PROVISION OF REPRODUCTIVE HEALTH SERVICES THROUGH SOCIAL MARKETING

Small Steps to a Better Life
Stories from Rural Pakistan
www.rspn.org

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Printed by: Masha ALLAH Printers, Islamabad

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Implementing Partners
PROVISION OF REPRODUCTIVE HEALTH SERVICES THROUGH SOCIAL MARKETING

Small Steps to a Better Life
Stories from Rural Pakistan

May 2017
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>01</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>03</td>
</tr>
<tr>
<td>About RSPN</td>
<td>04</td>
</tr>
<tr>
<td>About PSI</td>
<td>04</td>
</tr>
<tr>
<td>Project Intervention</td>
<td>05</td>
</tr>
<tr>
<td>Breaking the vicious cycle of poverty</td>
<td>06</td>
</tr>
<tr>
<td>Setting an example of excellence (Shikarpur)</td>
<td>08</td>
</tr>
<tr>
<td>Against all odds (Shikarpur)</td>
<td>10</td>
</tr>
<tr>
<td>Determination: The road to success (Sukkur)</td>
<td>12</td>
</tr>
<tr>
<td>Losing a child: Mother's worst nightmare (Bahawalpur)</td>
<td>14</td>
</tr>
<tr>
<td>Moving forward together leads to success (Shikarpur)</td>
<td>16</td>
</tr>
<tr>
<td>The progressive couple (Ghotki)</td>
<td>18</td>
</tr>
<tr>
<td>Setting the bar (Ghotki)</td>
<td>20</td>
</tr>
<tr>
<td>Moving towards betterment (Bahawalpur)</td>
<td>22</td>
</tr>
<tr>
<td>Light at the end of the tunnel (Bahawalpur)</td>
<td>24</td>
</tr>
<tr>
<td>Together we can do more (Bahawalpur)</td>
<td>26</td>
</tr>
<tr>
<td>A new era of hope (Bahawalpur)</td>
<td>28</td>
</tr>
<tr>
<td>At your doorstep (Rahim Yar Khan)</td>
<td>30</td>
</tr>
<tr>
<td>River of change (Rahim Yar Khan)</td>
<td>32</td>
</tr>
<tr>
<td>Mechanism of amelioration (Rahim Yar khan)</td>
<td>34</td>
</tr>
<tr>
<td>Collateral power (Rahim Yar Khan)</td>
<td>36</td>
</tr>
<tr>
<td>Project Glimpse</td>
<td>38</td>
</tr>
</tbody>
</table>
Preface

The Rural Support Programmes Network (RSPN) extends its deepest appreciation to all those who provided the opportunity to document these success stories. We acknowledge with much appreciation the crucial role of the staff of 'Provision of Reproductive Health Services through Social Marketing' project to identify these stories from the field. It is through their hard work and dedication that the intervention of the project is visible on the ground and recorded in this document. Also, we extend our gratitude to the higher management and focal persons of National Rural Support Programme (NRSP), Punjab Rural Support programme (PRSP), Sindh Rural Support Organisation (SRSO) and Thardeep Rural Development Programme (TRDP) for their support to the field team.

We would specially like to thank the members and leaders of the community institutions-(Community Organisations, Village Organisations and Local Support Organisations)-Community Resource Persons (CRPs), Community Health Workers (CHWs), religious leaders, members of Village Health Committees (VHCs), Union Council Health Committees (UCHCs) and District Health Networks (DHNs) for their valuable time to participate in in-person interviews. We deeply extend our gratitude to Mr. Khaleel Ahmed Tetlay, Chief Operating Officer RSPN, for reviewing and providing his valuable feedback on this document. We also really appreciate the efforts of Mr. Bashir Anjum, Specialist Social Sector RSPN, for his technical support in documenting these success stories.

Finally, we are grateful to Population Services International (PSI) and Department for International Development (DFID - UK Aid) for their financial and technical support in implementing the project interventions in rural areas of Pakistan.

Manzoor Hussain
Project Manager
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Islamabad, Pakistan
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<td>BHU</td>
<td>Basic Health Unit</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>Community Resource Person</td>
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<td>DIL</td>
<td>Daughter in Law</td>
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<td>EDO</td>
<td>Executive Director Officer</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>IUCD</td>
<td>Intrauterine Contraceptive Device</td>
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<td>LHV</td>
<td>Lady Health Visitor</td>
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<td>LHW</td>
<td>Lady Health Worker</td>
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<td>LSO</td>
<td>Local Support Organisation</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>MWRA</td>
<td>Married Women of Reproductive Age</td>
</tr>
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<td>NRSP</td>
<td>National Rural Support Programme</td>
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<td>PRSP</td>
<td>Punjab Rural Support Programme</td>
</tr>
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<td>RSPN</td>
<td>Rural Support Programmes Network</td>
</tr>
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<td>PRHSSM</td>
<td>Provision of Reproductive Health Services through Social Marketing</td>
</tr>
<tr>
<td>RSPs</td>
<td>Rural Support Programmes</td>
</tr>
<tr>
<td>SRSO</td>
<td>Sindh Rural Support Organisation</td>
</tr>
<tr>
<td>SO</td>
<td>Social Organizer</td>
</tr>
<tr>
<td>TRDP</td>
<td>Thardeep Rural Support Programme</td>
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<td>UC</td>
<td>Union Council</td>
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<td>Village Health Committee</td>
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<tr>
<td>VO</td>
<td>Village Organisations</td>
</tr>
</tbody>
</table>
About RSPN

The Rural Support Programmes Network (RSPN) is the largest development network of Pakistan, with an outreach to over 43.2 million rural people across 132 districts of Pakistan including five FATA/FR regions. It consists of 11 member RSPs that espouse a common approach to Community Driven Development (CCD) – social mobilisation. RSPN is the strategic platform for the RSPs with expertise in policy advocacy, grant management, networking, monitoring and evaluation, gender mainstreaming, knowledge management, communication, renewable energy and social sector (health, education, and sanitation) programming and implementation. The RSPN and RSPs have adopted a three-tiered approach to social mobilisation. At the first tier, rural households living in a close proximity are organised into Community Organisations (COs) at the neighbourhood level. At the second tier, the COs are federated at the village level into Village Organisations (VOs). The third tier involves federation of VOs into the Union Council (UC) level Local Support Organisation (LSO). As of December 2016, the RSPs have presence in 3900 rural Union Council of Pakistan and have mobilised over 6.8 million households (an estimated population of 43.2 million) into 405,027 COs of which 49 percent are women only COs. A total of 1403 LSOs at the union council level have been fostered with some LSOs forming networks at the tehsil and district level.

About PSI

Population Services International is a global health organisation founded in 1970 dedicated to improving the health of people in the developing countries by addressing the main issues like family planning, HIV/AIDS, barriers to maternal health, and malaria, diarrhoea, pneumonia and malnutrition in children under five. A hallmark of PSI is a commitment to the principle that health services and products are most effective when they are accompanied by robust communication and distribution efforts that help ensure wide acceptance and proper use. PSI works in partnership with local governments, ministries of health and local organisations to create health solutions that are built to last.
Project Intervention

Using RSPN’s proven model of social mobilisation, demand generation is one of the major activities planned to create demand for RH services in the project. The purpose is to enable rural communities to advocate for better coordination and accountability for reproductive health issues. Through a field force of 3000 women Community Resource Persons (CRPs) and 1,500 women Community Health Workers (CHWs), RSPN will reach out to 3,000,000 underserved and uncovered population of 13 districts. Focusing on married women of reproductive age and their spouses, premarital counselling will also be provided to female and male adolescents through expert mobilisation teams.

Collectively, these interventions will raise the contraceptive prevalence rate by 10 percent in the target areas and will contribute directly to achieving the Sustainable Development Goals (SDGs) by decreasing the maternal mortality rate and infant mortality rate by June 2017.

Programme Intervention Outline

- 13 Districts
- 383 UCs
- 1500 CHWs + 3000 CRPs
- 27,117 Outreach Camps
- 2,250 VHCs formed
- CPR Increased: 50% on the base
- 0.9 million women & men along youth sensitised on reproductive health
- 223,602 New Users
- 524,528 CYPs

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Breaking the vicious cycle of poverty

Sanam Sadaqat is a resident of UC Dhangro of district Ghotki. She lives in a small house with her husband and two daughters. Her husband is a driver. The low economic condition of Sanam’s family has played a vital role in shaping their current deprived state of health. Poverty and lack of access to basic requirements such as food, shelter and clothing caused poor child health, poor child nutrition, child labour, child marriage and various other issues in Sanam's community. The unremitting poverty has threatened children's rights, their survival, development and protection.

After giving birth to her first daughter, Sanam was approached by Shakeela Bashir (CHW from UC Dhangro). At first, she refused to take any advice on birth spacing which resulted in her conceiving within two months after delivery of her first daughter. Due to several complications during her first pregnancy, Sanam delivered her first baby through caesarean section. Her second pregnancy was also not an easy journey. Constant adhesive pain around lower abdomen and over the scars from her first child resulted in adverse effects on her internal body. However, with extensive sessions on birth control and group meeting discussions conducted with Sanam encouraged her to think more on the lines of birth control methods and their advantages. Shakeela gave her useful information on the advantages of adopting birth control methods and the precautions required in terms of diet and breastfeeding of children. In order to ensure the wellbeing of her two children, it was necessary to wait before conceiving the third child. Sanam understood the perilous effects of short birth intervals on maternal and child's health. Shakeela guided her towards various means of contraception to reduce unintended pregnancies, benefits
of contraception for new-borns, and infant and child health. She also told them that the survival of the child lies in the potential to lengthen the intervals between successive births. After the painful pregnancy of nine months, Sanam was revisited by Shakeela and upon her persuasion she opted for the three month birth spacing injection.

After various sessions and discussions with Sanam's husband and Sanam herself, Shakeela was successful in convincing the couple. Her husband's primary reason to opt for birth control was to break the vicious cycle of poverty as lesser children lead to a financially satisfied future.

Today, Sanam is a satisfied contraceptive user. She says, “I would wait at least for five to six years before conceiving again because I want to give my children the attention and care which they deserve. I am waiting for Shakeela to arrange next camp so that I can opt for the IUD insertion procedure.” The couple wants to move towards a long term contraceptive method to raise their two daughters in a stable socioeconomic condition to meet their basic necessities.
Shazia Sugroo resides with her two daughters and husband in UC Rustom, district Shikarpur. Her husband is suffering from a chronic skin disease and is unable to work. On the other hand, Shazia is working as a CHW for her community area and is the only breadwinner of the family. Shazia belongs to a patriarchal community where immense importance is given to the birth of a baby boy. Whether voluntarily or as a result of pressure from spouses and relatives, women of her community are compelled to shape their families to cater the notion that a son is culturally, economically and socially more beneficial as compared to the birth of a daughter. The community members simply do not want daughters, who are still seen as social and financial burden. Certain cultural notions are also attached to the birth of a daughter as the parents have to ensure their safety and security. These concerns are also found in local sayings, e.g. upbringing of a daughter is like watering a neighbour's plant.

Despite these beliefs, Shazia and her husband decided to practice permanent family planning methods. They opted for IUCD insertion as a family planning method. With a monthly income of less than Rs 15,000, it was challenging to cater the basic necessities of life thus they decided to consider their family complete without a son and focus on the upbringing of their two daughters. This path chosen by them resulted in setting an example for other community members who were reluctant to opt for family planning methods. By looking at Shazia and her prosperous family, Sameera, (26) and Abida (28) started following her footsteps. By seeing the example of Shazia and her exemplary path, both of these young women decided to opt for IUCD insertion. Today,
Sameera is a mother of two children and Abida is a mother of five children. Another reflection of Shazia's accomplishments was seen in the successful family planning case of Nawab Bibi. Nawab Bibi was strongly against the use of birth spacing methods. It contradicted with her social and religious school of thought; she not only condemned but also propagated against Shazia's work. Nevertheless, it couldn't deter Shazia from doing her good work. Eventually, Nawab Bibi also accepted birth spacing and safe health practices.

On top of her countless efforts in her community and several success stories, Shazia was also successful in getting a full-time job with the National Polio Campaign. Her bravery and commitment helped her to gain not only the trust of her community members but also become a role model for the women of her community.

During the last two camps organised under the project, Shazia was able to refer more than 25 clients for RH services. Shazia's success has been quite difficult but with her persistent efforts she was able to succeed against all odds.
Naseem Khatoon (35) is a CHW from UC Mongrani, District Shikarpur. Naseem’s commitment to her work enabled her to deliver admirable results and approach the highest number of clients from her district. Initially, it was challenging for Naseem to educate the community members due to several social and religious constraints, and lack of male involvement. However, with the passage of time the community members not only adopted these methods but were also grateful to access RH services provided at their doorstep.

The community people trusted Naseem and started to consult her. Almost all of these clients were satisfied and agreed to accept Naseem’s advice. However there was one case of Saima, who did not accept the importance of RH. When Naseem approached Saima, mother of three children, she was reluctant to choose a hormonal contraceptive over the natural contraceptive method. Saima firmly believed that hormonal contraceptives would disrupt her health and cause adverse side effects. She also believed in the myths that medicines and other IUCD methods are not safe for the children.

This was the time that Naseem stepped in her life and guided her through the process. Naseem played an important role in disseminating and discussing information both in religious and cultural/social perspectives. Naseem educated Saima on topics such as family planning methods, hygiene, birth spacing, breast feeding, birth spacing through the prism of religion. Naseem’s persistent persuasion resulted in Saima opting for the birth spacing injection as a mean
of family planning. Saima took her birth spacing shot when her baby was 4 months old. Unfortunately a few days later her son died. This case formed a different image in the community and all the blame was put on the use of artificial contraceptive methods. The death of her son was associated with these artificial contraceptive methods and the use of injection infuriated the mourning family of Saima who started to classify her work as evil and immoral.

Despite the community's resentment faced by Naseem, she did not lose hope, the hostility amongst community members did not break Naseem's spirit and she decided to continue her work. In addition to the negative word of mouth against Naseem, Saima's family filed a complaint at a local police station levelling charges of murder against Naseem. Terrified Naseem consulted the project team who contacted Saima's family and helped in settling the issue.

After this incident, Naseem decided to quit her job as she had lost the trust of her community and she was also afraid of backlash from the community. However, some women of the community asked Naseem to continue her work as her work brought health and prosperity in other households. This convinced Naseem to continue her work. Naseem has provided consultation to more than thirty-five clients during the two service camps held in her district.
Yasmeen Begum (26) recently moved to a small house in the UC Chunna Bhutta, District Sukkur. She has been advocating and delivering family planning service as a CHW in her previous community. As she was new to village and could not gain the trust of her community, the community members did not confide in her. With the passage of time, she began to advocate for renewed emphasis on RH to enhance the availability and usage of family planning services. This was done for increased contraceptive use, healthy timings and spacing of births which would ultimately lead to improved quality of life across the community. Meanwhile some community members continued to agitate against Yasmeen and preferred traditional beliefs and practices. The lack of male involvement was rooted in the shame to openly discuss the taboo topic of family planning. This led to the weakening of family planning interventions in the community and its surroundings.

The continuous struggle of Yasmeen compelled the members of VHC to intervene therefore Syed Abbas Ali, Principal of the Community School, Nayyaz Ali, General Councillor of UC Chunna Bhutta, and Muhammad Ehsan, Teacher/Founder of the Community School, started visiting households along with Yasmeen. The VHC members advised the male members of the community to consider family planning as an essential component of primary health care and reproductive health. They also guided them towards the vital role it plays in reducing maternal and newborn morbidity and mortality. Furthermore, Muhammad Ehsan assured the community about the credibility of Yasmeen and her work. In addition to this, Syed Abbas Ali took advantage
of his position as a school principal to support Yasmeen’s work and to increase the number family planning clients. The joint efforts of such prominent members of the community helped Yasmin to attain a trustworthy position and improve her credibility in this regard.

Now, Yasmeen is successfully disseminating knowledge on family planning and has provided services to more than forty clients with majority opting for IUCD insertion. The involvement of the VHC was essential for Yasmeen’s success.
Losing a child:
Mother's worst nightmare
Bahawalpur

Nasreen Akhtar is an identified CRP from UC Mehrabwala, District Bahawalpur. Her clients have distinct and diverse issues but her suaveness always helped her conquer their hearts.

Amongst her many clients, Shahida, 30 years old, was faced with a number of complexities during her delivery procedure. After the birth of her first child, Shahida stopped using birth control method which resulted in conception of her second child right after the first delivery. Other factors such as poor health and hygiene, short proceeding intervals and lack of proper medications and care resulted in Shahida losing her two infants one after the other.

The unintended pregnancies and short intervals in her pregnancy planning left Shahida not only physically unwell but also psychologically disturbed. The loss of two children left Shahida and her family in despair. Soon, after a few months, she conceived again, and fortunately this time she delivered a baby boy without any complications. After the birth of her second child, Nasreen began visiting Shahida in order to educate her about family planning, as the foremost and essential part of maternal and child health.

According to Nasreen, initially the community members gave her a tough time as they used to view her intervention a mean to hit their genealogy. However, the first few cases helped her set
commendable and unique examples for other community members. The household visits helped Nasreen gain trust of the women, whereas free services provided by the family planning service camps were also appreciated. Community members are now able to understand the value of birth interval and its correlation with the well-being of mother and the child. Shahida says, “After what I have been through I really don't want to conceive for at least five years. For me Nasreen is a blessing because I don't have the capacity to mourn over another child.”
Shahnaz Khatoon, resident of UC Rustom, District Shikarpur, is working as a CHW in her Baloch community. The strong cohesive mechanism of the VHC and the CHW serves as an example to all the other CHWs, as Shahnaz’s work depicts the true essence of striving together for a better future. UC Rustom is a patriarchal community where the man of the house decides the number of children his wife will give birth to, irrespective of her health condition.

In this male-driven community, it was problematic for Shahnaz to educate the family on the relationship between inter-pregnancy intervals and the adverse maternal outcomes. Shahnaz turned towards the female VHC members who helped her in conversing with the women during household visits. Nonetheless, it proved to be futile as the women required their husband’s approval. It was at this point that Shahnaz approached the male VHC members, including a local school teacher, a BHU male nurse and a cleric (prayer leader) of the community mosque. Keeping the religious point of views, these prominent male members of the society incorporated the fundamentals of maternal child healthcare in their daily routine based interactions. The local school teacher pointed out adverse effects of young girl marriage, the male nurse talked about unintended childbirth while the cleric disclosed several effects of short preceding birth intervals and the importance of breast feeding. In addition to the aforementioned important socio-cultural notions, these prominent members started visiting various households together.
Female VHC members started talking to the women of the households and male VHC members began talking to the men of the family. With the passage of time, the information started disseminating not only at individual level but also at the community level. Meanwhile the myths and misconceptions associated with family planning were taken care of and resolved. Eventually birth spacing methods began to be adopted by the community members. As a result Shahnaz has been able to provide constant support and information to 36 clients in her community that benefitted from the service camps.
Mumtaz Hafeez and her husband, Abdul Hafeez, resides with their children in UC Ruk, District Ghotki. Mumtaz is working as a CHW whereas her husband teaches in the community school. Their family is well connected with all the community members.

As a CHW, Mumtaz became the translator of the scientific world for her community members in terms of available health and family planning services. Initially, Mumtaz’s steps towards social assistance and promotion of health and living standards were met with resistance. People were reluctant to altering their old habits, which often resulted in conflicts and difficulties in the relationship between CHWs and the community.

Fighting against all odds, Mumtaz managed to serve as a counsellor and help poor patients overcome the barriers that prevented them from seeking vital healthcare. She addressed the identified barriers of her community members, including transportation, lack of awareness and healthcare costs. To date, Mumtaz has provided consultation to more than fifty family planning clients during the two camps held in her area.

Mumtaz recalls that there was a time when not even a single couple used family planning methods. She even visited families with more than 12 children in a household, surviving in poor health situations and deplorable socioeconomic state. Later on, Mumtaz came across an array of clients who faced difficulties in getting accustomed to new concepts. However her success is in maintaining her clientele through satisfying and addressing their concerns.
Mumtaz regards Naseema's case as one of the most successful cases in her community. Naseema is a mother of six children. She along with her husband were strongly adamant against the usage of family planning. According to the couple, religious teachings provided to them by their elders and the concept of birth spacing in this century did not coincide with each other.

During the household visits, Mumtaz visited Naseema's house to advocate the message of family planning. Through a number of visits, Mumtaz won the confidence of Naseema. To comfort her, she even asked Naseema to visit those women who have already used birth spacing methods and are satisfied with their married life. She also told her that birth spacing is not about not giving birth to a child. She linked birth spacing with not only the wellbeing of herself but also with the financial constraints caused by a big family. She made sure she did not instil negative ideas associated with child spacing instead she guided her towards a better and happy future in terms of her heath and economic conditions.

After several meetings, Mumtaz realised that this process was not possible without involving the male of the family, i.e. Naseema’s husband. Abdul Hafeez, Male CRW, helped Mumtaz by conversing with Naseema’s husband. Her husband comprehended the significance of family planning and supported Naseema to opt for IUCD insertion.

Another successful story was of Ruksana and Haseena who were referred for a three month contraceptive injection. The birth spacing shot effected the menstruation cycle of Ruksana and Haseena who panicked and contacted Naseema for assistance. Naseema immediately contacted the LHV and prescribed them medicines that helped in normalising their period cycle. Today, they are waiting for their next three month contraceptive shot.

Mumtaz's proactive efforts combined with her concern for the women of her community helped her to save the lives of numerous mothers and infants. Had Mumtaz not taken the step for these women, not only the health of the mothers would have been affected but also their households' financial woes would have been worsened.
Allah Rakhi, 25, is working for her community members to improve the family planning services in the UC Khanpur, District Ghotki. She is married to a farmer who earns less than Rs 10,000 per month. The family is deprived of basic education and health facilities. They are suffering from multidimensional poverty which significantly affects their health, education, sanitation and living standards.

Without any healthy birth spacing in between, Allah Rakhi gave birth to two sons and a daughter. When she conceived her second child, adverse health effects were observed, which also affected the health of the infant. As a result, the child was born with minimal birth weight, leading to the infant’s death.

The loss of a baby made Allah Rakhi realise that healthy timing and spacing of pregnancies could help her conceive and deliver healthy children. Learning from her mistakes, she opted for IUCD insertion. The concept of having fewer children was infamous in her community but her valiant action served as an example for other community members who had suffered similarly.

Allah Rakhi, a satisfied consumer of IUCD, inspired numerous women to opt for birth spacing methods. The community members comprehended the correlation of the unhealthy timing or spacing of pregnancies with the increased risk of multiple adverse health outcomes.
Cases of women such as Sughra, mother of three children, Hajra Bibi, mother of four children, and Hakim Bibi, mother of five children, opted for IUCD insertion after exchanging information and knowledge on birth spacing and planning of children with Allah Rakhi. Now, there is more and improved awareness about the importance of birth spacing for mother and child health in the community.
Shahnaz Bibi, along with his husband Mushtaq Bhatti and four sons, resides in a small house in UC Jalalabad, District Bahawalpur. They both are working as CRPs for the last two years in their community area. They have referred numerous birth spacing clients. They both attended the six-day PSI training through which they were educated on a range of themes related to maternal and child healthcare, as well as family planning/birth spacing methods. This multidimensional capacity building training improved and strengthened their abilities by increasing their knowledge.

Shahnaz recalls that when they were not working as CRPs their lives were quite difficult as it was challenging to meet the basic life necessities. Shahnaz was a housewife, whereas Mushtaq was working as a cook with a monthly income of Rs 5,000. With their income, they could not send their children to school as food and shelter were their foremost priority.

Today, working as a CRP they earn around Rs 20,000 per month which is sufficient enough to send their children to school and provide them with a respectable lifestyle. A significant benefit of working as a CRP is the experience gained and the capacity developed. Their skills are polished and strengthened to work for other programmes with respect to family planning and child immunisation campaigns. The stature of reliability and acceptability gained through household visits has also allowed them to be doted on by the community members. This in turn serves as a
favour of being selected for other campaigns and programmes launched in their village. They work for the polio eradication campaign after every two months which pays them well. Furthermore they also got the opportunity to work for child immunisation campaigns under UNICEF. Through the project, lives of Shahnaz and Mushtaq have changed dramatically, both within the community, as well as financially. Today, they are in a position to support their children's education and have a better quality of life.
Rashida Bibi, resident of UC Mehrabwala, District Bahawalpur, is working as a CRP for the PSI funded PRHSSM project to improve the reproductive health of her community members, by increasing the use of birth spacing methods. Rashida was twenty years old when she got married. Like every other girl she dreamed of having a loving husband. Unfortunately this wasn't her destiny. Her husband was a habitual cheater, and also caused mental trauma through his abusive attitudes. Rashida went through an emotional trauma that resulted in depression and feelings of hopelessness. Despite her husband's extramarital affairs Rashida insisted on not splitting up with her husband. She was afraid that the community members would ultimately blame her for the failed marriage.

Rashida's efforts to stop her husband from leaving her failed. Her husband divorced her after three years of their marriage. Rashida endured a great deal of psychological pressure and difficulties. She was heartbroken and the incongruous questions by friends and close family caused more distress, shame and guilt. Rashida says, very poetically, “The long night of distress became my destiny, a night which had no morning. There was no ray of hope until I heard about the PRHSSM project.”

Rashida was enrolled as a CRP by the RSPN's team for the PRHSSM project. The confidence she lost after her divorce was gained when she started interacting with the community members. The community members initially weren't welcoming. But, slowly and gradually through her
dedication, she became an influential and persuasive member of her society. Eventually, her hard work paid off and now she has thirty family planning clients during the two camps held in their community area.

Today, Rashida earns enough for her family. She plays an important role in her family, being a breadwinner herself. She is able to meet her basic day to day necessities without being dependent on anyone. Through this work, Rashida has found a ray of hope and a way out of her depression. The sense of ability ignited by this opportunity has empowered her to become an independent and self-sufficient woman.
Saima Aslam is a renowned CRP of her area, Union Council 88-DB, District Bahawalpur. The eminent work of Saima is reflected through her intensive involvement with the Village Health Committee (VHC) members. Prominent members of her VHC include Rani Bibi, Zaib un Nisa, Akhtar Bibi, Ayub Sabar, Muhammad Azam and Shafi Ahmed. Together they work as a team to accomplish success. For the first time a project focusing on maternal and child health was introduced in their community area. For this reason the community members had limited familiarity with the subject of birth spacing and family planning. Gradually, their knowledge as well as acceptance level escalated remarkably.

Saima recalls that so far her toughest task was to convince one of her clients Zulfiqar Ali and his wife. However, it would have been impossible to cater their concerns and fears without the support of VHC members. Zulfiqar’s wife gave birth to four children with short preceding intervals. Since the wellbeing of a newborn depends on the health of the mother, therefore two of the infants died. The couple never practiced birth spacing and was unaware that the length of the preceding birth interval is a major determinant of infant and early childhood morbidity and mortality. Saima’s recurring visits were of no use as Zulfiqar’s mother viewed her work as malicious activity and refused to let her enter the house. To help Saima, the VHC committee members intervened and collectively visited Zulfiqar’s household in order to persuade him. The influential VHC members swayed the couple and the mother in law to comply with the concept of birth spacing. As a result Zulfiqar’s wife opted for IUCD insertion during the service camps. Few days later after the
procedure she encountered back pain and blood spotting which flustered the family. They consulted Saima and insisted on removing the IUCD. Saima and the VHC members calmed them down and with the LHV’s assistance Saima prescribed her some medicines. Within three days the back pain and spotting faded away. Today, Zulfiqar is not only a satisfied client but also engages in spreading awareness.

It can be said that the collective intelligence of the connected individuals gave birth to a competent and resourceful working force which is the foundation of providing with the high-end results.
Irshad Bibi is a resident of UC 106 DB, District Bahawalpur. She lives in a small house with her husband and three sons, and her husband, with a monthly family income of Rs 10,000.

Maria Sarwar, a young girl, teaches at the local community school and also works as a CRP. Irshad's house was identified by Maria for the household visit. She visited the house to educate Irshad and his wife on family planning and birth spacing. Maria's first visit was certainly thought provoking for Irshad who was swayed away by the idea of birth spacing. However, her daughters-in-law were reluctant in discussing the birth spacing methods with their husbands, who had directed them to comply with the duties of a wife that, according to them, is focusing on household chores, as well as the upbringing of the children. The wives were asked to leave the decision of family planning and finances to the men of the house.

Initially, Irshad advised her daughters-in-law to practice withdrawal method for birth spacing but their husbands did not agree. Later, she purchased condoms and gave them to her daughters-in-law, but again, it was of no use. It was at this point that Irshad conversed with daughter-in-law Zeenat, mother of 5 children, and her husband to benefit from the free services available at their doorstep. Because of Irshad's consistent efforts, Zeenat opted for IUCD insertion. Then, Irshad talked to another daughter-in-law Sumaira, who had 3 children, for the IUCD insertion.
Sumaira’s husband also refused to support her, but she constantly counselled him and eventually she opted for a three-month birth spacing injection. Sumaira is very much satisfied and a happy client today.

The constant support from Maria and Irshad helped change the destiny of Sumaira and Zeenat. To this date Maria has referred thirty birth spacing clients and twenty new birth spacing clients are waiting for next camp to be organised.
Zeenat Ayyaz, wife of Ayyaz Ahmed, resides in UC Rasoolpur, District Rahim Yar Khan. The couple has two sons. Her husband works in State Life Insurance Company and earns around Rs 10,000 per month. Meeting basic life necessities within this nominal income is quite challenging. After delivering her first baby, Zeenat opted for breast feeding as means of birth spacing. She did not have any information on the effectiveness of the natural contraceptive methods. Therefore, she conceived immediately after the delivery of the first child. Her elder son is fifteen months old while the younger one is five months old. The short preceding birth interval has affected the health of the mother as well as the infant.

Musarrat, the CRP of the locality, visited Zeenat to educate her on alternative modern birth spacing methods. She discussed the inextricable link between the adverse influence of a low income level, child morbidity and mortality.

With her husband’s approval, Zeenat opted for the three-month birth spacing injection. Zeenat and her babies are now in a better health condition as she is able to give them the required essential attention and care. Zeenat says that she wants to conceive after seven years. Therefore, she is thinking of getting an IUCD insertion. Zeenat's mother-in-law, Riffat, was initially reluctant and did not accept the idea of family planning but Musarrat explained to her that if the mothers are malnourished, sick, and receive inadequate prenatal and delivery care, their babies also face
a higher risk of disease that can result in premature deaths. Riffat recognised the consequences of short birth intervals and validated the concept of birth spacing.

Zeenat expresses her gratitude for the intervention of this project as it educated and directed her to a path that assures the wellbeing of her family. Mutual efforts of the CRP and the women of the community have altered the rigid approach, to which the idea of contraceptive was satanic. Hence the efforts of mobilising the community members have provided a chance to all the children a healthier tomorrow.
33 years old Musarat Parveen is a CRP living with her husband and three children in UC Rasoolpur, District Rahim Yar Khan. Parveen has completed her bachelors' degree, while her husband works as an electrician. Parveen says that no project primarily focusing on family planning has ever been implemented in their community. It is for the first time that a project of such nature has been introduced. Traditional beliefs in favour of having so many children, religious barriers and lack of male involvement made it difficult to advocate family planning methods. The combination of these factors eventually led to low contraceptive use and high fertility rates in the village.

According to Parveen, her clients are not only the married couples but also the mothers-in-law of these clients who are believed to be comparatively more difficult to influence. Up till now, Parveen’s most difficult client is Rashida Bibi, who already has six children, but her husband desires to have at least ten children. Conversely, conceiving again is life threatening for malnourished and anaemic Rashida. Through Parveen’s persistent efforts, Rashida’s husband understood that the essential component of primary health care and reproductive health plays a major role in reducing maternal and newborn morbidity and mortality. He supported her to opt...
for the IUCD insertion. However, Rashida’s menstruation cycle became irregular, followed by spotting. The adverse side effects troubled Rashida who consulted Parveen and decided to choose birth control injections as a safer option, removing the IUCD.

Currently, Rashida is a satisfied client and is using birth control method for more than five months. Parveen’s persistent efforts resulted in forty IUCD clients from her village. Furthermore, she has referred 119 clients for different family planning methods. Parveen aims to continue her work as she said, “the women of our community want to adopt family planning methods but before the advent of this project no such services were available. Today the situation is different as these services are available at our doorstep.”
Mechanism of amelioration
Rahim Yar Khan

Maria Nishat of UC Rasoolpur, District Rahim Yar Khan, was in grade 7 when she got married to Jameel. At the age of 12, when Maria had no idea of marital relationship, she was tied in the bond of marriage. Maria's utmost forfeiture was losing her elder sister who was not only a motherly figure for her, but also her confidant. Maria's sister got married and within a year she conceived her first baby. With little knowledge of natal and antenatal care, she lost her life while giving birth to the child. Little did Maria know that losing her sister would result in losing her juvenescence. Maria's parents got her married to her sister's husband after her death. This was the least she could expect and desire for as she was too young to even apprehend the implication of this decision.

Once the CRP, Musarrat Parveen, started visiting Maria's house, she educated her on the significant subjects of sexual intercourse and reproductive health. Parveen also counselled Maria's husband for adopting family planning methods until Maria becomes physically and mentally mature to conceive a baby.
Jameel was primarily reluctant to wait and wanted to start a family but his woeful past and prudent advice of Parveen made his mind to choose various family planning methods. Initially, the couple used condoms but now Maria has opted for birth control injections. It has been a year since Maria has been taking precautions with the support of her husband and mother-in-law. The family wants to wait for the right time to ensure that the health of the baby and the mother is guaranteed.

Maria has also rejoined her school to continue her studies. The couple wants to wait for at least 5 to 6 years to have their first baby. Maria says, “She would like to become a CRP after completing her studies. This will help her guide other community girls just like she was guided by the CRP.”
Shazia Bibi, wife of Amir Mauvia, has four children. She is a resident of UC Hajifoor, District Rahim Yar Khan. Amir and Shazia are the CRPs of their village. Amir is a prayer leader of the community. He manages the religious affairs and is responsible for managing the mosque of the community. In addition to this, he teaches Holy Quran to the community children in the evening.

Initially, when Amir started off as a CRP, he was discouraged with the notions associated with the family planning services in the community and hesitations he faced by several relatives. He decided to quit on the second day as he was hesitant to convey family planning messages explicitly. It was his wife, Shazia who persuaded and motivated him to continue the training. She encouraged Amir to continue his work as she was aware that gradually the community will develop an understanding and an acceptance to this novel conception.

Amir recalls that there was a time when his own family members turned their back on him. Abdul Majid, his cousin, who lived in the neighbourhood boycotted Amir’s family and instigated other community members to do so as well. They viewed Amir’s teaching as immoral and against religion. Some community members not only stopped interacting with Amir but also went to the edge of changing their passages to avoid confronting him. Nonetheless, he remained persistent.

Amir and Shazia were also initially against the concept of family planning because they viewed it against the teachings of Islam. However, the training under PRHSSM project changed their perception. After completing the training, the first client was Shazia herself, who underwent the
female sterilisation procedure. This served as an excellent example for other community members which resulted in enhanced usage of family planning methods, reaching the number to above forty clients.

Amir began delivering information on family planning, breast feeding, antenatal and natal care in Friday prayer sermons. On the other hand, Shazia continued her household visits to educate and urge women for adopting numerous family planning methods. Together they generated several significant clients who are now contented with the prosperity brought through family planning.

Lack of acceptance to family planning by the community was addressed through persuasive attitude of the Amir and Shazia. They understood the importance of family planning, practiced it themselves and then reached out to community members to convince them.

“My daily routine involves delivering the messages of family planning and healthy living to my community members. I believe I am doing the right thing, so even when the project will end, I will continue my work. This initiative is a ray of hope for everyone in our village and we won't let it go,” Shazia resolves.
There is significant difference between the family planning services provided by the government and PSI funded PRHSSM project in terms of availability and regular supply of contraceptives through the service camps. The women of our village are pleased and grateful to PSI for helping them improve their health.

(Razia Liaquat, LHV)

My daughter-in-law is using short term family planning method but I want her to adopt long term method because now she is able to pay attention to her children and husband. For the first time she is opting for a longer birth interval and I am witnessing an improvement in her health.

(Riffat Bibi, a mother-in-law)

I really don't want the history to repeat itself! I lost my daughter-in-law because of short preceding birth interval. This time I will ensure that my daughter-in-law opts for birth spacing. I want my grandchildren to be educated and have at least the basic necessities of life, hence my daughter-in-law is using contraceptives provided by the PSI-PRHSSM project camp to lead a life better than us.

(Safia Bibi, a mother-in-law)
Husbands refused to pay their wives to access family planning services from the Basic Health. But free service camps by PRHSSM project have allowed women to benefit from these services without paying a single penny.

(Nargis Bibi, CRP)

For me the biggest benefit of using birth spacing method is that I can breastfeed my four months old son. Due to the lack of nourishment and attention caused by short preceding birth intervals among all, none of my children are as healthy as they should have been.

(Zeenat, a mother of four children)

This project saved my life! I have two children, both were delivered through caesarean sections which badly affected my health. I am also anemic, therefore if I hadn't used the contraceptive methods I would have conceived again and endangered my life.

(Sumaira, community member)

Going to the city to purchase contraceptives is something beyond our reach as we can't afford to spend this much on our health. Our day begins with striving to earn for food and shelter and health is a least important matter. But ever since the CRPs and PSI funded PRHSSM camps provided free health services, our lives have become better.

(Shafi Muhammad, Member VHC)
I already have four children with short preceding intervals, I would have conceived a fifth child by now if there wasn't the PRHSSM project that guided and also provided me with the means of family planning. This is a wonderful feeling indeed!

(Kulsoom Bibi, a housewife)

Before this project, I wasn't considered as an important member of the village but since I became an integral part of this project, I have become a source of wellbeing for all the community women. This is a wonderful feeling indeed!

(Zaib-un-Nisa, Member VHC)

I have two daughters and both of them are blind. They require my attention 24/7. So, my husband and I do not want to increase our family. I would like to thank PSI and RSPN for providing us free of cost family planning services at our doorstep.

(Karam Bibi, community member)
Vision
Realising people's potential for social and economic development

Mission
Strengthen the Rural Support Programmes to foster institutions of the people