

# Training Report on Social Mobilization Approaches of RSPs & Implementation Planning Meeting



**Organized  
by  
Rural Support Programmes Network  
for  
RSPs FALAH Project staff at Regent Plaza**

**Hotel Karachi  
November 12-16**

# **Training on Social Mobilization Approaches and Implementation Planning Meeting for RSPs FALAH Project Staff at Regent Plaza Hotel Karachi**

## **12-16 November 08**

### **1. The context:**

The Rural Support Programmes Network (RSPN) is a partner of the consortium of national and international organizations led by Population Council for implementing the project titled "Family Advancement for Life and Health". The project is funded by the United States Agency for International Development (USAID) for five years and is being implemented in twenty districts of Pakistan as well as nationally for selected activities. Through a sub-agreement with Population Council, RSPN is one of the members of the consortium, together with Greenstar, Mercy Corp, Jhpiego, Health and Nutrition Development Society (HANDS) and Save the Children USA. Project aims to improve the understanding of people about birth spacing and ways of achieving it and enhance their access to quality birth spacing services in public and private sector. The strategic focus of the project is to reposition of the family planning as birth spacing for family health and this will generate the demand to avail the services for birth spacing.

Repositioning is only possible through well designed Social mobilization process. RSPN having expertise in social mobilization been given key role to assist the lead partners i.e. HANDS, Mercy corps and Save the Children USA in community mobilization for adopting the birth spacing and practicing of optimal birth spacing. Partner RSPs of RSPN will be involved in community mobilization services i.e. conducting awareness/sensitization sessions on importance of birth spacing and its methods with married men and women (husbands and wives) of RH age through community organizations and referring potential clients to public and private facilities for counseling and services.

Partner RSPs of RSPN have employed experienced and new community mobilizers to undertake the community mobilization activities for FALAH project. These community mobilizers have skills for generic social mobilization but lack proper understating about the social mobilization for health related interventions. There was need from RSPs to build the capacity of FALAH mobilizers on social mobilization as a tool to improve the health status of the society. To build the capacity of FALAH project staff on social mobilization process and implementation of AIP of year II, RSPN organized five days training workshop from 12-16 November 08 at Regent Plaza Hotel Karachi.

#### **1.1. Methodology adopted:**

The training aimed at to enhance the knowledge and skills of RSPs FALAH project staff for undertaking the social mobilization activities for health intervention. For effective delivery of training and maximum learning, innovative training methodologies like interactive discussion, case studies, role plays, group work and lectures were used and involvement of participants was ensured in each session.

#### **1.2. Schedule of training:**

Agenda of training was designed keeping in view the requirement of community mobilizers and was shared with RSPs before the training. Keeping in view the importance of sessions, resource person from FALAH project office, IRM, RSPN, Packard Foundation and AKU were invited to facilitate the sessions. Detailed schedule of training is **annexed A**

## 2. Day one of the training

### 2.1. Introduction of the participants:

Training started with recitation from Holly Quran followed by introduction of participants, registration and introduction of training objectives. Participants introduced themselves by telling their name, responsibility in the project, place of duty, experience about social mobilization and name of RSPs to which they belong. Introduction revealed that some of the participants particularly RSP's FALAH Coordinator, District Program Officers and some of FALAH Mobilizers had previous experience in social mobilization while many of mobilizers had very little experience about social mobilization. Total participants of the training were 45, out of which only six had previous experience of implementation of FP& RH related projects. List of the participants is **annexed-B**

#### 2.1.1 Expectations and fear of the participants:

Facilitator invited the participants to express the view about expectation and fear from their participation in this training. Expectation and fear of the participants were as following:

Expectations	Fears
<p>Expectation of the participants were related to following categories</p> <ul style="list-style-type: none"><li>• Training will provide opportunity to learn to work with community organization for FALAH project</li><li>• Implementation process of AIP year II activities</li><li>• How to conduct the introductory dialogues and identify the Community Facilitators</li><li>• How to use the module for orientation of community facilitators</li><li>• Conceptual clarity about birth spacing methods and HTSP</li><li>• Understanding about UADIS FP regulation and applicability to RSPs</li><li>• Knowledge about communication &amp; motivational skills and conflict resolution in context of birthspacing</li></ul>	<p>Some of the participants expressed the following fears:</p> <ul style="list-style-type: none"><li>• More time for training and less for outing</li></ul>

Facilitator referred the participants to the contents of training and clarified that most of the training sessions have been designed to meet the expectation of the participants.

#### 2.1. 2. Norm setting:

With the participation and consent of all the participants following norms were agreed to be followed by participants and facilitators

- Mobile on silent mode
- Respect of all participants
- Punctuality of time
- No smoking in the training hall
- Respect each other opinion

- No whispering
- Raise hands to ask or express any opinion
- Active participation in discussion

## 2.2. Objective of the workshop

Facilitator described the following objectives of the training

- Develop the understanding of participants about social determinants and its impact on community health
- Build the capacity of project staff to work more effectively with community organizations for FALAH Project
- To improve the communication and motivational skills of the participants
- Help the participants to understand the implementation process of AIP year II ( June 08-May 09) of FALAH Project
- Build the capacity of the FALAH project staff to use the module for orientation of community facilitators
- Develop the understanding of district teams about coordination mechanism with consortium partners of FALAH at District, Provincial and National level
- Help the participants to understand the FP & RH as a rights based issue
- To develop understanding of the participants about USAID FP regulation and Compliance Monitoring Plan ( CMP)
- To enhance the knowledge of participants about birth spacing methods and HTSP

## 2.3. Social determinants and its impact on community health

This was the opening session of the training and was designed to develop the understanding of the participants about various social determinants faced by the women to seek the health services and role of social mobilization to mitigate the effects of social determinants. It was facilitated by Dr. Ayesha Aziz, Reproductive Health and community development consultant from Aga Khan University. She divided the participants into six groups and gave them case study of Zubida for study and group analysis. (Case study of Zubida is **annexed-C**). Each group presented the findings and reason for death of Zubida. Analysis of the study revealed that there are different social determinants at household, community and village level that affects the access of women to health services. Participants agreed that there is need to design specific strategies to tackle the economic, political and social determinants of the health. Moving forward, the facilitators introduced the strategic framework of primary, secondary and tertiary health care services. It was very well perceived by the participants that being worker of community level they need to focus on preventive and promotional care services but they they also need to advocate with service providers and policy makers for provision of high quality treatment and curative services at secondary and tertiary health services. Referring to declaration of ALMA-ATA, facilitator described the role of government, policy makers and individuals to improve the health status of the community.



Facilitator emphasized that social mobilization is indispensable to mitigate the negative impacts of social determinants. She defined the social mobilization as “the process to reach, influence and involve all relevant segment of society across all sectors to create an enabling environment and effect positive behavior & social change”. It was also clarified that social mobilization should not necessarily yield the any structure or groups but the positive change in behavior. In the end of session participants were divided into two groups and there held a very good debate on topic “social mobilization as a movement”. Almost every participant was of the opinion that social mobilization is a movement and it should not be taken just to establish the groups but it should involve all segments of the society for positive behaviors and social change.



#### 2.4. Development and principals of participatory development

Purpose of this session was to acquaint the participants with concept of develop and different approaches to development, particularly the participatory development. This session was facilitated by Mr.Anwar-ul-Haq, Deputy Program Manager IRM.Facilitator invited the views of the participants regarding their concept about the development. Some responded that development is the positive change in present situations compared to past. Some other said development is improvement in living standard of the people and improved health conditions. After taking the views of participants the facilitators defined the development as “a change process which brings about betterment in the livelihoods of the people in a productive, equitable and sustainable manner”. Discussing development, facilitators described the following two types of development:-

1. **Economic Development:** Positive change in people’s socio-economic conditions
2. **Social Development:** Positive change in behavior, awareness and attitude

Facilitator invited the responses of the participants regarding the approaches to development. Many of the participants were of the opinion that development is only the responsibility if the government provides all direction and funds for it. While few also had the views that community has very important role for sustainable development. Summarizing the discussion about approaches to development, facilitators described the following three approaches to development:



1. **Conventional approach:** Where government itself identifies the need for development projects, manages the resources and implements the project .Community or beneficiaries are not consulted for such development process consequently there is no ownership of the community for such projects.
2. **Representative approach:** Where the elected representatives are involved in need identification in consultation with community. Resources are solely arranged by

the elected representatives through government and projects are implemented by the elected representative. Community or project beneficiaries have no role in execution of such projects as the result there is very little ownership among the community for such development projects.

۲. **Participatory approach:** Where the communities are empowered to identify their need for development projects, analysis of the available human & financial resources and required resources. External agencies (it can be government, elected representatives or NGO) provides assistance to them to get organized, arranges the required resources and technical support for implementation of the development projects. Community or beneficiaries implement the projects and do the process and impact monitoring. As community is involved at each step of project, the results of such kinds of development are owned by community and are more sustainable.

One of the basic criteria for participatory development is the participation of the community in the process of the development. Participation was defined as “a process of development, whereby people are given the opportunity to express their voice and choice in decisions which affect their future”. Tool for people’s participation in development process is social mobilization which is defined as “a broad scale movement to engage people’s participation in achieving a specific development goal through self-reliant effort. It involves all the relevant segment of the society to take into account the felt needs of the people.

Discussing the participatory development, facilitator described the following principles in details:

- Social organization
- Human resource development
- Capital formation
- Productive Linkages

Participants were also told that RSPs have developed following program packages for participatory development

- Micro Credit
- Physical Infrastructure & Technology Development
- Human Resource Development
- Natural Resource Management
- Social sector Services

## **2.5. Social mobilization theory, community organization, process to form the CO and how to conduct the CO meeting.**

This session focused to introduce the project staff with community organizations (COs) and RSPs process to work with COs. This session was also facilitated by Mr. Anwar-ul-Haq, Deputy Program Manager IRM. In the beginning he presented the brief introduction of “**Raiffeisen**” theory of social mobilization that is based on cooperative model. Following key points of Raiffeisen Cooperative model were described in details:

### **Assumptions**

1. Willingness of the community
2. Presence of an activist
3. Democracy by identifying a democratic person to lead

### **Needs/Problem**

1. Overcome the handicaps of subsistence
2. Protect rights from three – Landlord, - Money Lenders, -Shopkeepers

### **Methodology**

1. Form cohesive groups
2. Accumulate capital through savings (to introduce system of internal lending)

Facilitator also introduced the key features of other social mobilization program like Comilla-Daudzai Model, OPP, and AKRSP. All these models have adopted the theory of Raiffeisen with a little medication. RSPs social mobilization process is also based on Raiffeisen theory. He defined the social mobilization as a process to encourage formation of local organization so the poor through which they are able to participate as actors/subjects in the development process rather than as passive objects of development.

Following four features of the social mobilization model of RSPs were described in detail **Social Organization:** Bringing the poor into an organized fold.

**Human Resource Development:** Upgrading of human skills of the poor, such as managerial, productive and cooperative skills to enable them to make best use of available resources.

**Capital Formation:** Generation of capital by the poor, through the discipline of savings as capital is power, without which the poor can never hope to be self reliant.

**Productive linkages:** Fostering the linkages of community organizations with state departments to ensure the participatory development

RSPs implement all kinds of projects/ interventions through organized community organization. FALAH project will also be implemented through COs and it was necessary to acquaint the FALAH mobilizers with process of CO formation. Ensuring a participatory discussion facilitators introduce the concept of community organizations and benefits of formation of community organizations. Giving the practical examples, facilitators helped the participants to understand the process to conduct the introductory dialogues for introduction of RSPs with community, process of follow up and formation of CO. Particular emphasis was given on selection of office bearers of CO and community activist and it was told that community should be empowered to decide about office bearers and activists. Facilitator also described the process to prepare the micro investment plan (MIP) of the community members in consultation with CO. Participants were also given comprehensive information regarding setting the agenda of CO meeting and process to conduct the CO meeting. They were also briefed about truthful procedure to document the proceeding of CO meeting on proceeding register. In the end of the session participants were introduced with format of resolution which CO has to pass to take benefits from intervention of the RSPs. Procedure of writing the resolution was described in detail .Participants were told that community mobilizers must ensure that manager/president of the CO read out the resolution in CO meeting before getting the signatures/thumb impression of members to consider it as a passed resolution.

### **3. Day two of the training**

#### **3.1. Recap of day one**

Training coordinator did the recap of the day one ensuring the involvement of all participants. Agenda of day one was discussed and learning form each session was shared by the participants. Day one of the training was quite fruitful for them as they were bale to understand the various social determinants faced by the women in society to seek the health services and need of programs at primary, secondary and tertiary level to mitigate impacts of social determinants. They also learned that social mobilization is a movement and there is need to involve each segment of the society in this movement for sustainable social change and positive behaviors. Participants also

learned about “Raiffeisen” theory of social mobilization that is being followed by RSPs with little modification and improvement. Process to form the community organization, conduct the CO meeting, record the proceeding of meeting and write the resolution was also well learned by the participants on day one.

### 3.2. FP and RH as a right based issue

This session as designed to develop the understanding of the participants regarding FP/birth is spacing and reproductive health as a basic right of the human being. Dr.Yasmeen Qazi, country advisor Pakistan, Packard Foundation facilitated the session. She started the session by encouraging the discussion about rights and SRH. As the result of interactive discussion it was agreed by all the participants that FP and RH are the the part of sexual reproductive health rights which every human being is entitled to enjoy. Facilitator defined the right as “conditions for human beings where:

- Everybody is entitled
- Can claim
- Is equal
- Can live his/her life with dignity

It was further elaborated that governments and international bodies have determined some basic human rights. They are responsible to ensure that every body enjoys the basic human rights. They are also responsible to identify where violations of rights are and how to address and develop a justice system that provides legal remedies. Discussing the reproductive health, facilitator defined it as *“health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”*

Family planning or birth spacing is the important component of the reproductive health. Reproductive health rights are based on the basic human rights and there is need to promote the FP/birth spacing and reproductive health care as a basic human right and dream of quality reproductive health can not be realized until these rights are accepted at:

- Individual level
- Community level
- Stakeholder level
- Policy level

Facilitator emphasized community mobilizers being the front line worker have prime responsibility to sensitize the community to accept the FP and reproductive health as their basic rights and create conducive environment in the community where their RH rights are respected , protected and people are empowered to enjoy and exercise their RH rights. For better understanding of the right based approach in reproductive health, facilitators introduced the participants with following Sexual Reproductive Health Rights:-

- The right to life
- The right to liberty and security of the person
- The right to equality, and to be free from all forms of discrimination
- The right to privacy

- The right to freedom of thought
- The right to information and education
- The right to choose whether or not to marry and to found and plan a family
- The right to decide whether or when to have children
- The right to health care and health protection
- The right to benefits of scientific progress
- The right to freedom of assembly and political thought
- The right to be free from torture and ill treatment

The session was concluded with the statement that community mobilizers have to play their role for a society where individuals and couples are empowered to freely and responsibly decide:-

- Whether to have or not to have children
- The number and spacing of children
- And have the information and services to do so

They are also empowered to have a safe and satisfying sex life that is free from violence/coercion, forced pregnancy and disease and have safety in pregnancy and childbirth.

### **3.3. Introduction of FALAH project, role of consortium partners and RSPs community mobilization implementation strategy for FALAH**

#### **3.3.1: Introduction of FALAH project, role of consortium partners**

This session was facilitated by Mr. Bashir Anjum National Coordinator FALAH, RSPN. Facilitator described the project goal, objectives, results, strategic focus, geographic areas of the project and strategies to achieve the project goal. For conceptual clarity of the participants following role of the consortium partners was described:-

#### **Implementing Partners (HANDS, Mercy Corps, SC US)**

Planning and implementation of social mobilization and support to other activities at district level as well as the overall coordination at provincial level

#### **RSPN**

Community mobilization through its existing network of community organizations and advocacy with religious leaders, elected representatives and notables at union council level

#### **GSM**

Social marketing and expanding the role of private sector services

#### **Jhpiego**

Support to development/implementation of national standards, curricula and training for public and private sector

#### **3.3.2: RSPs community mobilization implementation strategy for FALAH**

RSPN developed the RSPs community mobilization implementation strategy in consultation with partner RSPs. AIPs of partner RSPs were also developed based on this strategy. RSPs project teams had already been briefed about this strategy by their concerned focal persons. Facilitator asked the participants to share this strategy step by step but many of the participants were unable to explain it accurately. For better understanding of the participants, facilitators acquainted the participants with this strategy by describing the following steps of the strategy one by one:

Step	Description
1.	FALAH Project introductory dialogue with community organizations (COs) at the village level. Separate dialogues with male and female COs to be conducted. Joint dialogue will be conducted in villages having more than one CO and separate ones for male and female COs.
2.	Identification of community facilitators from within the CO to facilitate the mobilizers in the awareness raising sessions. In villages have more than one COs, only one male and one female community facilitator will be identified.
3.	In situations where there are no men COs complementing the women COs or vice versa, the COs will have to be formed. If not possible, then men/women activists have to be identified that will report to the existing CO.
4.	One day orientation of community activists on their assigned role will be organized.
5.	The community facilitators will identify potential FP clients (married couples, 14-49 yrs).The women facilitator will first identify married women (14-49 years) in the village and share the list with the male facilitator to compile the list of male members
6.	Community facilitator will facilitate the RSP FALAH Mobilizer in organizing a group of average 25 persons (married, 14-49 yrs) for the sensitization & awareness raising sessions on birth spacing. The group will comprise of both CO members and non members. Separate groups will be formed for male and female clients.
7.	The sensitization & awareness raising sessions will be conducted by the RSP FALAH Mobilizer who will be trained by the Population Council & JHPIEGO on sensitization techniques on birth spacing. Parallel sensitization sessions will be conducted in the same villages for women and men. Two sessions will be conducted with each group within a gap of 15 days to reinforce the birth spacing messages. These sessions will be held in compliance with the CMP agreed by RSPN and RSPs. The participants will also be informed about the birth spacing services (public & private) available in their nearby area.
8.	Follow up sessions will be conducted by the RSP FALAH Mobilizers to reinforce the concepts on birth spacing and seek the feedback of the community regarding the availability & quality of the services as well as any other issue faced by them.
9.	Religious leaders will be identified in the villages by the community facilitators. Those willing to cooperate will be organized in the form of a group at the UC level. RSP FALAH mobilizers along with the RSP district incharge will hold quarterly sensitization meetings to seek their support in promoting birth spacing concepts from the religious point of view
10.	Elected representatives of UC i.e. Nazim/Naib Nazim/Councilors will be identified by the community facilitators and will be sensitized by the RSPs FALAH mobilizers and RSP district incharge to seek their support for the promotion of birth spacing. Quarterly meeting will be held to discuss the issues and challenges faced by the RSPs FALAH mobilizers
11.	Religious leaders and the elected representatives will be used in sensitizing the households which are not willing to participate in the sessions
12.	Skilled project staff of HANDS/ MC/SCUSA will facilitate the RSP FALAH mobilizers upon the request in areas RSPs will face resistance and or require additional information

### 3.4: District wise targets of RSPs and description of implementation process of AIP year II activities

Purpose of this session was to build the consensus of the field teams regarding districts wise targets of RSPs for year II (June 08-May 09), for whole life of the project and to acquaint the participants about implementation process of each activity. This session was facilitated by Mr.Bashir Anjum, National Coordinator RSPN. Facilitator told the participants that RSPs have been given the role of community mobilization through COs and advocacy with elected representative, community notables and religious leaders in non LHWs area. Facilitators flashed the targets of year II (June 08-May 09) and district wise targets of RSPs for whole life of the project life .There held good debate regarding these targets and as the result of discussion it was agreed that based on the performance of year II targets for remaining life of the project will be revised. Facilitator also described the implementation process of each activity in detail. RSPN has written the document regarding implementation methodology of the activities for AIP of year II and it was decided that National Coordinator will share a hard copy of this document with district offices for their record and use as guideline for implementation of project activities.

### 3.5: Review of performance of districts

This session was designed to share the district wise progress of RSPs with participants. Ms.Tanya Khan, Specialist Social Sector Services RSPN facilitated the session. RSPs FALAH Coordinators presented about activities implemented by RSPs and achievement till October 08 against targets of year II on prescribed format provided to them by RSPN. Review of the performance revealed that during the period under review RSPs have completed only 40% of the preparatory work i.e. introductory dialogues with communities, identification of community facilitators, orientation of CFs, preparation of list of married men and women and identification of religious leaders, elected representatives, community notables and private practioners (unemployed LHVs, Doctors, hakeems, homeopaths and private clinics).Focal persons of RSPs and their teams shared their plans to speed up the implementation process and it was agreed by RSPs focal person and District Program Officers to complete the all the aforementioned preparatory work by end of December 08.

In the end of the session Ms. Tanya Khan facilitated the discussion regarding institutionalization of community mobilization for birth spacing in RSPs. As the result of discussion all participants agreed that it can be institutionalized by inclusion of birth spacing session in curriculum of following three events:

1. **Orientation training workshop( OTW):** 15 days basic training that is organized for all new social mobilizers of RSPs
2. **Community Management Skills Training (CMST):** a four days training that is organized by all RSPs for community activists.
3. **Program Introduction ( PI) :** First dialogue with community to introduce the RSPs programmes and to take their willingness to get organized in a form of community organization

### **3.6: Coordination mechanism with lead partners and Green star**

This session was designed to build the understanding of the field team regarding coordination with lead partner of their concerned district. Ms.Tanya Khan, Specialist, Social Sector Services RSPN and National Coordinator FALAH RSPN facilitated this session. Participants were briefed about requirement of coordination and reporting mechanism at district level with lead partners. It was agreed that RSPs district program officers will submit the monthly progress report of current month and work plan of following month to District Coordinator of lead partner on 30<sup>th</sup> of every month. For effective coordination among partners at the district, facilitators briefed about the following meetings:

۱. Field Teams Management Meeting or Partner Meeting
۲. District Coordination Committees Meeting ( DCC)
۳. District Health and Population Management Team Meeting ( DHMPT)

Participants were briefed that lead partner of the district is responsible to call the partner meeting and to take the lead for DCC and DHMPT to represent the FALAH. Discussion regarding coordination mechanism revealed that partner meeting is being convened in Sindh districts only while in other districts this forum has not been formalized. It was decided that RSPN's National coordinator will request the National Coordinators of lead partners to formalize the process of partner meetings in all districts so that RSPs field team can not only share their plans and performance in meeting but also table the issues being faced by them in implementation of the project. It was also decided that lead partners will be requested to share with RSPs the TORs of aforementioned committees.

Greenstar Social Marketing (GSM) is working in all 20 districts of FALAH to provide quality FP services through private sector and RSPs have to work in close coordination with Greenstar at district level for presence of private sector in the union councils where they will be involved in community mobilization for birth spacing. It was necessary that project staff of RSPs must be familiar with working of GSM. Dr.Laila Gardaizi, Head of FALAH, GSM gave a comprehensive presentation regarding role of GSM in FALAH and implementation process of GSM activities. Participants got clarity regarding IPC activities and selection process of private providers for their training for provision of quality birth spacing services. Dr.Laila told that for FALAH GSM has its focus in rural area and they will soon share the list of providers trained and registered with GSM in rural areas of FALAH Districts. It was shared by the participants that they have also identified the unemployed LHVs and private clinics of doctors from rural locations where they will conduct the sensitization session with groups of married men and women. It was decided that RSPs will share such lists with National Coordinator of RSPN latest by 20<sup>th</sup> November for onward submission to GSM.

## **4. Day three of the training**

### **4.1. Recap of day two**

Recap of day two was done with involvement of all participants. It was shared by the participants that they learned to advocate FP and RH as the basic human rights at community level. For the first time in life they got opportunity to learn about the sexual reproductive health rights which are actually based on human rights to which government of Pakistan is signatory. Day two was also fruitful for the participants as they got clarity about project, role of consortium partners and implementation methodology of activities of RSPs. They also learned for effective coordination with lead partners and GSM at District, Provincial and National level for effective implementation of the project.

One the important session of the day two was performance review of RSPs as the result participants learned about the district wise achievements and challenges being faced by the RSPs for implementation of this project.

#### **4.2. Data recording mechanism of RSPs for FALAH project**

RSPN in consultation with Director M&E and Advisor RH FALAH has developed the data recording mechanism for RSPs related FALAH activities. RSPN has already shared the Urdu version of these formats with RSPs to record the data of different activities. Mr.Bashir Anjum National Coordinator FALAH RSPN facilitated the session on data recording mechanism. During this session formats for introductory dialogues with COs, UCs wise list of community facilitators (CFs), attendance sheets for orientation of CFs, report of orientation session of CFs, list of married men and women of RH age, attendance sheet for sensitization session, and attendance sheet of advocacy session with religious leaders, elected representatives and community notables were discussed in details. Participants asked various questions regarding filling of these formats that were dully addressed by the facilitators. Formats for narrative report of the projects were also discussed in detail and focal persons of the RSPs agreed to submit the quarterly narrative report to RSPN within five days after end a quarter.

#### **4.3. UAID FP requirements and regulation**

This session was designed to develop the knowledge and understanding of participants about USAID FP requirements and regulation so that they can ensure the compliance to requirements applicable to RSPs for FALAH project. This session was facilitated by Dr.Arshad Director M&E FALAH. With the help of Urdu version of power point presentation he described the USAID FP regulation and requirements at length and emphasis was given on the following requirements and their applicability:

- Requirements on Voluntarism and Informed Choice ( Tiaht Amendments 1999)
- Requirements on Voluntary Sterilization ( Policy Determination-3)
- Requirements on Abortion ( Mexico City plan 2001)



The monitoring mechanism to ensure compliance to USAID FP rules and regulations at different level were described in detail during the training. Different formats to be used for monitoring were shared with participants and they were briefed regarding use and filling of these formats at different level and reporting on the basis of findings.

RSPN's Compliance Monitoring Plan was also shared with participant to acquaint them about different requirements applicable to RSPN and its partner RSPs, monitoring mechanism and remedial measures to ensure the compliance to USAID FP rules and regulation.

#### **4.3. Refresher session on birth spacing methods and HTSP**

Project staff of partner RSPs from ten districts was trained by the Jhpiego in July-August 08 during the training organized by RSPN in coordination with PC and lead partners at Karachi, Quetta and Islamabad. National Coordinator of RSPN conducted

the field visit to project districts and project staff of RSPs told that one time training on technical aspects of birth spacing methods is not enough and there is need for refresher training. Giving priority to need of field teams a refresher session on technical aspects of birth spacing methods and HTSP was organized on third day of the training. This session was facilitated by Dr.Fouzia Assad, Technical advisor FP and Dr.Waqar Manager Quality Assurance of Jhpiego to achieve the following objectives:



- To assess the previously updated knowledge of participants on birth spacing
- To revise the concept of Healthy Timing and Spacing of Pregnancy and its impact on society
- To review the elements of counseling
- To refresh the major components of the natural birth spacing methods
- To give updates on barrier method
- To practice the information based on hormonal contraceptives
- To revise important knowledge on emergency contraception
- To revise salient features of Intrauterine Contraceptive Device ( IUCD)
- To review the key points of permanent contraception
- To review the key elements of CMP

To achieve the objectives of the session, facilitators involved the participants in following activities

**OBJ # 1: To assess the previously updated knowledge on birth spacing**

After the initial overview of the refresher course, pretest was conducted to ascertain the gaps still existing after the orientation workshop so that refresher workshop is focused on paving those gaps.

**OBJ # 2: To revise the concept of Healthy Timing and Spacing of Pregnancy and its impact on society**

An activity was conducted to review the major recommendations and messages of the HTSP. Almost all of the participants responded very well. The key messages reinforced were:

- (1) Healthy pregnancy spacing of at least 24 months after a live birth;
- (2) Healthy pregnancy spacing of at least six months after a spontaneous or induced abortion;
- (3) Healthy timing of the first pregnancy to at least age 18 in adolescents.
- (4) Pregnancy after the age of 35 years can result in fatal maternal & neonatal outcomes

**OBJ # 3: To review the elements of counseling**

All the elements and principles of counseling were incorporated by exercising a role play and using the GATHER checklist. Information were given to participants to mobilize communities for adopting the optimal birth spacing by use of counseling technique. They were also told that various myths and misconceptions regarding contraceptives can be removed successfully by proper counseling for promotion of informed choice of methods by the FP Client.



**OBJ # 4: To refresh the major components of the Natural family Planning methods**

Facilitator encouraged the participants to enlist all the natural birth spacing methods. After that participants were involved in a discussion to discuss the peculiarities of each of the method available. They were encouraged to inform the communities about natural methods as the people who do not want to practice modern methods can use the natural methods with good compliance.

**OBJ # 5: To give updates on Barrier method**

A questionnaire “to answer the questions which a community member can ask” was shared with the participants and their queries were answered. Key elements of barriers methods were reinforced with the help of power point presentation.

**OBJ # 6: To practice the information based on hormonal contraceptives**

Participants were divided into groups and they were given case studies to capture the main contents of the hormonal pills and injectables. Groups shared their responses and their weak areas were discussed by the facilitators in detail. Participants asked various questions faced by them during the introductory dialogues regarding side affects of hormonal contraceptives. All queries of the participants were dully responded by the facilitators.

**OBJ # 7: To revise important knowledge on emergency contraception**

By asking various questions, facilitators reviewed the timing of initiation and indication for EC in detail. Some ambiguity existed among the participants regarding timing because in the earlier session focal person of the GSM shared that EC should be taken within 72 hours of unprotected sex. Although the reason for sharing this time limit was to sensitize the community on the subject as early as possible. But at the same time, it is extremely necessary for them to know the exact time period for taking the EC i.e. within 120 hours or 5 days so that they must not miss the chance of protection against unintended pregnancy even after 72 hours.

**OBJ # 8: To revise salient features of Intrauterine Contraceptive Device (IUCD)**

The participant’s feedback was taken to establish the difficulties faced by the community mobilizers in practicing IUCD knowledge. They had certain questions asked by the community people and they wanted to get answers so that they can reassure the IUCD clients. Facilitators invited the questions from the participants and all misconceptions related to IUCD were addresses in detail.

**OBJ # 9: To review the key points of Permanent Contraception**

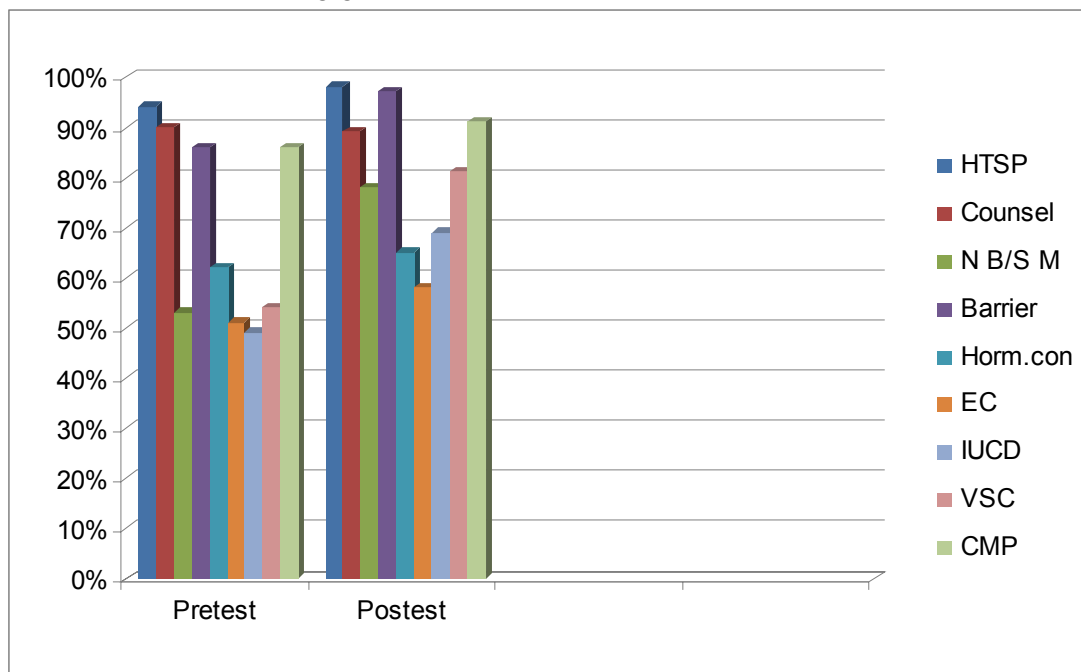
With the help of power point presentation facilitators covered all the key elements related to female and male sterilization. Participants asked various questions and all queries were responded by the facilitators.

**OBJ # 10:To review the key elements of CMP**

Ensuring the participatory discussion, facilitator discussed the following main points:

- No targets or Quota for referral agent on FP acceptors in general & for specific methods
- No denial of rights on non acceptance of birth spacing options
- No incentives for program personnel & FP acceptors
- Informed voluntary consent in case of sterilization
- Comprehensible information must be given to the client on the method chosen
- No promotion of Abortion in any form

In the end of the session participants were given post test with the purpose to assess the learning from this refresher session. Comparative results of pre and post test have been presented in the following graphs.



**Comparative results of pre and post test**

**5. Day four of the training**

**5.1. Recap of day three**

Recap of the day three was done by taking the feedback of the participants regarding learning from sessions of that day. It was shared by the participants that day four was fruitful for them as they learned to use the formats for recording the data of different activities of FALAH. They also got knowledge about USAID FP requirements particularly Tihart Amendment, Policy Determination (PD3) and Maxico City Policy (MCP) and their applicability to implementing partners of FALAH and RSPs. Refresher session on birth

spacing methods provided them an opportunity to get more knowledge and skills about counseling to remove the myths and misconceptions about contraceptives and help the client for informed choice. Knowledge of participants regarding birth spacing methods was not only refreshed by they also got new knowledge about natural and modern contraceptive method.

## 5.2. Introduction to important RH terms

This session was facilitated by Mr. Bashir Anjum National Coordinator FALAH RSPN with the purpose to acquaint the participants with some important terms used in documents of FP and RH. Facilitator described the important terms like MMR, IMR, CPR, CYP, SRH, STIs, HIV&AIDS, ART, ARVs, Birth control, CBDs, Community Based Services, Dual Protection, Family Life Education, High Risk Pregnancy, Total Fertility Rate, Abortion, Manual Vacuum Aspiration, Menstruation Regulation, Opportunistic Illnesses, Post-partum, Safer Sex, Social Marketing and Unmet need for FP. Most of the participants got familiarity with such concepts and terminology first time in their life and it was quite difficult for them to fully understand these concepts. RSPs have recently entered in the field of FP and RH and field teams of RSPs lack technical knowledge and skills regarding SRH. Participants suggested that there is need to build the capacity of RSPs staff particularly of FALAH staff in field of FP, SRH, Adolescents rights, Rights based approaches in SRH and HIV&AIDS.

## 5.3. How to conduct the dialogues with Community to introduce the FALAH project and identification of Community facilitators.

This session was designed to provide skills to community mobilizers regarding introductory dialogue with community organization and identification of community facilitators. This session was facilitated by Mr. Bashir Anjum. In the beginning of session participants were given the written dialogues to be used as guideline to conduct the introductory dialogue. (written dialogue is **annexed-D**) Facilitator divided the participants in two groups. First group comprised of all FALAH mobilizers and second consisted of DPOs and RSPs FALAH Coordinator. This whole session was facilitated through a role play where experienced members from mobilizers groups one by one conducted the dialogue and second group played the role of community. Later on DPOs and Coordinators conducted the dialogues and mobilizers acted as the community. During this role play whenever mobilizers did the mistakes, facilitator intervened for their guidance. After the role play facilitator did the recap to conduct the introductory dialogue and identification of community facilitator and described the process to conduct the introductory dialogue. Participants were told to use the written dialogue only as the guidance and they should be flexible to accommodate the changes in this dialogue according to circumstances and situation.



## 5.4. Use of module for orientation of community facilitators

This session was facilitated by Mr. Bashir Anjum with the purpose to provide skills to field team for use of module for orientation of community facilitators. In the beginning of session facilitator described the different section of module and guideline to use this module. Module has six sessions that are to be covered in three and half hours. Facilitator divided the participants into six groups and each group was assigned a separate session. They were given half hour to prepare their session and after that they delivered their session through a mock exercise designed for this purpose. Each group facilitated their



respective session on their turn while rest of the participants played the role as participants of orientation of community facilitators. This whole exercise was completed in four hours and all the sessions of the module were delivered by the groups. After delivery of each session, facilitator did the recap of session highlighting the mistakes made by the group and demonstrated the correct method to use the module. Session was concluded with the note that participants should follow the

guidelines for effective use of this module and orientation of community facilitators.

## 6. Day five of the training

### 5.1. Recap of day four

Participants were invited to express their view about learning from day four of the training. Participants shared that last day the training was very productive for them as they learned to conduct the introductory dialogue for FALAH with community organization. They got familiarity with orientation module and through a very interesting mock exercise learned to use the each section of the module for orientation of community facilitators.

### 5.2. Effective communication, motivation skills and conflict resolution

This session was designed to develop communication, motivation and conflict resolution skills of project staff. Ms. Fatima Batool Clinical Psychologist BCC Specialist & Development Consultant facilitated this session.

#### 5.2.1. Communication skills:

Facilitator started her session with the discussion on importance of communication for health related intervention. As the result of discussion participants agreed that communication skills are important skills to deal with all clients but its importance increases when it comes to communicating with people going through difficulties or crises in their lives. To understating the needs of people, it is important to deal with them with respect and make them feel safe and comfortable so that they are able to share

their problems, feelings and concerns. The more they will communicate comfortably the better possibilities of their follow ups and adherence to method.

Facilitator introduced the following micro skills that are essential for effective communication and the development of a supportive client-care provider relationship.

- Listening and empathy
- Questioning
- Silence
- Non-verbal behavior

By involving the participants in different group activities, facilitator helped the participants to understand the importance of aforementioned micro skills. After the group she described these skills as following

### **Listening:**

Good listening involves all of the following:

- Eye contact (culturally appropriate)
- Demonstrate attention, e.g. nodding
- Encouragement, e.g. *"Mm-hmm"*, *"Yes"*
- Minimize distractions, e.g. TV, telephone, noise
- Do not do other tasks at the same time
- Acknowledge the client's feeling, e.g. *"I can see you feel very sad"*
- Do not interrupt the client unnecessarily
- Ask questions if you do not understand
- Do not take over and tell your own 'story'
- Repeat back the main points of the discussion in similar but fewer words to check you have understood the client correctly (this is known as paraphrase, reflection of feelings, clarification, summaries)

Facilitator pointed out that an important component of good listening skills is the ability to convey empathy. Empathy involves trying to understand how individual views themselves or their world. Demonstrating empathy helps establish rapport with clients, facilitates the client feeling "safe" to disclose the truth about their feelings and circumstances. Empathy is conveyed by using all of the listening skills indicated earlier.

### **Questioning**

Questioning is an important part of counseling. It helps us to understand the client's situation and assess clinical conditions.

When asking questions:

- DO** ask one question at a time
- DO** look at the person
- DO** be brief and clear
- DO** ask questions that serve a purpose
- DO** use questions to help the client talk about their feelings and behaviors
- DO** use questions to explore and understand issues and to heighten awareness
- DO** not ask questions simply to satisfy curiosity - irrelevant questions may cause people to feel pushed or reluctant to answer. Too much time may be spent thinking of questions rather than actively listening. Too many questions will be experienced as intrusive and similar to an interrogation.

### **Silence**

- Gives a client time to think about what to say.
- Gives a client space to experience their feelings.
- Allows a client to proceed at their own pace.
- Provides a client with time to deal with ambivalence about sharing.
- Gives a client freedom to choose whether or not to continue

### Non-verbal behavior:

The majority of communication is non-verbal. Counsellors need to be aware of what they may be communicating to their clients through their non-verbal behavior. They also need to give attention to what is being communicated through the non-verbal behavior of their clients.

### Non-verbal behavior is of following two kinds

Body languages	Paralinguistic
<ul style="list-style-type: none"><li>• Gestures</li><li>• Facial expressions</li><li>• Posture</li><li>• Body orientation</li><li>• Body proximity/distance</li><li>• Eye contact</li><li>• Mirroring</li><li>• Remove barriers ( e.g. desk etc)</li></ul>	<ul style="list-style-type: none"><li>• Sighs</li><li>• Grunts</li><li>• Groans</li><li>• Voice pitch change</li><li>• Voice fluency</li><li>• Voice volume</li><li>• Nervous giggles</li></ul>

Facilitator invited the participants to express their view about the things that could hinder effective communication with a client. As the result of discussion participants agreed that following actions can impair effective communication.

- Lack of privacy and confidentiality
- Being Judgmental
- Imposing own values
- Decision making for clients
- Use of technical language
- Interruptions within discussion
- False reassurance
- Speaking too quickly or too slowly
- Frowning, scowling and yawning
- Keeping an inappropriate distance
- Looking away frequently
- Using an unpleasant tone of speech
- Environmental barriers or distractions
- Criticizing or censoring

### 5.2.2 Motivation skills:

Facilitators generated the discussion regarding the objective of the motivation in health related programs and as the result participants came to the conclusion that focus of motivation in health related program must be the positive change in behaviors. After that facilitator described the following stages of motivation in detail.

- Pre-contemplation
- Contemplation
- Determination
- Action
- Maintenance
- Permanent Exit

For the birth spacing /FP client to change their behaviors, we need to motivate their level to a point where they are in position to

- Recognise that current behaviour is a concern or a problem
- Believe that they will be better off if they change
- Believe that they are able to change

In family planning /birth spacing project counseling is the most importance tool for motivation and positive change in behavior of potential clients.Counselling in FP/birth spacing programs is necessary to

- Help the clients to make informed choices
- Establishing a trusting relationship between provider and client
- Encourage the client for correct and consistence use of method
- Help clients to understand the side effects
- Higher satisfaction of the client
- Increased continuation rates

For effective counseling, facilitator introduced the participants with following GATEHR approach (already covered by the Jhpiego in refresher session)

**G = Greet** client in a friendly, helpful, and respectful manner.

**A = Ask** client about family planning needs, concerns, and previous use.

**T = Tell** client about different contraceptive options and methods.

**H = Help** client to make decision about choice of method s/he prefers.

**E = Explain** to client how to use the method.

**R = Return** Schedule and carry out return visit and follow-up of client.

### 5.2.3 Conflict Resolution:

It was agreed by all the participants that they will face resistance from different segment of society when they will mobilize the communities for adopting the birth spacing and practicing the optimal birth spacing.

Facilitator described the following steps to resolve the conflict

#### A) Avoiding resistance:

- Understand Community: Do the community need and norms assessment
- Always start from advocacy with stakeholders
- You must be clear and knowledgeable about your goals; you must know about your target community; you must have the required skills; you must understand the fundamental concepts of mobilization.

#### B) Find out reason of resistance: This may be

- Lack of information
- Misconceptions
- Perceived / Actual threat to personal benefits
- Power Dynamics
- Clash with old customs / religions etc

#### C) Make action plan to deal with the resistance

- Problem Solving Approach
- Identify Problem
- Think of solutions
- Consider pros /cons of each options
- Select best suitable option
- Implement
- Review Strategy

Session was concluded with the note that while mobilizing the people one should have through knowledge of the local norms and culture, should have ability to listen and effectively communicate in local language and have capability to launch the advocacy with influencers of the society.

## 7. Evaluation of the training

All participants were given the evaluation formats and they were requested to evaluate the workshop for each of the following categories

### A) Evaluation regarding achievement of objectives

36 out of 45 participants responded the formats circulated at the end of workshop and they did the evaluation regarding achievement of objectives of the training as following.

Sr#	Training objective	Fully Achieved	Partially Achieved	Not achieved
1	Develop the understanding of participants about role of social mobilization for improving the health status of the community	29	07	
2	Build the capacity of the FALAH project staff to work more effectively with community organizations for FALAH Project	28	08	
3	To improve the communication and motivational skills of the participants	19	17	
4	Help the participants to understand of implementation process of AIP year II ( June 08-May 09) of FALAH Project	30	06	
5	Build the capacity of the FALAH project staff to use the module for orientation of community facilitators	24	12	
6	Develop the understanding of district teams about coordination mechanism with consortium partners of FALAH at District, Provincial and National level	20	14	02
7	Help the participants to understand the FP & RH as a rights based issue	15	14	07
8	To develop understanding of the participants about USAID FP regulation and Compliance Monitoring Plan ( CMP)	24	12	
9	To enhance the knowledge of participants about birth spacing methods and HTSP	20	12	04

### B). Evaluation of conduct of the training

Only 36 out of total 45 participants of workshops responded to the format to evaluate the training material and methods used. Scale of evaluation was as A) Excellent B) Very Good C) Good D) Satisfactory and E) Unsatisfactory. Based on response of participants evaluation showed the following results:

Sr#	Qualities/Items	Grade				
		A	B	C	D	E
1	Coherence	22	06	08		
2	Clarity	24	07	05		
3	Relevance	26	09	01		
4	Applicability	18	10	06	04	
5	Methods employed	21	10	05		
6	Group Work	20	10	04	02	
7	Supply of material	24	10	04		
8	Working hours	08	12	10	06	

### C). Evaluation of organization of the workshop

Again only 36 participants responded to format circulated to them and did the evaluation of organization of the workshop using the scale A) Excellent B) Very Good C) Good D) Satisfactory and E) Unsatisfactory. Based on responses of participants evaluation showed the following results:

Sr#	Qualities/Items	Grade				
		A	B	C	D	E
1	Contact and Correspondence	26	10			
2	Travel and Transport Arrangements	20	10	06		
3	Food and Snacks etc	20	08	06		
4	Accommodation	25	06	05		
5	Location and Atmosphere	19	08	04	01	

#### Suggestions for improvements:

- *Some of the trainer were given very short time for their sessions , for future it is suggested to keep the time for each session according to the contents to be covered during the session*
- *Best participants must be rewarded on daily basis to encourage the active participation of all participants*
- *For future if possible to organize separate trainings for District program Officers & RSPs FALAH Coordinators and FALAH Mobilizers to encourage the effective learning.*
- *This is the first kind of training organized for RSPs on subject of RH&FP and there is need to organize more trainings for RSPs for FP, SRH , Adolescents rights and HIV&AIDS*
- *Timings of trainings from 0900-1600 must be strictly followed and there should be at least half day allocated for outing as mobilizers usually do not get such opportunity to visit big cities.*

### 8. Distribution of certificates and closing of the workshop

Dr. Tanveer Ahmad Shaikh, Executive Director, HANDS was the chief guest for certificate distribution ceremony. Addressing the participants, he emphasized for dedicated efforts of community mobilizers for brining the positive change in attitude of rural communities for adopting the birth spacing and practicing the optimal birth spacing. He also asked the question to take feedback of the participants regarding learning form

their participation in this training. Some of the participants shared that training was helpful in developing their understanding regarding social determinants of health and need of interventions at individual, community and policy level to tackle them, FP and RH as a basic human right and implementation process of FALAH activities related to RSPs. After that chief guest distributed the certificates among the participants.



After certificate distribution ceremony training coordinator announced the formal closing of the workshop. Training coordinator offered particular thanks to the participants and acknowledged the guidance and cooperation of management of RSPs and RSPN particularly the admin staff for making all the arrangements for training and hotel management for their cooperation for making this training a successful event.

## Training Agenda

Day One (November 12, 2008)			
Time	Session	Methodology	Facilitator
0900 – 0930	Settling Down: -Registration & Introduction - Expectations of the participants	<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Brainstorming</li> </ul>	
0930-0945	Objectives of the workshop	<ul style="list-style-type: none"> <li>• Presentation</li> </ul>	Bashir Anjum, NC RSPN
0945-1000	<b>Tea Break</b>		
1000-1300	Social mobilization in context of community health	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> </ul>	Dr.Ayesha Aziz (AKU Karachi)
1300-1400	<b>Lunch and prayer break</b>		
1400-1500	-What is development and principle of participatory development	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Interactive discussion</li> </ul>	Mr.Anwar-ulHaq DPM-IRM Islamabad
1500-1515	<b>Tea Break</b>		
1515-1800	- Introduction Theory of Social Mobilization ( What, Why & How) What is Community organization ( CO), Process to form the CO, How to conduct the CO meeting & record the proceeding and write the resolution	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Role Play</li> </ul>	Mr.Anwar-ulHaq DPM-IRM Islamabad
Day Two (November 13, 2008)			
0900-0930	Recap of day one		
0930-1030	FP and RH as a right issue	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Discussion</li> </ul>	Dr.Yasmeen Qazi , Country Advisor DL&PF
1030-1045	<b>Tea Break</b>		
1045-1130	- Introduction of FALAH project Role of consortium partners RSPs in Project - RSPs community mobilization implementation strategy for FALAH	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Discussion</li> </ul>	Tanya Khan, Specialist SSS, RSPN/ Bashir Anjum NC RSPN
1130-1200	Review of performance of districts ( presentation by RSPs FALAH Coordinators )	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Discussion</li> </ul>	Bashir Anjum NC RSPN
1200-1330	-Presentation on district wise targets of RSPs -Description of RSPs AIP activities and implementation methodology of each activity	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Discussion</li> </ul>	Tanya Khan, Specialist SSS, RSPN/ Bashir Anjum NC RSPN
1330-1430	<b>Lunch and prayer break</b>		
1430-1530	-Data recording mechanism of RSPs for FALAH and record keeping at District level	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Discussion</li> </ul>	Tanya Khan, Specialist SSS, RSPN/ Bashir Anjum

	- Report writing for FALAH Project and reporting mechanism		NC RSPN
1530-1545	<b>Tea Break</b>	•	
1545-1700	Coordination mechanism with lead partners (HANDS, MC and SC USA) and Greenstar at District, Provincial and National level	Interactive discussion in presence of National Coordinators of lead partners and Green Star	National Coordinator FALAH Consortium Partners
<b>Day Three (November 14, 2008)</b>			
0900-0930	Recap of day Two		
0930-1030	Refresher session on birth spacing methods and HTSP	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Group work</li> <li>• Role play</li> </ul>	Dr.Fouzia /Dr. Waqar ( Technical trainers from Jhpiego)
1030-1045	<b>Tea Break</b>		
1045-1300	Session continue on birth spacing methods and HTSP	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Group work</li> <li>• Role play</li> </ul>	Dr.Fouzia /Dr. Waqar ( Technical trainers from Jhpiego)
1300-1400	<b>Lunch and prayer break</b>		
1400-1515	-USAID FP Requirements and Regulations - CMP of RSPN	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> </ul>	Dr. Arshad Mehmood , Director M&E FALAH Project
1515-1530	<b>Tea Break</b>		
1530-1700	Session Continue on USAID FP Requirements and Regulations - CMP of RSPN	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> </ul>	Dr. Arshad Mehmood , Director M&E FALAH Project
<b>Day Four ( November 15,2008)</b>			
0830-0900	Recap of day three		
0900-1000	Introduction of important RH Terms	<ul style="list-style-type: none"> <li>• Presentation</li> </ul>	Bashir Anjum NC RSPN
1000-1015	<b>Tea Break</b>		
1015-1115	-How to conduct the introductory dialogue with COs to introduce the FALAH Project and identification of community Facilitators ( CF) - Role and responsibilities of CF	<ul style="list-style-type: none"> <li>• Interactive discussion</li> <li>• Presentation</li> <li>• Role Play</li> </ul>	Bashir Anjum NC RSPN
1115-1200	Introduction to module for orientation of community facilitators	<ul style="list-style-type: none"> <li>• Presentation</li> </ul>	Bashir Anjum NC RSPN
12:00-1215	Formation of 5 groups to prepare the sessions for orientation of CFs - Allocation of sessions to groups		Bashir Anjum NC RSPN
1215-1330	Preparation of session by groups	<ul style="list-style-type: none"> <li>• Group Work</li> </ul>	Bashir Anjum NC RSPN

1330-1430	<b>Lunch and prayer break</b>		
1430-1530	Delivery of sessions by groups	<ul style="list-style-type: none"> <li>• Mock exercise</li> </ul>	Bashir Anjum NC RSPN
1530-1545	<b>Tea Break</b>		
1545-1700	Session continue on delivery of sessions by groups	<ul style="list-style-type: none"> <li>• Mock exercise</li> </ul>	Bashir Anjum NC RSPN
<b>Day Five (November 16, 2008)</b>			
0845-0900	Recap of day four		
0900-1030	Effective Communication Skills		Ms.Fatima Batool, BCC Specialist & Development Consultant AKU
1030-1045	<b>Tea Break</b>		
1045-1230	Motivational skills and Conflict resolution		Ms.Fatima Batool, BCC Specialist & Development Consultant AKU
1230-1245	Workshop evaluation		Bashir Anjum NC RSPN
1245-1300	Certificate distribution and closing of workshop		Dr. Tanveer Ahmed Shaikh, Executive Director HANDS
1300-1400	<b>Lunch</b>		

## List of participants

Sr#	Name of participants	Designation	Organization	Location
1	Ms.Saima Parveez	FALAH Coordinator SRSO	SRSO	Sukkur
2	Mr.Naimmat Sheikh	District Program Officer Sukkur	SRSO	Sukkur
3	Mr. Shahid Hussain	Community Mobilizer	SRSO	Sukkur
4	Ms.Farida Gul Hassan	Community Mobilizer	SRSO	Sukkur
5	Mr.Asim Nazeer	FALAH Coordinator NRSP	NRSP	Islamabad
6	Mr. Abdul Ghaffar Khokhar	Team Leader NRSP Thatta	NRSP	Thatta
7	Mr. Mohammad Yousif Khoso	Community Mobilizer	NRSP	Thatta
8	Ms.Shahida Begum Dahri	Community Mobilizer	NRSP	Thatta
9	Ms. Hasina Bloch	PO HRD DG Khan	NRSP	DG Khan
10	Mr. Muhammad Younis	FALAH Mobilizer	NRSP	DG Khan
11	Ms.Tahira Yasmeen	FALAH Mobilizer	NRSP	DG Khan
12	Ms.Gul Afroz	District Program office	NRSP	Turbat
13	Mr. Changiz Khan	FALAH Mobilizer	NRSP	Turbat/Ketch
14	Ms. Safia bibi	FALAH Mobilizer	NRSP	Turbat/Ketch
15	Mr. Javed Sameen	District Program office	NRSP	Gwadar
16	Mr. Abdual Salam	FALAH Mobilizer	NRSP	Gwadar
17	Ms. Balqis Qadir	FALAH Mobilizer	NRSP	Gwadar
18	Mr.Ahmadullah	BRSP FALAH Coordinator	BRSP	Quetta
19	Mr. Muhammad Khan Zehri	Regional Program office	BRSP	Khuzdar
20	Mr. Ali Ahmed	FALAH Mobilizer	BRSP	Khuzdar
21	Ms.Noureen Tabassum	FALAH Mobilizer	BRSP	Khuzdar
22	Mr.Qaisar Jamali	Regional Program office	BRSP	Jaffarabad
23	Mr. Muhammad Ali	FALAH Mobilizer	BRSP	Jaffarabad
24	Ms. Noor Jehan	FALAH Mobilizer	BRSP	Jaffarabad
25	Mr.Shaukat Memon	Manager Projects	SGA	Karachi
26	Mr.Mushtaq Ali Channa	FALAH Coordinator SGA	SGA	Sanghar
27	Mr. Ram Krishin	District Program Officer Sanghar	SGA	Khipro
28	Mr.Qazi Khalid	FALAH Mobilizer	SGA	Khipro
29	Ms. Rehana Mangrio	FALAH Mobilizer	SGA	Khipro
30	Ms.Nasreen Sheikh	Manager (Social Sector)	TRDP	Dadu
31	Ms.Nadia Shah	FALAH Mobilizer	TRDP	Dadu
32	Mr.Majid Hussain	FALAH Mobilizer	TRDP	Dadu
33	Mr.Waseem Gul	District Program Officer Battagram	SRSP	Battagram
34	Mr. Amir Norab	FALAH Mobilizer	SRSP	Battagram
35	Ms.Shumiala	FALAH Mobilizer	SRSP	Battagram
36	Mr. Munawer Iqbal	Social Organizer CMIPHC,	PRSP	Faisalabad
37	Mr. Aqeel Ahmed, S.O.,	Social Organizer CMIPHC	PRSP	Chakwal
38	Mr. Iqbal Batezai,	Social Organizer PPHI	PPHI	, Pashin
39	Mr. Sami Ullah,	Social Organizer PPHI,	PPHI	Nowshera,
40	Mr.Noor Ahmad Jhanji	Manager M&E	TRDP	Mithi
41	Mr.Arafat Majeed	Manager Social Sector Services	NRSP	Islamabad
42	Dr.Muhammad Yousaf	Regional General Manager Tutbat/Gwadar	NRSP	Turbat
43	Mr.Bashir Anjum	National Coordinator FALAH	RSPN	Islamabad
44	Ms.Tanya Khan	Specialist Social Sector Services	RSPN	Islamabad
45	Mr.Muhammad Anwar ul Haq	IRM Islamabad	IRM-NRSP	Islamabad

## Why Did Zubaida Die?

(A case study for analysis of maternal death.)

On the day of Zubaida's death, her husband was not in the village. He had gone to town to look for a job, as there was no work on the land because of the drought. In and around his village, even the bigger farmers depended on the rain, hence there was no work opportunity even on the bigger farm. His own piece of land was barely enough to provide for the basic needs of his and his two brothers' families. His youngest brother was a truck driver, and was mostly away; and the other brother had tuberculosis and was unable to do hard, manual work. Being the eldest brother, he felt a great responsibility for the welfare of the larger family, and was determined to find a job no matter how long it takes. He knew that Zubaida had not been feeling well, but thought that she was now an old hand at child-birth, and that with his mother and the *dai* being in the village, everything would be all right.

This was Zubaida's 9<sup>th</sup> pregnancy, or was it the 10<sup>th</sup> or 11<sup>th</sup>, Zubaida was not sure herself. She had high fever all night, but she did not tell her husband how miserable she felt. She had served him tea before he left for the town, and then had laid down herself. She had started to bleed since early morning, but hoped that if she lay down for a while it would be all right. Her mother-in-law went and fetched the *dai* from the neighboring village, but by the time she came, Zubaida could barely speak or listen to anybody. The *dai* advised that Zubaida be taken to the health center that was 3 km away, but the mother-in-law was uncertain. She thought that perhaps they should wait for one of her sons to return to the village. In the meantime, the *dai* decided to see whether the doctor at the health centre would come to the village. It took the *dai* nearly one hour before she reached the health centre; but it was a futile visit. The doctor refused to go to the village. Disappointed, the *dai* returned to the village, but by then Zubaida had died.

Zubaida was 23 years old. She had been married for 10 years, and had 6 children -- the youngest being 1 year old. Two of her children had died within 2 years of their birth; and all the others were malnourished, including herself. 'How can we be healthy', she had once said to a visitor in the village, 'when whatever little we eat barely stays in us.... All of us have upset stomachs ...', and she had laughed at this.

'You tell us that we should have clean water, and proper food.... But where are we supposed to get it?...', she had continued.

Zubaida and her children had to carry water from a nearby water pond, from which the animals too had their fill. Besides carrying water, Zubaida also had to fetch fire wood, and also fodder for the 6 goats that the family owned. Besides, there were the usual tasks of cooking, washing, etc., that were part of her role as a woman in her village.

Since her last pregnancy, Zubaida had developed some problems that just would not go away. She often had fever, and it would be accompanied by a severe burning in her reproductive tract. The *dai* would give her some medicine whenever she told her about the burning, and also advised her to see the doctor. The advice she ignored, as this meant going into the town, since the nearby health centre did not have a female staff. 'Such ailments are part of being a woman', Zubaida used to tell the visitor who talked to her, and other village women, about family planning and better nutrition for women.

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## **Guidelines for Introductory Dialogue of FALAH Project with community**

Introductory dialogue with organized community organizations of RSPs is to be conducted to achieve the following two purposes.

- 1) Introduction of FALAH project as a health intervention
- 2) Identification of community facilitator who will provide support o FALAH Mobilizers in identification of married men and women from their respective locations.

The dialogue should be conducted in a way that community members itself come to conclusion that birth spacing is their need and is indispensable for mother and child health. They also consider it necessary for reducing the economic burden of head of household leading to reduction in poverty that is overall agenda of RSPs. Dialogue is a two way process through which community members are encouraged to discuss the issues and present their view point regarding acceptance or rejection of any interventions of RSPs. Through FALAH project, RSPs have to sensitize the married men and women of location, so it is necessary to also invite non CO members of the location in the dialogue. This is necessary to provide non CO members an opportunity to present their point of view regarding need of such kind of project. Dialogue will be conducted by RSPs FALAH mobilizers (some are new and some have experience to work with RSPs) and following process can be adopted to conduct the dialogue with community.

First of all the core program Social Organizer (SO) of RSPs will introduce the FALAH mobilizers with the community as a team member of RSPs. After that she /he will invite the FALAH mobilizer to take lead for discussion with members of community.

As FALAH mobilizers will be new to that community and some person might feel hesitation to speak with her/him. Mobilizer has to break the ICE by providing them opportunity to introduce themselves and by asking some basic information about the location. FALAH mobilize must collect the information about name of location, name of CO, member of CO, village name, average household size and means of livelihood.

Then FALAH Mobilizers will ask from the community about their experience of working with RSPs for different intervention e.g. in sector of microcredit, infrastructure schemes, training , livestock ect. For this purpose FALAH mobilizers must be fully acquainted with RSPs intervention in that particular location /village and its outcome. She/he must also have knowledge and skills to tackle the difficult situation. This will help him/her to generate the discussion on different issues. While discussing about RSPs interventions in that particular location, mobilizer will aks the community regarding any health related intervention undertaken by community in partnership with RSPs. On the basis of responses of community, FALAH mobilizers will ask different questions regarding health related issues of women and causes of anemia in women.

The possible response can be more burden of work on women, less food for women, more number of children to look after and weekness due to frequent birth of children ect. This will be the time for mobilizers to do more probing regarding importance of mother and child health by asking different questions e.g. what do you think how mother and child health can be improved, how men think regarding better health of women and children or how women think about their better health. Mobilizer must have enough skills to involve all the present members in discussion to answer the questions and this will help him in getting different responses regarding thinking of community about mother and child health. It is quite possibly that respondents also consider spacing as better mean of mother and child health. When the people say that spacing is good for mother health then mobilizer needs to do more probing by asking questions such as what is benefit of spacing for mother, child, father and family. This will be a point where maximum people will be telling different benefits of birth spacing. Here community mobilizer can also ask about the importance of breast feeding. Again people will suggest different benefits of breast feeding and it

is quite possible that they also take it as a method of birth spacing. There is also need to highlight the importance of breast feeding in connection of prevention of breast cancer in women.

Mobilizer has to facilitate the discussion in such a ways that community discuss a lot about spacing and also consider it necessary for family health especially mother and child. At this point, mobilizer should refer to average household and make its connection with the desire of people for birth spacing. Ask the reasons for not practicing the spacing in two births. Most probably respondent might say that they do not have enough information about birth spacing method and facilities to seek services. Then ask how the people can know about the importance and methods of spacing. In response they can identify the need to educate the community about birth spacing and can request the RSPs to start such kind of intervention. Then ask the question, who should be sensitized, men only or women or both and help them to understand importance of the sensitization of both husbands and wives about birth spacing. After taking their opinion about sensitization of both husbands and wives, briefly tell them about new intervention "FALAH" of RSPs and its implementation methodology i.e. the sensitization of married men and women about birth spacing methods.

Then ask the community whether they want RSPs to implement such kind of project at their location or not. If the answer is yes, then tell them to identify a volunteer ( community facilitator) from the community who will prepare list of married men and women (14-49 years of age).Allow the community to freely decide the name of person who is voluntarily ready to assist RSPs for this purpose. Take the name of community facilitator through resolution signed by majority of members of CO. At this point also tell the community that community facilitators will be given orientation about their role and responsibility particularly "preparation of list of married men and women". Once the list is prepared, Community facilitators will facilitate the RSPs to organize separate sensitization sessions on birth spacing with married men and women.

**Note:** Please ensure that in proceeding register of CO, proceeding of that meeting is written along with name of community facilitator identified by community. Proceeding register must be signed by office bearers of that CO and FALAH Mobilizer.