سُکھ
SUKH
صحت کے رستے، بنستے بستے

A project of Aman Health Care Services

امن ہیلتھ
AMANHEALTH
AMAN COMMUNITY HEALTH PROGRAM

The story behind the impact

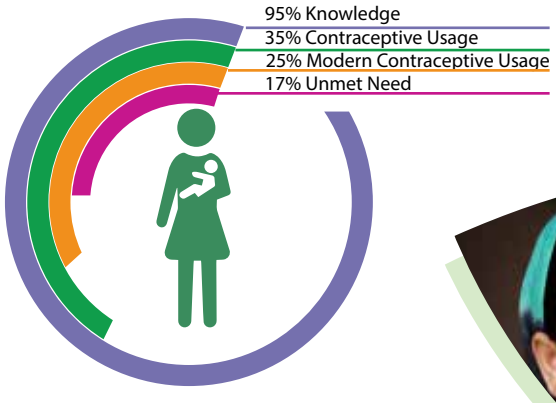
Sukh-The way forward to meeting Pakistan's national commitments

Project Brief

When Sukh was not there:

Pakistan is one of the most populous countries in the world. With the current growth rate, the country is on track to become the 4th most populous country by 2030, if not earlier. Such a huge population, growing at the current rate, poses serious challenges for the country in its development pursuits. While, the reasons for such a huge population are multiple, one key element, unanimously agreed at all levels is the absence of family planning.

Access to quality family planning services remains a major issue. According to Pakistan Demographic and Health Survey (PDHS) 2018, the knowledge of modern contraceptive is 98% but despite that only 35% women are using any form of contraception while only 25% are using any modern method. The PDHS also identifies that the demand for Family Planning among married women is 52% which means that there is a 17% unmet need for family planning among currently married women.



There are best practices from around the world that Pakistan can learn from. One such model is the Community Health Worker (CHW) model, widely utilized in low middle-income countries that has helped them to bridge the gap between knowledge and utilization (demand and supply). The effectiveness of CHWs in delivering primary healthcare services at doorstep is well documented as well.

Imagining Sukh:

Pakistan needed to reimagine its approach towards family planning and needed a catalyst to meet its national commitments. This is exactly where Sukh initiative was envisioned as a potential role model to deliver results and catalyze the uptake of family planning in the country.

Sukh was very close to the thinking of FP2020 which talks about creating inclusive space; a space where multiple stakeholders can connect, collaborate and work together, and where ordinary citizens can have their voices heard. Three foundations came together to launch Pakistan's first urban family planning project. This included, The Aman Foundation, The Bill & Melinda Gates Foundation, and The David and Lucile Packard Foundation. They pooled in their strengths, energies and resources to launch Sukh Initiative with the following vision:

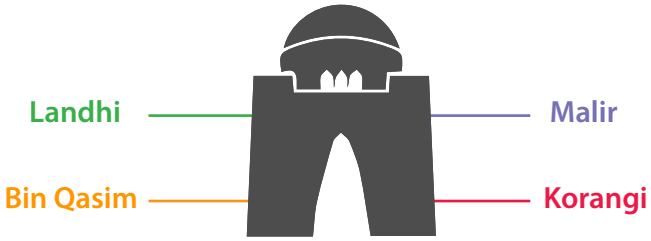
"Sukh Initiative empowers families to access contraception by increasing knowledge, improving quality of services and expanding the basket of choices; contributing to the goals of FP2020"

The Karachi not known to many was the Karachi we aimed at:

There is a Karachi that is aligned with the world with its high quality infrastructure, high literacy rates, contemporary technology, affluent socioeconomic parameters and modern development indicators. However there were parts that were lagging behind, like any other far flung area of rural Pakistan.

Karachi is amongst the top ten most populous cities of the world, with a population estimated to be more than 21 million. A study by London-based global market research firm, Euromonitor, the population of the port city is expected to grow by more than 30%, the second highest growth rate, between 2017 and 2030. Due to this, Karachi is on its way to become the third most populous city in the world by 2030.

The reported contraceptive prevalence rate (CPR) in Karachi is 45%. However, compared to other similar cities internationally, it is lowest among its peers - Dehli and Jakarta. There was evidence that population pockets within Karachi also have CPR rates which are much below the national average and in many cases these were similar to rural populations. One example of this is Ibrahim Haidri a peri-urban community of Karachi where a baseline conducted for Aman's Community Health Program found a modern contraceptive prevalence rate of only 28%. Sukh challenged itself to create a difference where it was most needed. The project selected low socio-economic neighborhoods of Landhi, Malir, Bin Qasim and Korangi to increase the modern contraceptive prevalence rate among married women in a 1 million population.



By doing that, the idea was to test and prove the concept behind the Sukh Initiative and demonstrate the impact on reducing unmet need in order to adopt and scale up the Sukh model throughout Karachi and Pakistan.

The First urban family planning model, The first of its kind:

The first urban family planning project of Pakistan had to be the first of its kind. It had inspiration from the all-inclusive approach of FP 2020 as well as the valuable experience of the 3 partner foundations.

The hypothesis was to facilitate the communities at all possible levels in order to generate community wide impact. The project simultaneously delivered quality information, counseling, supplies, referrals and services to women of reproductive age and men for Family Planning (FP).

At the heart of his community level intervention were the Sukh trained Community Health Workers (CHW) targeting a population of 0.8 million alongwith the Sindh Lady Health Worker (LHW) program covering a population of 0.2 million. Together, these two cadres of community workers covered a population of 1 million in four towns of Karachi.

Sukh, The Unique Model that Worked:

Sukh used an all inclusive demand generation approach coupled with a holistic supply of quality services at community level. Driving it was a diverse set of activities, acting as independent solution levers for communities in the targeted areas.

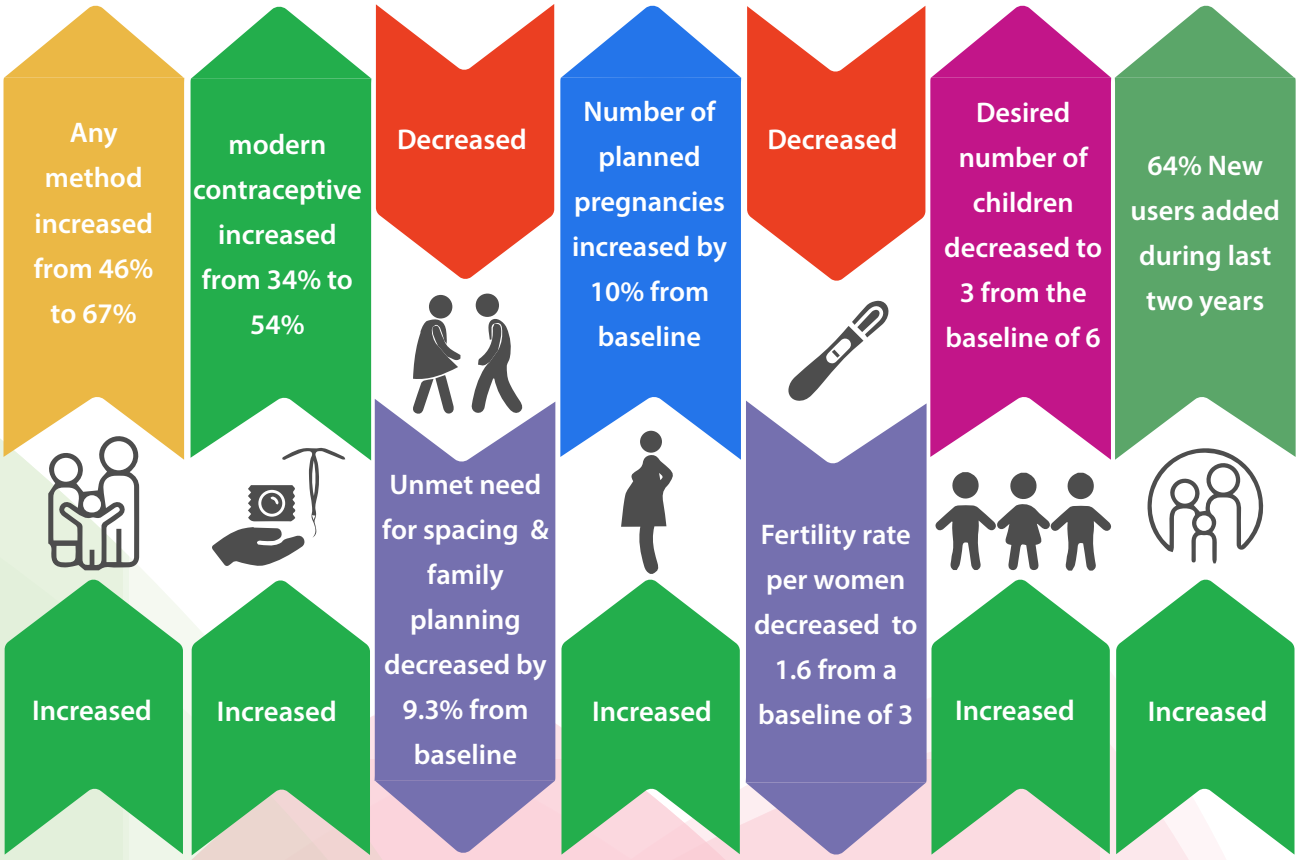
Community Level Interventions	Innovative Approaches
Door-to-door services	Sukh has been working with married woman of reproductive age to address their myths and misconceptions on use of modern contraceptive methods through door to door mobilization activities.
Life Skills Based Education (LSBE)	Working with both public and private service delivery points within project area, Sukh has ensured provision of quality FP services by trained health care providers.
Call center services	Engaging youth to be responsible adults, Sukh has been working with young boys and girls (12 to 19 years) both at school and in the community to provide them with life skill based education.
Provision of quality family planning services	Sukh helpline (9123) has been providing 24/7 access to FP and youth counselling, referral and follow-up services.
Advocacy and Communication	With an objective for system strengthening, the project has been working with provincial health, population welfare and education departments from the very onset. High impact practices of Sukh are now being scaled vertically and horizontally in the province by respective departments.

What the Project Achieved - A Sukh for Family Planning

Sukh did the unthinkable.

It increased prevalence of modern contraceptives by 20% from the baseline as compared to its already ambitious target of 15%.

In addition to this, the project did so many other things that will pave the way towards meeting multiple development commitments of Pakistan. Some of these are shown in the figure below:



Sukh Community Health Worker Initiative

The project concluded with a major upgradation of public and private sector health facilities for people to benefit from in the times to come:

43 Public health facilities upgraded including PWD, DoH, KMC and SESSI

121 HCPs are trained in comprehensive FP

62,446 FP clients served at these facilities

86 mid-level HCP trained on implant insertion

19 new facilities now providing FP services

213 FHD conducted on FWC and 3,586 clients served

Within Private Sector

43 Dhanak clinics are established

13,902 clients were served during the period

140 family health days were held

1,651 FP clients were served

Abbreviations

DoH - Department of Health
FHD - Family Health Day
FWC - Family Welfare Center
HCPs - Health Care Providers
KMC - Karachi Municipal Corporation
PWD - Population Welfare Department
SESSI - Sindh Employees' Social Security Institution

Sukh Lady Health Worker Initiative

Three times refresher training of LHWs

10,909 SGMs conducted with 124,792 MWRAs

2,235 Life skill based education sessions conducted with 19,087 young girls

481 joint monitoring visits by senior management of LHW program

1,884 new clients availed first dose of injections at their door step

Monthly session by LHWs at respective facilities for knowledge & confidence building initiated

Client mapping activities

Focus group discussion of LHWs on android based tablet application

Data entry of LHW record into Android based tablet application

Joint monitoring visit by PD LHW Program

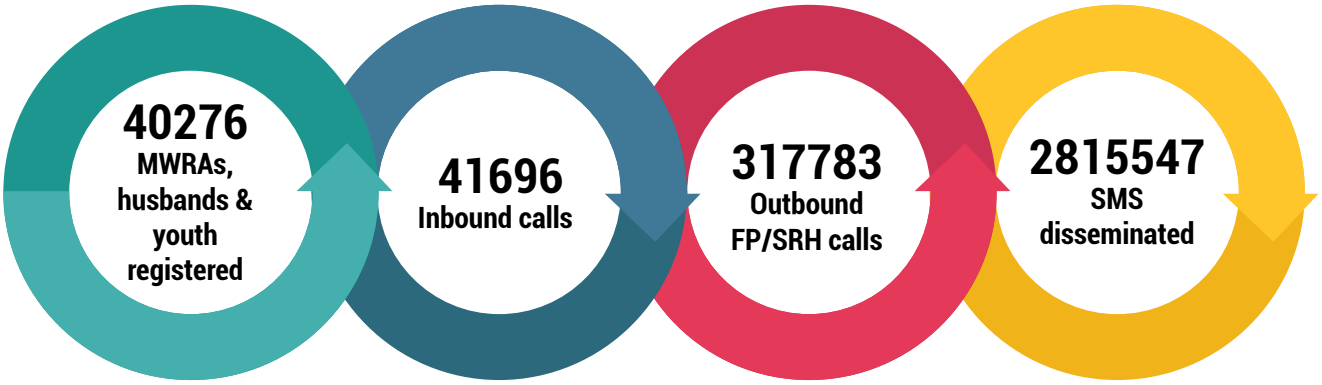
3 days refresher training of LHWs

Abbreviations

LHW - Lady Health Worker
MWRA - married women of reproductive age
PD - Project Director
SGM - Support Group Meetings

Aman Tele Health - Say hello to family planning

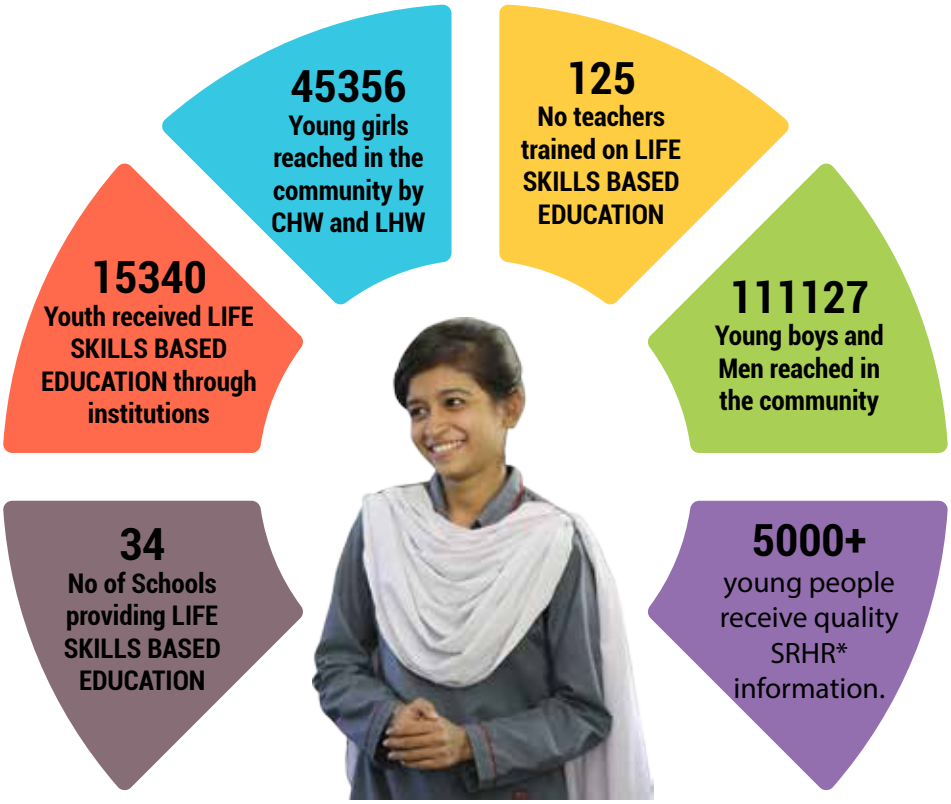
At helpline # 9123, Aman tele health registered family planning clients, counseled them on different methods and informed about the location of service providers nearest to them. In addition to this, Aman telehealth made outbound calls to follow-up on clients availing family planning services by sending SMS to registered clients with health and family planning messages. Aman Telehealth also provided youth helpline for young girls and boys for age appropriate information needs which could be accessed confidentially and anonymously. Jhpiego and Aahung together trained Aman Telehealth staff as master trainers on FP and life skills based education protocols and algorithms.



Aahung – Training the future to manage their future

As Sukh implementing partner, Aahung promoted life skills based education with focus on boys and girls of age 12 and above. Aahung supplemented the outreach of Sukh Initiative by not only approaching youth through existing secondary high schools but also at vocational institutes that enabled 5000+young people to receive quality sexual and reproductive health information.

In addition to this, whole school activities were also conducted, reaching out to young people, caregivers and teachers. The access to out-of-school were given through Aahang trained CHWs and LHWs. Aahung also conducted support group meetings through LHWs as well as mother/daughter counselling. Aahung also is reaching out to young boys and girls at vocational institutes.



Life skills based education has also been introduced at NASRA School System, a not for profit private school network catering for children from low to middle income groups.

Aahung made two docudramas and aired them on local cable network reaching to 500,000 plus population residing in Sukh catchment areas. A recall study was conducted with in the catchment areas. Results showed that approximately 52% of the respondents had seen the drama and could recall about 2-3 key messages

*Sexual and Reproductive Health Rights

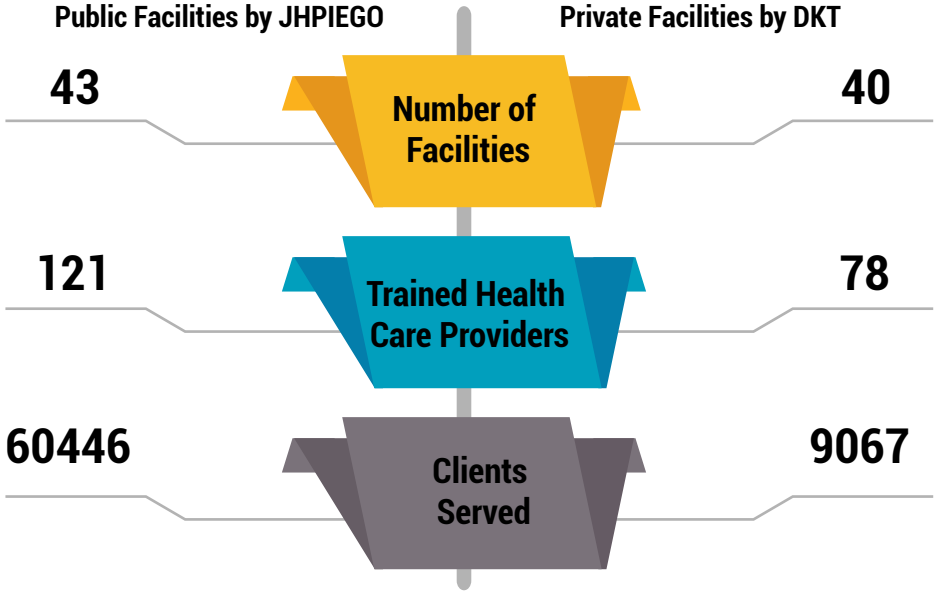
Jhpiego and DKT – Improved Quality of Service improves access to Family Planning

Jhpiego partnered with Sukh to improve both public and private health care facilities to improve the access to family planning. All providers were trained in comprehensive family planning services including post abortion care and post abortion family planning.

Sukh with Jhpiego continued its efforts to create an enabling environment for successful and sustainable provision of the post partum family planning and post abortion family planning services at the project intervention sites. Capitalizing the strong political commitment of Government of Sindh in achieving provincial FP2020 goals across health and population welfare departments;

Joint District Committees (JDC) were established in all the six districts across Karachi to integrate family planning with maternity care services.
Sukh with Jhpiego took the lead to devise the national post partum family planning strategy, and held consultative workshops in all provinces. The project contributed for the
Launch of the Provincial and National Post partum family planning Strategy
Revision of provincial standards for FP services
Revision of implant service provision policy, including task shifting/ sharing

Jhpiego successfully demonstrated midlevel health care providers' competency in providing contraceptive implants that led to population welfare departments for task sharing notification in Sindh. A milestone was achieved as Secretary Population Welfare Department enhanced Field Welfare Worker and Field Technical Officers mandate by including provision of contraceptive implant insertion and removal services through an official notification.



DKT franchised 40 clinics naming them as Dhanak. These facilities were not only branded but also provided with infrastructure support and equipment required for implementing FP services. This also included an essential medical instruments kit which comprised of different items.

40 Dhanak Clinics and their respective HCPs were evaluated at different intervals for compliance to quality standards. A total of 281 evaluations were conducted. Quality standards, including those of the providers in 33 of the 40 DHCCs scored more than 80%, while the remaining clinics scored around 70%.

The partners behind the successful partnership:

A multipronged approach needed a multidimensional skillset. For each major program component an equally strong partner was selected with a central representation at the Program Management Unit based at the Aman Health Care Services.

Program Management Unit (PMU) and Steering Committee (SC):

Established in November 2013, the PMU was formed with the responsibility for advocacy, communications, program coordination, finance and administration and liaison between the three foundations, implementing partners, key stakeholders, and technical experts in Family Planning/Reproductive Health. It also developed project monitoring information systems (PMIS) to track and measure the progress of project components towards specific outcomes. A steering committee (SC) that had representatives of all foundations did the program oversight. Over the years, Sukh had valuable contributions from the following partners:

01

Aman Community Health Program for Community Engagement:

Aman Community Health Program (ACHP) established Community Advisory Committees (CACs) and Community Resource Groups (CRGs) which mobilized the community. Household outreach was conducted by (female) Aman Community Health Workers (ACHW) who also provided counseling and contraceptives at the doorsteps and made referrals for FP services whereas male mobilizers provided information to the husbands.

02

JHPEIGO & DKT Pakistan for Quality Improvement at health facilities.

Jhpeigo was tasked to build the capacity of all healthcare providers, under the program. It was also responsible for infrastructure improvement at public health facilities while Dkt Pakistan did the same for private health facilities.

03

Aman Tele-Health for Call Center Services:

A call center (under Aman TeleHealth) was established as a helpline for married men, women and youth. It was also intended as a means for follow-ups with registered households for family planning services.

04

AAHUNG For Engaging Youth:

Aahung reached out to youth for Family Life Education. School going youth were engaged at 2 different levels. Aahung developed the curriculum and trained teachers for imparting knowledge among Grade 7-10. Children in vocational training centers were also engaged. Out of School youth were reached by community health workers as well as lady health workers trained by Aahung.

05

Center for Communications Programs Pakistan for Advocacy:

Center for Communication Programs Pakistan (CCPP) joined the project in 2017, to develop all external and internal strategic communication materials. CCPP also arranged opportunities to build the capacity of all the partners in the discipline of Social and Behaviour Change Communication and SMART Advocacy.

06

Leading Research Agencies for Monitoring and Evaluation:

Aga Khan University (AKU) was engaged to conduct the baseline and midline evaluations. Subsequently, Research and Development Solutions (RADS) assisted by Mathematica Policy Research (MPR) conducted the end line evaluation.

Learn from Sukh

Many of you might be thinking what was the secret and magic factor that enabled the project to do the unthinkable in just 4 years. While there cannot be a definite answer, we as a project learnt a few insights that can go a long way in meeting the health and family planning targets of Pakistan.

Inclusiveness is the Answer

Understand the community before you want community to understand you. Understand their norms and eco systems facilitate them at multiple levels through health workers, technology, public and private health facilities, local media, local networks and learning opportunities. When communities understrand the main concept of the intervention, they decide to take action accordingly.

More urban interventions can catalyze development:

Urbanization is on the rise globally but particularly in Pakistan where economic opportunities are limited to big cities. The migration of people from rural to urban areas is very high. Implementing family planning interventions in big cities brings the prospect of reaching a very diverse set of communities, understanding the family planning context from various angles as well as addressing it accordingly. Above all the rapid improvement of indicators can catalyse the national development agenda. One interesting aspect is also the economies of scale. When you are targeting a large population distributed on a small geographical area, the cost to reach decreases whereas the pace of social change increases.

Solve Community problems at community levels:

Sukh essentially was a program of the communities for the communities. At all the touchpoints special consideration was given to bring change creators from within the communities which made the intervention so successful. The quality of programming remains above the mark, when the providers and beneficiaries are interacting regularly. Above all, with interventions like telehealth, group meetings, the community becomes part of the feedback mechanism which is the most democratic form of monitoring and evaluation.

Demand and Supply should complement each other:

When both demand and supply side are part of one intervention they evolve and work together. They both have to converge to create a solid impact. Convergence of project management staff, project philosophy and project goals play a crucial role in project success.

Sukh Initiative, a project of Aman Health Care Services aims to increase modern contraceptive prevalence rate in the one million underserved peri-urban population of Karachi, Sindh, Pakistan

Provincial Government Partners

Health Department Government of Sindh

Education & Literacy Department Government of Sindh

Population Welfare Department

Project Implementing Partners

AMAN HEALTH
AMAN COMMUNITY HEALTH PROGRAM

AMAN TELEHEALTH 9123

AAHUNG

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