Now I can stand on my own feet!

Basti Chauk Bhugga in Union Council Ranjhay Khan, District Rahim Yar Khan, is located at approximately 8 km from Sadiqabad town. It takes 30 minutes on bike for the villagers to avail health facilities and basic amenities available in Sadiqabad, and approximately one hour via rickshaw that costs around Rs. 100.

Even though the government’s Lady Health Worker (LHW) visits the village but she does not cover the entire village. Before the start of the Population Services International/Rural Support Programmes Network (PSI/RSPN) Provision of Reproductive Health Services through Social Marketing (PRHSSM) project, there were a limited number of couples of reproductive age that availed reproductive health (RH) services. This was largely due to religious misconceptions about contraceptives as well as social and cultural values about having larger families. In most cases, the in-laws would pressurize the couple to have more children, disregarding any potential risks to the health of mother and child. “I had six children and was not allowed to take contraceptives by my father-in-law, it was only after he passed away that I could convince my husband about adopting a contraceptive method,” said one of the villagers. The community more often looked down on birth spacing and therefore contraceptive use was discouraged.

After the initiation of the PRHSSM project, National Rural Support Program (NRSP), an implementing partner of PSI/RSPN PRHSSM project, formed a Village Health Committee (VHC) that included 10 female and 10 male members from the community. They were given an orientation on reproductive health and the importance of birth spacing. Many of their religious misconceptions were clarified and they were asked to select a Community Resource Person (CRP) who will disseminate relevant information for awareness through group sessions as well as by undertaking individual household visits. VHC selected Ms. Sadia Hameed as CRP. Sadia is 25 years old and unmarried.

Sadia carried out her CRP responsibilities with full zeal despite a physical deformity in her right foot. As part of her CRP work, she registered all Married Women of Reproductive Ages (MWRAs) in her neighborhood, conducted a group session with them to orientate them on reproductive health and birth spacing. She would then carry out monthly household visits to all registered MWRAs and give them short term contraceptives or refer them to the Lady Health Visitor (LHV) camp organized under the PRHSSM project. She would make household visits with the help of her brother. For the project duration, CRP is given a monthly
honorarium. However, in order to devise a strategy for the post project sustainability the CRPs would be provided with Business in a Box (BiB). A BiB is a small bag which contains short-term contraceptive methods such as condoms and pills as well items of basic hygiene such as shampoo, soap, tooth brush, sanitary napkins, pampers, etc., and medicines such as aspirin, multivitamins and ORS.

Sadia brought innovation in her BiB by adding items that were demanded by the women. Items like hair clips, artificial jewelry, bangles, face creams and undergarments were being demanded the most. Sadia also adopted a system of flexible payments, so if one client could not pay full price, they were allowed to pay in installments. She also managed to make a small store in her house so the women could buy things whenever they want to and they do not have to wait for Sadia’s monthly visits. Her clients are very happy with her work. “Before Sadia, we had to wait for one of the male members in the family to take us to Sadiqabad. Now all the things we need are available in the neighborhood. It is also easier to buy from Sadia as she is flexible in payments,” said one Sadia’s clients.

According to Sadia, she manages to earn average profit of Rs. 250 – 300 per month; in good months she earns up to Rs. 700 profit. Good months are usually during wedding seasons, crop harvest seasons and Eid holidays. Sadia is very proud of her business and wants to continue expanding it. “I wanted to be independent and not rely on my parents. I have a foot deformity, which made it difficult for me to acquire education, as I couldn’t walk long distances and our school was on an hour’s walk. I have always felt that I am burdening my parents but now I am finally independent. I may have a foot abnormality but I can definitely say that now I can stand on my own feet,” she remarks.

The VHC is proud of Sadia’s work, “Sadia has outdone herself, initially we had concerns as she has a foot problem but she proved us all wrong,” says a VHC member.