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# Social Mobilization Strategy



# Table of Content

Abbreviations and Acronyms .....	iii
Introduction .....	1
Current Situation and Opportunities .....	2
The need for social mobilization: .....	4
National Mobilization Strategy .....	5
Aims and Objectives .....	5
Target Group: Religious Leaders and Scholars.....	5
Proposed Activities.....	5
Target Group: Community Influencers.....	6
Proposed Activities.....	6
Target Group: Media Representatives.....	7
Proposed activities.....	7
Target Group: Elected Representatives/Parliamentarians.....	8
Proposed activities.....	8
Target Group: Policy Makers.....	8
Proposed activities.....	9
Target Group: Professional Health Associations and Academic Institutions .....	9
Proposed Activity.....	9
Community Mobilization Strategy .....	10
Aims and Objectives .....	10
Mobilization Approach .....	12
Activities in The LHW Areas .....	14
Activities in The Non-LHW Areas.....	19
Mobilization of Health Care Providers in All Areas.....	23
Public Sector Approach.....	23
Private Sector Approach.....	24
District Responsibilities .....	27
Annexure 1: Strategy for Training Lady Health Workers.....	29

## Abbreviations and Acronyms

CCA	Client-centered Approach
CM	Community Based Media
CMO	Community Mobilization Officer
CPR	Contraceptive Prevalence Rate
DC	District Coordinator
FALAH	Family Advancement for Life and Health
FCMO	Female Community Mobilization Officer
FP	Family Planning
FWWs	Family Welfare Workers
FWA	Family Welfare Assistant
GIS	Geographic Information System
GSM	Greenstar Social Marketing
HANDS	Health and Nutrition Development Society
HC	Hormonal Contraceptives
HHS	Household Baseline Survey
HMIS	Health Management Information System
HTSP	Healthy Timing and Spacing of Pregnancies
IEC	Information, Educational Communication
IPC	Inter Personal Communication
IUCD	Intra Uterine Contraceptive Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LHS	Lady Health Supervisor
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
MC	Mercy Corps
MCMO	Male Community Mobilization Officer

M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
MOPW	Ministry of Population Welfare
MWRA	Married Women of Reproductive Age
NGOs	Non-governmental Organizations
PAIMAN	Pakistan Initiative for Mothers and Newborns
PC	Population Council
PWD	Population Welfare Department
RSPN	Rural Support Program Network
SCUS	Save the Children (USA)
USAID	United States Agency for International Development
VHC	Village Health Committee

## Introduction

The FALAH Communication, Advocacy and Social Mobilization (CAM) strategy provides the over arching framework for undertaking social mobilization at the family, community and national level by the FALAH project. The key principles of FALAH are to simultaneously, mobilize couples, families and communities in the twenty districts in support of adoption of birth spacing as an initiative to improve their health and well being while also addressing the improvement and expansion of access to good quality services to meet their needs. This is to ensure that we do not mobilize couples or families without commensurate efforts to ensure their access to birth spacing services. The ultimate goal of the Communications and Mobilization strategy of the FALAH project is to improve the health and well being of women, men and their children through tackling the major obstacles in adoption of birth spacing to improve maternal and child health outcomes and family well being, by increasing knowledge of the benefits of HTSP as well as knowledge, increased demand for and effective use of contraceptive methods.

While the larger CAM strategy paper describes in detail the messages and media through which overall communication will be carried out, this Social Mobilization strategy focuses on activities which are to be undertaken in support of healthy timing and spacing of pregnancies (HTSP) foremost amongst Married Women of Reproductive Age (MWRA) and their husbands. This is the primary target group for social mobilization and also the main beneficiary of the strategy. The strategy aims to achieve a significant increase in couples knowledge and understanding of the need for and benefits of birth spacing and the recommended spacing interval; to sensitize providers to proactively inform clients and their partners on the benefits of birth spacing as well as to advise couples on the different contraceptive methods available for spacing pregnancies and if needed to refer them to the appropriate facilities in order to meet their unmet demand.

Additionally, advocacy and social mobilization activities will also be undertaken to address other influential members at the national and district to sensitize their attitudes and opinion in support of birth spacing and to make them advocates within the family and to the community. Their mobilization is the key for removing some of the major barriers facing women and couples and contributing to reduced levels of unmet need for birth spacing.

## Current Situation and Opportunities

The **Pakistan Demographic Survey 2007** reveals that contraceptive prevalence has stalled and remains relatively low at about 30 percent. Unmet need for family planning in Pakistan remains high at 25 percent (PDHS 2006/2007) suggesting that there are major barriers to adopting family planning even among those who already wish to delay or limit childbearing. These barriers have been studied extensively and found to vary significantly according to place of residence, education level, and income levels of families. The latest survey also shows an unwanted fertility rate whereby women on average are having one additional child beyond their planned desired family size over their reproductive lives. The current situation suggests both challenges and opportunities in reaching women, their families, and their communities with better information and services. The challenge is to increase the demand both for spacing (and limiting) pregnancies and to increase the uptake in contraceptive use by reducing the gap in unmet need. This is seen by FALAH as an opportunity as the outcomes are expected to be hugely beneficial for families and children in the FALAH districts.

A variety of structural conditions in Pakistan perpetuate the lack of acceptance of family planning services and birth spacing practices. For example, the low levels of education, especially among women, reduce demand for family planning in specific and well-understood ways. The weak primary health-care system not only contributes to high infant and child mortality (thus maintaining the felt need for large families), but more directly deprives the population of a potentially effective source of quality family planning counseling and services, especially in rural areas. The situation has been aggravated by limited understanding and a lack of focus on the value and need for birth spacing as a means to improve mother and child health.

The findings direct us to target the following central barriers:

**Gender relations.** In general, women in Pakistan have extremely limited independence and economic power to make important decisions, including those regarding pregnancy and childbearing. Poor spousal communication is a further constraint, as is the discrepancy in the thinking between husbands and wives in the timing and strength of their desire to space and limit births (women want to begin spacing earlier and the long process of convincing husbands and their families about the value of spacing leads to high levels of unwanted pregnancies).

**Social/religious concerns.** The word family planning has largely become associated with the perception of limiting family size among the population. Therefore, there is a widely shared sense that family planning, although practically useful, is wrong or unnatural. Mass media messages and interpersonal communication seeking to counter this viewpoint have limited reach and impact in rural areas. Sometimes these concerns are stated in explicitly religious terms (more in some parts of Pakistan than in others). Men tend to be more conservative, and because they are generally considered the authority on Islam within the family, a husband's views on family planning can be an important barrier. The focus of family planning programs has mostly been on promoting small family norms. Not enough attention has been given to emphasizing the value of birth spacing to improve maternal and child health and family wellbeing.

**Fear of side effects.** Studies show that a strong fear of side effects, particularly those resulting from the use of hormonal methods, is an important factor inhibiting both adoption and continuation of certain methods. Limited knowledge regarding the management of side effects of contraception, misconceptions and lack of confidence in contraceptive methods often lead providers to advise discontinuing contraception or switching methods, inappropriately without guidance about alternative strategies for protection against unwanted pregnancy. Provider counseling is poor, resulting in enhanced fear of side effects and missed opportunities to link child spacing with health benefits.

**Lack of knowledge about the availability of services.** Most couples know of at least one place to obtain contraceptives. However, they often lack specific information about where they can obtain specific services, what quality of the services available or their costs. Furthermore, distances are often great, leading to high costs for transportation; clinics may not be open, or are out of stock; service quality, especially counseling, is often poor; and choices are limited.



## **The need for social mobilization:**

*The key focus of the mobilization strategy is centered on an understanding of the needs and aspirations of potential clients*, recognizing how their choices and behaviors are shaped by their relationships with their spouses their families, and the communities and societies in which they live. At the center of our approach are the primary beneficiaries—women—who, along with their husbands, are to be reached through interpersonal communication and improved media messages and are enabled to meet their family planning needs by expanded service delivery, improved quality of services, and efforts to remove or reduce the barriers to access embedded in the gender and social relations within families and communities. The next most influential group is the people most in contact with the couples with unmet need, health care providers, and family members, who share their social perspectives and are respected for their advice. These groups will be especially addressed.

*An important component will be to engage in efforts to direct public discourse* with national and community leaders and policy makers who play a vital role in shaping public discourse on family planning, birth spacing, and health. This will give a renewed emphasis on making the linkages between birth spacing, health, and development.

*The key message is repositioning family planning as a health intervention:* There appears to be limited understanding of the value of birth spacing for improving maternal and child health, and a stagnant demand for modern methods. Consequently, birth spacing as a means to enhance the survival and improve the health of the mothers and the child as well as the technology to recap the health benefits of birth spacing are not well understood by influential leaders, health-care providers, or eligible couples. The main thrust of the project activities will be to reposition family planning in the public view by stressing birth spacing rather than limiting childbearing for health. This repositioning of family planning will be reflected consistently in all of the proposed activities, including messages through mass media, training of providers, and social mobilization. This repositioning will bring new support, defuse persistent opposition, and reach a new market for family planning.

# National Mobilization Strategy

## Aims and Objectives

At the national level, our strategy will mobilize major influential groups to become strong proponents of the benefits of birth spacing to the population in general and to remove myths and misconceptions surrounding family planning in the past. This will also ensure both enhanced and sustained political commitment. Our work will involve advocacy with:

- Prominent religious leaders/ scholars
- Community influencers
- Media representatives
- Parliamentarians
- Elected representatives
- Policy makers at the district, provincial and national level
- Professional health associations and academic institutions

These key players can be instrumental in creating an enabling and supportive environment, either directly or through the influencers at the community level, to bring about behavior changes in favor of birth spacing among eligible couples.

## Target Group: Religious Leaders and Scholars

Since the views and opinions of the religious scholars and *Ulemas* are critical in shaping public opinion, FALAH will work towards making them active promoters of birth spacing as a health intervention to improve the health of the mother and the child and the overall well being of the family and the nation. This will also help in mitigating perceived religious opposition.

## Proposed Activities

A number of activities are proposed to be undertaken by FALAH to advocate and mobilize religious leaders as follows:

- Consultation meetings with religious scholars at the national Level to solicit their views and involvement in promoting birth spacing.
- TV discussion programs with prominent religious scholars on the topic.

- Study tours to Islamic countries such as Egypt, Tunisia and Morocco to observe their advocacy program with the religious leaders and identify and discuss how they can be applied within the context of Pakistan.
- Assist MOPW in reviewing and revising the national training curriculum for *Ulemas* to ensure that the messages and materials on birth spacing and family planning are consistent with those agreed upon and adopted by all partners.
- Endorsements: Wherever possible and relevant, communication materials such as audio cassettes, videos would contain endorsements by noted national religious scholars particularly when targeting religious leaders at the community level.
- Develop informational packages for newlyweds and work with the *NIKKAH* Registrars to help communicate the key messages on delaying the first child to avoid complications for women under 18 and ensure the health benefits of birth spacing.
- All implementing partners including Greenstar will conduct a number of orientation and sensitization sessions with key influencers to discuss FALAH operations and encourage them to be active advocates of the practice of birth spacing and the recommended spacing interval. Advocacy kits will be developed and provided to community notables, Masjid Imams and other religious leaders, and local media journalists, cable TV operators, among others. Key community influencers such as the Nazims, Councilors and the Masjid Imams/ Khateebis will be invited to attend and speak in favor of birth spacing in the male meetings that will be organized by the project in the FALAH districts.

## Target Group: Community Influencers

Social mobilization at the community level will consist of a number of community-based activities involving influencers who are community leaders and gatekeepers including district officials, elected representatives and informal leaders identified by the community as important sources of advice.

## Proposed Activities

These activities will seek to garner support of these groups in favor of birth spacing and the recommended birth spacing interval to improve maternal and child health and overall family well-being in the communities.

- At the community level, Implementing Partners will organize various community activities to create excitement and publicity for promoting the practice of birth spacing on special events such as the World Population Day, Breastfeeding Day and Mother's Day.
- Short commercials promoting the benefits of birth spacing and recommended interval will be shown at cinema halls and through local TV cable networks to reach a wider audience and reinforce the messages.
- Radio, especially popular FM channels, will also be used to mobilize support for the cause of improving maternal and child health through birth spacing.
- Billboards will be installed in prime locations of the FALAH districts advertising the theme of the birth spacing campaign that will reinforce the core key messages.

## Target Group: Media Representatives

Media, both electronic and print, is known to be most effective method for sharing information and shaping people's perceptions and attitudes. FALAH's strategy to involve media is follows: First, FALAH intends to orient representatives of both print and electronic media to create awareness about the benefits of birth spacing. In addition, media will be encouraged to raise the issue of the need for health providers and other important influential groups to proactively promote birth spacing. The media can play a major role in creating socio-cultural acceptability for birth spacing. This will in turn facilitate politicians and other influential groups to support birth spacing.

## Proposed activities

Advocacy with the media representatives at the national level will include:

- Consultative meetings and advocacy forums
- Briefing of editorial boards of major newspapers
- Organization of visits by media representatives to FALAH districts to observe project activities and speak with local influentials.

Second, media could also be involved in promoting birth spacing through:

- Newspaper articles by informed and respected journalists about birth spacing and its acceptance at the community level as well as by religious leaders

- Talk shows, panel discussions and lectures by eminent personalities on different topics related to birth spacing on various electronic medium - radio, TV
- Airing of docu-dramas and videos on various themes related to birth spacing and positive health outcomes of adopting the recommended spacing interval.

## Target Group: Elected Representatives/Parliamentarians

Elected representatives and influencers can also wield a key role both at the national level by influencing the development of policies and programmers as well as in their local constituencies to change people's perceptions and behavior in adopting birth spacing. FALAH will undertake the following to mobilize elected representatives:

### Proposed activities

- Orientation on birth spacing for members of Parliament, in particular the members of the Parliament Committee on Population, highlighting the need to reposition family planning and respect client's choices to be successful in meeting national goals
- Orientation visits to activities in FALAH districts to see the acceptance of birth spacing messages at the community level
- Mobilization of influential's in the 20 FALAH districts by the Parliamentarians of those districts.

## Target Group: Policy Makers

FALAH's work with policy makers is two-fold. The first is to identify issues for policy makers to address that will facilitate in enhancing access and quality of family planning/birth spacing services in the country, and particularly in the 20 districts. The other is to advocate for increased resources to support the private sector, both subsidized and commercial to enhance the overall contraceptive security in the country. This may involve the transfer of commodities to social marketing efforts as well as policies facilitating the involvement of private sector companies in the support of birth spacing efforts.

## Proposed activities

FALAH will organize dissemination seminars to share project experiences on some of the innovative initiatives planned particularly in the areas of collaborative activities with the MOPW and the MOH. In addition, the forum of the Population Association of Pakistan will be used to pursue policy discussions on key topics focusing on addressing barriers to achieving the national objectives in population and health.

## Target Group: Professional Health Associations and Academic Institutions

Advocacy efforts will be undertaken with Professional, Medical, and Paramedical institutes including PMDC, Population Association of Pakistan, Pakistan Nursing Council, and Pakistan Society for Obstetrics and Gynecology for their support in getting the health professionals involved in proactively promoting the HTSP effort.

## Proposed Activity

FALAH project staff will address the routine meetings of the PMA held in district and provincial capitals and will provide participants with a simple list of items that they could do in their district to facilitate the repositioning effort.

# Community Mobilization Strategy

## Aims and Objectives

The community mobilization strategy is designed to create an enabling environment that will promote birth spacing through direct interaction with the eligible women and their husbands and active mobilization of support from key influencers and the health providers practicing in the community using various IPC and community based interventions and approaches. At the Community level, the target audience for mobilization will include the following:

**Primary:** Married Women of Reproductive Age (MWRA) and their Husbands

- Currently practicing birth spacing and using modern contraception
- Currently not using contraceptives but have unmet need for spacing or limiting
- Have no interest or desire to space or limit at the present time
- Pregnant women during ANC and immediately after delivery during the post partum period.

**Secondary:** Providers in the Public and Private sector including doctors, paramedics, LHWs, LHS, LHVs, FWWs, and other health service providers

**Tertiary:** Influential members at the community level senior family members, mothers-in-law

- Religious leaders: *Imam Masjids, Khateeb, Nikkah Registrars, Ulemas*
- Elected Leaders: Elected Representatives such as *Zila Nazims*, Union Council members, Parliamentarians (members of the provincial and national assemblies)
- Media representatives including journalists and columnists

FALAH will pursue a number of specific communication objectives with each of the following target groups as follows:

**Primary: MWRA and their Husbands**

- Increase understanding of the benefits of birth spacing and WHO recommended spacing interval on the health of the mother, new born and for overall family well being
- Encourage male responsibility and Inter-Spousal discussion on birth spacing
- Minimize fear of side effects from contraceptive use as well as practical ways of managing side effects when they occur
- Increase knowledge regarding correct and effective use of contraceptives
- Create awareness of the various sources of acquiring contraceptive information, products and services

**Secondary: Public and Private Sector Health Providers**

- Encourage providers to become proactive advocates of birth spacing to their clients and the community they serve
- Remove myths and misconceptions regarding modern contraceptive methods, including LAM and SDM
- Improve knowledge and confidence by providing comprehensive information on management of side effects of contraceptives
- Reiterate higher risks of pregnancy related complications among younger women (below 18) and high parity, older women (above 35) as well as for those with short birth intervals
- Promote opportunities for post partum counseling and support for contraceptive use in support of birth spacing

**Tertiary: Influencers (Religious leaders, elected representatives, community notables, media representatives):**

- Increase understanding and acceptance of birth spacing and WHO recommended birth spacing interval
- Encourage influencers to become strong proponents of birth spacing and its benefits to the community and the nation
- Remove myths and misconceptions and clarify religious view point on birth spacing



- Raise awareness about higher risks of pregnancy related complications as well as short birth intervals among younger women (<18) and high parity, older women (>35) as well as those with short intervals between pregnancies

A series of messages will be developed in line with these objectives for each target audience. The messages will be developed in consultation with FALAH's internal and external partners including the MOPW and the MOH and through the creative inputs of its appointed advertising agency. Messages will be translated into regional languages in addition to Urdu as applicable to FALAH districts and extensively pre tested among the target groups before finalization. The project is confident that ultimately all other partners working in the area of reproductive health and family planning will incorporate these final messages into their campaigns to ensure consistency and continued reinforcement.

Three major communications media will be utilized to ensure that the tested messages reach their intended audiences:

- The main channel of communication will be interpersonal (IPC) and community based media (CM). IPC is defined as communication exchange between two individual such as communication between a husband and a wife, and counseling of a client by a provider
- Community media (CM) refers to communication of messages to a group in a community e.g. group meetings with husbands, advocacy meetings, messages through a local cinema/radio channel among others.
- Mass media will be utilized in collaboration with the MOPW and the MOH as a means to reinforce the core messages on birth spacing as well as reach a wider target audience beyond the 20 FALAH districts.

## Mobilization Approach

The community mobilization approach will rely on a number of interventions. In the areas where LHWs are present, community mobilization will be undertaken by them as a part of their ongoing activities. These include:

- House to house visits by LHW to convey information both on the benefits of HTSP as well as on the different contraceptive methods for promoting informed and voluntary choice by MWRA

- In order to undertake this, all LHWs in the 20 districts of FALAH will be trained in Client Centered Delivery of Family Planning Services
- LHWs will also conduct Women Group Meetings comprising MWRA as well as women influencers in the family and community to further reinforce the messages delivered through house to household visits and to remove any existing myths and misconceptions.
- Male mobilization would be undertaken through the Village Health Committees comprising the husbands of MWRA and male influencers in the family and community, like the religious leaders, locally elected leaders which will be set up by the male mobilizers and male FWA of MOPW for which they will be trained by FALAH.
- Sensitization of public and private sector providers in providing facility-based and domiciliary family planning services. For this purpose providers will be trained in the client centered service delivery methodology by Master Trainers trained by FALAH.

In areas where LHWs are not present, male and female group meetings will be conducted by Community Mobilization Officers (CMO) of the Implementing Partners, and the use of interactive theaters. In addition, Greenstar will mobilize MWRA in all the districts through household visits by their IPC workers as well as communities and arrange neighborhood group meetings for the MWRA through their female health service providers.

The project will undertake the following approaches in executing the strategy as stated above:

- Maximize the overall coverage of eligible women and their husbands through IPC and Community-based activities of LHWs in the LHW covered areas and complemented by project Implementing Partners in the non-LHW areas.
- Set up or strengthen Group Meetings as mechanisms to reach and motivate husbands of eligible women as well as other influential male members of the community.
- Mobilize support through advocacy meetings by the project Implementing Partners with key influencers in the community.

## Activities in The LHW Areas

A major part of all FALAH districts, an estimated 63% of the population of MWRA, are within the coverage of the Lady Health Workers (LHW) program (MIS Report, 2008). The National Program for Family Planning Primary Health care was evaluated in 2001 as a successful public health sector program (OPM, 2001). The role of the LHWs was duly recognized as instrumental in improving the overall health status and family planning use in rural Pakistan. There is clear evidence to suggest that where the LHW's are active in the promotion of family planning/birth spacing and provision of services, there is significant improvement in the CPR.

The availability of an LHW in an area within the FALAH districts provides a cost-effective and sustainable medium for the project to reach and counsel the majority of eligible women in the about the benefits of birth spacing and the recommended birth spacing interval and adopt contraceptive use. Earlier a USAID funded project entitled the Optimal Birth Spacing Initiative (OBSI) has already trained about 7000 LHWs and counselors in the strategies and benefits of birth spacing. While the training was provided, the policy and service support was inadequate to ensure that those wishing to space births had the information and means to do so. We plan to build on the expanding network of LHWs coverage to build on that sustainability and to ensure that there are other mechanisms to reach those communities not covered by LHWs

FALAH will work with the NPFP&PHC to build on their existing work to ensure their full capacity is harnessed to mobilize support for birth spacing. Due to their wide acceptance and close proximity to the rural areas where health problems are most acute, the LHWs have been given the responsibility to address a wide range of health issues which generally drives the focus of their interaction with women in the community. FALAH working closely with the LHWs aims to refocus the attention of LHWs towards their responsibility of providing family planning services as well as facilitate their work.

The following activities will be undertaken:

- *Build LHWs capacity through training on Client Centered Approach (CCA) to deliver client focused messages on birth spacing and help women choose an appropriate contraceptive method. CCA was developed by Population Council as*

an innovative framework that enables providers to assist underprivileged clients with assessing and negotiating a broad array of constraints to adopting family planning. An evaluation of the pilot conducted by the Population Council in Sargodha revealed that the training helps to bring about an attitudinal change and enables providers to understand and adopt a client friendly approach thus making their interaction with clients more productive. Providers reported much greater job satisfaction and self confidence as a result of this training. The training has been scaled up to several districts and also added to the curriculum of other trainings offered by the Council such as TBAs and Leadership training.

- *Incorporate the core informational and motivational messages on benefits of birth spacing* as well as information on different contraceptive methods the CCA training curriculum. The project will strengthen the capacity of the LHWs to bring about a tangible improvement in the quality and attention given to the topic of birth spacing and contraceptives in their regular interaction with the eligible women in the communities. The training strategy is given as Annexure 1.
- Ensure that the communication on birth spacing by the LHWs at the household level is linked with the regular provision of contraceptive products at the doorstep and referral for other maternal and clinical services to the nearby health units. This will require that the LHW have a secure source of contraceptive methods and the procedures for supporting and respecting referrals are recognized with the District.
- Build LHS s capacity to effectively monitor step down training of LHWs on CCA and monitor and supervise LHWs activities on the mobilization of community support for birth spacing. This will be done through training LHS in supportive supervision as per the training strategy attached as Annexure 1.
- Provide orientation to LHWs through participation of Implementing Partners female CMOs in LHW and LHS monthly meetings to expedite the transmission of birth spacing messages to the households by LHWs
- *Revitalize and expand the objectives of VHC* in collaboration with the NFPF& PHC to increase focus on birth spacing and reach husbands and male influencers through this activity. Plans for revitalization will be developed in those villages

where the committee's have been dormant or where their priorities do not include birth spacing and maternal health.

- *Revitalize and expand the objectives of women's group meetings* in collaboration with the NFPF& PHC to reach and motivate eligible women in the community through focused discussions of birth spacing.

***Revitalize and expand the role of Village Health Committees to reach husbands and male influencers:*** The LHW's job responsibility requires that she organize regular group meetings with members of the VHCs to discuss the range of health matters affecting the community. Since members of the committee are usually men and influencers in the community, the LHWs generally involves her male relatives such as her husband, brother or uncle to organize and conduct these meetings. There is no formal training given to these men on how to conduct the VHC meetings and they are unfamiliar with the strategies being proposed to change social norms related to spacing

FALAH will work with the national NFPF&PHC to revitalize and utilize the mechanism of the village health committees tapping on MOPW's male mobilizers and male FWA as well as Implementing Partners' male CMOs to organize male group meetings of husbands of eligible women in the community thus providing an ideal forum to raise awareness of the benefits of birth spacing. Involving the husbands including the local influencers/members of the VHC in group interactions will encourage a positive change in attitude and behavior towards birth spacing among the eligible men.

The main strategy employed would be to organize Male Group Meetings through the VHCs using the male mobilizers and the male Family Welfare Assistants (FWA) of the MOPW as well as by the male CMOs of the Implementing Partner. MOPW has already endorsed this strategy. This decision will be further reinforced in a bilateral meeting between MOPW, MOH facilitated by FALAH. The role of the project Implementing Partners will be to facilitate and monitor the effective execution in close collaboration with DPW and the LHS in the districts

Male Mobilizers (MM) and the Male FWAs of the MOPW in close collaboration will set up Village Health Committees (VHC) or utilize those existing ones in close alliance with the LHWs and the CMOs of Implementing Partners. VHCs will be the forum to invite the husbands of the MWRA as well as eligible male influencers to attend group meetings. It

is expected that each mobilizer/ FWA will cover all eligible men within the catchment areas of the LHWs in an effective union council. They will receive extensive training from the project on group meeting methodologies, key messages, and reporting requirements. They should also refer to the efforts being made with women's groups and link where possible the initiatives of each group in support of the common goals.

The overall design of these meetings will follow the FALAH Male Group Meeting Model that will be executed by the Implementing Partners in the non-LHW areas described later. However, the actual modalities of the approved design and the respective roles and responsibilities of all partners will have to be agreed upon with the MOPW and NPPFP&PHC in a Letter of Understanding prior to starting this initiative.

***Revitalize and expand the objectives of the Women Group Meetings:*** In addition to making household visits and organize Village Health Committee (VHC) meetings, LHWs are expected to convene at least one monthly group meeting of women where influencers from the community meet to advice and guide on matters related to safeguarding the health of the women and children in the community e.g. birth preparedness, breast feeding, immunization.

FALAH intends to utilize the opportunity of women's group meeting to discuss maternal /child health matters with an emphasis on birth spacing and contraception as well as to share the discussions being held with the male influencers. If needed a special session on contraceptive methods would also be organized by the LHW with the support of the LHS, female health service provider from the nearest public or private sector facility including from FALAH's partner Greenstar's franchise. FALAH will initiate this approach starting with one district in each province, and based on the experience and lessons learnt, will scale it rapidly with the intention of reaching all 20 districts by year 3 of FALAH.

The detailed strategy for training as well quality assurance of LHWs training is reflected in Annexure 1. The responsibility of the Implementing Partners will be to organize and facilitate the training of the LHW's as well as the TOTs for trainers and master trainers in CCA and in Group Meeting methodology. The Implementing Partners will also assist in the monitoring of these group meetings and provide feedback and recommendations to the LHS and the concerned health officials of DOH in the district for improving their

content, coherence and links to existing service strategies. The LHS assisted by the FCMO will provide on the spot coaching to improve the quality of these sessions.

***Orientation Meetings with LHW/LHS:*** All LHWs and LHS in the project districts will be trained on CCA but because of their large numbers, the increase in coverage will be gradual and not reach full completion until the end of year three of the project. Therefore to help gain momentum and expedite the transmission of messages to reach large numbers of eligible women early on in the project, the female CMOs of the implementing partners will participate in the monthly group meetings of the LHWs/LHS to provide an orientation on the project and core birth spacing messages, and emphasize the importance of disseminating this information to the eligible women and the families they serve in the community.

These monthly orientation meetings will be attended by the CMO's mostly during year two of the project period since by that time, a significant number of LHWs would have already received comprehensive training through CCA. All CMOs will be trained by the project on the objectives and the methodology of conducting these brief orientation sessions in addition to receiving comprehensive training on other IPC and CM activities that will be undertaken by them. Female CMOs will regularly interact and periodically make joint visits to the households with the LHWs and the LHS to monitor the quality and attention given to the dissemination of the birth spacing messages and the availability of contraceptives with the LHWs at the time of visits and provide feedback and support for improvements.

In addition, male CMOs of Implementing Partners will also be conducting male group meetings through setting up of VHC to involve husbands of MWRA as well as male influencers of the community. Where feasible, the activities and messages addressed to the men's and women's groups will be mutually supportive.

## Activities in The Non-LHW Areas

In non-LHW areas, the Implementing Partners will focus their attention on eligible women. This division will minimize the duplication of messages to the same target audience and thus ensure greater overall coverage in the project districts. Core messages will be reinforced to the primary target audience through mass media which will be implemented in collaboration with other FALAH partners. It is estimated that about 40% of the population in the 20 FALAH districts are not covered by the LHW visits, which is where the IPC activities of the implementing partners with the MWRA will be emphasized.

We will implement the following activities among eligible women and men in these areas:

- ***Group meetings of eligible women and their husbands:*** Group Meetings will be the primary community-based methodology used to reach eligible women and their husbands to provide information on the benefits of birth spacing and on contraceptive methods to make informed and voluntary choice whether to adopt birth spacing or not in the non-LHW areas. The model consists of a female group meeting that will be conducted by the female community mobilization officer (FCMO) and a husband's model that will be organized separately and conducted by the male community mobilization officer (MCMO), both employed by the Implementing Partner. While the meetings will be separate, they will provide mutually supportive message and follow-up actions.



### **Description of female group session:**

- Introduction to the participants; purpose of the meeting
- Pre awareness check of participants (Pretest) to gauge their attitudes and knowledge on key concepts that will be covered in the meeting
- A story in a pictorial format that will communicate the core concepts of FALAH's communications strategy followed by a recap phase to reinforce the main messages
- A brief introduction phase to all contraceptive methods
- Playing of a taped audio drama that will address some of the common myths and misconceptions on modern contraceptives
- A post awareness check (Posttest) using the same methodology as the pre-test to gauge any positive change on participants' attitudes and knowledge
- A conclusion phase where the CMO will thank the participants and provide names and addresses of nearby public and private sector outlets where the clients can go to get more information or seek products and services.

At the end of the sessions, participants will be given a package containing a copy of the pictorial and the audio cassette on modern contraceptives. Participants will be encouraged to listen to the information in the cassettes with their husbands and make a joint decision to adopt birth spacing. On average, each group session will have 25 participants although the numbers may vary between districts due to variation in population sizes. Women attending the first session will be invited to attend a follow-up session to share what issues if any still remain as a barrier in the couple's decision to adopt birth spacing and what they might do to support birth spacing messages in the community.

A majority of the group meetings will be organized by RSPN in the sixteen districts where their existing community rural support programs (RSP's) are most active. In the other FALAH districts where RSPN will not be active in the project, the lead partner in those districts will organize the group sessions. However in several districts of Sindh where HANDS is the lead partner, RSPN will be the only implementing partner conducting group meetings with eligible men and women while HANDS will exclusively focus in organizing Interactive Theaters as their primary communication medium to reach the primary target audiences. To maximize reach and minimize duplication of

reaching the same audience with the same messages, the group meetings by RSPN and the Interactive Theaters by HANDS will be organized in different UC's/locations

Prior to holding a group meeting, RSPs will organize a community meeting with their members to discuss the importance of mother and child health and the need to provide important information on birth spacing to the eligible women and men in the community. The members will also be asked to nominate a volunteer (community facilitator) who would be responsible for compiling a list of eligible women and their husbands in the community and organizing the group sessions. The CMOs will have the actual responsibility for conducting the meetings.

The Male session: The male session will be organized by the male community facilitator and conducted by the male CMO. The majority of the participants will be husbands of women who have already attended the female sessions. The Male meetings will be similar in structure and content to the female sessions except that the information contained in the audio cassette that will be played at the session will be motivational in nature having endorsements on birth spacing from prominent religious leaders and respected personalities. In addition, wherever possible the CMO shall invite the local Imam Masjid and the Nazim and Councilor. The reason for adopting this approach is because there is clear evidence to indicate that religious and social barriers to adopting family planning /birth spacing are more pronounced among men than women. Detailed information on contraceptives would already be accessible to these men through the audio cassettes that were given to their spouse while attending the female sessions.

The project will contract an independent training organization to train the CMO's in conducting these group sessions as a part of their overall training in community mobilization and developing effective communication and motivational skills.

***Interactive Theater/plays:*** The concept of Interactive Theatre (IT) is relatively new in Pakistan. An interactive theater is a performance in front of an audience to make a political or social faux pas in the conclusion. The audience is then asked whether they agree with the conclusion. If not, those who disagree among the audience are asked to take on the role of the performers and present his/her own conclusion. Interactive theater is therefore a very productive methodology to engage the audience in which people are not merely viewers, but are also active as performers (participants).

FALAH's implementing partner HANDS has vast experience using Interactive Theater for mass mobilization in its other development initiatives. HANDS have well experienced master trainers available. They have conducted this activity as part of their community mobilization strategy to raise awareness of maternal/child health issues under the USAID-funded "PAIMAN" project. The level of enthusiasm and participation that these theaters have generated in the community has led the project to propose this specific activity for implementation in the districts assigned to our partner HANDS.

The objective of using Interactive Theaters will be to sensitize the target communities on the importance of birth spacing and other elements of HTSP, communicate the key FALAH messages, increase community participation in creating an enabling environment at community level and create linkages between the communities and the public and private sector service providers for enhancing access to health facilities. While the Interactive Theatre is open to all segments of society, efforts will be made by the members of the Interactive Theatre group to enlist MWRA and their husbands with the support of local influential's or existing community groups of HANDS or other community-based organizations working in the area. It is important that community leaders are aware of these events and are supportive of the strategy and content for the mobilization to be effective.

#### **Description of Interactive Theaters:**

Participants attending the theaters are from all sections of community though the focus of the project will be to enlist eligible women and a mix of current users, lapsed users or those who may never have practiced birth spacing since prior screening on the basis of use status will not be possible for an open event like this. It is therefore important to ensure that the core messages developed by the project and communicated through this medium appeals to a cross section of the women audience including the health providers and the influencers. Service providers of neighboring health facilities of Health & Population Welfare Department and private sector providers, in particular those belonging to the Greenstar franchise network, will be invited and introduced at the end of the plays.

Two master trainers from each FALAH District of HANDS will be identified for the ToT on interactive theatre methodology. The selection criterion will include adequate experience, familiarity with the local communities and credibility and acceptability. These master trainers will conduct a 3-day ToT of all 8 trainers (2 from each of four FALAH-HANDS districts).

## Mobilization of Health Care Providers in All Areas

The role of the health care providers, both public and private, is critical in mobilizing clients and the community influential's in favor of birth spacing. The majority of women who adopt a modern contraceptive method such as pills, injections or IUD first seek advice from a health provider. Where female health is concerned, women rely almost exclusively on female health providers and their advice; suggestions and prescriptions are highly valued and generally followed. Views of female health practitioners are also highly respected by the husbands of their clients.

In Pakistan, the majority of the population seeks health care from private sector health providers. However most of this is for curative services only. Providers, especially doctors, generally don't see themselves as playing the role of advocates of the prevention of unwanted pregnancies. Therefore there is tremendous missed opportunity for female providers to actively promote prevention (birth spacing) for positive health outcomes of the mother and the new born child. We will therefore tap the following opportunities:

- Develop health providers, both in the public and private sectors, to be proactive advocates of birth spacing and HTSP to their clients and their husbands.
- Encourage eligible women and men to seek accurate information and services on birth spacing from Greenstar providers, private sector health practitioners and public sector outlets in both LHW and non-LHW covered areas.

## Public Sector Approach

Through training of LHWs, FWWs, Paramedics and other district level providers on the Client Centered Approach (CCA) by FALAH and on clinical methods, the project will significantly raise the quality of their interaction with the clients and increase access to services which will eventually lead to enhanced utilization of public sector services especially at the primary level. (See the FALAH training strategy for a more comprehensive description of all training activities planned by the project). All training programs for providers conducted by FALAH partners will emphasize the need for providers to give comprehensive information on all contraceptive methods, including their advantages and disadvantages and encourage informed choice by the clients.

## Private Sector Approach

Through Greenstar Social Marketing and FALAH's commercial private sector partner ZAFSA, the project will raise the salience of this issue in their detailing calls to private sector providers and encourage doctors to proactively advocate birth spacing to low parity clients. Training programs for Sales Promotion Officers will include how to effectively communicate this idea, particularly to female doctors and LHV's. Both Greenstar and ZAFSA will design and produce effective detailing materials on these concepts with the support of PC and the project appointed advertising agency. In addition Greenstar will include these messages as part of their training program for the private sector franchise providers.

Both Greenstar and ZAFSA SPOs will organize a number of doctor/LHV seminars in the FALAH districts where the importance of advocating birth spacing. They will invite prominent gynecologists or general practitioners from the area as speakers, whose views are likely to have a strong influence in changing provider's attitude and behavior in general.

- Train Greenstar community-based IPC workers to become effective communication agents of birth spacing with integration of products and services through their household visits and neighborhood meetings
- Implement Advocacy meetings with community Influencers through the project Implementing Partners
- Train public sector providers (FWWs, LHVs, doctors, paramedics) on Client Centered Family Planning Services (CCFPS) and quality improvement skills
- Undertake detailing visits to providers by Greenstar and commercial private sector partners of the project to emphasize birth spacing

### **Greenstar IPC Activities:**

Greenstar Social Marketing already conducts extensive IPC and community-based activities across the country. The main objective of their IPC program is to identify clients with unmet need for spacing and limiting in the community and refer them to a nearby Greenstar provider to seek counseling and services on family planning/birth spacing at subsidized rates offered through their Clinic Sahoolat program. With the development of the new messages on birth spacing by FALAH, Greenstar IPC programs

will now incorporate these generic messages for disseminating to the target audiences through their community based activities while also recommending them to visit health providers for seeking services.

Since Greenstar providers are located both in the LHW covered areas and non-LHW areas, its IPC activities will cover both these two areas. Therefore there may be some reinforcement of FALAH messages reaching the same audience through the IPC meetings of Greenstar and the mobilization activities in the LHW areas. This reinforcement of messages will ensure that key messages are covered and that both groups are supportive of this innovation. In the non-LHW areas, the IPC activities of other FALAH implementing partners shall be planned in coordination to avoid duplication in areas where Greenstar IPC programs are active. Under FALAH, Greenstar is not going to employ community-based officers like other FALAH implementing partners but continue to use their existing IPC structure of outreach workers and health officers to conduct household visits, neighborhood meetings and orientation sessions.

***Household Visits:*** These are conducted by Greenstar outreach workers and the female health officers within the catchment area of the Greenstar service provider to achieve the following purpose:

- Identify current users of family planning/birth spacing and encourage them with supportive messages to continue using the method or to consult a nearby public sector or a Greenstar service provider if they need counseling on side effects
- Identify eligible women with unmet need - those who want to delay or want no more children but not using any contraceptives, and refer them to a nearby public sector clinic or a Greenstar service provider. These women are given a token by the outreach workers that allows them seek subsidized services and products from a Greenstar provider on a particular day known as the Clinic Sahoolat.
- Invite women who are non practicing or resistant to the idea of family planning or birth spacing to attend a Greenstar neighborhood meeting for an in-depth briefing on the benefits of family planning/ birth spacing and the different contraceptive methods available. Where feasible, women who are considering contraceptive use will be put in contact with willing satisfied contraceptive users in their neighborhoods so that they learn firsthand about their experience.

***Neighborhood Meetings:*** These are group meetings held separately for eligible women and men to discuss and share experiences on the character and use of family planning/birth spacing products to help correct common myths and misconceptions. Each group consists of between 8 and 12 participants who are married women or men of reproductive age and a mix of current users and non contraceptive users.

The meetings are conducted by the Greenstar outreach worker and are held in the household of a participant in the community. A counseling card is used and one of the four case studies is read out depending on the need and profile of the participants present. The GS staff conducts a questions and answer session to interact with the participants and generate support for the concept of birth spacing. All participants are provided with a brochure and invited to attend the Clinic Sahoolat and tokens are handed to those interested to seek subsidized services from Greenstar providers.

Under the FALAH project, Greenstar will continue to implement the neighborhood meetings within the catchment area of its providers and incorporate and disseminate the core FALAH messages through these meetings. In addition, Greenstar will explore the possibility of including the wife/husband approach and use of audio cassettes to overcome myths and misconceptions as described in the group model that will be implemented in the non LHW areas. The project will train all Greenstar outreach workers in the 20 FALAH districts to improve their communication and motivational skills and achieve better results from their IPC and community-based activities. In addition, FALAH will train a group of trainers within Greenstar who would train IPC workers and supervisors outside the 20 FALAH districts on the new family planning repositioning messages.

## District Responsibilities

The activities of FALAH's Implementing Partners - HANDS, Save the Children-US and Mercy Corps will be limited to the twenty six districts, while Greenstar in addition to the 26 focal districts will continue to operate their program activities in all provinces except for the NWFP. RSPN was initially assigned 10 districts to conduct group meetings in non LHW areas which were further expanded to 16 districts from year of the project period. Each Implementing Partner has been assigned to work on specific districts based on their experience and knowledge. The activities implemented by the partner RSPN however will overlap with those of the lead implementing partners in 16 districts where their rural support programs (RSPs) are most active. The district wise allocation of partners of FALAH is shown below.

Lead Partner	FALAH Districts
Greenstar Social Marketing	All FALAH districts and National
HANDS	Dadu, Jacocabad, Karachi, Sanghar, Shikarpur, Sukkur and Thatta (7) in <u>Sindh</u>
Mercy Corps	Lasbella., Gwaddar, Jaffarabad, Khuzdar, Quetta, Turbat-Kech and Zhob (7) in <u>Blauchistan</u> Ghotki and Larkana (2) in <u>Sindh</u>
RSPN (Supporting Partner)	Overlapping districts with lead partners - Mansehra , Dadu, DG Khan, Gwaddar, Jaffarabad, Khuzdar, Sanghar, Sukkur, Thatta, Turbat, Jacocabad, Karachi (Orangi), Quetta, Shikarpur, Multan and Khanewal (16)
Save the Children-US	Jhelum, D.G. Khan, Bhawalpur, Khanewal, Multan, Rajanputr (6) in <u>Punjab</u>  Charsadda, Mardan, Mansehra and Swabi (4) in <u>NWFP</u>

All Implementing Partners (with the exception of Greenstar) shall employ a team consisting of a Male and a Female Community Mobilization Officer (CMO) and a District Coordinator (DC) for each district assigned to them. In addition, RSPN will also have a separate team in the 16 districts where their activities will complement that of the lead



partners. Greenstar shall continue to support the project through their existing IPC staff and structure in the field which consists of outreach workers, health officers and supervisors.

The CMOs will have primary responsibility for directly executing the mobilization activities with the eligible women and their husbands in the non LHW covered areas and in undertaking the advocacy activities with influential's in all project area. In the LHW covered areas, the team will facilitate and coordinate with the LHWs and the concerned district DOH and DPW officials to ensure proper execution of our strategy. The DC will supervise the CMO's and will be responsible for overseeing all mobilization activities of the implementing partner in a particular district. Monitoring and evaluation of these activities will be the responsibility of the Population Council.

## Annexure 1: Strategy for Training Lady Health Workers

The strategy envisages developing teams of master trainers through a training program of nine days each, which would be conducted at the provincial level by a FALAH team consisting of Population Council and JHPIEGO. Each team of master trainers would consist of two/three members. These master trainer teams consisting of senior doctors, health technicians and LHSs will train the staff of all health facilities including the BHU's and RHC (Doctors, LHSs and Health Technicians) who are both the trainers of the LHWs as well as their supervisors. The BHU staff will be trained in CCA as well as in training methodology so that they can become proactive advocates of birth spacing themselves, become more effective trainers as well as train LHWs in the CCA and on the core FALAH messages. This will enable all LHWs in the 20 FALAH districts to develop their capacity for improved counseling, communication and knowledge of contraceptive methods so that they can perform their functions more effectively as well as become proactive advocates of HTSP. Through cascading of training it would be possible to scale up the training of LHW in CCA as well as make the training in CCA more sustainable and effective.

Trainers from Population Council and Jhpiego will conduct the TOT's for master trainers who in turn will train the trainers of LHWs. The Implementing Partners in consultation with the relevant district health officials and the LHW program and based on given eligibility criteria will identify and select the master trainers, the trainers of LHW as well as the LHWs that would attend the step down training sessions to be conducted by the LHW trainers. The step down trainings of the trainers of LHWs will be conducted at the district level, while the training of LHWs will be conducted at the facility level.

FALAH will ensure that quality assurance is emphasized at all steps to improve the effectiveness of this initiative. Three basic areas that will require constant monitoring and close vigilance are as follows:

- Step down trainings of the LHW's to ensure that they are conducted as planned
- LHWs are trained on CCA by the trainers as per the training module
- LHWs trained on CCA are giving sufficient time and attention to discuss birth spacing with their clients and accurately communicate the messages

### **Ensuring Quality of Step down Trainings:**

The Master Trainers who have been trained by the Population Council and Jhpiego will not only train the trainer of LHWs but will also monitor the quality of step down training conducted by them. A facilitative supervision and follow-up mechanism has been developed as described below in order to maintain the quality and uniformity of these step down trainings.

### **Direct Supervision of first training by PC team:**

Facilitators from FALAH will observe the first step down training conducted by each team of LHW trainers. They will help the trainers in preparing the sessions, assist with logistic issues and specifically provide onsite feedback and guidance. The Master Trainers prepared by FALAH will join the FALAH team in monitoring the first step down training and thereafter conduct the quality assurance/ monitoring of step down training.

### **Quality Assurance by National Program of Family Planning and Primary Health Care**

In addition the district, and provincial coordinators as well as the officials in charge of overall planning and monitoring of the LHW training program at the national level of the National Program for Family Planning and Primary Health Care would also be involved in selective monitoring and quality assurance of the step down training of LHWs in CCA.

### **Video of TOT:**

A complete video of TOT will be developed covering all the sessions being conducted. A copy will be provided to each team of trainers to view it and prepare their sessions in conjunction with the trainer's manual.

### **Peer Assessment:**

A checklist to assess the training sessions will be developed, which would be used by the co- trainers to assess each other after the session and provide constructive feedback to improve any deficiencies.

### **Monitoring by Partners:**

Members of the implementing partners from each district, preferably the DC and CMO's will attend the TOT so that they are fully aware of the contents and methodology. They will be involved in monitoring the subsequent step down trainings. Review of pre and

post tests of the trainings will be done by the facilitators to assess the impact of training.

**Reinforcement through Supportive Supervision:**

The Lady Health Worker Supervisors will be provided with an intensive training on supportive supervision. They will also be provided with a checklist that enumerates the steps that must be carried out in order to provide client centered services. The supervisors will make use of the checklist during their routine supervisory visits to observe the services being delivered by both the male and female providers and provide onsite guidance and support. This will ensure that the essential theme of the training is reinforced and that key messages are refreshed