Health Program

Introduction

HANDS Health Promotion program has evolved over last 35 years and is providing integrated health services at national level. The program includes integration of health interventions with other social development initiatives. Health services are provided to the community in coordination with local Community Based Organizations (CBOs).

Best Practice Service Models

Model-1

Misali / Marvi Workers (Community Health Workers)

HANDS has the honor to introduce a cadre of community based outreach health workers in areas where there is no LHW. This initiative was piloted in district Umerkot of Sindh and the community health worker was named Marvi after the popular female character that is also a symbol of women empowerment and integrity. The Marvi workers are local females who after getting trained provide health promotion services to their communities. There is a selection criterion for the Marvi and the process of selection, monitoring, supervision and reporting is carried out in close coordination with the local Community Based Organization (CBO). Just as the LHW model of community based health worker, Marvi worker is also assigned an approximate target of 1000 population or 100 to 150 household where she is responsible to provide health services. The core difference in LHW and Marvi model is that the Marvi workers are low literate females as compared to the LHW who are matriculate. Due to low female literacy especially in rural areas, the training contents and methodology for the training of Marvis is also different. Since more than 40% of the Marvis are either low literate or not literate, an LHV is appointed for 30 to 50 Marvis to provide technical and supportive supervision. The trained Marvis under the supervision of LHV provides
services related to reproductive health, family planning, nutrition, WASH, MCH etc. Besides provision of health services the Marvi worker also sells social marketing products including safe delivery kit, sanitary pad, iodized salt and Oral Rehydration Salt (ORS) and some essential drugs.

**Objective:**
The objectives of the model include:
- Provide basic health services in the communities where there is no LHW
- Improve access of vulnerable communities to primary health care services

**Methodology:**
- Identification of Marvi worker as per selection criteria in coordination with the respective local Community Based Organization (CBO)
- Signing of Memorandum of Understanding (MoU) with CBO and Marvi worker
- Training of Marvi worker
- Establishment of Marvi Markaz (centre for work)
- Supply of equipment, social marketing products and essential medicine to the Marvis
- Initiation of health services by the Marvi worker including health awareness sessions and home visits
- Surveillance and supportive supervision of Marvi worker activities and on job training
- Conduction of monthly meeting with Marvi and CBO for sharing of monthly progress report of Marvi activities

**Services Provided by Marvi in target area**
- Listing women of Child Bearing Age
- Listing of under 5 years children
- Listing of Married women of Child Bearing Age for family planning services
- Listing of Lactating women
- Listing of adolescent girls
- Identification and listing of pregnant women for antenatal
- Establishment of referral linkages with health facilities in coordination with the CBO for complicated and high risk
- Conduction of awareness raising session for promotion of healthy behaviors among the communities
- Conduction of home visits to provide basic health services at the doorstep
- Growth monitoring and nutrition counseling for under 5 year children
- Counseling for promotion of immunization / vaccination of under 5 year children, pregnant women and Child Bearing Age women
- Referral of complicated cases
- Provision of family planning services with the technical assistance of LHV
- Sale of social marketing products including
- Identification, referral and follow up of psychosocial cases in the community
- Identification, referral and follow up of physically disabled person in the community

**Achievement**
More than 2,700 trained Marvi workers in 21 districts throughout Pakistan.

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**Model-2**

**Rehabilitation of Disabled**
This is our social responsibility as a society to support disabled persons and boost their morals so that they can lead a normal life as useful citizens. This model focuses on special persons and their needs towards leading a normal life.

**Objectives:**
The objectives of this model are to:
- Improve the overall quality of life of Persons with Disabilities (PWDs).
- Provide support (assistive devices) to improve the management of daily routines and quality of life.
- Facilitate in making the PWDs as self reliant individuals of the society through capacity building.

**Methodology:**
- Identification of persons with disability through screening.

**Training session for parents of disabled**
Health Program

- Assessment of type and severity of disability through medical need assessment camp.
- Awareness raising session for the communities.
- Social and educational inclusion of children with disability.
- Training of family members of the bedridden PWDs, enabling them to attend such persons with special needs.
- Provision of supportive devices e.g. wheel chair, prosthesis etc.
- Enterprise/business development training for PWDs.
- Teachers training on educational inclusion of the Children With Disabilities (CWDs) in main stream school.
- Capacity building of staff for Disabled Persons Organization (DPOs).

Achievement:
- 4,207 assistive devices were provided to the PWDs in 05 Union Councils i.e. Ibrahim Hyderi, Rehri, Landhi, Mashke and Awaran.
- Orthotic devices and prosthesis were provided to 395 PWDs, including hearing aids to 876, vision glasses to 1,103, wheel chairs to 159, crutches (Besakhee) to 55, walkers to 36, white canes to 19, toilet seats to 167, Cataract 710, Cerebral Palsy (CP) Chairs for 26 Children and tricycles to 25 PWDs. Overall 2891 PWDs were provided with support through this service model.
- 119 family members of the bedridden Person with Disabilities (PWD’s) were trained as attendants.
- 150 teachers of Bin Qasim town were trained on inclusive education.
- 83 PWDs were trained and supported to establish their enterprise.
- 77 Awareness raising sessions were attended by 64354 PWDs and their family members on genetically transmitted diseases, family marriages, health and hygiene, reproductive health, care during pregnancy, vaccination, family planning and breastfeeding etc.

**Model-3**

Output Based Aid (OBA) Voucher Scheme (NARI)

HANDS Health Program introduced an innovative model of Output Based Aid (OBA) Voucher Scheme for pregnant women in rural/remote areas. This model is referred as NARI.

**Objectives:**
The objectives of this model are to:
- Provide financial support to pregnant women / neonates with complication for treatment at tertiary healthcare facility.
- Identify and strengthen local public/private tertiary healthcare facilities for Emergency Obstetrical and Neonatal Care (EmONC) services in target area.
- Establish and strengthen referral mechanism for EmONC services.
- Promote antenatal registration and utilisation of secondary health care facility for antenatal services with special focus on referrals

**Methodology:**
- Screening for identification of public/private tertiary healthcare facility for referral of complicated cases.
- Responsibility of public/private healthcare facilities to ensure quality EmONC services.
- Partnership agreement signing between the service provider (public/private healthcare facilities) and HANDS (the project supports only out of pocket expenses in case of public sector facilities).
- Screening of high risk pregnant women anad neonates in target population.
- Identification of voucher recipients, based on developed eligibility criteria.
- HANDS redeems the cost of expenses incurred at the identified referral facility against voucher after verification.

**Achievements:**
- 16 private secondary healthcare facilities have so far been identified and strengthened for EmONC services.
- Overall more than 5,343 high risk cases related to maternal, ANC, PNC and neo-natal health have been identified and managed through this project.
- Conduction of 2,236 deliveries have been done including caesarian sections.
- Overall 1,932 neonates have been managed so far.
- Overall 10,561 NARI referral forms were distributed in the target communities.
- FM Radio message was developed and relayed to introduce NARI referral voucher (number of times as per agreement with local FM radio) in the target area.

**Model-4**

**Adopt a Hospital / Public Private Partnership**

Adopt a Hospital is a best practice model to focus on...
provision of quality care from secondary healthcare facility. HANDS has the capability of managing secondary healthcare facilities and extended its management services in turning those facilities functional to provide quality health services.

Objectives:
The objectives of this model are to:
- Provide quality healthcare services (primary and secondary) to marginalized communities.
- Provide comprehensive emergency obstetric and neonatal services.
- Improve the quality of care provision at health facility through updated equipment, efficient human resource and trainings.
- Support the management of defunct health facilities to restore their functionality.

Methodology:
- Assessment of the facility is conducted and needs are identified in terms of logistics and human resource.
- MoU/ToR signed with managing authority (Government/Health department - in case of public health facility).
- Resources mobilised for support (logistics and human resource)
- Supplies/deployment at the facility
- Required trainings provided to healthcare providers
- Provision of services initiated from the facility
- Follow up meeting/visit

Achievements:
Through this model, HANDS till date has provided support to 5,562 health/population/facilities/workers under Public Private Partnership, which included:
- 08 District Headquarter Hospital
- 27 Taluka Headquarter Hospitals
- 34 Rural Health Centres
- 326 Basic Health Units
- 21 Maternal and Child Health Centres
- 108 Dispensaries
- 16 Reproductive Health Service-A
- 12 Mobile Services Unit
- 4,875 Lady Health Workers
- 135 Female Welfare Workers

HANDS Hospital, Bin Qasim Town, Karachi has been the major health facility of this model and following services were provided at the hospital:
- Round the clock Out Patient Department (OPD) and emergency services
- Labor Room
- Operation Theatre
- Emergency Obstetric Care
- Indoor Patient Services (IPS)
- Family Planning services
- Laboratory
- X-ray facility
- Blood bank facility
- Ambulance services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>#</th>
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<tbody>
<tr>
<td>Children Patients / Clients</td>
<td>137,684</td>
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<tr>
<td>Female Patients / Clients</td>
<td>316,642</td>
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<tr>
<td>Male Patients / Clients</td>
<td>129,470</td>
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<tr>
<td>Total Patients / Clients</td>
<td>583,796</td>
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<tr>
<td>Antenatal Clients</td>
<td>147,826</td>
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<tr>
<td>Post Natal Clients</td>
<td>38,898</td>
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<tr>
<td>Lab Tests</td>
<td>53,556</td>
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<tr>
<td>Total Women for TT shots</td>
<td>53,278</td>
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<tr>
<td>EPI Utilization</td>
<td>175,958</td>
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<tr>
<td>Patient for X-ray services</td>
<td>1,752</td>
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<tr>
<td>Ambulance Service for the Patient</td>
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<tr>
<td>Family Planning Clients</td>
<td>139,677</td>
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<tr>
<td>Normal Deliveries</td>
<td>14,908</td>
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<tr>
<td>C Section</td>
<td>1,649</td>
</tr>
</tbody>
</table>

Model-5

Community Based Management of Acute Malnutrition (CMAM)

Worldwide, nearly 20 million children under five years are estimated to be suffering from severe acute malnutrition (SAM) at any given time. The recently published Lancet Series on maternal and child
Health Program

undernutrition recognises SAM as one of the top three nutrition-related causes of death in children under-five years.

Objectives:
The objectives of this model are to:
- Address and rectify malnutrition in under 05 years children.
- Address and rectify malnutrition in pregnant and lactating women PLWs.

Methodology:
- The assessment is done by nutrition team at fix or mobile OTP (Out Patient Therapeutic Program) through MUAC (Mid Upper Arm Circumference).
- The Moderate Acute Malnutrition (MAM), MUAC (11.5 cm-12.4 cm) is identified and admitted at SFP (Supplementary Feeding Program). They are given plumpy nuts supplement for two months. High energy biscuits are given to siblings to prevent malnutrition along with plumpy nuts' supplement.
- Severe Acute Malnutrition (SAM), MAUC < 11.5 cm, without medical complications is admitted at OTP according to the criteria and plumpy nuts are given. Children are reassessed after a period of two weeks and transferred after two months to SFP when their MAUC is more than 11.5 cm. All identified SAM children are checked for height, weight and vitals by the team.
- The SAM children with medical complications (edema, vomiting, persistent diarrhea or loss of appetite) are referred to Stabilizing Center (SC). WHO standardized treatment is given to these children.
- The Pregnant and Lactating Women (PLW) with less than 21 cm MUAC are admitted at SFP. About 2.25 kg vegetable oil and soya blended flour is given to them for two months, once each month. The women are reassessed after two months and if MAUC is more than 21 cm then they are discharged. But if MAUC is still less than 21 cm, they are further reassessed/observed for two weeks at SFP. In case of no improvement they are referred to secondary / tertiary care facility.
- All the data is shared with stakeholders in Nutrition Information System (NIS).

Achievements

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened</td>
<td>963,821</td>
</tr>
<tr>
<td>Moderately Acute Malnourished (Identified)</td>
<td>49,225</td>
</tr>
<tr>
<td>Severely Acute Malnourished (Identified)</td>
<td>15,358</td>
</tr>
<tr>
<td>Total Admission (SAM &amp; MAM)</td>
<td>60,456</td>
</tr>
<tr>
<td>Total Cured (MAM &amp; SAM)</td>
<td>35,604</td>
</tr>
<tr>
<td>Screened</td>
<td>135,252</td>
</tr>
<tr>
<td>Malnourished Enrolled</td>
<td>39,465</td>
</tr>
<tr>
<td>Total PLWs Cured</td>
<td>19,384</td>
</tr>
</tbody>
</table>

Model-6

Birthing Station Model

HANDS has introduced Birthing Station as a best practice model to focus on the Reproductive Health (RH) needs of rural communities. The Community Midwife (CMW) trained at Community Midwifery Schools of HANDS, is placed at her respective village where a fully equipped birthing station is established to provide antenatal, natal, postnatal and neonatal services. Referral strategy is developed and applied for any high risk/complicated case.

Objectives:
The objectives of this model are to:
- Reduce maternal mortality and morbidity through clean and safe delivery in target population.
- Reduce neonatal mortality in target population.
- Increase contraceptive prevalence in target population.
- Cater to basic reproductive healthcare (antenatal, natal, postnatal, neonatal care, treatment of minor ailments, TT and EPI vaccination etc.).

Methodology:
All steps of the following methodology involves local Community Based Organization (CBO) which monitors smooth functioning of the Birthing Station (BS):
- Selection of local educated girl for midwifery training
- 18 month training of selected CMW
- Identification and finalization of place for Birthing Station
**Health Program**

- Supply of equipment/material for birthing station
- Identification and MoU signing with management of referral health facility (with comprehensive MNCH services)
- Arrangements (vehicle, blood donors, NARI vouchers/finances) for referrals
- NARI voucher redeeming scheme for financial support offered to complicated cases for management at referral health facility
- Initiation of services (antenatal, natal, postnatal, neonatal care, family planning, TT vaccination, treatment of minor ailments etc.) from the BR
- Conduction of health education sessions at BR and on home visits
- Liaison with local Traditional Birth Attendant (TBA) for registration of antenatal cases
- Meeting with HANDS/CBO for progress sharing and resolution of issues
- Monitoring/supervision and on-job training sessions by staff
- Advance/follow-up trainings

**Achievements:**
HANDS has so far established 82 Birthing Stations for provision of RH services to the communities.

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**Model-7**

**Telehealth (Telemedicine) Service Delivery Model**

Health services delivery in remote areas of the country is a big issue. Besides long distances, non-availability of quality health care including health facility and health care provider is also a burning issue. Under the distance teaching/learning technology HANDS has introduced telehealth program. Phone Cast Company has played premier role in this regard. The program is run under the management of Health Promotion Program of the organization.

**Objectives:**
Objectives of this program are to:
- Provide quality health services to distant places where there is either no health facility or health care provider or absence of both.
- Save resources in terms of time and cost
- Improve quality of health care for the poor communities in remote areas

**Methodology:**
There are two ends to this telehealth system i.e. the Client end and the Health Care Provider end and it uses the Skype software.

At the client end there is system connected through Skype with the Health Care Provider at the other end. The Health Care Provider advises a client/patient as per his/her symptoms or complaints.

The Health Care Provider can also directly monitor the Pulse, Blood pressure and ECG by connecting a lead from the monitoring device to the computer.

**Achievement:**
This service model is in pilot phase and is being tested for delivering health services in district Awaran in Balochistan. Certain sessions have been successfully conducted with clients/patients and HANDS hospital Jamkanda. Now HANDS is making its efforts to link it further with the Dow University of Health Sciences Karachi to ensure the quality health services

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**Model-8**

**Traditional (trained) Birth Attendant (TBA)**

This best practice model of HANDS is applied in those areas where LHW is available. Rest of the objectives and methodology is same as that of MARVI model. The Traditional Birth Attendant (TBA) is trained to market the products and is regularly monitored and supervised by HANDS staff.

**Objectives:**
Same as model of MARVI.
Health Program

Methodology:
Same as model of MARVI.

Achievement:
HANDS has trained 400 TBAs in 07 districts of Sindh which include 327 in Umerkot, 27 in Thatta, 21 in Karachi, 11 in Jamshoro, 01 in Sanghar, 10 in Jacobabad and 03 in Matiari. These TBAs provided social marketing services in areas where LHWs were present.

The tangible social marketing products of best practice. MARVI model and their achievements include:

Iodised Salt:
The number of sold iodised salt units were 57,441 and the amount recovered against the sale was Rs.842,129.

MARVI Safe Delivery Kit:
9,193 safe delivery kits were sold by the MARVIs against an amount of Rs. 257,137 recovered from the sale.

Oral Rehydration Solution (ORS):
Number of ORS packets sold by the MARVIs were 13,264 and the amount recovered from the sale was Rs. 344,846.

Sanitary Pads:
Number of sanitary pad units sold were 16,580 and the amount recovered from the sale was Rs. 350,469.

Pregnancy Test Strips:
Number of Pregnancy Test strips sold were 19,671 and the amount recovered from the sale was Rs. 83,263.

Contraceptives:
Contraceptive units (condoms and oral pills strips) sold were 914,367 and the amount recovered from their sale was Rs. 1,021,879.

Medicine:
The essential medicine units sold were 1,074,226 and the amount recovered was Rs. 2,899,723.

Overall Achievements:
Total number of social marketing product units sold were 8,604,242 and during previous year, the amount recovered from the sale was Rs. 11.5 million.

Best Practice Training Models

Community Midwifery (CMW) Training School

Community Midwifery Training School is an institute to train community midwives for providing antenatal, natal and postnatal services in the community. The school provides 18 months residential training to willing and committed local community females who have passed matric examination to provide services to their respective communities after successful completion of this course. The duration of midwifery training course is 18 months which includes initial 3 months of Preliminary Training Session (PTS) followed by community obstetrics. During the course, the CMW is also assigned in her respective community to provide services for 3 months. The Midwifery school is registered with the Pakistan Nursing Council under PNC Act 1973 (Item 15) and only this body is authorised to conduct examination and issue certificates to the successful midwives. PNC has declared certain criteria for the registration of school to be followed by school authorities. The basic prerequisite for the training is a 50 bedded hospital with full fledge labor room and teaching faculty.

Objectives:
The objectives of this model are to:
- Train local matric pass females as midwife to provide antenatal, natal and postnatal services.
- Reduce maternal and neonatal mortality rates through trained healthcare providers.
- Provide trained healthcare providers for reproductive health services.

Methodology:
- Identification of 50 bedded healthcare facility with functional labour room and provision of residential facility for a batch of at least 25 - 30 female students.
- Hiring of faculty for the school as per PNC criteria.
- Fulfilling rest of the criteria of PNC for the school and applying for the registration.
- Facilitation to PNC staff for inspection.
- Advertisement and interview for selection / enrollment of females for the 18 month course.
- Development of course/session plans for the initiation of training with PTS, followed by community
Training of Traditional Birth Attendants (TBAs)

The role of Traditional Birth Attendant (TBA) is very vital in the reduction of maternal & neonatal mortality and morbidity. This best practice model focuses on human resource training to address this issue to considerable extent.

Objectives:
The objectives of this training are to:
- Improve the knowledge of TBAs on safe motherhood and neonatal care.
- Improve the attitude towards safe delivery and neonatal care,
- Improve the skills for safe delivery, neonatal care and communication.
- Identify high risk pregnancies and danger signs in pregnant women and neonates for referral.

Methodology:
Methodology of the training is interactive, competency based and contains individual focused approach. The trainings are based on experiential adult learning principles that introduce new information building upon participant’s own experiences, knowledge and ideas.

Trainer use following methods for session conduction:
- Pictorial flip charts
- Practices of delivery process on dummy (mannequin)
- Resuscitation of new born on dummy (mannequin)
- Practical demonstration of hand washing practice
- Role play on 03 delays
- Practical demonstration and practice on use of disposable gloves
- Demonstration and practice on conduction of health education session through pictorial booklet

Course Contents:
Preliminary Training Session (PTS):
- Anatomy and Physiology
- Fundamentals of Nursing
- Pharmacology
- Microbiology
- First Aid Introduction to Midwifery:
- Anatomy & Physiology of Reproductive System
- Antenatal
- Natal
- Labour room session
- Conduction of Delivery
- Postnatal
- Community Midwifery and Health Education

Achievement:
HANDS established 02 Community Midwifery schools including 01 in Karachi Rural (Jamkanda Hospital) and 01 in Matiari district (THQ Hala). Both schools were registered with PNC and hold a good reputation among the Midwifery schools in the province and country. About 461 CMWs were enrolled, out of which 375 successfully completed their training. Moreover, 86 (18.65%) candidates were either dropped out or could not succeed in the examination.

Training Contents:
Anatomy of reproductive system, signs and symptoms of pregnancy, antenatal checkup, high risk factors/danger signs and referral, clean and safe delivery, postnatal care, complications of postnatal, neonatal care and family planning.

Training Duration:
08 days

Achievement:
Overall 12780 TBAs have been trained.
Health Program

Model-11

Psychosocial Wellbeing Training

The vulnerable group of women and children need psychosocial support to recover from disaster traumas. They are vulnerable particularly in traumatic situations during natural disasters/emergencies. It is essential to address their emotional and social needs through psychosocial support activities in a protective environment for a normal development.

Objectives:
The objectives of this training model are to:
- Understand the concept of psychosocial wellbeing.
- Learn about theories of psychosocial wellbeing.
- Differentiate between the components of psychosocial wellbeing.
- Learn how to promote psychosocial wellbeing.
- Understand concept of child rights in educational setting.
- Learn how to involve communities in designing and implementation of educational setup in emergencies.

Methodology:
The methodology of the training involves a variety of approaches to enhance the understanding of participants regarding the subject. It includes group work, individual work, pair work, presentations, role play, lecture and demonstration.

Training Contents:
- Definition of mental health
- Post traumatic stress disorder
- Schizophrenia
- Basic helping skills
- Psychosocial competencies
- Community consultation
- Social animation

Training Duration:
07 days

Achievements:
30 professionals from 26 NGOs have been trained by HANDS and another 201 professionals of 78 NGOs were trained through step down training.

Model-12

IUCD Training

The best practice training model of IUCD Training is designed as state of the art to develop the skills of healthcare providers for placing Intra Uterine Contraceptive Device (IUCD) for birth spacing.

Objectives:
The objectives of this training are to:
- Positively influence the attitudes of participants towards the benefit and appropriate usage of IUCD.
- Provide the latest technical information on IUCD.
- Provide information about new World Health Organization eligibility criteria for family planning methods.
- Develop general counseling skills and method-specific counseling for IUCD.
- Develop technical skill placing IUCD in a client.

Methodology:
- Illustrated lectures and group discussions
- Individual and group exercise
- Role plays
- Simulated practice with anatomic (Pelvic) models
- Guided clinical activities (counseling and Intra Uterine Contraceptive Device insertion and removal)

Training Contents:
- Advance family planning methods
- Community based family planning strategies
- Counselling techniques
- Demonstration on IUCD insertion on dummy
- Practical insertion of IUCD on 02 clients for each participant
- Practical assessment of participants

Training Duration:
06 days

Achievements:
185 participants have been trained on IUCD insertion in 07 trainings.

Model-13

Community Health Workers (MARVI Workers) Client Centred Training

This best practice training model is for the community based health worker (MARVI) with Client Centred Approach (CCA). The trained MARVIs provide primary healthcare services in their respective communities.

Objective:
The objectives of this training are to:
- Provide basic curative, preventive and promotive healthcare to the community.
Health Program

- Train and ensure the availability of reliable healthcare providers in the community.
- Create a referral link between formal health facility and the community.

**Methodology:**
Classroom sessions, in-house interactive lectures, individual assignments, group work, simulations, presentations, brainstorming sessions, discussions, exposure visits to relevant sites and community based assignments.

**Training Contents:**
Basic anatomy of human body, antenatal, postnatal care, danger signs during antenatal and postnatal period, family planning, three delays, referral, demand creation for social marketing products (health and family planning products), health education through women support group, essential medicines, Management Information System (MIS), exposure visits and practical work in the community/field work.

**Training Duration:**
10 days and 6 days.

**Achievements:**
132 trainings including refresher trainings have been conducted for MARVI workers and 1,527 MARVIs have been trained so far.

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**Model-15**

**Client Centered Approach (CCA) Training for Health Care Providers**

This training model focuses on the healthcare providers of public and private healthcare facilities with special emphasis on communication and counselling skills.

**Objectives:**
The objectives of this model are to:
- Get more acquainted with each other and participate actively.
- Learn how to communicate freely and be relaxed, and share personal experiences.
- Learn how to involve others and improve communication skills.

**Methodology:**
Brainstorming, briefings, group discussions, role play, case study, group work, group presentations and individual work, games and energizers.

**Training Contents:**
- Birth spacing method
- Counselling technique

**Training Duration:**
03 days

**Achievements:**
161 trainings have been conducted for HCPs attended by 2,646 participants.

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**Model-14**

**SRH (Sexual Reproductive Health) Trainings**

This training model is applicable for adolescents (young boys and girls) with the prime objective of helping them lead a normal and healthy reproductive life as an adult.

**Objective:**
The objectives of this model are to:
- Raise awareness about the Sexual Reproductive Health (SRH).
- Provide information about the status of SRH in Pakistan.
- Provide orientation about the social determinants in reproductive health to the participants.
- Train on essential SRH rights and services.

**Methodology:**
In-house interactive lectures, individual assignments, group work, simulations, presentation and brainstorming sessions.
**Case Studies**

**“The Courage of Female”**

Halima W/O Ghulam Qadir is 40 years old, residing in Village Jam Arib Maher UC Ali Bagh, which is situated about 35 KMs away from Gangi Town and has a population of about 300 HHS. She is mother of 4 children. Her husband is a labor working on Rs.200 daily wages. She had attended school till primary level. She was selected as Marvi Worker in phase II of RHSP, completed her training on 6th June, 2015 and had started working in her village. In tenure of one month of working, she registered 16 clients, included 07 of Injection, 2 of IUCD (10 Years), 5 OP, and 2 RC.

For such a large population of about 300 HHS, no LHW is appointed in the village, and females are not allowed to go outside to consult any health service provider for any of their personal problems related to reproductive health and FP services. Due to excessive and unsafe births, many females suffered from gynecological diseases but have no idea how to cope and what to do. Most females have more than 7 children, their income and health condition do not permit to deliver more children but had no solution or FP service. Males do not care about their suffering due to so many births.

HANDS team visited the village and informed their purpose and asked literate females to work as MW. All refused because their relatives especially males were not permitting them to work in the whole village. On the 4th visits of HANDS team to this village, Ms Halima was the only female who agreed to work as Marvi Worker. She faced intense opposition from her in laws to work for FP services, but she stood firmly on her decision.

Halima attended 05 days training session at GMS Gangi. After completion of training, she started working in her village. She started from her para (Mohalla) and asked females to gather at a place and attend her session. Initially females refused to hear her but later some females from her para, got ready to attend her session. During session she informed them about the importance and objectives of family planning, then 2 females agreed and availed FP services. In next week some more females visited her for FP services. And now she has 16 clients registered.

This decision to work as Marvi worker was very difficult for her as most of her relatives were not happy but she stood strong with the support of her husband. She knew that females of her community needed help but had no idea from where they could get it. She started working and females only from her Para visited and availed FP services, but she has strong belief that soon will be able to cover all village females and one day all her opponent and relatives will appreciate to her work.
“A Feeling of Blessing”

Tasleem W/O Ghulam Yameen is 23 years old, residing in Village Bhutto UC Wasti Jewan Shah, which is situated about 60 KMs away from Ubarho Town and has a population of about 500. She is mother of 6 children. Her husband is a labor working on Rs.200 daily wages.

She was married at the age of about 15 yrs. After 11 months of marriage, she gave birth to a baby girl, and within 8 years was mother of six children. Many times she thought to avail service of any FP method, but could not avail as she never had enough money to visit any health facility provider who could advise her compatible FP method.

After successful completion of phase I, when RHSP entered in phase II, and had targeted 7 more UCs, Wasti Jewan Shah was also included in the list. Here RHSP team selected Ms Samina, as Marvi worker. After completing 5 days training session, Samina started her work in targeted community. Samina conducted community sessions, and door to door visit to give awareness regarding reproductive health. After a community meeting, Tasleem asked for advice as she had given birth to a baby just 25 days before, and wanted to avail FP service. After discussion, MW Samina recommended IUCD service, to which she agreed, so Samina called to LHV Rehana.

LHV Rehana visited the village, met Tasleem and after checkup she got service of IUCD on 15th July 2015. According to her: when her baby was to 3 or 4 months old, always got pregnant, which was a very painful condition for her as she could not give proper attention to her neonate and neither she felt prepared for the birth of another child. She had no solution because there was no health facility nearby where she could visit for FP services neither had enough money to visit Ubarho town. She was thankful to RHSP, who has given IUCD service at her door step.