

TASHeER – A pilot study of community-based intervention in Tehsil Gujjar Khan

⇒ Background:

Targeted Awareness on Sexual Health, Empowerment and Research (TASHeER) is a one-year pilot study (ending in August 2012) of community-based intervention to revitalize the role of LHWs and LHS in Tehsil Gujjar Khan. The focus of the pilot is on motivation campaign for newly married couples and married women with low parity (0-2 children).

The experiment is based on the analysis of findings of PDHS (2006-07) which brings out that 34 per cent of children in Pakistan are born within 24 months interval after the previous birth – an interval that is “too short” and has implication for maternal health and infant/child survival. The survey further



reveals that CPR is quite low among young women between 15-24 years of age (15-19 years is 6.7%, and 15.4% in age group 19-24 years). This highlights the need to increase utilization of family planning and reproductive health services among these age groups through community mobilization to address their concerns, along with close supervision and effective monitoring. It will contribute to improving maternal health and survival of newborn and thereby introduce the concept of healthy timing and spacing of pregnancy at grass-roots level.

⇒ Objectives:

The main objective of the project is to raise awareness among the target audience for creating demand for healthy timing and spacing of pregnancies (HTSP), post abortion care (PAC) and address the issue of supply/availability of matching services in 14 selected Union Councils of the Tehsil by specifically focusing on **capacity building of health providers for committed and improved service provision of family**

planning and reproductive health; awareness raising and encouraging behavior change for HTSP; and strengthening health care system by improving monitoring and assessment at all the supervisory tiers.



⇒ Focus Area:

TASHeER provides a comprehensive framework to address issues related to ASRH in the context of life cycle-specific family planning and reproductive health behavior. It stands out as a unique intervention that not only strengthens the existing

work, but also goes beyond advocacy and counseling to actually empower in decision making among the young and newly wed couples.



⇒ Capacity Building:

The model implementation covers 225 Lady Health Workers of the project area, 15 Lady Health Visitors, 13 Lady Health Supervisors, 14 Medical Officers, 6 Women Medical Officers, 8 Community midwives, 16 male secondary level teachers and 14 religious leaders and 10 male mobilizers. The training outline takes into consideration the HTSP project that has been implemented at community level under PRACHAR, updated the LHW Training modules and support group methodology by necessary incorporation in

line with the need of TASHeER. The manual focuses on improved skill for counseling, motivation for HTSP and PAC. It will be aided by specially developed advocacy kit and additional IEC material for more purposeful interaction during home visits. The LHWs will apply the acquired skill during their monthly meetings with the prioritized target population and continue to dispense the services already assigned to them under the LHW Program.



⇒ Inter-Country Learning & Sharing of Experiences:

Pathfinder has identified a relevant model (PRACHAR) that is being implemented in phases in Bihar, India since 2001. It is basically a reproductive health communication model aimed at community mobilization through existing community-based workers for building and sustaining enabling environment that is conducive to acceptance of ideas and approaches about improved health and wellbeing of women and children. The initiative has no direct service provision while targeting the newly wed couples and couples with low parity (0-2 children). The model has been successful in raising awareness and in increasing the contraceptive use among the target population. It was considered appropriate to further study the model for piloting in Pakistan.

Pathfinder International Pakistan Office organized a special orientation and experience sharing workshop wherein the PRACHAR model was shared with professionals from

Pathfinder Pakistan by the Indian Program Managers. The Pakistan Team included all stakeholders who would be involved to endorse and guide the implementation. The model was discussed in detail for comprehensive understanding of its relevance and how it could be applied to achieve the same results demonstrated by PRACHAR. It was agreed in principle to experiment the model with necessary modifications and by adapting it to suit the socio-cultural setting of Pakistan and an MOU concluded with the Rawalpindi Executive District Office of Health Department. Pathfinder Pakistan accordingly initiated the required spade work and organized a Planning Workshop, where Pakistan-specific proposal was considered, and agreement reached, role of partners delineated and clarified, and work plan endorsed for execution. The basic concept and components of TASHeER model were discussed during the initial meeting with PRACHAR and improved during the Planning Meeting.



⇒ **Strengthening Health Care System:**

The existing format and forms maintained for the work at community and facility levels for data collection and compilation of regular reports were reviewed, updated and adopted as a part of existing health system by the District and Provincial Health Set-up of LHW and MNCH Programs. Information relating to the intervention of male mobilizers and community reformers has been added. The LHWs, LHSs, CRs and focal points at each level have been trained to report accordingly. They are facilitated to devote additional time to supervision and monitoring and analyze data for effective oversight of implementation of work in the field.

Pathfinder International Pakistan Office monitors TASHeER project at all stages of its implementation, commencing with baseline survey through third party; identification of survey areas/institution and staff; listing of couples; training/refresher of staff reviewing monitoring tool and training material; advocacy campaign; household visits and output; role of community reformers and support groups; monitoring and evaluation, which includes an end line survey and its dissemination. The information collected from the field is cross checked with the district MIS and implementation progress reviewed on a monthly/quarterly basis at service delivery and immediate supervisory levels. Similar sessions will be held at reasonable intervals at district and provincial levels with the officials who have been associated in this study since inception.

The project evaluation will again be entrusted to a third party, who would undertake the task under the guidance of Pathfinder International Pakistan Office. This will be done through a household survey to assess the change in knowledge; attitude and practice related to RH/FP and undertake comparative analysis of baseline with the end line survey. Based on the evaluation report, a dissemination seminar will be organized with the policy makers,

stakeholders and donors to share findings of the study and consider ways to replicate the same in the light of experience gained through this experiment.

The project is financed by Pathfinder Fund in its entirety, covering operational and field support cost. Specific monthly and quarterly financial reports are maintained and checked with record keeping of project finances. It is executed directly by Pathfinder Pakistan in collaboration with Punjab Health Department and the EDO (Health) Rawalpindi. The progress and field experience is shared on a continued basis to facilitate application and replication as a gradual process for enrichment and improvement of community level working.

Bringing behavioural change through motivation and for correcting misperception regarding conception, contraception and addressing socio-cultural concern is a long process requiring continued interpersonal communication at community and household levels. The counseling skills of LHWs built under TASHeER contributes to advance this objective with lasting effect on change in outlook and understanding about health benefit of 2-3 year inter-pregnancy interval. Use of special IEC material including a 'contraceptive wheel' and uterus model has been useful in creating understanding during home visits and support group meetings. The monthly sessions of religious leaders in the male support group meetings were making similar effect to enlighten the audience about birth spacing as an acceptable and necessary norm for maternal and infant health in socio-cultural context.

Nevertheless, there was dearth of information about SRH among the youth between ages 15-29 who constitutes a significant (30%) proportion of country's population and would/ had entered the life cycle of reproductive age.



⇒ **Awareness Raising & Behavior Change:**

The corner stone of TASHeER is awareness raising and encouraging behavior change by the lady health workers targeting newly married and low parity (0-2 children) couples through household visits and regular meetings of women support group from within the community. Over the project period, these LHWs will conduct 2,400 women support group meetings and will reach 25,000 women in six months time. Similar male support groups have been formed consisting of



husbands of female target groups, by local secondary teachers and religious leaders who have been trained and involved in the project as Community Reformer (CR). A manual is developed for their training and to apply the skill in the real work situation. Their work will be coordinated and supervised by the group of male mobilizers. The CRs are expected to organize 300 male group support meetings and reach 5,000 men during the same period.



⇒ **Evidence Based Information Gathering:**

TASHeER, in the quest for such evidence-based information, is supporting a situation analysis of youth based on the data of youth studies undertaken by NIPS in 2000 and Population Council in 2001. The report based on this analysis will be brought out as a monograph and used in formulating a comprehensive research proposal for undertaking a comparative study on the subject in 10 major cities in Pakistan. It will specifically investigate into the conventional domain of life of young people: families, peers, schools, labor markets and affiliations with groups and institutions and note impact in relations to education, marriage, reproductive health, work and socio-cultural preferences and practices. It is considered necessary

and relevant for evidence-based designing of project and program for target-oriented intervention of reproductive health and family planning for this cohort of young people.