standard operating procedure, the call agents register clients upon receiving their inbound calls by noting their basic information and allocating a unique ID number to them. Upon receiving consent of the clients during their interaction with community health workers or call agents, follow-up/outbound calls are made, and health-related SMS are sent on the mobile numbers of clients.

Month-wise outbound and inbound call details





SMS dissemination was initiated from April 2015 on fortnightly basis. SMS were sent to 17,264 phone numbers collected from community health workers.



For quality assurance purpose, Aman Telehealth developed a quality tool to evaluate call agents' knowledge, attitude and practices about family planning counseling and best choices of contraceptive methods. The key quality indicators are customer satisfaction and compliance with protocol. To maintain the compliance of family planning and reproductive health related protocols, Aman Telehealth regularly conducted assessment tests on quarterly basis for understanding gaps in knowledge, attitude and practice of call agents, and plan refresher training sessions accordingly.

Improving access & quality of family planning services at public health facilities

Jhpiego played a lead role in improving access to family planning services (by method) at public health facilities, and for the improvement of quality of services for communities in the program's coverage areas. A strategy was developed to synergize and coordinate mechanisms with health facilities operating under different tiers of local government, and build their along with the program staff. Teams were hired and conducted in-house training on Clinical Training Skills and comprehensive family planning package and standard-based management and recognition. It was also considered essential to focus on manual vacuum aspiration training, medical management of incomplete abortion, follow-up mechanism of clients and partnership with the implementing associates.

As a number of health facilities exist under the administration of Karachi Metropolitan Corporation, Sindh Employees' Social Security Institution, and Department of Health within the program area, an additional mapping exercise of all public health facilities in the project area was carried out. GIS coordinates were noted for 42 Family Welfare Centers, and facility assessments were performed. The District Population Welfare Officer (East) from Population Welfare Department was assigned to facilitate the mapping and selection of Family Welfare Centers, Mobile Surgical Units and Reproductive Health Services Centers in the catchment areas. This led to the mapping for 42 of such facilities, where 35 Family Welfare Centers, 3 Mobile Surgical Units, and 2 Reproductive Health Services Centers for project intervention were selected. Facilities were also mapped with Karachi Metropolitan Corporation, Sindh Employees Social Security Institution and other health departments. Of the 40 maternity homes in the area, 14 have been identified so far.

Separate memorandums of understanding for each department of health were planned in view of their independent administrative and governance systems. Jhpiego and Jinnah Sindh Medical University signed an agreement to develop academic program focusing on family planning and post-partum family planning. Moreover, an understanding was reached between the two parties regarding Sindh Government Hospitals at Korangi and Saudabad to serve as clinical training sites. Jinnah Sindh Medical University developed



Location of affiliated public health facilities

Population Welfare Department offers community-based services through its Family Welfare Centers (FWC), one for a population of 20,000. The Centers provide FP counseling and services, excluding tubal ligation and vasectomy, by a mid-level provider known as the Family Welfare Worker (FWW). These centers are located in rented buildings. Over the years FWCs have not been able to serve the community at large. This is true even in Sukh project area, where our baseline results show that out of 57 per cent of the current FP users are receiving services from public sector facilities, only four per cent are getting it from FWC (currently an average of only two to three IUCD clients are entertained in a month at FWC). One major barrier to this poor performance is the stigma of these facilities being exclusively for FP and being within the community women in the catchment area do not want to be seen going to such a center as they fear that the community would think that they were using some type of FP method.

master trainers from within their staff, and improved the technical and family planning skills of the healthcare providers working at these hospitals. Jhpiego also developed understanding with Karachi Metropolitan Corporation and Sindh Employees Social Security Institution in order to access to their health facilities.

Program Management Unit signed an MoU with Population Welfare Department to develop Family Welfare Centers, and to improve the quality of their services and build their image within communities. Jhpiego organized weekly Family Health Days at these centers. Community mobilizers, community health workers and lady health workers gave counseling to women on family planning and encouraged them to go to the centers on Family Health Days, giving them a referral slip for the same. Pregnant women were also provided antenatal care and counseling on post-partum family planning.

The number of clinical trainers and counselors was increased after learning of acute shortages of technical staff at intervention sites to implement the standard family planning service protocols, systemize record keeping, and to set a trend of counseling and on-the-job training. Counseling was considered a critical and essential element in the high uptake of family planning services.

Capacity development of implementing partners was carried out on family planning, including post-partum family planning, post-abortion care and post abortion family planning. Significantly, two training workshops were held on Value Clarification and Attitude Transformation for nominated team members from Aga Khan University, Aahung, Aman Telehealth, Aman Community Health Program and Program Management Unit. The first was held on March 31, 2015 with 14 participants, and the second on June 1, 2015 with 17 participants. A workshop on infection prevention was also conducted for 10 support staff.

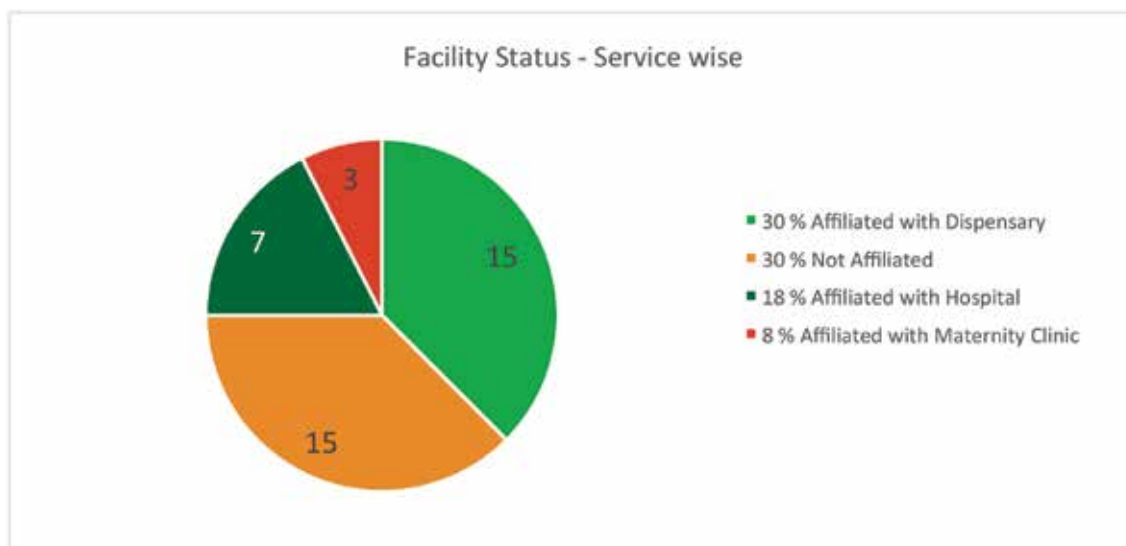
To ensure the effectiveness of Telehealth service, Jhpiego reviewed the existing training curriculum related to job aids and counseling for operators and incorporated content on family planning, post partum family planning, post abortion care and post abortion family planning. Algorithms for Telehealth service and training curriculum were field-tested, followed by training of 30 Telehealth operators. Training sessions were held with 10 participants from February 2 - 4, 2015, and with 20 participants on February 17-20, 2015. To meet initial referral needs, two crash training courses for 33 healthcare

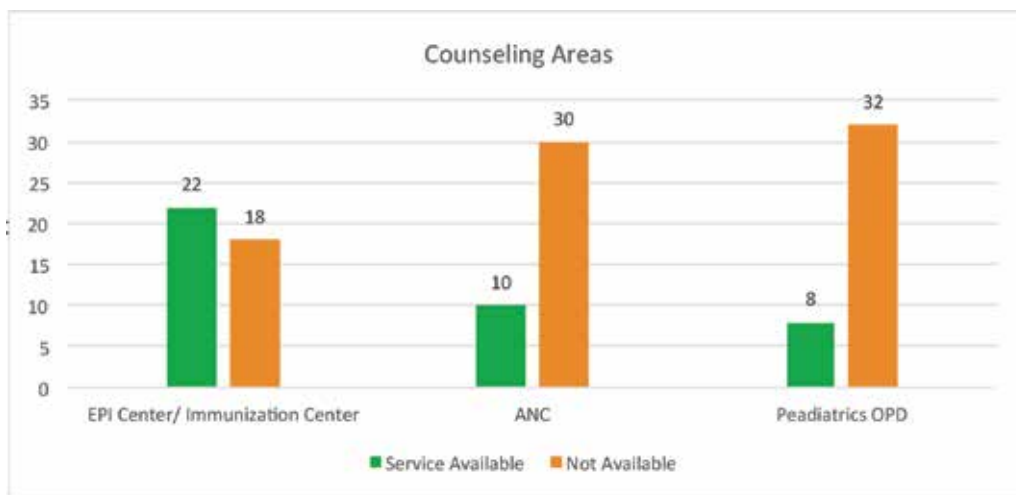
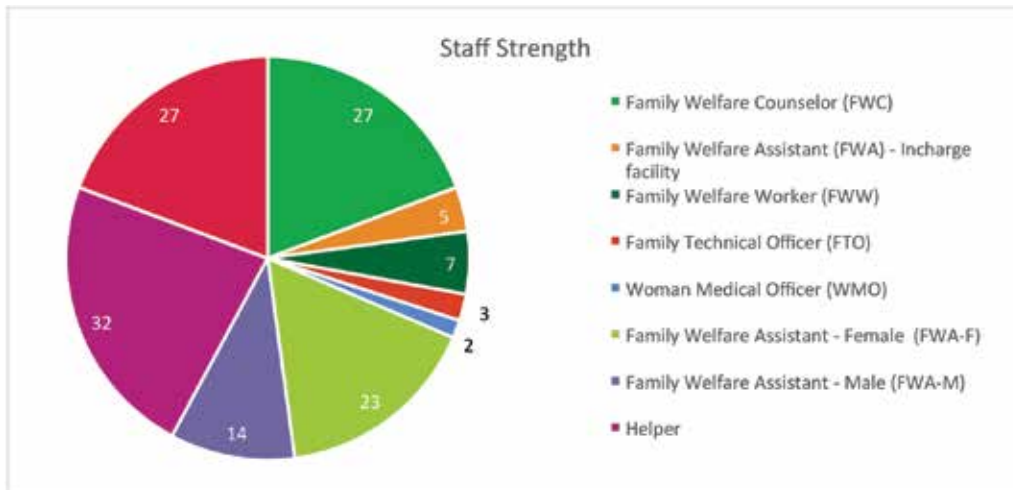
providers from Population Welfare Department were conducted at its Regional Training Institute on family planning counseling and interval intrauterine contraceptive devices. Master trainers from Population Welfare Department facilitated these training sessions.

As part of the intervention, the capacity of 2 clinical training sites and the Regional Training Institute at Clifton were strengthened. The selected clinical training sites were Sindh Government Hospitals (Korangi, Saudabad) and JPMC (Jamshed Town). A Skill Lab was developed and Jhpiego provided Zoe Simulators, implant, intrauterine contraceptive devices, post partum intrauterine contraceptive devices, and manual vacuum aspiration kits. They also provided items for demonstration of infection prevention procedures, job aids, posters and other communication materials. A similar skill lab was developed at the Regional Training Institute for demonstration and practice of trained staff with the support of Population Welfare Department, Government of Sindh.

The information material developed for the program were adapted from Jhpiego Punjab's post partum family planning project. Posters, job aids and other materials were reviewed and modified according to the target audience. Printing of these materials is in process and will be disseminated in Year III.

Baseline assessment of clinical site was conducted for 40 family welfare centers and aimed at identifying prevailing gaps. Thereafter, an action plan was developed to address them. Site strengthening and up gradation of 40 Population Welfare Department facilities was initiated. An MIS application was developed and data collection of geographical coordinates was initiated with the help of M&E department.

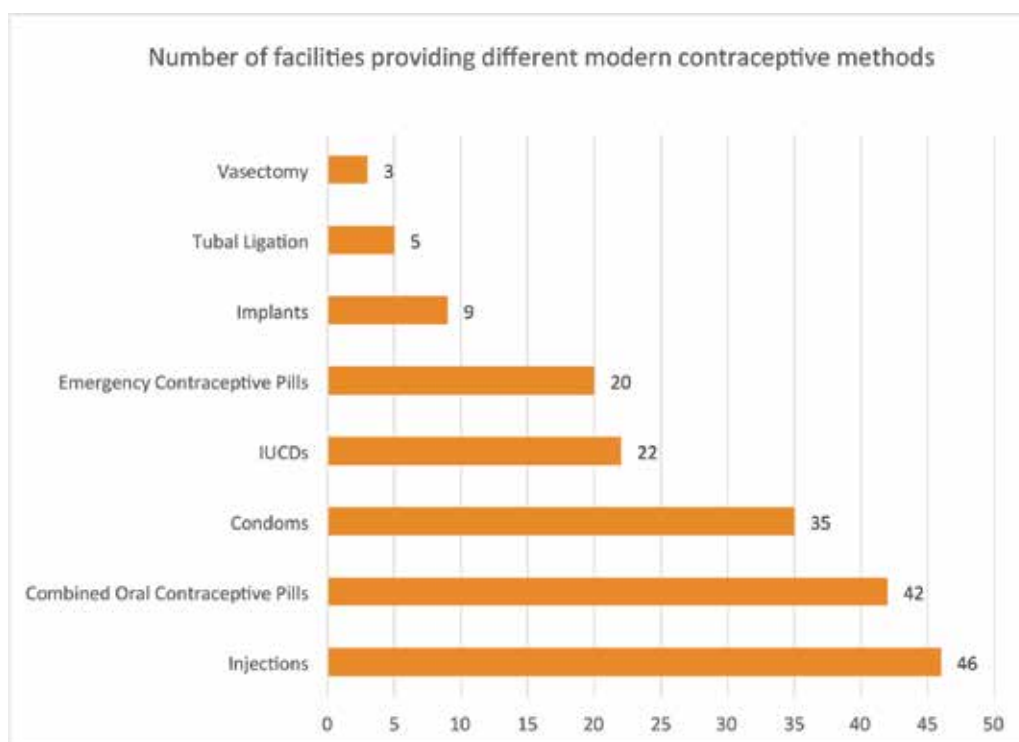


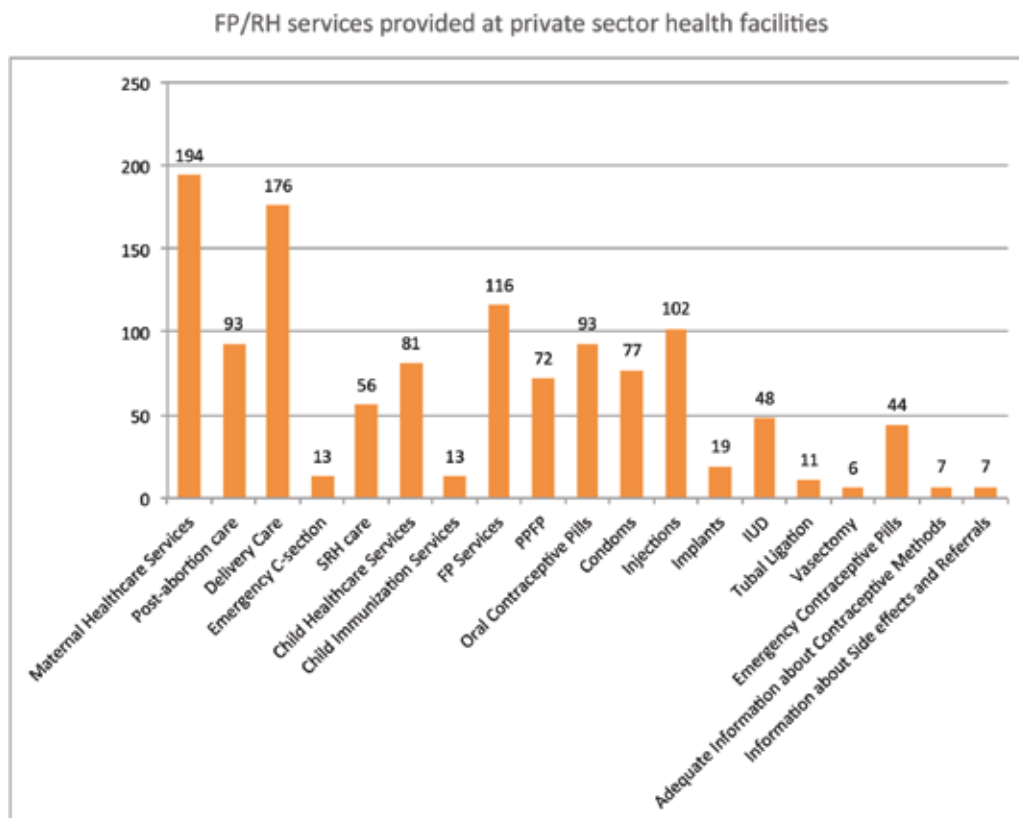


Improving access & quality of family planning services at private health facilities

The program area was mapped for all private facilities related to maternal and child health, pharmacies and educational institutions, and general infrastructure from October–November 2014. A total of 2,503 facilities and institutions were mapped, of these 40% were health or health-related facilities with 34% being general clinics, 28% medical stores and 21% maternity centers. The mapping helped identify that:

- General clinics and medical stores are the major types of health facilities available in these areas.
- More than half of delivery/maternity care providers are unskilled traditional birth attendants.
- Considerable number of informal birthing places, such as maternity centers are headed by lady health visitors and midwives.
- General hospitals, maternity centers, clinics and pharmacies are providing family planning counseling and services.
- Family planning centers with good quality counseling and full extent of family planning services are scarce.





To ensure universal coverage, a strategy was developed to engage private sector clinics and nursing homes. In this connection, DKT provided safe and affordable options for family planning through social marketing and ran its family planning program titled 'Dhanak'. Soon after joining as an implementing partner in May 2015, DKT revisited the strategy, and planned to franchise its services to private sector clinics, introducing six family planning/reproductive health products from September 2015 onwards. These franchise packages include refurbishment and standardization of facilities with basic toolkits, equipment and one-time supply of commodities over the program life.

With an objective to reach out to approximately 0.8 million people, ages 18–40, with reproductive health information through mass media advertising in the program catchment area, DKT:

- trained 80 service providers and their support staff on maternal, newborn and child health, family planning, post partum family planning and post abortion care.
- conducted 960 education sessions about modern contraceptive methods.
- covered 1,500 outlets in the area with family planning products.

Training in Quality Monitoring Tool were given to four Quality Supervisors, four Area Sales Managers and two Regional Managers, with capacity building in PPIUD counseling and insertion skills conducted by Jhpiego. DKT worked with community health workers and lady health workers to increase the client flow to Dhanak Centers.

MONITORING AND EVALUATION

As the measurement partner, Aga Khan University is responsible for providing external and independent measurement of program impact through sample quantitative and qualitative methods within the 1 million population of the program catchment area. Data collection was planned at three different stages of the project by AKU, i.e., before the initiation of the project (baseline); at the midpoint of the project (midline); and at the conclusion of the project (endline).

At baseline measurement, data was collected through focus group discussions, household surveys, in-depth interviews of key informants, elicitation interviews of target population and mapping of facilities and institutions in the catchment areas of the program. At midline and endline, the same data collection will be repeated to evaluate and assess progress and performance of the program to assess the achievement of its final goal of increasing contraceptive prevalence rate at 15% and increase in use of modern methods of contraception. The program's impact will be measured as per the objectives and goals outlined and agreed upon in the program's framework. For this purpose, key performance indicators were prepared according to the activities of implementing partners within the program's framework. An additional responsibility for the measurement partner is to help Program Management Unit through performance management.

During the period from May to August 2014, the following activities were completed:

Development of key performance indicators for each implementing partner

Key performance indicators emerging from the activities of each implementing partner, and as per the objectives and program goals were outlined and agreed upon in the program's framework. Implementing partner indicator was accomplished through a development of framework which describes process indicators for them. The process was completed in May 2014.

Development of mapping tool

A mapping tool for private sector was developed, which is a semi-structured questionnaire to assess various factors of private health facilities identified during mapping exercise of the catchment area.

Mapping of the site

All private facilities providing maternal and child health services, pharmacies, educational institutions and general infrastructure within the program area's population were mapped. Once the private health centers were identified, administrator, managers and any concerned authority of the facility were approached to help complete a quick checklist on the address, approximate number of clients attending these clinics per month, type of family planning methods usually being provided, maternal child health centers providing post partum family planning and post abortion care services, as well as pharmacies



providing family planning methods.

Focus group discussions

These were carried out during the reporting period to inform the baseline and were held with different groups of people from program catchment area:

- (i) married men/women of reproductive age on family planning
- (ii) male/female youth (12–18 years), and
- (iii) parents of youth on family life education and Telehealth.

Review of MIS and reporting tools

Review of MIS and reporting tools of all the implementing partners and Program Management Unit was initiated. A program for online and/or manual data entry system was brainstormed between Aga Khan University and Program Management Unit. Aga Khan University also contributed in numerous meetings with donors, Program Management Unit and implementing partners since joining the program. These meetings were held primarily to develop technical proposals, identify and prioritize indicators, brainstorm implementation strategies, and finalize SOPs, amongst other activities.

Impact Evaluation: Sukh Baseline Survey

The baseline household survey was conducted and qualitative assessment made at 10 Sukh field stations, located in the four towns of Karachi, i.e., Korangi, Landhi, Bin Qasim and Malir. Overall, the baseline data collection had two main goals:

1. Establish a baseline for the evaluation of the impact of the Sukh Initiative strategies for midline and endline assessments.

2. Provide benchmarks for target setting, decision making and course correction against which progress can be measured and success assessed.

The survey was carried out from November 21, 2014 to January 2, 2015, which included focus group discussions and interviews of key informants. The following activities highlight the process adopted for these surveys:

Baseline data collection tools

Various data collection tools were prepared for the baseline assessment. All data collection tools were shared with the Program Management Unit, implementing partners and donors for their feedback.

Field preparation

Formal activities for field preparation were initiated by Aman Community Health Program as early as June 2014. This was a multi-tier activity in which basic assessment of the field site population was made. It entailed:

- Collecting maps of the field sites.
- Developing a Field Observation Tool based on participatory rapid appraisal approach.
- Pretesting data collection tools.
- Staff hiring and training for data collection.
- Carrying out mock interviews during training and formulation of teams.

For the quantitative survey, 52 female interviewers were hired and trained, while for qualitative component, a team of four field staff was hired and trained in October 2014. Training focused on sampling techniques in detail. The mapping team was trained through a formal three-day knowledge and skilled-based training for taking Geographical Information System coordinates.

Data collection

Focus group discussions

Pre-testing of guidelines for this activity was undertaken in August 2014, which helped modify and finalize guidelines prior to final data collection. Sixty activities were conducted at the community level with married women of reproductive age, married men, girls and boys of 16–18 years and parents of youth. These were conducted using a guideline. One focus group discussion of each of the target groups was conducted at each of the 10 stations. In each of these, 8 to 10 individuals participated. Transcriptions were done simultaneously.

Key informant interviews

Seventeen interviews were conducted with stakeholders at both the program and community levels. The key informants included Town Technical Officers of the Departments of Health and Population Welfare, administrator and healthcare providers of the most frequently utilized hospital/ facility, head of the local NGOs, pharmacist, religious leader and Imam of Mosque.

Household survey of married women of reproductive age

For household survey, people in the age brackets of 15–49 years, who either were residing in the intervention sites for the last six months or those who recently moved in and showed intentions to stay there for at least one year, were the respondents. It covered details on demographics, their household possessions, information of individual woman on background characteristics, basic knowledge and understanding of family planning and family life education. Specific questions regarding Telehealth, post abortion care and healthy time and spacing of pregnancy were added to the adapted questionnaire.

A two-staged cluster sampling was adapted. Initially random clusters were selected using block randomization technique from each field station. The first household was selected randomly using pen technique. However, subsequent houses were selected using fifth number through systematic sampling technique, till the achievement of required sample size from that cluster. The total number of random clusters for each town was selected proportionate to their population size. Teams were provided with list of randomly selected clusters from each area by Aman Community Health Program. A total of 5,340 married women of reproductive age from ages 15–49 were interviewed.

Data handling

The sequence of activities in data entry was as follows:

- Data mapping
- Data entering
- Editing of quantitative and qualitative data

The entire process of data management including data entry was carried out by Data Management System, using Epi Data. Consistency checks were run to identify any problems. Discrepancies identified were then reconciled through recourse to the original questionnaires prior to data analysis.

Data Analysis and Report writing

Data from mapping and quantitative household survey was analyzed and the final draft of quantitative survey was completed in April 2015, while the report of qualitative survey was finalized by June 2015.

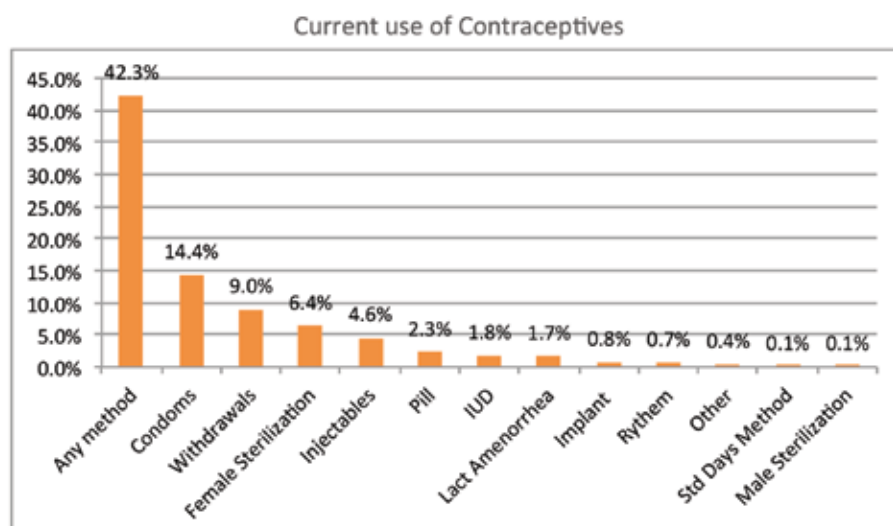
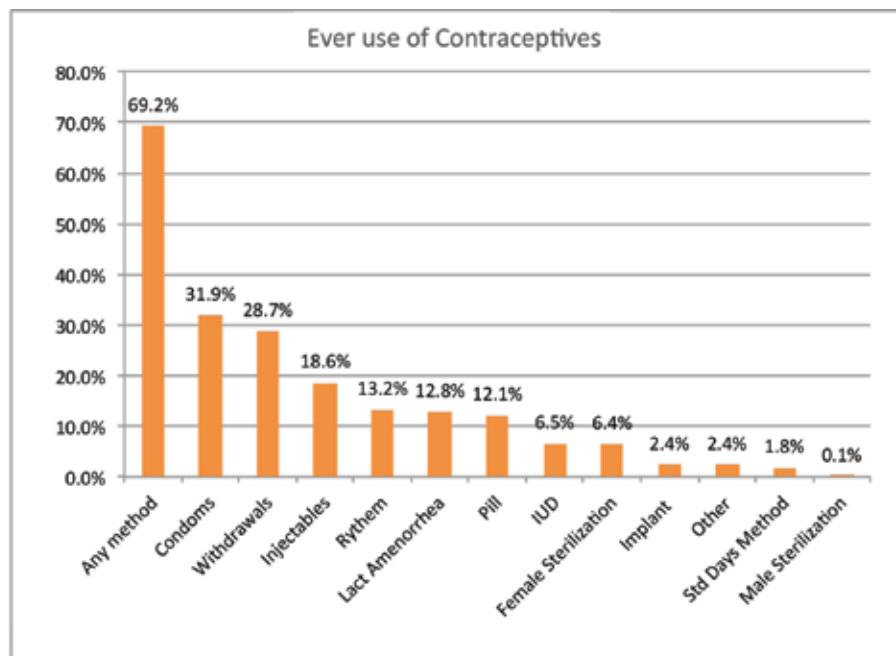
Monitoring of the data collection

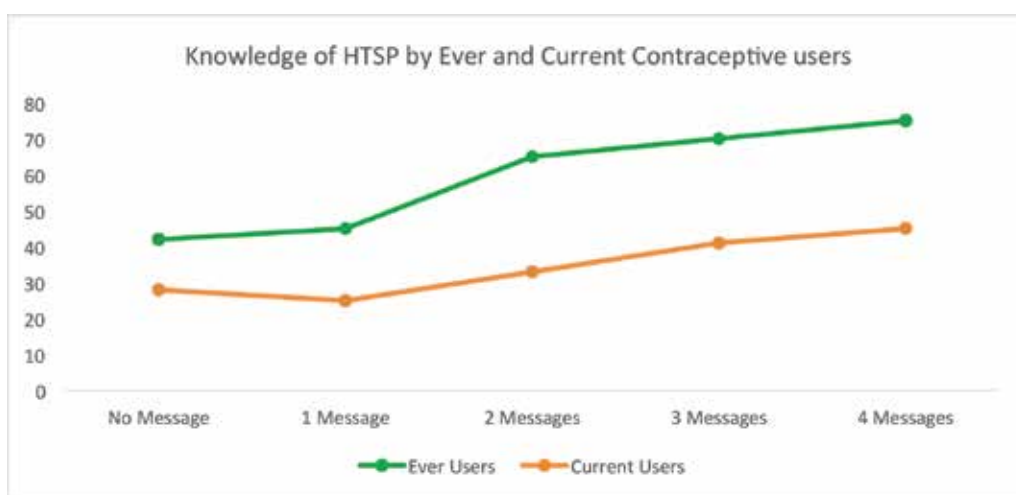
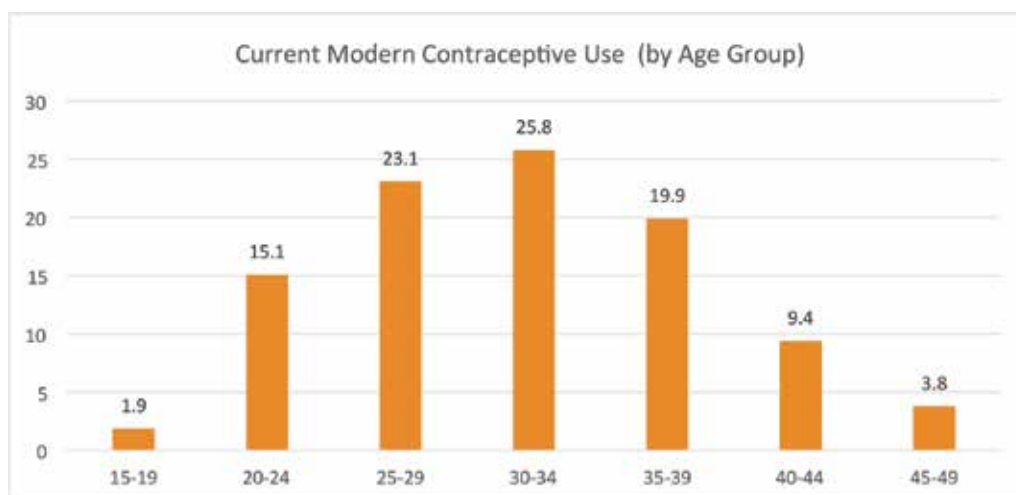
Monitoring was done on stringent basis, both in the field and on a daily basis by supervisors at the field site to identify incomplete/missing information, and subsequently at the department data editors comprehensively reviewed the questionnaires for completeness, and corrected coding, and other areas. Any errors identified in the edited data forms were then reviewed and corrected. Additionally, a two-person team designated and trained for this purpose on regular basis did spot checking of the mapping team, visited landmarks for accurate markings, observed interviews of married women of reproductive age at each station, re-interviewed a few randomly selected forms at each station, spot checked data quality, and also observed activities of field supervisors.

Key findings

Quantitative survey

- The median age of the women interviewed was 30 years (IQR 25–35 year). Majority of the women (67.4%) were in the age group of 20–34 years. About 64% had formal education whereas 36% had never attended a school. Among those who had formal education, 22% acquired primary education, 15% attended middle school, and more than a quarter of respondents (27.5%) received secondary or higher education.
- Approximately 4% of married women of reproductive age in the sample were in the age group of 15–19 years. Of these, 20% were pregnant at the time of interview, and 53.3% had already given birth.





- Wealth quintiles for Sukh Initiative's population indicate that 37.9% of population was poor, out of which 20.1% were the poorest. In addition, 42% were in the lowest quintiles of wealth (poorest: 25.6%; and poor: 16.3%).
- Respondents in the age group of 25–29 years (36.6%) had at least two living children. They belonged to Urdu (35.2%), Sindhi (19.0%), and Bengali (7.0%) speaking segments of population.
- Six out of every ten women had four or more antenatal visits during their last pregnancy, while rest of them either had less than the optimal number of visits or no visits at all (5.4%). About 33% of women could name the facility from where they sought antenatal care. Of these, 68% and 25.5% utilized services from private and public sector facilities, respectively.
- The ever and current use of contraceptive methods was linearly associated with the number of messages known to women. Among women with no knowledge or with knowledge of any one of the messages related to healthy time and spacing of

pregnancy, the use of contraceptives was more or less same; however, the ever and current use of contraceptive methods increased linearly with knowledge of two or more messages. Most commonly known messages were related to age at marriage and having a gap of 24 months after a live birth before planning next conception.

- Ninety seven (97) per cent of women were aware of any modern method of contraception. Sixty nine (69) per cent women reported ever using any contraceptive method with 59 per cent ever using a modern method of contraception. Approximately 42 per cent and 32 per cent women were current users of any method and any modern method of contraception, respectively.
- Among current users, women with one to two children were mostly using condoms (60%), injectable (14%), pill (6.5%) and IUD (5.0%). By third child, the preference for method reduced for condom (49%), remained nearly the same for injectable (14.9%), but increased for female sterilization (14.9%). No significant change was observed for use of pill (6.3%) and IUD (6.9%). After third child, the preference for female sterilization more than doubled (34.4%), condom use further reduced (36.4%), injectable and pill use remained almost the same at 15.1% and 8.5%, respectively.
- Approximately 57% of women were not using any method of contraception at the time of interview. These women were mostly uneducated or had primary level of education, with low parity of one to two children. Nearly 31% of responses to non-use were related to health reasons, i.e., ongoing breastfeeding (10.4%), desire for more children (14.4%), or being pregnant (5.9%). Approximately 6% of women expressed opposition to contraceptive use; these included, opposition by husband (4.2%), self-opposition (1.8%) and opposition by others (0.2%). Nearly, 7% of women expressed health related concerns. Approximately, 22% of responses were related to women's beliefs, attitudes towards contraceptive use, and sexual practices. Of these, most commonly mentioned reasons were infrequent sex (8.0%), natural spacing (5.1%), and lack of need for family planning (4.0%).
- The highest use of modern contraceptive method was observed in Urdu speaking (36.7%) women and lowest observed in Balochi (5.1%) and Hindko (6.8%) speaking women. Punjabi, Sindhi and Pushto speaking women had more or less same per cent of use, i.e., 15.5%, 11.1%, and 11.9%, respectively.
- Approximately 46% of all women who started family planning but discontinued later were in the age group of 20–29 years.
- Only 21% of current users were informed about the side effects of the method and 19% were asked to contact a person in case of a side effect. Fourteen (14) per cent of current users mentioned experiencing a side effect. Most common side effects were headache (19.8%), excessive bleeding (18.6%), irregular menses or no menses (17.6%), and nausea and dizziness (9.7%).

Qualitative survey

Focus group discussion participants and key informants unanimously informed that universal awareness about the family planning program exists but this adequate knowledge of family planning methods is not translated into practice.

“We have to treat women with respect and have to take care of their needs: If they are healthy , we all are healthy”.

Abdul Ghafoor, Community Representative and CAC member.

- Men in nearly all focus groups, healthcare administrators and community leaders mentioned that the main focus of family planning programs is on women, and therefore, men are less informed. Women on the other hand, explained this as men's disinterest in family planning.
- The majority of men and key informants expressed that most of the family planning centers are providing services for women only, and there is need to involve men in family planning programs. Healthcare providers also informed that comprehensive family planning, post partum family planning, post abortion care and post abortion family planning services are not actively offered to men and women of these areas.
- Facilitative factors for family planning, as seen by several women were: females being educated; support from married woman's mother; and changing social values.
- Youth can only make decisions about education, employment or minor day-to-day issues, but all major decisions especially those related to marriage are taken by their parents.

Dissemination of Baseline findings

Two seminars were held in June 2015 to disseminate the baseline findings at community and stakeholder levels and to mark the close of the Year II.

Dissemination seminar for community

This seminar was organized on June 10, 2015, in Korangi town, Karachi, and had participation of more than 400 members of Sukh community, officials of the Population Welfare and Health Departments, as well as representatives of implementing partners.

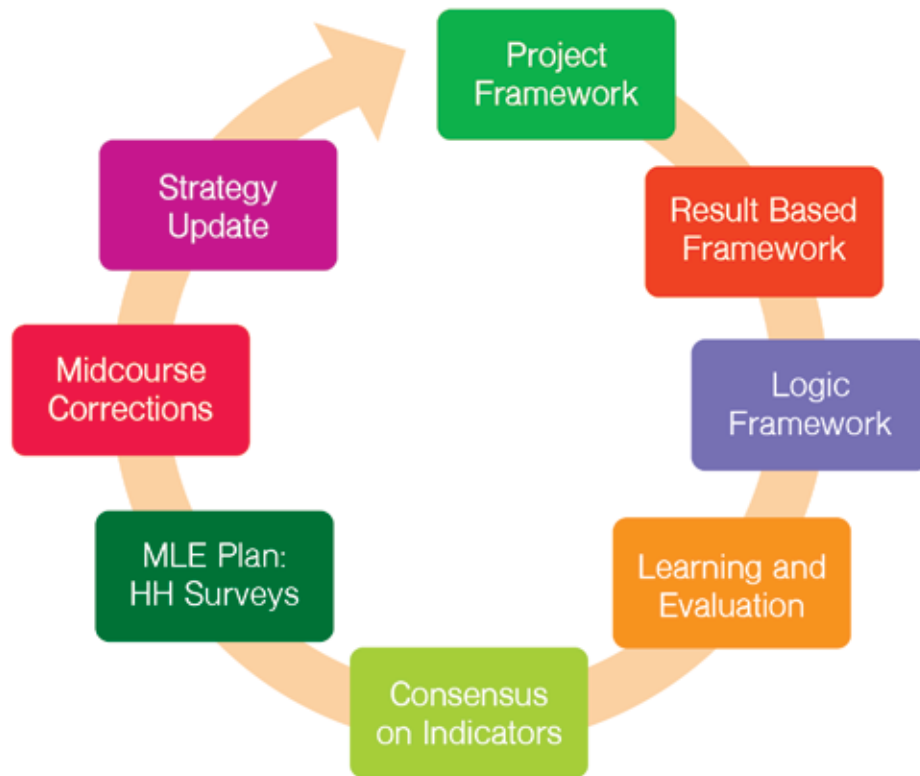
Dissemination seminar for stakeholders

The event was organized on June 16, 2015. It had participation of stakeholders, government and political representatives, development sector partners and civil society representatives. The seminar had three panel discussion sessions; one with implementing partners, second with renowned professionals in family planning/reproductive health, and the third was with government representatives.

Result-based framework and key performance indicators

In order to have effective program monitoring and process evaluation, result based framework for the program was developed and shared with the Steering Committee at its meeting held in Dubai, UAE, on February 22-23, 2015. Key Performance Indicators were developed in accordance with the program's framework keeping in view the activities of

Program monitoring and process evaluation



each implementing partner.

MIS and Reporting Tools

A technical advisor, Ms. Samia Amin from Mathematica, visited the program in October 2014, to review and streamline the program monitoring and evaluation process built on key performance indicators, which are based on the objectives and goals of the program and multiple activities of implementing partners. This also helped create learning questions for each implementing partner. As a follow-up Aga Khan University had meetings with all implementing partners to discuss and plan evaluation and monitoring through spot checks and mid-line evaluation for process and progress according to laid down indicators. This was done based on the result based framework to prepare a final synchronized MIS for all implementing partners' data. The monitoring visits will be initiated by mid-August 2015 in all the field stations of the program, and the field plans will be shared accordingly. Program Management Unit along with Aga Khan University brainstormed a program for online and/or manual data entry system, however it has yet to be finalized.

MIS Portal

The Monitoring & Evaluation plan included the development of an integrated IT solution which provides an android/mobile application to capture the data in the field, through mobile devices (android tablet). The system will also assist in scheduling visits and community follow-ups with real time GIS tracking of field workers. Additionally, it includes a web interface that displays the information for management reporting with the functionality of a planning tool for partners to integrate their activities. The mobile application will work as a client tracking tool for the community health workers, whereas

it will be a community health worker progress monitoring support for their supervisors. Project MIS (PMIS) will provide real time monitoring and evaluation accessibility to the Program Management Unit with information on trends of family planning uptake and updates on key indicators. Additionally, the Program Management Unit has developed a Key Indicators Tracking Sheet (KITS) for the project with inputs from all the implementing partners.

During Year II, the process for development of the program's web-portal and android application was initiated. Request for quotations were shared with multiple software houses and Softech Microsystems was awarded the contract. Beta version of the web-portal has been shared for testing and bugs identification.



ACTIVITY	TARGET	QUARTERLY TARGETS & RESULTS						QUARTERLY TARGETS & RESULTS					
		QUARTER 1						QUARTER 2					
		PLANNED TARGETS	10/10/16	11/10/16	12/10/16	13/10/16	14/10/16	PLANNED TARGETS	10/10/16	11/10/16	12/10/16	13/10/16	14/10/16
Collection of data from sites	5	5	5	5	5	5	5	5	5	5	5	5	5
Surf Training Team 1 (Jan 1)	1	1	1	1	1	1	1	1	1	1	1	1	1
Surf Training Team 2 (Jan 1)	1	1	1	1	1	1	1	1	1	1	1	1	1
Project Monitoring Implementation	1	1	1	1	1	1	1	1	1	1	1	1	1

COMMUNICATION AND ADVOCACY

Government involvement and patronage of the project is vital for the sustainability of the program interventions in the long-run. The program at its initial stages developed partnerships with different government departments through the following initiatives:

Engagement with government departments

Letter of Collaboration with Lady Health Workers Program and Aman Healthcare Services

The Program Management Unit signed a letter of collaboration with National Program for Family Planning and Primary Healthcare, Sindh, in June 2015. The agreement aims to include 250 lady health workers in the program intervention areas and improving counseling skills and referrals by them for family planning / reproductive health services. Program Management Unit will train master trainers on a revised curriculum. Later, these master trainers will roll-down training for lady health workers in their respective healthcare facilities. Program Management Unit will also train lady health supervisors on supportive supervision. The trained lady health workers will conduct support group meetings.

MoU with Population Welfare Department and Department of Education

The MoU with Population Welfare Department signed on April 24, 2015 and is effective till August 31, 2018. The purpose of this agreement is to increase clientele for Population Welfare Department services centers by complimenting services from Aman Community Health Services, Jhpiego and other implementing partners. This will include referrals from the community to their facilities. The MoU will allow the program to select 80 facilities. This collaboration will also include: facility need assessment, facility upgrade/standardization, capacity building of Population Welfare Department healthcare providers (training, IEC material and quality assurance), as well as scaling up of MIS system developed by Jhpiego for the project level facilities and later for the Population Welfare Department facilities.

The MoU with Department of education was signed on February 16, 2015 with the objective to develop a broad consensus and ownership of the program interventions and formation of project Steering Committee (Youth) in Karachi. In this connection, the Department of Education, Program Management Unit and Aahung will collaborate for reviewing family life education curriculum, mapping of education institutes, capacity building and conducting parent sensitization session, and coordination and monitoring.

Meetings with Health and Population Welfare Departments

Sukh Initiative became a member of the Provincial Technical Committee as a result of the meetings with the high officials of Department of Health and Population Welfare Department. Director General Health and Secretary Population Welfare Department made available all resources within Population Welfare Department for the program. The

Involving Government from Inception to Implementation

Focusing on partnership with the government enhances political will and leads to greater and sustainable impact. “We own this project, it is for the benefits of our people and we will work with Sukh to learn from it, of what can be adapted by the Government”, remarked Mr. Iqbal Hussain Durrani, Secretary Health at the end of an exclusive meeting held in March 2014 at Karachi. The meeting was jointly chaired by Mr. Iqbal Hussain Durrani, Secretary Health, and Mr. Muhammad Saleem Raza, Secretary Population Welfare Department, Government of Sindh, and was participated by representatives from the three Foundations, PMU and AHCS. With this reassurance, the PMU started to work with ExpandNet to develop a sustainability model for Sukh, and identified four intervention areas for scaling-up. These areas are: (i) Including Lady Health Workers (LHWs), community-based mobilizers from the health department, covering 1,000 population in FP demand generation activities; (ii) Establishing FP/ RH clinical training sites within health department facilities; (iii) improving quality of services at Family Welfare Centers (FWCs), community-based FP/ RH service centers of Population Welfare Department; and iv) including Family Life Education (FLE) curriculum in Board of Curriculum, Sindh. Departments of Health, Population Welfare and Education were engaged through series of individual meetings, to discuss project strategies. The foundations were flexible to accommodate the suggestions from the departments and to revisit strategies for scalable best practices. With this, the PMU was able to achieve an understanding from the Health department to allow Sukh to develop three facilities as training sites, and 250 LHWs to be part of the mobilization team. Both health and population departments endorsed the curriculum developed by Sukh for community mobilization. Moreover, Population Welfare department agreed in principal for Sukh to improve clinical competencies at 40 FWCs by training the staff at these facilities and also provide supportive supervision with a joint supervisory team. Sukh is now a member of existing Provincial and District Technical Committees, working under the Population Welfare Department with participation of Health Department. These committees review monthly and quarterly progress of project activities. Education Department has permitted Sukh to conduct FLE training at public schools in project area. Sindh Curriculum Board has formed a joint task force to review FLE for institutionalization. As next step for the PMU is to formalize these commitments through a memorandum of understanding, signed with these departments. The support from government departments exceeded expectations.

program has attended three meetings in Year II of its implementation, highlighting its progress and seeking support, which was readily been extended.

Meeting of Technical Advisory Group

This serves as a coordination mechanism and provides technical advice, recommendations and support to Sukh Initiative for attainment of program goals. This committee consists of an august group of experts that foster coordination and synergy between the program and the government departments in Sindh. Technical Advisory Group is well-represented by senior management from the three foundations, implementing partners, members of provincial assembly, Government Departments (Health, Population Welfare, and Education and Youth Affairs). It also includes members from private sector such as Pakistan Nursing Council, USAID, UNFPA, Rutgers-WPF, NCMNH, and social marketing companies.

The program held two meetings in July 2014 and February 2015. The first was introductory and brainstorming meeting where members were introduced to the program and their key technical inputs were sought. In the second meeting, the baseline survey was shared with the members for their feedback and suggestion.

MANAGEMENT AND COORDINATION

For effective management of different program activities, extensive coordination was made between Program Management Unit, implementing partners, government departments, Sindh development partners and the donor foundations. The Program Management Unit further formalized the level of interaction to make the coordination activities more regular, interactive and result-orientated. Some of these activities include meetings of the Steering Committee, teleconferences with donor Foundations, monthly meetings of implementing partners, as well as participation in the meetings of District Technical Committee.

Strategic Management

Steering Committee Meetings

In two years, three meetings of the Steering Committee were held. Two in-person meeting were held in Karachi during initial phases in November 2013 and March 2014. The third meeting was held in Dubai, UAE, on February 22–23, 2015. In this two-day meeting, baseline survey report was presented that suggested making certain changes in the implementing strategy. Some of the key decisions made included redoing data analysis of the quantitative part of the baseline survey, revising the strategy document with more emphasis on advocacy, using impact indicators in the result-based framework as well as approval of the revised budget.

Teleconferences with donor foundation

Monthly teleconferences provided an opportunity for the Program Management Unit to share project updates and get feedback and strategic direction on issues and challenges. The frequency of these meetings has now been reduced from once a month to every alternate month. In the Year II, 10 teleconference meetings were held.

Operational Management

Monthly meetings with implementing partners

The Program Management Unit conducts monthly meetings with implementing partners to capture their respective monthly progress with an aim to ensure that all stakeholders were up-to-date with project implementation status. In Year II, 12 meetings of Field Operations and 12 Senior Management Team meetings were held. These meetings were held at two levels. On every fourth working day of the month, a field operation meeting was held where monthly planner of partners was discussed and field level issues and challenges were addressed, especially related to inter-partner collaboration. The second level of interaction was with senior management from each partner, who met every second Wednesday of the month. This Senior Management Team shared project updates and discussed operational issues.

Development Partners Forum

The country office of the Packard Foundation organized a Health Development Partner Forum. This forum provided a venue for the donor group working on maternal, newborn and child health, and family planning/reproductive health in Sindh to develop synergies and avoid duplication of efforts.

District Technical Committee

This meeting was held on a monthly basis at EDO – Health Office, where representatives of different government hospitals and various NGOs working on family planning/reproductive health met and shared their performance and reviewed previously agreed action plans.



CRITICAL LEARNING

During the initial phases of the program, there were challenges in beginning field activities.

Addressing community resistance, focus on partnership, concern of religious leaders and other stakeholders were a part of this and have been addressed to a great extent. Being the foundation year, the focus remained on streamlining procedures. The program was faced with the following challenges during site mapping in its catchment area:

Community response

The criteria for site selection was the community's general acceptance for family planning/reproductive health, however during site mapping, the teams faced resistance from small clusters of hardliners within these communities who were accustomed to certain values where women's education was not a priority, and the cultural values continued to over shadow logical values. A two-prong approach was thus developed.

Firstly, the intervention approach was redesigned to integrate family planning/reproductive health with maternal, neonatal and child health, nutrition, and health education to develop a family life model that was more acceptable to the community. Secondly, the community representative groups/community based organization and community advisory committee members were sensitized to these issues and were asked to use their influence and to address hardliner elements and discuss the program implementation strategy with them. These quick remedies bore fruit and provided acceptance of the program in inaccessible communities, who were encouraged enough to allow their girls to join the community health workers cadre. It was simpler for teams to reach and meet with the communities using Aman Foundation's well-known and highly respected Aman ambulance service.

Concern of religious leaders

Religious leaders from various sects were skeptical about the motives of the program and possible political associations it may have. This was abated soon as all the teams of field stations were hired from the same community, and community advisory committees and community representative groups/community based organization included community notables and elders that helped address these concerns individually and collectively.

An innovative approach by Field Station #8 helped cement religious support, whereby a video recording was made of a well-respected religious leader who agreed with the strategic objectives of Sukh and extended his support during the implementation. This video was used during discussions with other community religious leaders who found his comments supportive and reaffirmed their support to the program.

Anticipation and realities in program implementation

The initial strategy of Sukh program was to reach the community with a phased approach. However, mapping of the program site highlighted that this approach might not be feasible as the community honored its myths and perceptions of family planning and reproductive health. It was, therefore, decided to develop a one-go approach and reach the community as a whole and continue the interaction throughout the project life. The flexibility from the donor foundations facilitated in developing more realistic and strategic approaches despite delay in implementation of the program.

Change of leadership at Program Management Unit

The incumbent Head of Sukh Initiative joined the program in the third quarter of Year I. The recruitment of key project staff at Program Management Unit was initiated in the same period.

Delay in developing results-based framework

The result-based framework tracking sheet was to be developed by December 2013 and was delayed till all implementing partners were on board earlier. The framework was ready in August 2014.

High turnover of community health workers and office staff

Major turnovers in office staff and community health workers resulted from the initial pay scale. They were hired at less than government minimum wage rate, and in many cases it was the first out of home and work exposure. This led to the departure of trainees after attending training sessions. Pay scales was adjusted thereafter and various training sessions were planned to keep them motivated.

Poor health seeking behavior

Like most under-privileged areas of developing countries, the communities in the program catchment areas had no/low health mandate. People had bare access to basic necessities like food and shelter, and there was lack of security, basic infrastructure and health facilities. The community expected financial aid alongside medicine for general ailments that were not mandated as part of the intervention.

Working with educational institutes

A large number of private schools in the intervention area with low student strength owing to high level of poverty existed. Children often preferred to work rather than study. The socio-economic and political context of certain areas made it challenging to advocate with school management to work on family life education. The program teams continuously engaged with these schools to expand the teachings of family life education.

It was challenging to sign MoUs with private school and alternate learning institutions. A significant amount of time was spent conducting meetings and advocacy work on family life education with the management of private schools and alternate learning institutes. After months of continuous engagement, these institutions are now ready to partner with the program and MoUs will be signed in the first quarter of Year III. Sindh Education Department allowed teachers' training just before summer vacation in May 2015. A gap of two months between the time teachers receive training and when they start rolling out training with the students may become a challenge.

Bureaucratic hurdles working with the government departments

Working with government departments was a challenge due to red tapism and unnecessary protocols. Financial sustainability and scalability of health programs transferring from private to public domains also lack of ownership.

Placement and acceptance of phone booths

In most of the cases, installation of a phone booth at a specific location was guided by an influential person of the community. Initially the acceptance of, and comfort level towards, phone booth service was low. It also resulted in fake or irrelevant calls. The Aman Telehealth team faced challenges in controlling non-serious callers from the booths and interaction with multi-lingual people in the community.

Another challenge was that most of the numbers provided to Aman Telehealth for outbound calls were not from the catchment sites and the community members had a general tendency of changing numbers. Due to this, 20% contact numbers were not responsive. There was a visible challenge to gain direct access to married women of reproductive health through telephone, who either did not have their own mobile phones or were reluctant to share their contact details. 20% of those contacted were still not interested in getting themselves registered. Short message delivery has been a challenge as the contact numbers were not complete, validated or categorized. Moreover, comprehensive understanding of family planning related SMS is a challenge due to poor education level in the catchment areas.

Security of telephone booths

Social and political pressures proved a major challenge in gaining consent and agreement of stakeholders/influencing bodies of the community for the installation of telephone booths. Places exist where stakeholders have to turn the telephone set off and place it in the community's custody in late evening and night time.

Political will and sustainable impact

Support from the government has been strong. After the initial interactions with senior government officials at Department of Health and Population Welfare Department, the program team was encouraged by the strong political will to improve health and wellbeing of citizens with assistance from NGOs. Both departments extended assistance and resources that were required for the program's implementation. In their capacities, Department of Health has proposed to make 250 lady health workers part of the program, whereas Population Welfare Department has agreed to allow the program to work with 40 of its family welfare centers.

During Year I, the program focused on providing a platform that enabled strategy development of stakeholders, devising policies and scale best practices for the benefit of a larger community. Year II focused more on how these strategies were performing and identifying areas for re-strategizing to achieve the project target. Pivotal in Year II were collaborations with government partners and the addressing of specific challenges. The program now works as a consortium with multiple public and private partners that are interlinked, and the program is making efforts to ensure that all partners are well-coordinated and understand the importance of each other's roles.

Post-abortion Importance of Spacing

18-year-old Ameer Bano from Ameen Jatt Para, had a miscarriage just eight months after her marriage. She was visited by Saeeda, a Community Health Worker from Sukh Initiative, and counseled her on post-abortion family planning practices. Ameer Bano was, however, reluctant to adopt any FP method because of her belief that as a newlywed she has to have her first child as soon as possible so that she was not subjected to humiliations of being infertile from her family and neighbors. Saeeda continued to counsel her on the importance of spacing for six months after abortion, however she was not making any headways. Saeeda, changed her approach and met with Ameer Bano's mother-in-law and discussed the health complications if Ameer Bano gets pregnant soon after abortion, but even her mother-in-law was reluctant to agree. As a next step, Saeeda thought of inviting them to Support Group Meeting which was organized every week to hold discussion with women about the importance of spacing families and for experience-sharing. Saeeda asked the women in the group to support Ameer Bano and her mother-in-law in making the right decision. During the meeting, Saeeda discussed the importance of spacing after an abortion. Other women in the group gave many examples to Ameer Bano and her mother-in-law of the ill-effects of repeated pregnancies especially after abortion and that too at a young age. Both Ameer Bano and her mother-in-law asked many questions, and after getting satisfactory response, they agreed to opt for a short acting reversible method. Saeeda accompanied both to a nearby facility, where Ameer Bano chose to use an injectable method. Worrying for the betterment of each and every client in the community is the hallmark of success for CHW Saeeda, who could have left the family as non-responsive, but her quest to transform lives and bring healthy behaviors in all, made her approach the family again and again and elicit support from women in the community for Ameer Bano's quality of life.

Learnings from Year I

Importance of a well-structured approach for successful implementation

The program's implementation strategy was developed after taking several factors into consideration. Key among them was brainstorming different approaches from similar national, regional and global projects, and put them into the project's context.

Synergizing efforts to form an integrated approach with implementing partners

Sukh is a complex project with multiple solution levers provided by different partners. Over the course of interaction with implementing partners, the role of Program Management Unit has addressed concerns and facilitated the needs of all partners. Moreover, synergizing their efforts to form an integrated approach has been a project hallmark.

- Aahung's expertise in working with youth in schools and colleges on family life education was limited when it came to communities. Discussions with their team and Aman Community Health Program led to the development of a plan that enabled Aahung to reach out to young girls and boys (16 years and above) in the community through male and female community health workers, and engage in community sensitization on family life education through community representative groups/ community based organization and community advisory committees, street theater and docudramas.

- Aga Khan University's baseline survey has undergone several changes since its first proposal in October 2013 to the one latest in June 2014. Suggestions of Lot Quality Assurance Sampling study and panel survey were changed to midline survey and cluster sampling. During this course, the need for capacity building of its team was also identified, and with the support from Packard, Mathematica provided initial feedback on the baseline questionnaire. Donor Foundations and Program Management Unit agreed to receive technical support in monitoring and evaluation on permanent basis that can continue to work with Aga Khan University over the life of the project. This will facilitate in impact evaluations and MIS interpretations.
- PMU's discussion with Aman Telehealth for promoting the helpline service resulted in the development of a marketing strategy, which included the use of FM radio, local cable operator networks and the involvement of community workers and groups for wider dissemination.

Involving stakeholders from inception

Involving key stakeholders from project inception allowed for developing ownership amongst them. Working closely with Health and Population Welfare departments has allowed for more support and understanding to develop between them and the program.

Interacting with the community before initiating activities

Interacting with community gatekeepers and influencers before initiating field activities has facilitated good will and acceptance among the community. It has also provided an insight to the aspirations and apprehensions of the community elders with regards to family planning and reproductive health. This gave the team opportunities to make contextual changes in the approach and also sensitize community gatekeepers to the importance of such initiatives as a health intervention. As a result, the teams were able to work in these communities, and community elders and influencers became involved in forming community representative groups/community based organization and community advisory committees structures, nominating females from their communities to work as community health workers with the program.

Beginning with the end in mind

With support from Gates Foundation, the program team began working with ExpandNet to develop a sustainability model, focusing on the concept of 'beginning with the end in mind'. The team has been trained by ExpandNet on steps to scale-up and initiate discussions on process documentation of the program.

Learnings from Year II

Implementation partnership strategy with Aman Community Health Program

The prescribed implementing strategy to form community advisory committees and Community representative groups/community based organization and involving the community at grassroots level in project activities, proved to be successful and resulted in building good trust amongst the community.

Training duration

It was observed that conducting a family life education master trainers training in two

days was an unrealistic target and that gaps in the training. This has been increased to a minimum of four days to ensure quality learning and effectiveness.

Training content

The first family planning and reproductive health training conducted with Aman Telehealth staff focused heavily on content and received low response from the participants. The Aahung team revised this to ensure that the second training focused more on participatory methodologies, like case studies, group work and mock calls. It was also understood that future training should staff be hands-on, using activities such as mock calls to give more confidence and practice. Moreover, it was observed that Aahung would have to conduct more follow-ups with the trained staff after the training sessions to ensure that they were effectively implementing family life education protocols and guidelines.

Working with alternate educational institutions

During the mapping process, teams identified several alternate learning institutions in the community such as vocational centers and coaching centers. Mapping revealed that students were enrolled for a short time and it was realized that family life education modules needed to be shorter and concise so as to impart information in a limited timeframe.

Telephone booth service

The success of this service depended on the involvement of partner field teams and community stakeholders throughout the process, i.e., from site selection to the installation to the operation of booths. It also became apparent that community health workers and CHNs must work in close coordination with the Telehealth team for feedback and suggestions on ongoing orientation sessions held in the community.

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SUKH INITIATIVE ANNUAL REPORT

YEAR III
JULY, 2015
TO JUNE, 2016

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

SUKH INITIATIVE

ANNUAL REPORT

YEAR III
JULY, 2015
TO JUNE, 2016

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



Health Department
Sindh



Health & Family Welfare Department
Sindh



Health & Family Welfare Department
Sindh



Population Welfare Department
Sindh

Project Partners



THE GUARDIAN UNIVERSITY



CONTENTS

ABBREVIATIONS & ACRONYMS	5
MESSAGE	7
SUKH INITIATIVE AT WORK	9
Context in which we work	9
Where we work	9
Implementing partners	10
Program model	15
PROGRESS AT A GLANCE	17
Mapping of Targeted Intervention Sites	21
Population coverage/household mapping	21
Mapping of health facilities	21
Registration of clients for Aman Telehealth	23
ENABLING ENVIRONMENT	25
Community representative groups	25
Community advisory committees	25
Male Involvement	26
Community involvement and engagement on youth issues	26
CAPACITY BUILDING	29
Capacity building of community health workers	29
Capacity building of school teachers	32
Capacity building of health care providers	33
Capacity building of Telehealth call agents	34
Capacity building of senior and middle management	35
Capacity building of the community	35
STRENGTHENING HEALTH FACILITIES	37
Uplifting of the Public Health Facilities	37
Branding and upgrading private health facilities	37
Increasing demand for family planning services	37
Promoting family planning/reproductive health through Aman Telehealth	40
Demand generation for family planning at Jhpiego facilitates	41
Improving access and quality of family planning services	42
Improving public sector family planning/reproductive health services	43
Trends for long-acting reversible contraception in post-partum family planning	44
Improving private sector family planning/reproductive health services	45

COMMUNICATION, ADVOCACY AND SUSTAINABILITY	47
Advocacy	47
Communication	48
Sustainability	49
MONITORING AND EVALUATION	51
Monitoring Process	51
Quick Investigation of Quality (QIQ)	52
Internal monitoring mechanisms of Sukh Initiative partners	54
Monitoring of integrated work plans by program management unit	56
Supportive supervision and joint monitoring of public health facilities	56
MANAGEMENT AND COORDINATION	57
Strategic Management	57
Operational Management	57
Review and Planning	58
CRITICAL LEARNING	59
Power of the Mass Media	59
The younger the wiser	59
Let's call 9123!	60



ABBREVIATIONS & ACRONYMS

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

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

MESSAGE

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

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

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

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

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

Dr. Haris Ahmed
Head of Sukh Initiative



SUKH INITIATIVE AT WORK

Context in which we work

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

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

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

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

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

Where we work

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

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



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

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

Implementing partners

Aman Community Health Program

Partner for Door-to-door Community Services

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

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

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

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

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

Aman Telehealth

Partner for Telehealth Helpline Service

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

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

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

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

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

Aahung

Partner for Life Skills Based Education (LSBE)

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



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

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

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

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

Jhpiego

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

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

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

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

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

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

DKT Pakistan

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

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

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

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

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

Aga Khan University

Partner for Measurement

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

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

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

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

Center for Communication Programs Pakistan

Partner for Strategic Communication

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

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

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

Program model

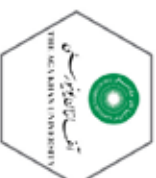


15% increase in use of modern contraceptives among
1 million target population

Increase demand for
family planning services

Improve access and quality
of family planning services

Sustainability

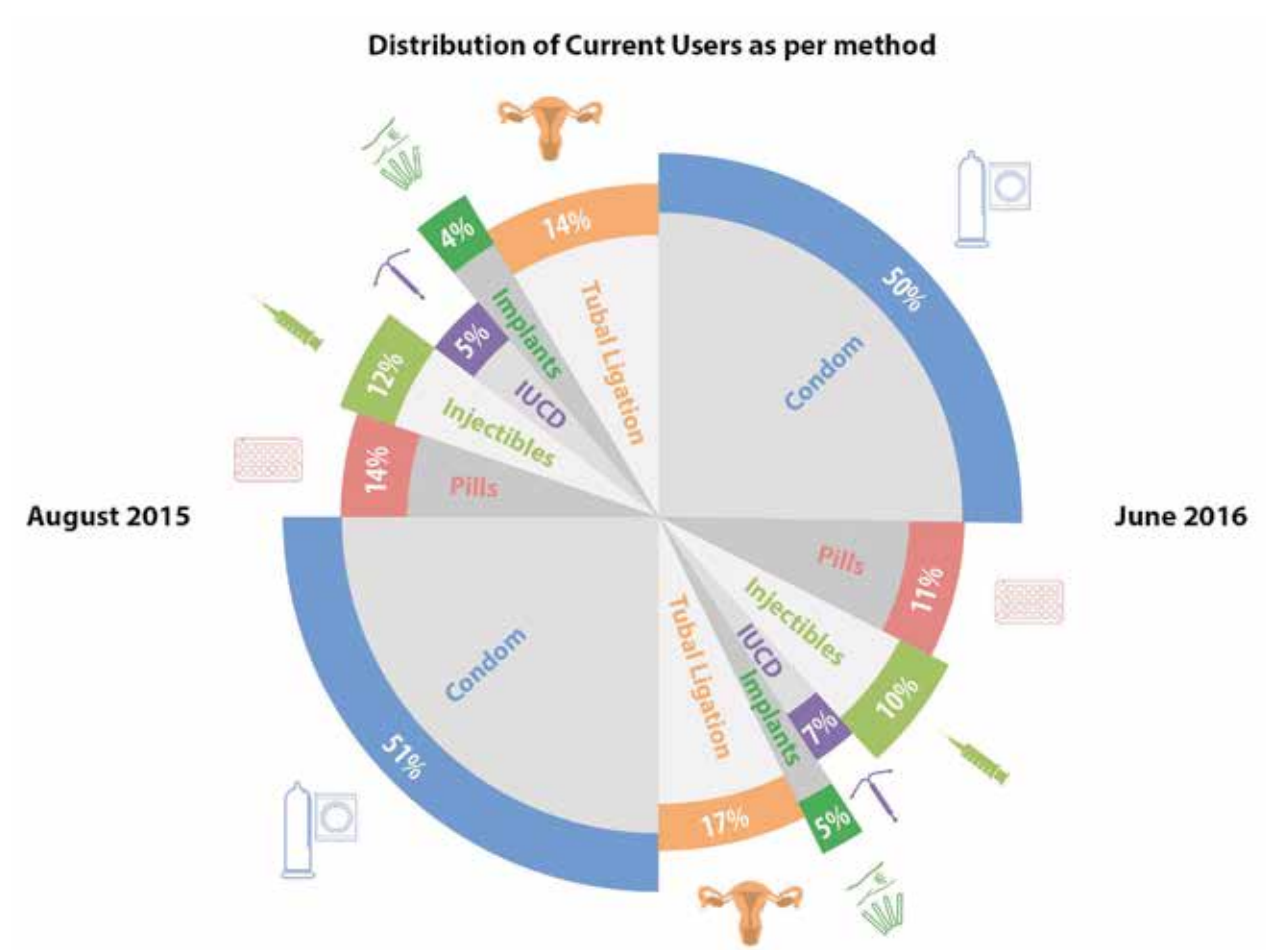




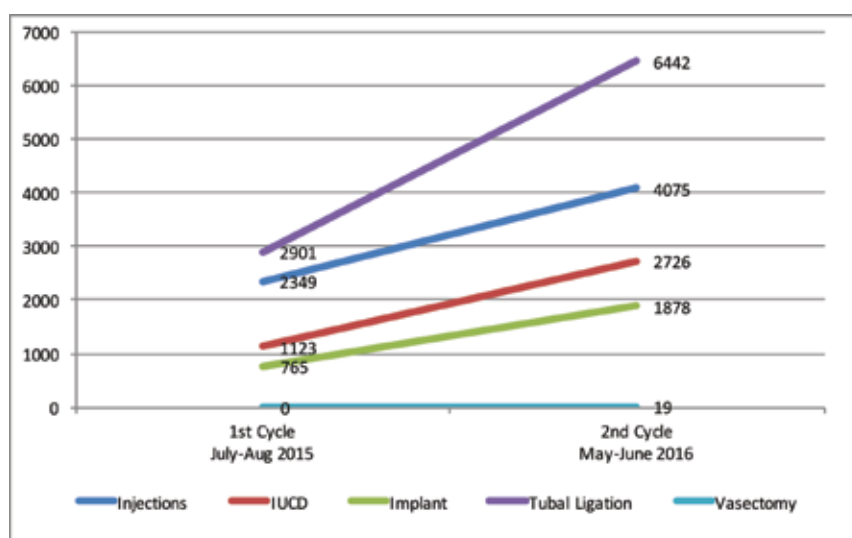
PROGRESS AT A GLANCE

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



MAPPING OF TARGETED INTERVENTION SITES

A. Population coverage/household mapping

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

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



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



B. Mapping of health facilities

i. Mapping of Public Health Facilities

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

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

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

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

ii. Mapping of private health facilities

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

iii. Mapping of schools for Life Skills based Education

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

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

C. Registration of clients for Aman Telehealth

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

i. Database of contact details from the community

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

ii. Health directory system for referral

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

FAMILY WELFARE CENTRE BEECH

MONTHLY PERFORMANCE REPORT FOR THE YEAR 201

S.NO	MONTH	CONDOM	ORAL PILLS	INJECTION	COPPERT. IUDILE	C.S
1	Jan.	2274	35	24	6	2
2	February	1400	55	40	3	2
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



ENABLING ENVIRONMENT

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

A. Community representative groups

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

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

B. Community advisory committees

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



C. Male Involvement

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



D. Community involvement and engagement on youth issues

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

i. Parent Sensitization

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

ii. Theater

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

iii. Youth Mela

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

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

iv. Whole school activities

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





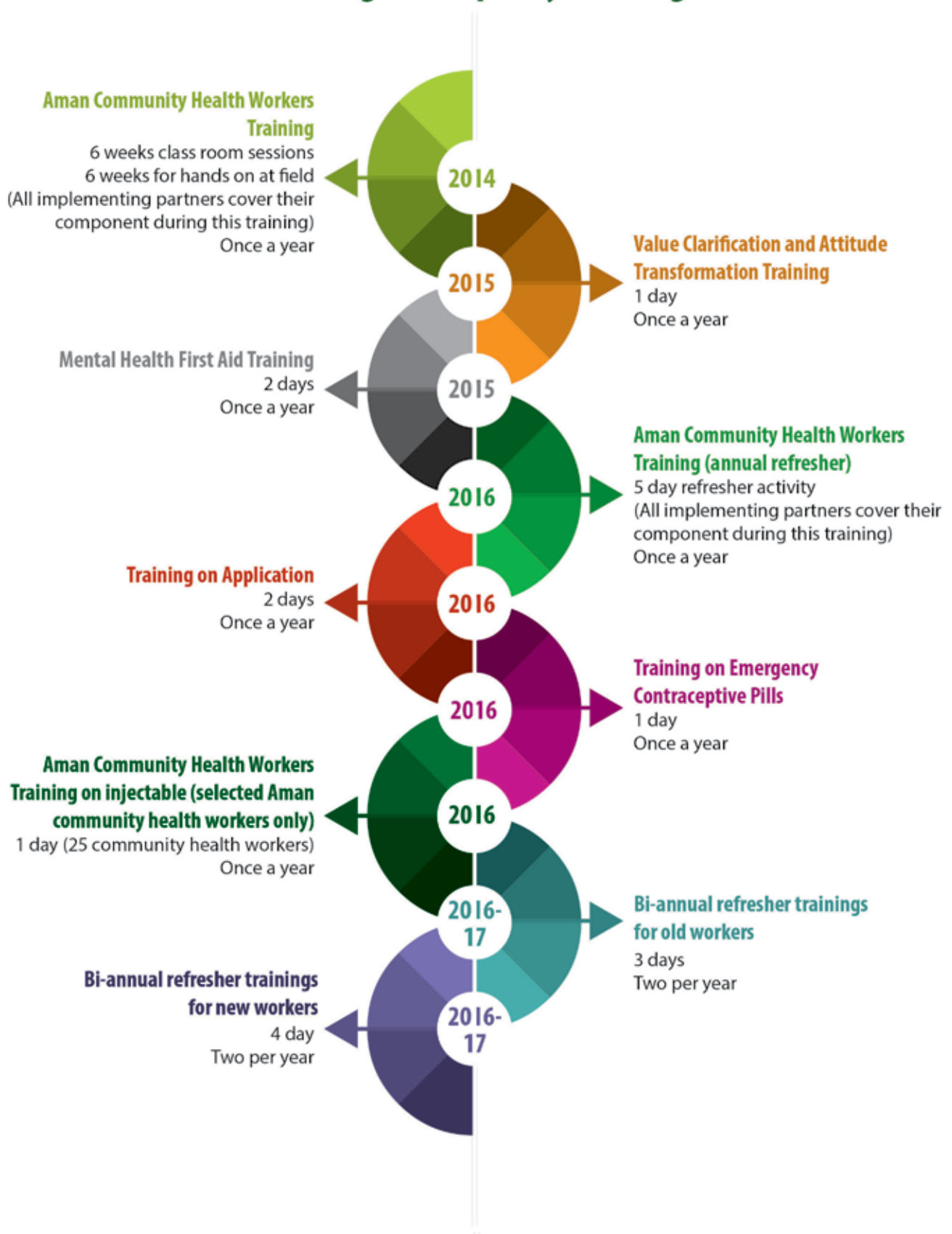
CAPACITY BUILDING

A. Capacity building of community health workers

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



Training and capacity building



Induction Training Mechanism

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

i. Need assessment

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

ii. Refresher trainings

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

iii. Continuous medical education

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

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

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

v. Telehealth orientation sessions for community health workers

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

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

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

vii. Training on provision of injectable contraceptives

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

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

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

viii. Training on mobile app for household data

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

ix. Orientation session on protocols for emergency contraceptive pills

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

B. Capacity building of school teachers

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

i. Teachers training

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

ii. Refresher trainings for teachers

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

iii. Training of teachers from alternate learning institutes

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

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

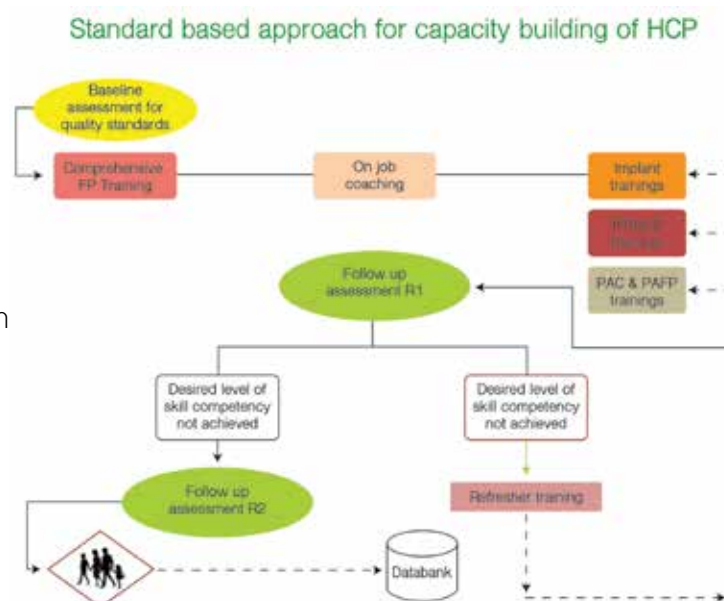
Key findings from the pre and post tests conducted at each training showed a significant increase of 29 percent in knowledge regarding dangers of early marriage and teenage pregnancy, improvement in attitude towards puberty related education to young people, girls' consent for marriage, and on the importance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

C. Capacity building of health care providers

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

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

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



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

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

iii. Training on youth friendly services

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

iv. Training on post-abortion care

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

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

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

vi. Training on value clarification and attitude transformation

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

vii. On job coaching

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

D. Capacity building of Telehealth call agents

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

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

i. Training on family planning

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

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

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

iii. Training on value clarification and attitude transformation

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

iv. Orientation on family planning products

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

E. Capacity building of senior and middle management

Training on value clarification and attitude transformation

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

F. Capacity building of the community

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



STRENGTHENING HEALTH FACILITIES

A. Uplifting of the Public Health Facilities

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

Infection prevention equipment and supplies



IEC material placement in facilities



B. Branding and upgrading private health facilities

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

C. Increasing demand for family planning services

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

i. Door-to-door community services

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

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

ii. Household visits for counseling on family planning

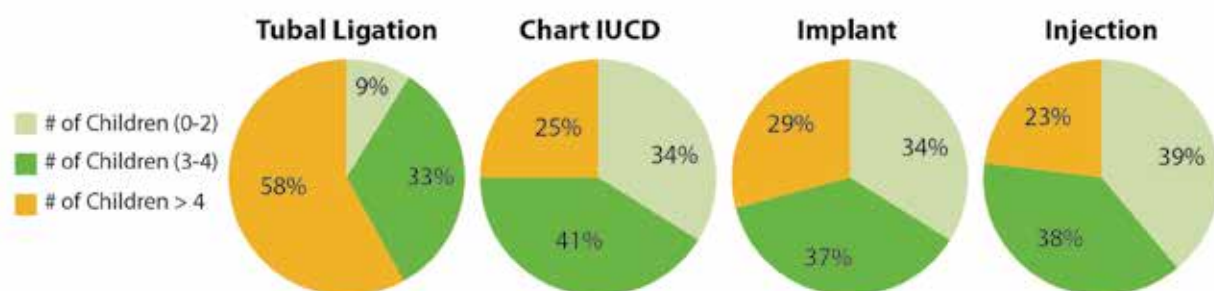
In Year III, community health workers carried out 513,925 visits to the 118,407 registered households. Moreover, 103,061 visits were made for follow up on referrals facilitation, antenatal care, family planning and others. Overall, 87 percent of regular household visits of the total target were made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

iii. Referrals

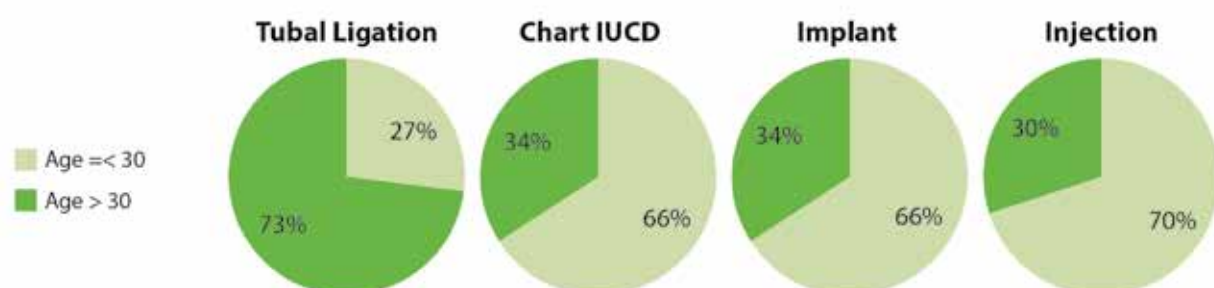
a. Method wise referral of family planning services

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

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



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



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

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

b. Maternal care referrals

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

iv. Services by lady health workers

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

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

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

v. Support Group Meetings

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

D. Promoting family planning/reproductive health through Aman Telehealth

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

i. Community awareness sessions

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



ii. Telephone booths and wireless phones

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

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

iii. Short messaging services

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

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

E. Demand generation for family planning at Jhpiego facilitates

i. Counseling for post-partum family planning services

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

ii. Awareness raising sessions

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

iii. Facilitating demand generation at private health facilities

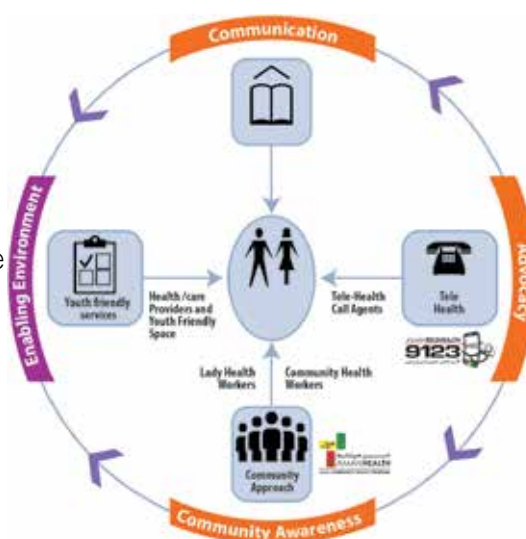
Heer Apa activity is a small gathering of women, invited to tea at facilities or nearby community place where a mobiliser facilitates a discussion on antenatal care, post-natal care, nutrition and family planning. Interested participants are referred to health camps or service providers for receiving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

iv. Life skills based education in schools

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

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

Life skills based education in schools



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

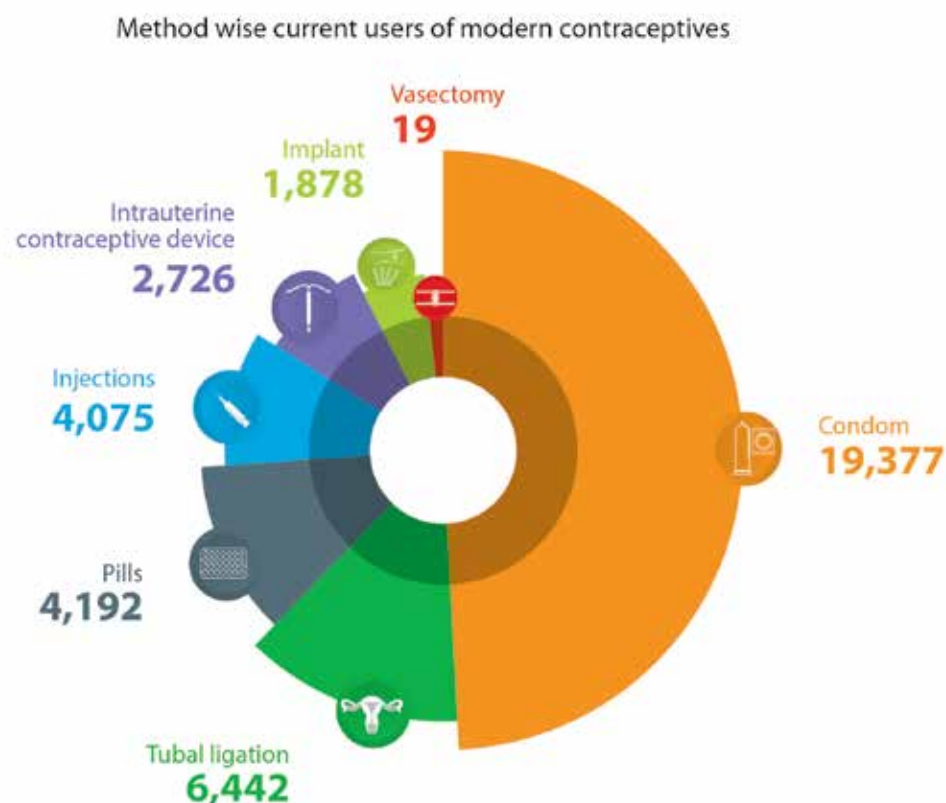
F. Improving access and quality of family planning services

i. Household services by community health workers

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

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

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

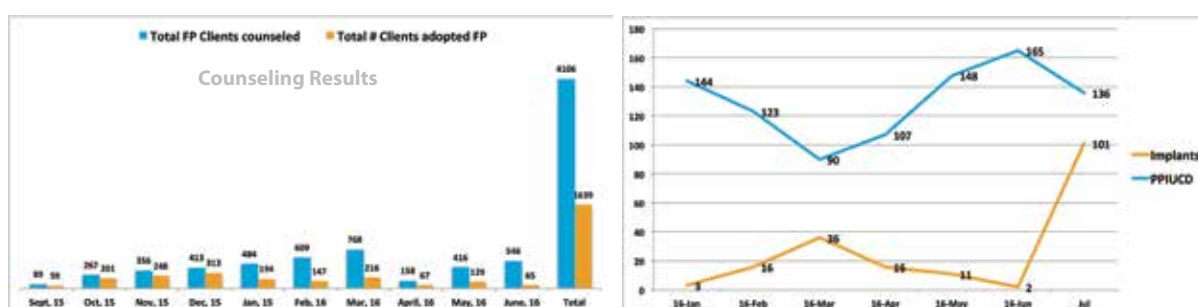


G. Improving public sector family planning/reproductive health services

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

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

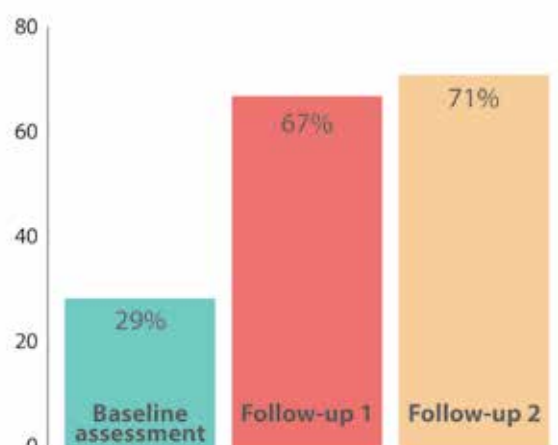
January to June 2016, 26,474 married women of reproductive age visited these facilities and 3,490 deliveries were conducted. 35 percent of the women having deliveries were counseled for post-partum family planning, of which 26 percent accepted any of the modern family planning and 22 percent exclusively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



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

i. Improved quality of public facilities

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



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

ii. Health camps and family health day

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

I. Improving private sector family planning/reproductive health services

i. DKT Pakistan

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

ii. Aman Clinic

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

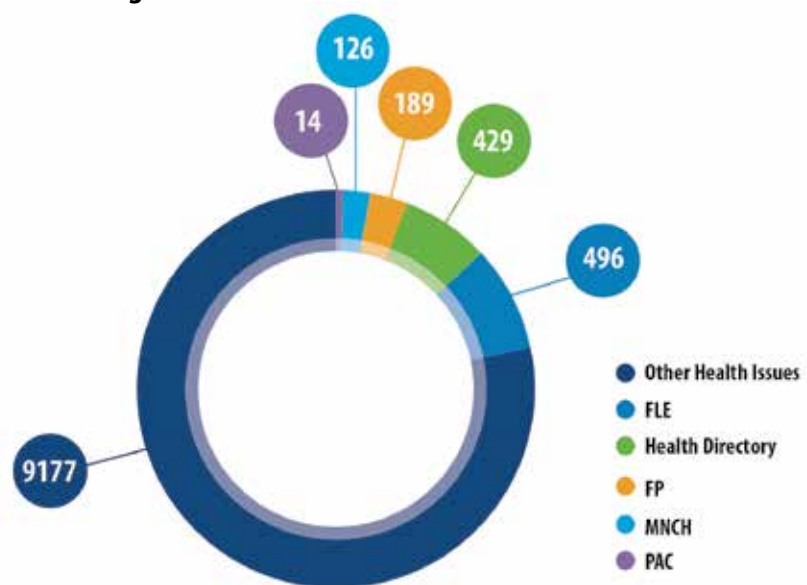
step services by an outreach mobile unit. In outreach services, staff shall provide scheduled dose of injectable contraceptives by using medical eligibility criteria, which includes the management of side effects. During the reporting period, Aman Community Health Program worked on conceptualizing their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

iii. Aman Telehealth

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

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

Categories of Calls received from Sukh Catchments



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

iv. Youth friendly space

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

COMMUNICATION, ADVOCACY AND SUSTAINABILITY

A. Advocacy - Partnerships with the Government

i. Partnership with Education and Literacy Department, Sindh

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

ii. Partnership with Department of Health, Sindh

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

iii. Partnership with Population Welfare Department, Sindh

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

■ Meetings with provincial and district technical committees

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

■ Networking and partnership with development partners

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

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

■ Technical Advisory Group

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



B. Communication

i. Edutainment

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



A recall study conducted to evaluate the effectiveness of

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

ii. Sukh Initiative Website

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



iii. Dissemination

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

C. Sustainability

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

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

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

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

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

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

ii. **Developing outlines for paper on Sukh Initiative case study**

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

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

iii. **Task sharing by mid-level providers for:**

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

MONITORING AND EVALUATION

Measurement, learning and evaluation process

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



A. Monitoring Process

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

i. Development of tools

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

ii. Field monitoring and data collection

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

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

iii. Data analysis and sharing results

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

iv. Round II

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

B. Quick Investigation of Quality (QIQ)

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

i. Development of QIQ tools

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

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

ii. Data collection

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

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

iii. Data Management

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

iv. Results

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

v. Private facilities

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

vi. Public Facilities

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

vii. Common findings at both private and public facilities

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

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

viii. Student research at field sites

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

ix Evaluation

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

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

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

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

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

C. Internal monitoring mechanisms of Sukh Initiative partners

i. Aman Community Health Program

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

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

Aman Community Health Programs Monitoring Visits during Year III

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

ii. DKT

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

iii. Aahung

In order to ensure that community health workers are conducting life skills based education sessions according to quality standards, Aahung conducted 235 support group meetings with young people, 16 life skills based education sessions at Community Advisory Committee meetings, and 27 sessions at community representative groups meetings. Aahung's team also provided onsite support to community health workers at 161 support group meetings, and 27 refresher sessions for community health workers.

They also carried out 71 monitoring visits of schools and alternate learning institutes to see if they implemented life skills based education as per quality standards.

iv. Aman Telehealth

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

D. Monitoring of integrated work plans by program management unit

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

E. Supportive supervision and joint monitoring of public health facilities

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

MANAGEMENT AND COORDINATION

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

A. Strategic Management

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

B. Operational Management

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





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

C. Review and Planning

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

CRITICAL LEARNING

A. Power of the Mass Media

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

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

B. The younger the wiser

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

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



A young girl attentively attending the session

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

C. Let's call 9123!

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

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



Easily accessible telephone booth

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

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SUKH INITIATIVE ANNUAL REPORT

YEAR IV
JULY 2016 TO JUNE 2017

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

SUKH INITIATIVE

ANNUAL REPORT

YEAR IV

JULY 2016 TO JUNE 2017

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



Health Department
Sindh



Health & Family Welfare Department
Sindh



Health & Family Welfare Department
Sindh



Population Welfare Department
Sindh

Project Partners



THE GUARDIAN UNIVERSITY



CONTENTS

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

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



ABBREVIATIONS & ACRONYMS

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

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

MESSAGE

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

Pakistan is a country that faces various political and economic changes and challenges, which can impact or affect the way humanitarian projects work. The development sector plays a key role in improving Pakistan's social indicators, and we have worked with change makers and beneficiaries to raise awareness and make sustainable differences. Globally, and especially in Pakistan, poverty and social inequality is directly linked with ever-increasing populations. Pakistan is the sixth most populous country in the world, contributing over 2.5% to the global population. The current annual growth rate for Pakistan is around 1.45% and urbanization is occurring at a rapid rate of 3%. Over 35% of the population lives in urban areas, and this rate is expected to increase to 50% by the year 2025.

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

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

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

Dr. Haris Ahmed
Head of Sukh Initiative



SUKH INITIATIVE AT WORK

Context in which we work

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

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

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

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

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

Where we work

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

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



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

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

Implementing partners

Aman Community Health Program

Partner for Door-to-door Community Services

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

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

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

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

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

Aman Telehealth

Partner for Telehealth Helpline Service

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

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

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

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

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

Aahung

Partner for Life Skills Based Education (LSBE)

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



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

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

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

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

Jhpiego

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

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

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

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

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

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

DKT Pakistan

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

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

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

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

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

Aga Khan University

Partner for Measurement

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

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

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

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

Center for Communication Programs Pakistan

Partner for Strategic Communication

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

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

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

Program model

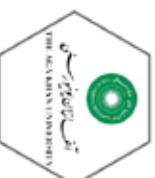


15% increase in use of modern contraceptives among
1 million target population

Increase demand for
family planning services

Improve access and quality
of family planning services

Sustainability





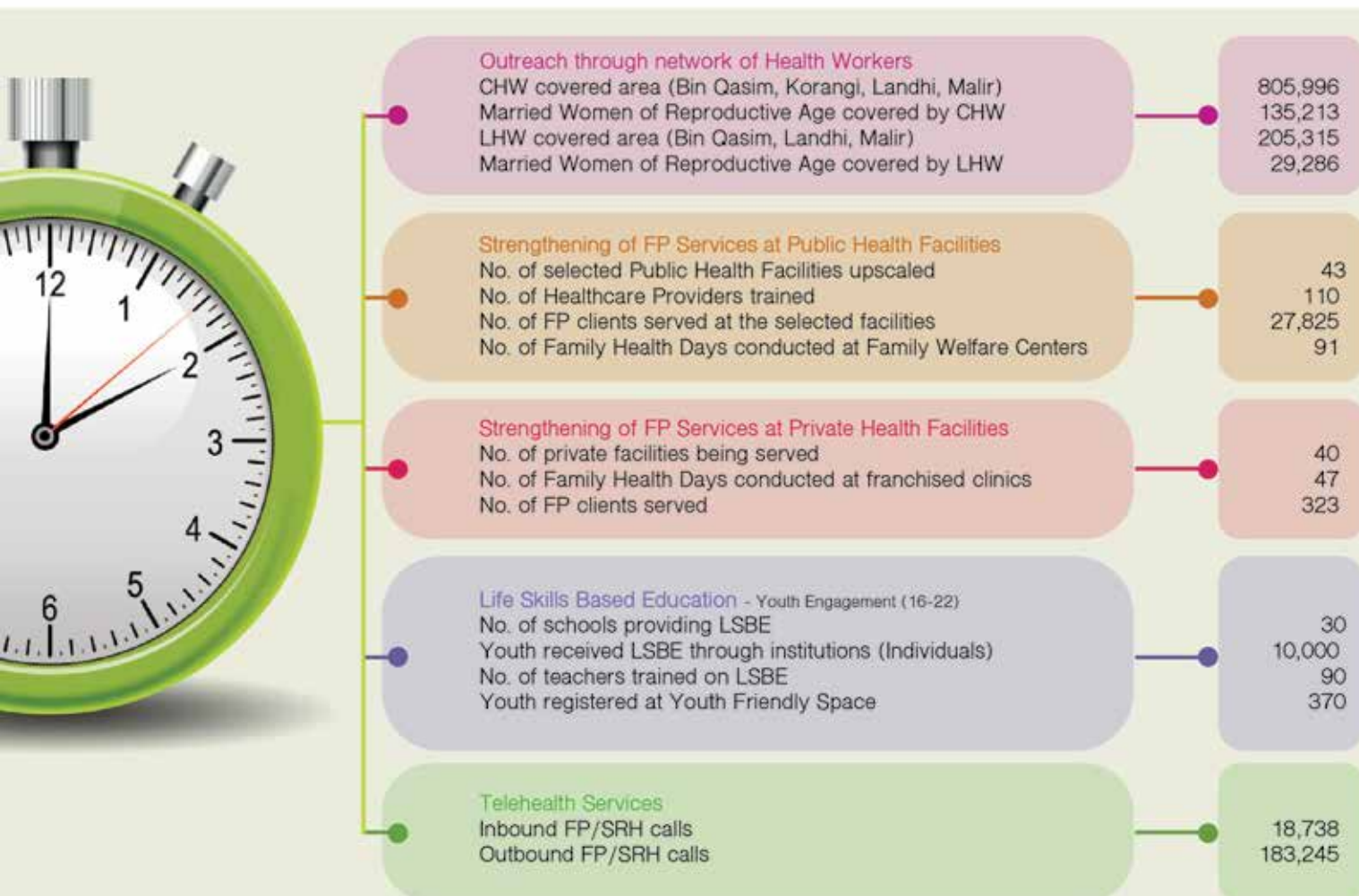
PROGRESS AT A GLANCE

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

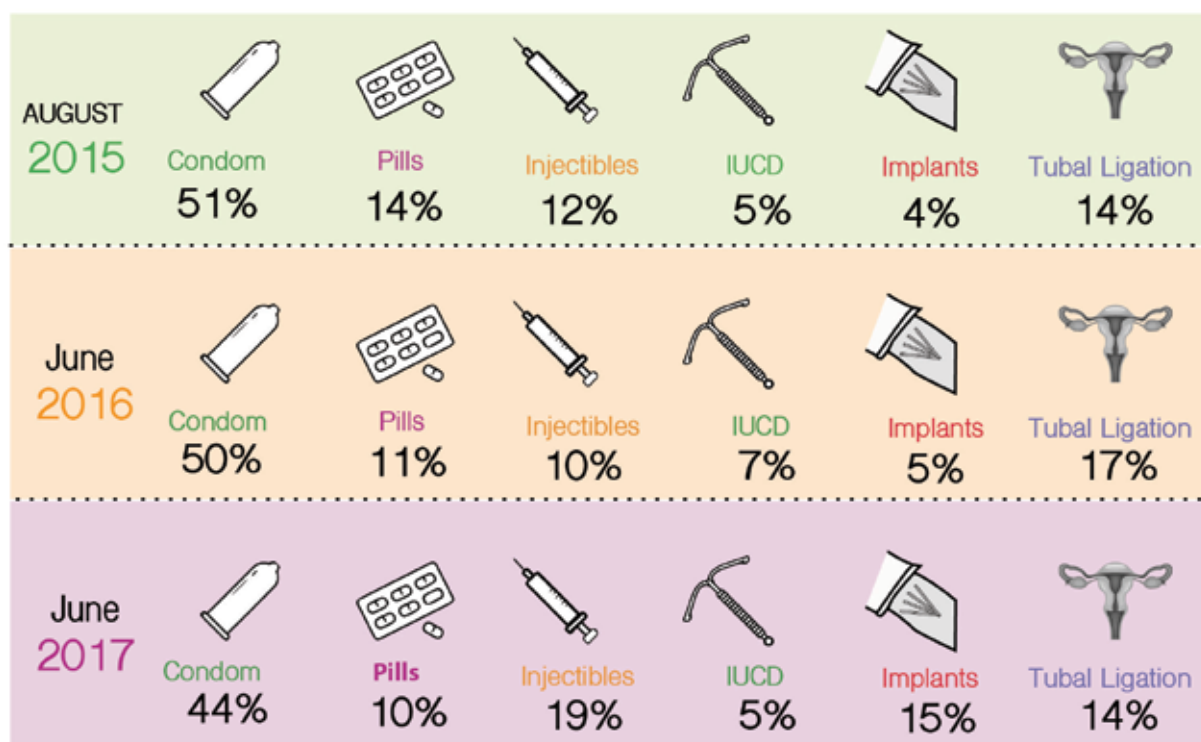
- As of June 2017, Sukh Initiative reached uncovered population of 805,996 individuals through 194 Community Health Workers (CHWs).

Progress of Sukh Initiative

(As of 30 June 2017)



Distribution of current users as per method

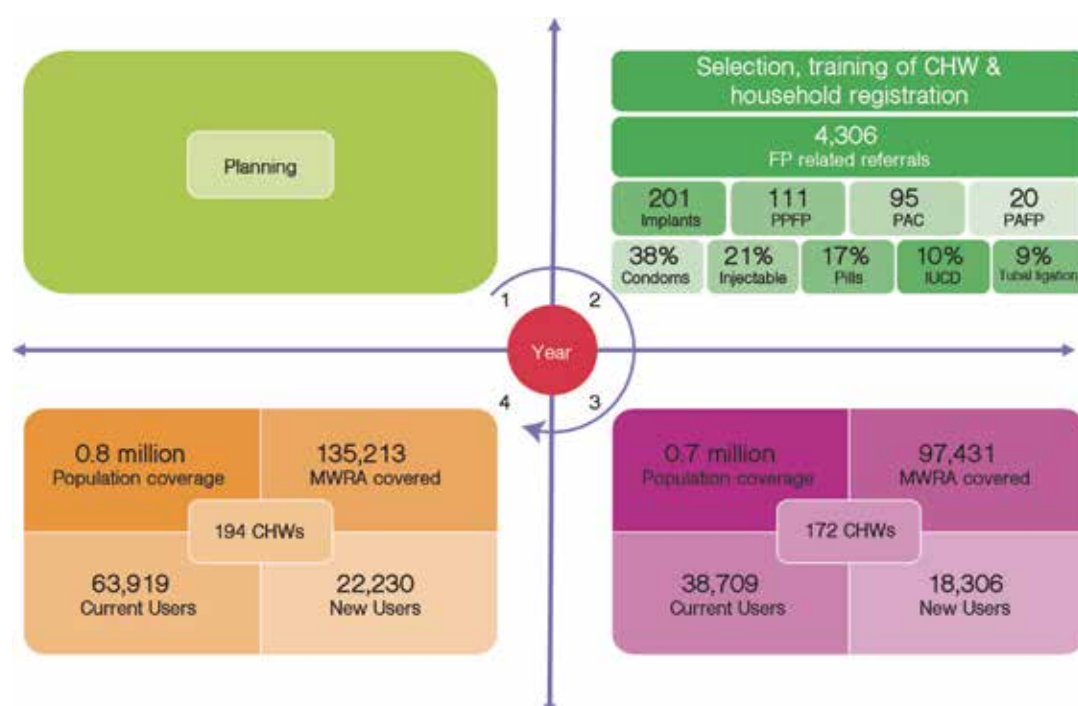


- Over 29,286 married women of reproductive age (MWRA) were approached by Lady Health Workers (LHWs) to provide family planning and reproductive health (FPRH) information, while 135,213 MWRA received information through CHWs. The number of current users of modern FP methods recorded at the closing of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

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

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

Impact made by CHWs in the uptake of contraceptives





سازمان بهداشت خانواده
HEALTH HOME
HEALTH HOME

POPULATION COVERAGE AND MAPPING OF HEALTH FACILITIES

A. Population Coverage

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

B. Mapping of Health Facilities for Service Provision

i. Mapping of public health facilities

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

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

ii. Mapping of private health facilities

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

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



ENABLING ENVIRONMENT

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

A. Community Representative Groups (CRGs)

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

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

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

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

B. Community Advisory Committees (CACs)

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

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

C. Promotion of FP/RH through community awareness sessions

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

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

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

D. Community engagement on youth issue

As Sukh Initiative partner, Aahung is promoting Life Skills Based Education (LSBE) with focus on boys and girls of age 12 and above. Aahung supplements the outreach of Sukh Initiative by not only approaching youth through existing secondary high schools, but also by using innovative ways to access those who are out-of-school, such as conducting support group meetings by CHWs and LHWs, organizing events and theatre to raise awareness on SRHR and FP issues.

i. Youth Mela

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

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

ii. Theatre

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

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

The output of these activities are as follows:

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

iii. Learnings

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



CAPACITY BUILDING

A. Capacity building of CHWs

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

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



CHW Training session

ii. Infection prevention sessions for helpers from clinical training site

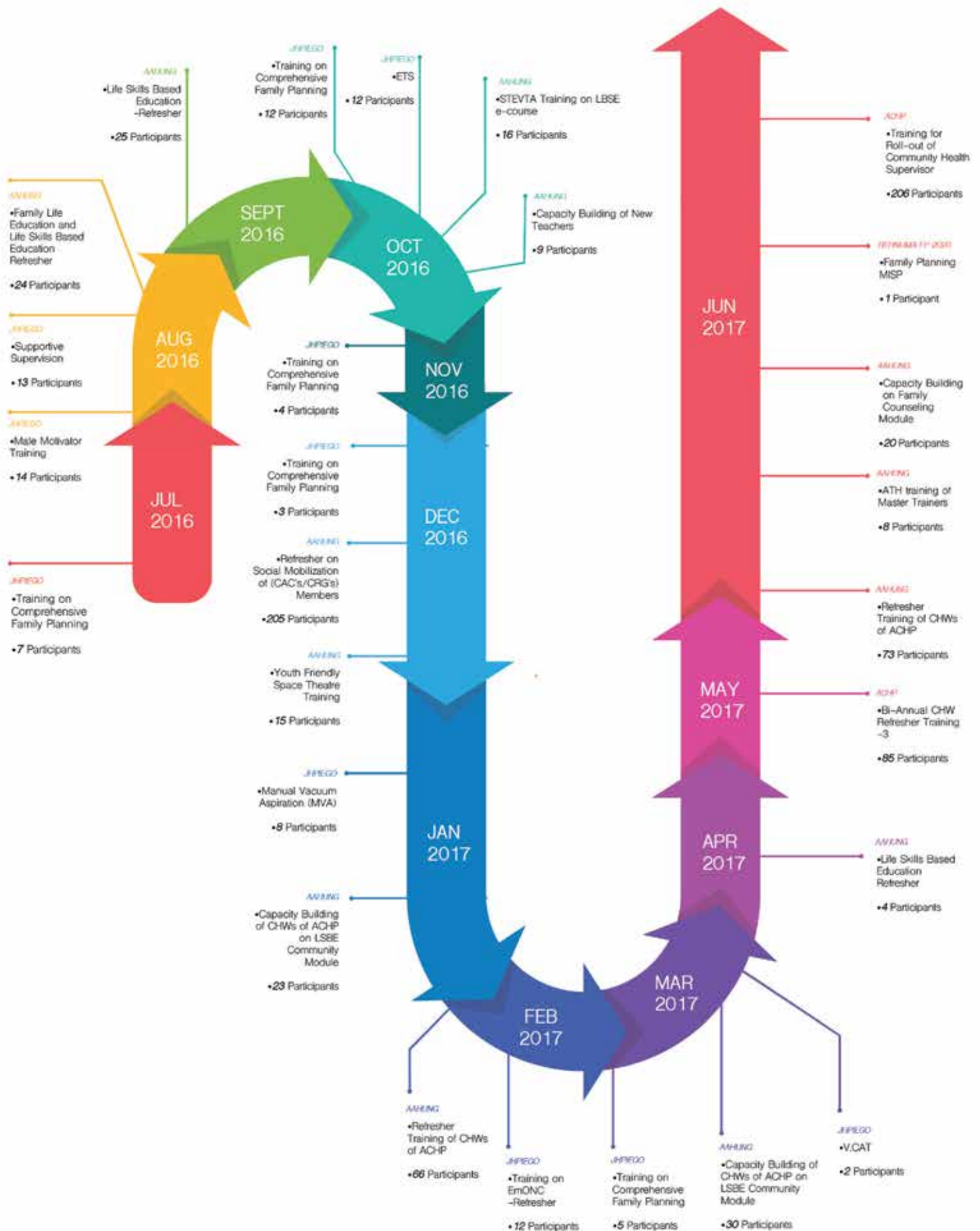
To implement infection prevention standards, a training for 32 helpers was organized, in three batches, to acquaint them on universal precautions for their clients' safety. The training course for this cadre of health care providers was specially designed by using pictorial power point presentation,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

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

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

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

Capacity Building through Trainings July 2016-June 2017



iv. LSBE training for CHWs

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

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

B. Capacity building of LHWs

i. FP sensitization sessions for 200 LHWs

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

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

ii. LSBE training for LHWs

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

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

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

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



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

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

iii. LHW and LHS training on first dose of injection

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

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

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

make them eligible for the first dose of injectable contraceptives.

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

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

C. Capacity building of CACs and CRGs

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

D. Capacity building of health care providers

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

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

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

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

E. Capacity building of government stakeholders

i. Transforming attitude of workers

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

ii. **Orientation workshop on supportive supervision / SBMR**

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

F. Capacity building of school teachers

i. **LSBE training program for schools**

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

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

G. Capacity building of ATH call center agents

i. **Values Clarification and Attitude Transformation (VCAT)**

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

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



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

ii. LSBE training for youth

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

H. Capacity building of Sukh Team and Implementing Partners

i. Scalability workshop

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

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

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

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

I. Supporting capacity building initiative

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



STRENGTHENING OF HEALTH FACILITIES

A. Upgradation of public health facilities

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

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

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

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

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

i. Upgradation and development of training sites

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

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

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



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

ii. Non structural adjustments (NSA)

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

B. Strengthening private health facilities

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

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

C. Increase in demand for family planning services

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

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

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

i. Door-to-door services

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



Counseling session by CHW

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

a. Household visits for FP counseling

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

b. Mobilization through CACs and CRGs

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

c. Support Group Meetings

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

d. *Women Support Group Meeting (SGM)*

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

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

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

f. *Corner meetings for men*

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

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

g. *Data Collection through use of technology*

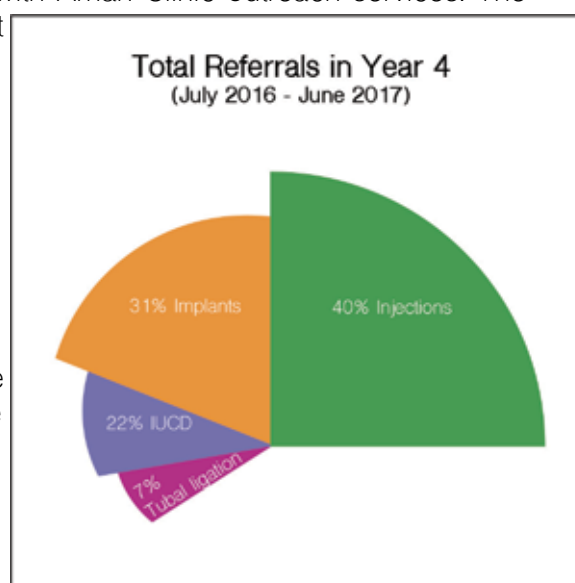
Two hundred Female CHWs are using hand held devices with android based application for data collection and household visits planning in field. LHWs have also started initial phase of implementation of this application in their respective areas.

D. Demand generation for quality FP services

i. **Referrals by method proportion**

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

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





ii. Referrals for maternal care

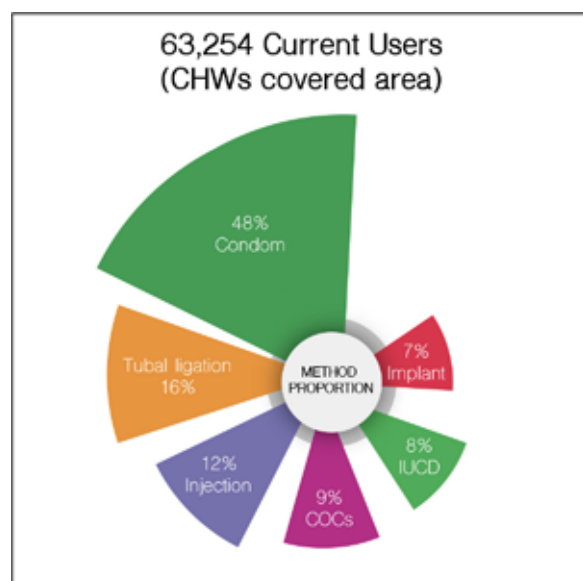
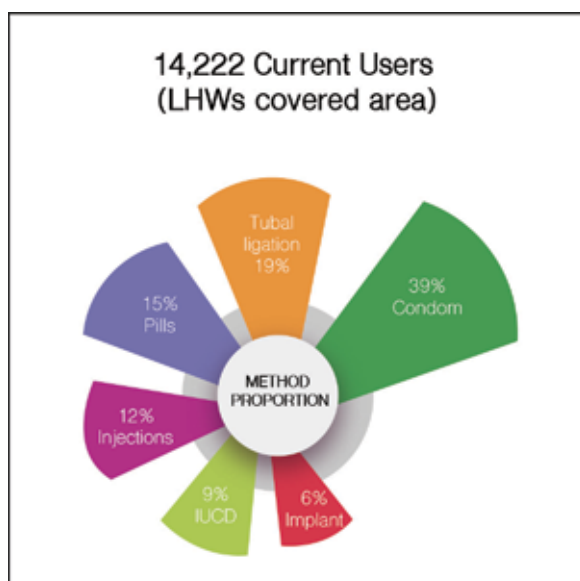
During the reporting period, 1,750 MWRA were motivated and referred to adopt postpartum family planning. 190 referrals were made for Post Abortion Care (PAC) and 154 for Post Abortion Family Planning (PAFP).

iii. Current and new user

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

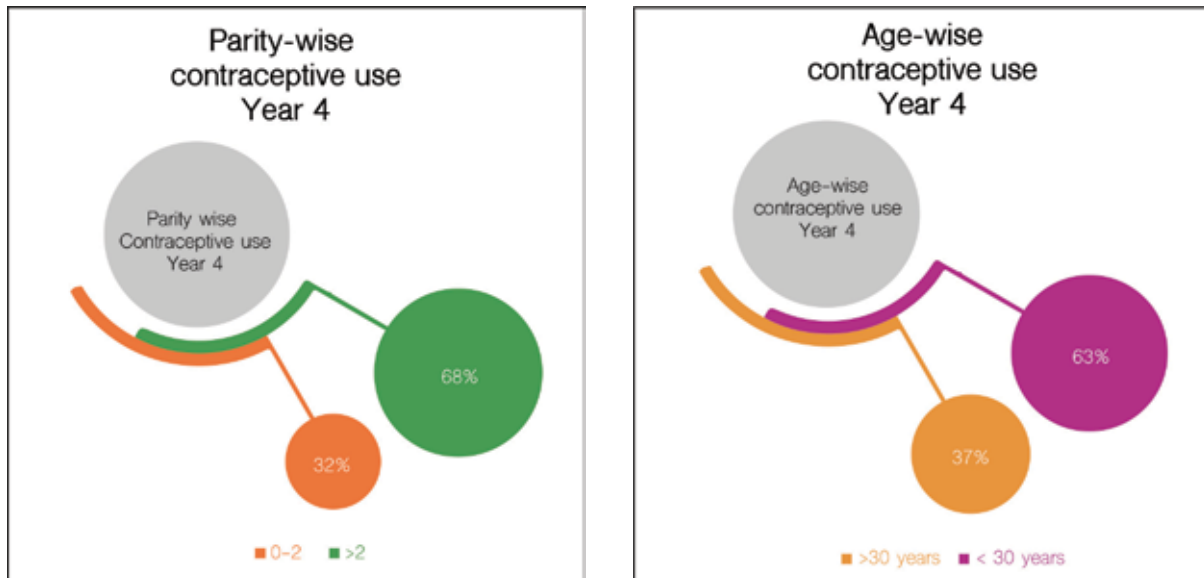
iv. Method mix proportion

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



v. Client profile in relation to contraceptive use

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



vi. Additional door-to-door supplies

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

E. LHW initiative

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

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

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

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



Monthly progress review meeting with LHWs and LHSs at Malir town

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

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

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

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

i. Public health facilities

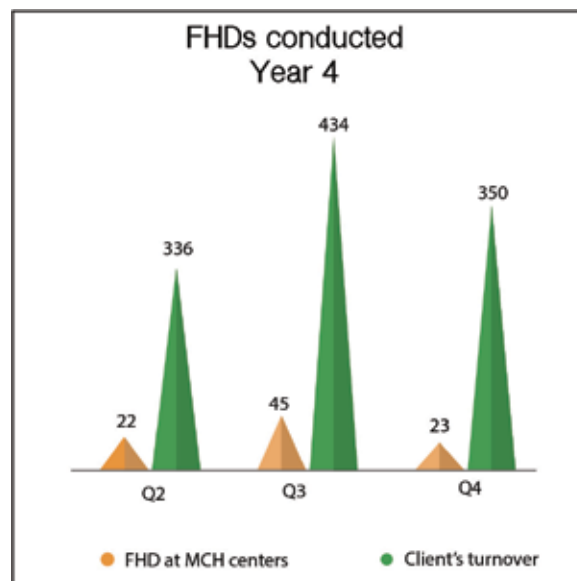
a. Counseling Services

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

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

b. *Family Health Day (FHD)*

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

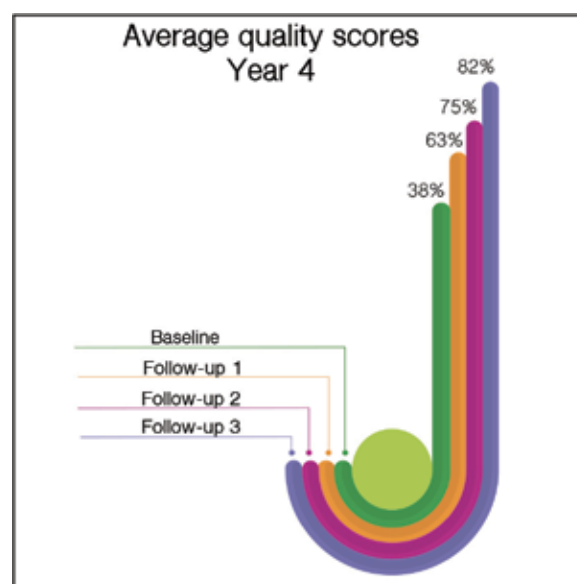


A total of 91 FHDs were conducted at MCH, dispensaries fortnightly and at FWCs. In majority of facilities, FP services were introduced for the first time. A very encouraging response was received at dispensaries, which were previously serving cases with minor ailments at OPDs.

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

c. *Quality of services score at health facilities*

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



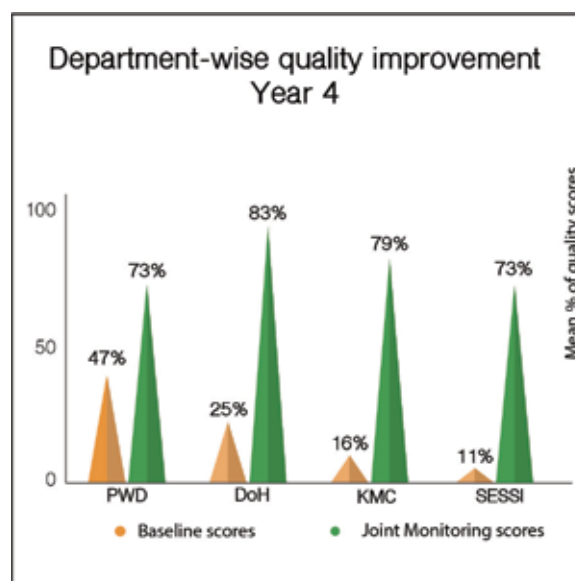
d. *Joint monitoring visits conducted with the DoH, KMC, PWD and SESSI*

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

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

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

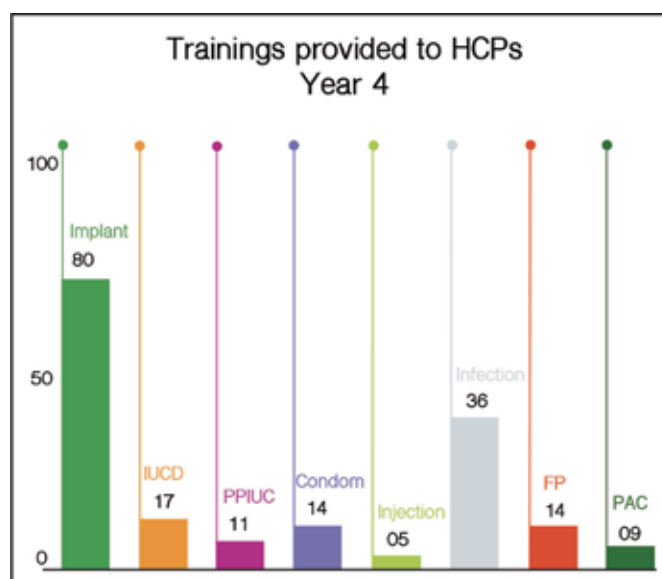
There was no proper monitoring system in place and with the introduction of joint monitoring the senior team members and administrative staff are learning the process and benefits of regular monitoring. They are quite keen to adopt it as such for their departments.



e. *Supportive supervision visits and on job coaching*

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

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

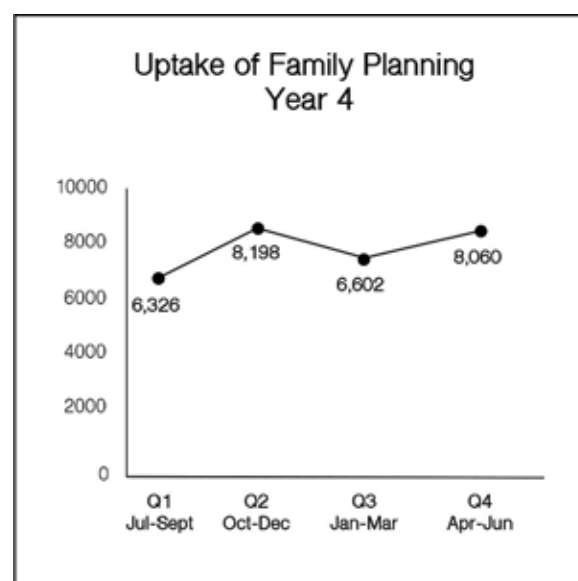


f. *Over all FP uptake in public, health facilities in year 4:*

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

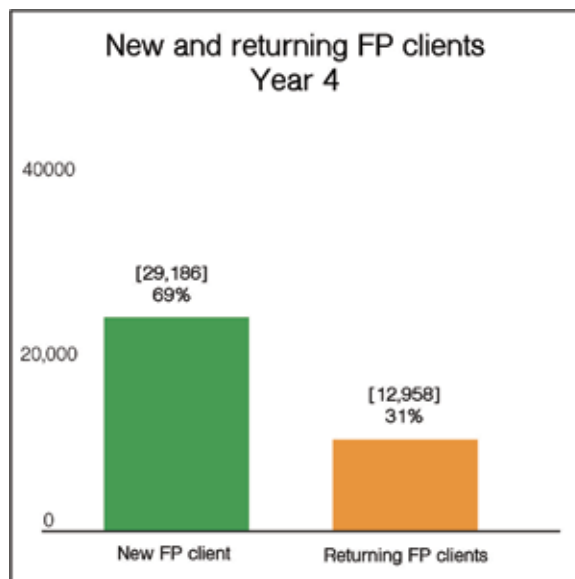
A constant upward trends in number of FP services can be observed.

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



g. Breakup of New and returning clients:

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

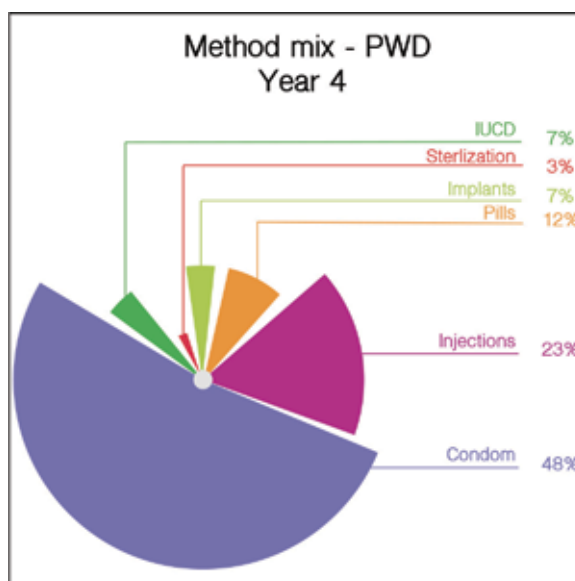
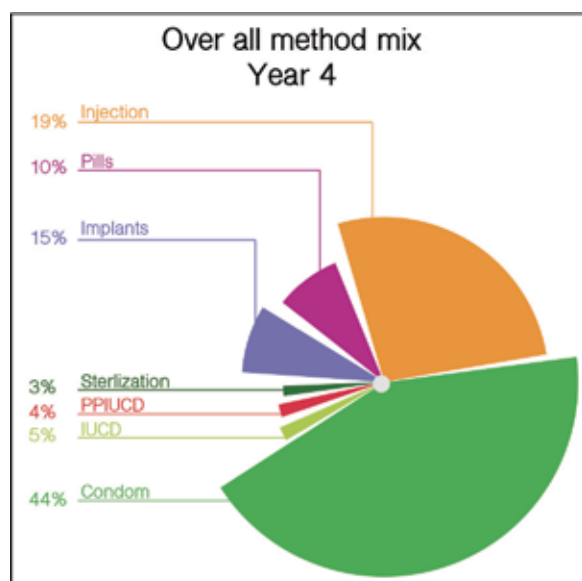
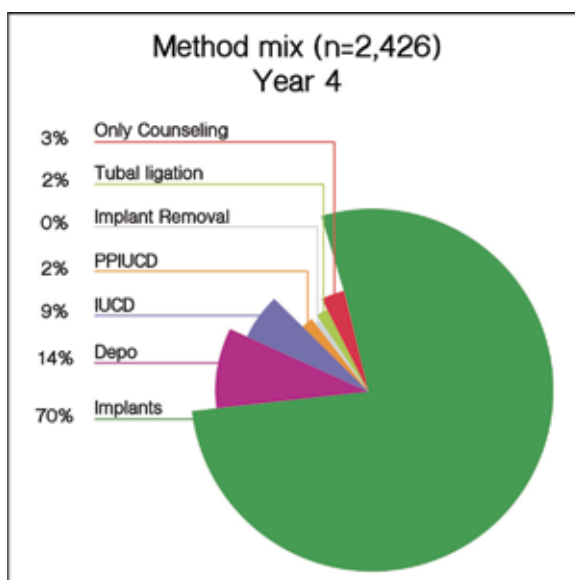


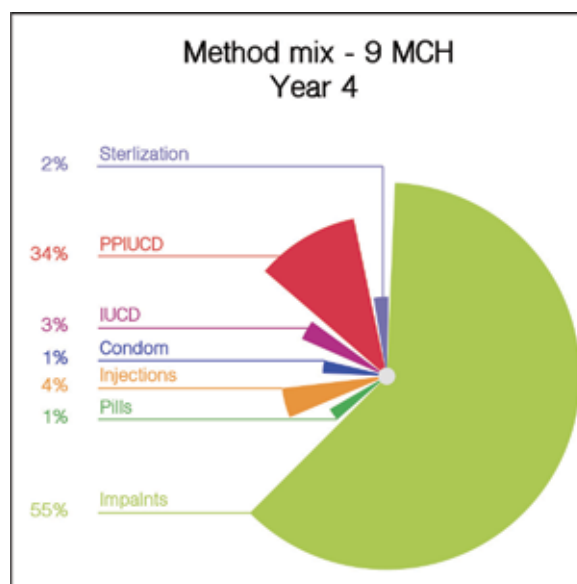
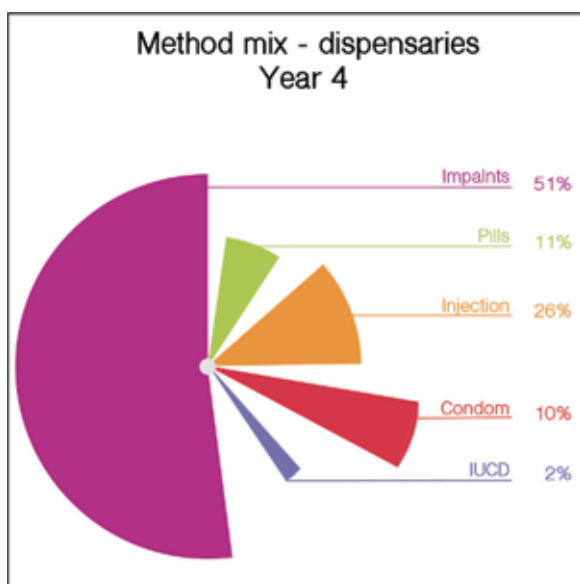
h. Referral data

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

Method Mix

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





and PPIUCD can be provided just after delivery.

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

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

ii. Private health facilities

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

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



Client seeking counseling services

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

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

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

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

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

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

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

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

iii. Aman Clinic

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

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

iv. Aman Telehealth (ATH)

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

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

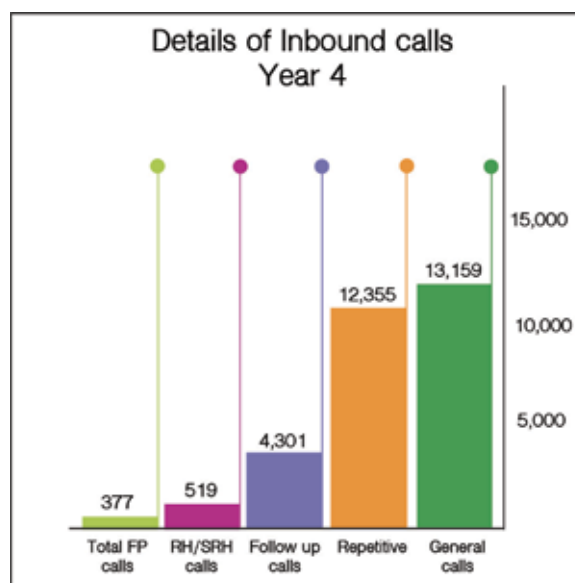
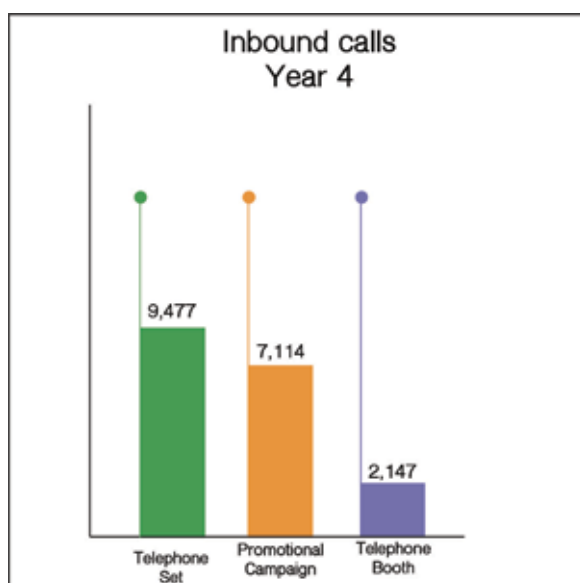
a. Inbound calls

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



ATH operators providing telehealth services

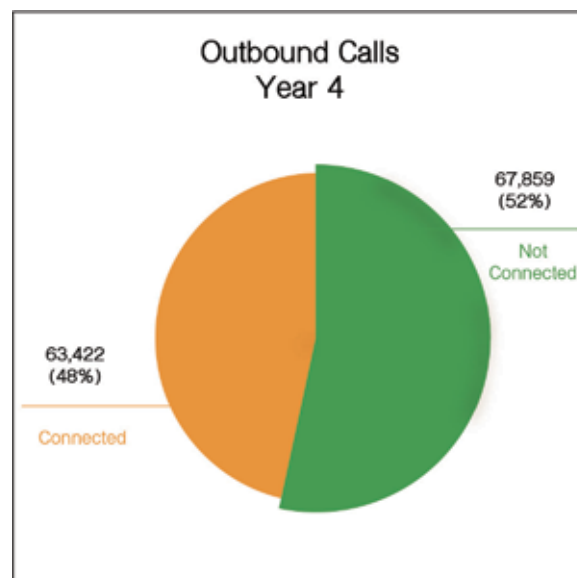
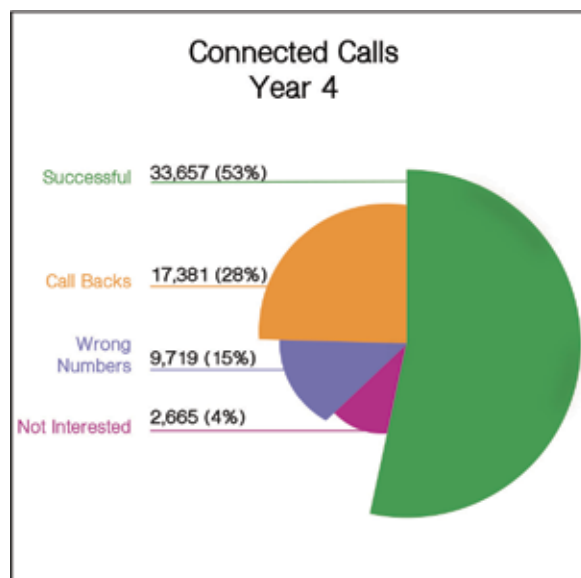
During the reporting period, FP related calls were from Sukh Initiative catchment were measured at 4% whereas LSBE calls were recorded at 7%. The number of FP related calls is relatively less as door to door FP service is being provided in the community which mobilizes MWRA at a direct level. Whereas,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



b. Outbound calls

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

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



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

i. Youth engagement activities - Aahung

a. Whole school activity

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



Students engaged in Whole School activity

b. Youth Friendly Space (YFS)

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

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

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

c. *E-Course*

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

H. Promotion of FP/RH through ATH

i. **Short messaging services**

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

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

ii. **Technology integration**

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

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

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



SUSTAINABILITY OF PROGRAM FOCUS

A. Community level engagement

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

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

B. Strategic communication

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

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

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

C. System strengthening

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

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

An overview of collaborations with Government stakeholders is as follows:

i. Networking and partnerships with government stakeholders

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

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

ii. Government stakeholders' visit to Aman Foundation

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

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

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



Dignitaries visit to Aman Foundation

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

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

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

a. Meetings with the Provincial- and District Technical Committees

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

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

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

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

c. Development of Quality Evaluation Toolkit

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

iv. Advocacy and coordination

a. *Facilitating FP progress at Policy level*

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

Some of key contributions include:

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

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

b. *Technical Advisory Group (TAG)*

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

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

v. Development of advocacy kit

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

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

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

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

vi. Memberships

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

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

vii. Communication and dissemination

a. Edutainment

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

b. Sukh Initiative on social media

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

D. Learning forums and engagement by PMU

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

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

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

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

MEASUREMENT LEARNING AND EVALUATION

A. Midline

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

i. Quantitative Results

Key highlights of the results are as follows:

a. Demographic

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

b. Reproductive health behavior

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

c. Current use of family planning

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

d. *Role of public and private facilities*

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

e. *Youth Component:*

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

f. *Aman Telehealth*

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

ii. **Qualitative results**

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

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

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

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

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

Women FGD - Bin Qasim town

- Community support, autonomy and cultural barriers for FP use

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

Women FGD - Landhi Town

- Cultural barriers

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

Men FGD - Bin Qasim Town

- Change in behavior / thinking

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

Men FGD - Malir

- Independent use of FP

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

Social worker IDI - Korangi Town

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

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

- Equity

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

Men FGD - Bin Qasim Town

- Accessibility

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

Key informant Interview - NGO health worker

We get everything free of cost from Aman

Women FGD- Landhi Town

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

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

- Methods and preferences

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

Men FGD - Korangi Town

- Quality of Services– Concerns

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

Woman FGD - Landhi Town

- Suggestions to promote FP

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

Men FGD - Malir Town

- Ideal FP services

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

Women FGD - Korangi Town

B. Process Monitoring and Evaluation

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

Following are the results of three rounds of monitoring:

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

No. of monitoring visits conducted:

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



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

Type of interviews:

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

i. Results

Community health workers

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

Jhpiego

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

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

DKT Pakistan

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

Aahung

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

ATH

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

C. Quick Investigation of Quality (QIQ) Survey

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

MONITORING AND SUPERVISION

A. Internal Monitoring Mechanisms of Sukh Initiative's Partners

i. ACHP

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

ii. DKT Pakistan

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

iii. Jhpiego

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

iv. Aahung

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

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

v. ATH

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

vi. AKU

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

B. Monitoring of integrated work plans by PMU

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

GOVERNANCE AND MANAGEMENT

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

A. Strategic management

i. Field visits

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





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

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

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

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

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

ii. Meetings

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

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

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

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

B. Operational management

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

i. Field Operation Meeting (FOM)

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

ii. Senior Management Team (SMT) Meeting

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

C. Review and planning

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

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

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

HEALTH

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PAKISTAN



CRITICAL LEARNING

A. Awareness and action

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

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

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

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

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

B. The younger the wiser

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

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



A young girl attentively listens the session

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

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

C. Let's call 9123!

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

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



Easily accessible telephone booth

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

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