

Home Health Education Programme

Thatta - Pakistan



Programme Update

July 2014-April 2015

Supported by:

Association of Medical Doctors of Asia (AMDA)

Funded by:

Chigasaki -Chuo Rotary Club (CCRC)-Japan

Implemented by:

*National Rural Support Programme – Pakistan
46 Aga Khan Road, F-6/4, Islamabad, Pakistan*

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List of Acronyms

AMDA	The Association of Medical Doctors of Asia
CCRC	Chigasaki-Chuo Rotary Club
PDHS	Pakistan Demographic Health Survey
LHWs	Lady Health Workers
CHWs	Community Health Workers
RH	Reproductive Health
ANC	Antenatal Care

Executive Summary

Home Health Education Programme's objective is to support marginalized women to acquire knowledge on how to protect themselves and their family members from common illness. The programme provides trainings to women with the expectation that the trained women will cascade their knowledge to their families and neighborhoods. In addition, the project supports Lady Health Workers (LHWs) and Community Health Workers (CHWs) to strengthen their knowledge and skills on health care as trainers.

The Associations of Medical Doctors of Asia (AMDA) and NRSP have remained partners in previous relief projects after emergencies in Pakistan. This programme was developed after review of NRSP previous similar work in health awareness and keen interest of AMDA for bringing improvement in immunization of children and quality of life for rural women. A formal partnership was developed between NRSP, Chigasaki-Chuo Rotary Club-Japan (CCRC) and AMDA for the implementation of Home Health Education Program in Pakistan. To implement the program, three organizations joined hands both in terms of financial, technical and human resources. CCRC is providing financial support. AMDA is facilitating the communication between CCRC and NRSP. NRSP is playing a main role in the planning and implementation of program. NRSP is providing support in terms of HR and also through other parallel projects which are complementing the learning and benefitting the communities in the area.

During the reporting period, from July 2014 to May 2015, baseline survey was conducted and detailed baseline survey report was shared. We prepared list of unmarried women between the ages of 17-22 and divided them into groups for organizing sessions. Curriculum was updated on the basis of findings of baseline analysis. After Identification and training of master trainers, two days technical training was conducted. Now, our master trainers are fully trained and conducting sessions successfully in the field. Sessions started with unmarried women in the villages in March 2015 and in two months six batches have been trained. Formal post-test was taken from 124 trainees; out of whom 104 candidates passed the exams.

Background:

Supporting Partner:

Chigasaki-Chuo Rotary Club-Japan *and* The Association of Medical Doctors of Asia (AMDA)

Implementing Partner: National Rural Support Programme (NRSP)

Programme Duration: July 2014-December 2017

District: Thatta, Sindh Pakistan

Tehsil: Mir Pur Sakro, **Union Council:** Sukhpur

Programme Description:

The programme aims to pilot a program for women to acquire knowledge on how to protect themselves and their family members from common illness in remote area of district Thatta, UC Sukhpur, Pakistan. Under this programme training is provided to women with the expectation that the trained women will cascade their knowledge to their families or neighborhoods. In addition, we support Lady Health Workers (LHWs) or Community Health Workers (CHWs) to strengthen their knowledge and skills on health care as trainers.

This programme targets women who play a key role in the health care of their family. Training is provided to unmarried women of 17-22 years of age under Home Health Education Program. Many initiatives have already been undertaken targeting married women of reproductive age in Pakistan and according to PDHS the information related to reproductive health usually reaches quite late by many years when it is required. Keeping in view the gaps and needs, NRSP is targeting unmarried women of reproductive age among the target population irrespective of wealth quintile. This according to population formulas would constitute 20 % of the total unmarried women in the targeted union council. These women will get knowledge before their marriage when there would be no restriction on their learning in their home environment and they would be able to take wise decision in consultation with their parents, in laws and of course husbands. Rest of the women in the community would also benefit indirectly as the women always discuss these learned things with each other. Community would benefit in the long run.

Chigasaki-Chuo Rotary Club-Japan (CCRC) is financially supporting this program. In June 2014, a formal agreement was signed between CCRC, NRSP and AMDA specifying role of each partner.

Accomplishments

The reporting period is from July 2014 to May 2015. It took almost one quarter to stream line activities:

Followings are the main activities done so far:

- Recruitment of Staff
- Identification of unmarried women of 17-22 years of age
- Identification & selection of LHWs/CHWs
- Development of Questionnaire and baseline survey
- Development of IEC material
- Training of master trainers (LHWs/CHWs)
- Identification & listing of unmarried women for group formation
- Training of trainees

Recruitment of Staff

NRSP, after signing the agreement recruited the staff, as per NRSP policy. Existing experienced female was hired as project coordinator in Thatta office. Focal Person from Head Office supported right from the beginning in preparatory phase to develop baseline questionnaire and developing IEC material. Staff is on board since July, 2014 for continuous support.



Identification & Selection of LHWs/CHWs

Selection criteria were made and screening test was conducted for the identification and selection of master trainers. NRSP preferred to work with Lady Health Workers already available in the programme area. This would benefit in the long run since knowledge and confidence level of these professionals would also improve while they would develop strong links with the communities they intend to support through preventive health care system. Twenty five master trainers were identified and trained by staff from NRSP head office. Twenty one successfully qualified as master trainers for the program after the training.

Baseline Survey

NRSP conducted a baseline survey in the target union council with specific objectives to:

- Assess the current need and state of knowledge and behaviors related to different health areas to be focused in training of unmarried women of the target communities;
- Identify key social determinants of behaviors and assess the health seeking behaviors in terms of accessibility and community preferences for different services.

Baseline survey was conducted in one union council selected for this project and target group was unmarried women of 17-22 years of age. Sample size was calculated and 304 women were randomly selected from 34 villages of Sukhpur Union Council. Generally the respondents had good knowledge about hand washing but none of them was aware of the importance of using soap. 58% had the information about the diseases transmitted through open defecation. 27% had the information about diarrhea but only 5% knew about the preparation of ORS. 95% had the information about immunization and Polio vaccination but none of them had the knowledge about the immunization schedule for children. 25% had the information about Antenatal care, contraceptives and birth preparedness but specific information regarding these topics and nutrition were lacking. Knowledge about first aid was markedly low as only 6% knew about first aid.

Identification of Women of 17-22 years of age

Unmarried women were identified by social organizer during baseline survey campaign as well as afterwards through consultations with community activists and meetings with organized communities. Many women wanted to participate but we remained restricted our criteria to 17-22 years of age to remain aligned with the concept of programme. We formed their clusters to facilitate training process at local level. These women are being trained in a group of about 40 people in each month. A total of 1440 women would benefit in three years' time. In Sindh; literacy level is quite low so NRSP will train both literate and illiterate unmarried women. Primary pass women are considered literate.

Development of IEC material

On the basis of baseline findings training modules were developed and updated. Now NRSP is delivering sessions on the following health topics:

- Personal Hygiene
- Menstrual Health management
- Health & Nutrition
- Immunization
- Polio
- First Aid
- Antenatal Care
- Birth preparedness
- Breast feeding
- Birth Spacing



These modules were developed in Sindhi language. Each master trainer was given complete set of these modules to conduct sessions in the community. Pictorial booklets were also developed for the community. All of the modules were shared with AMDA and CCRC before printing.

Progress Review Meeting

On 22nd February, Dr. Suganami; President AMDA group and Ms Tomoko from Japan visited Pakistan and had review meeting with NRSP. The meeting was held in Karachi and field staff also participated to give their inputs. Some key points and action taken were:

- Issue regarding **non availability of target number of unmarried women of 17-22 years** in the selected union council was discussed. It was decided after first year, we will be in a better picture regarding availability of target group. By the end of first year this will be reconsidered and union council connecting with Sukhpur UC in an accessible location will be selected as some additional program location.
- About engaging the trainees after being trained during the three-year project period, there was a fear of either the girls will lose their interest in training components or later we might lose contact with them if they are not followed up regularly. So it was decided that trainers and coordinators will be doing follow ups on quarterly basis. A check list will be developed and the assessment will be carried out for benefits of training the women at individual, household and community level. Check list will be shared with CCRC and AMDA before the actual assessment.
- **Strategy for conducting sessions by the trainers** was discussed. As we had the concern that the trainers now trained will require either a refresher or might lose their acquired knowledge if they are not engaged in sessions within three months so it was discussed and suggested that NRSP will conduct three sessions for the initial three months engaging two trainers for each group and a total of eighteen trainers will be involved during this period. After three months two groups with four trainers as per plan will be conducted.

Most of the points discussed were addressed and remaining will be followed in future plans.

Trainers of Master Trainers

Two days detailed training was conducted in February at Farmer office Garhiwah. Pre-test was taken from all participants. Besides technical component, 25 master trainers were also oriented regarding session's protocols, pre and post-test of participants and importance of programme.

Following topics were considered in the training.

First Day:

- Base line Findings
- Personal Hygiene
- Antenatal Care Birth
- preparedness/Breast feeding
- Birth Spacing
- Session Practice/Group Work



Second day Session:

- Review of previous day
- First Aid
- Nutrition
- Polio/Immunization
- Work plan for training of Trainees
- Post test of trainers

As a result of post-test at the end of two days training, 21 candidates passed and received their certifications.

Training Sessions

After training of master trainers, it was planned to start sessions with unmarried women in small batches. Each master trainer shared her work plan to conduct two sessions per month to train 40 women. These sessions started in March 2015. As of April 2015, 6 batches have completed their trainings. While 124 girls attended these trainings, 104 passed the post-test successfully.

Formal pre-test and post-test are taken by trainees to assess their knowledge before and after their trainings. For literate trainees reading, oral or written test is taken, and for illiterate trainees only oral or pictorial test is taken. Trainees who pass the post-test receive a training certificate and a commemorative gift. The one who passes the post-test with excellent result will also have a chance to be a trainer in the project. Illiterate women are trained by visual aid and role-play method. Illiterate women have interviews to see the progress of their knowledge.

Program training course is divided in to 4 sessions:

Week	1st week (60 minutes)	2nd week (90 minutes)	3rd week (60 minutes)	4th week (90 minutes)	TOTAL (5 hours)
Topic	Immunization (including polio)	Hygiene education (e.g. hand-wash, gargle, use of clean water, personal hygiene & oral hygiene.) & Nutrition	First aid	Antenatal Care, Breast Feeding, contraception and perinatal care	

But after going into the field, we found that unmarried women are little reluctant in learning about reproductive health issues. Moreover, Immunization was little difficult topic for them to understand. To build their confidence and mobilize them, NRSP changed sequel of these sessions and started with Hygiene and Nutrition which are comparatively easy for them to understand.

Week	1st week (60 minutes)	2nd week (90 minutes)	3rd week (60 minutes)	4th week (90 minutes)	TOTAL (5 hours)
Topic	Hygiene education (e.g. hand-wash, gargle, use of clean water, personal hygiene & oral hygiene.) & Nutrition	Immunization (including polio)	First aid	Antenatal Care, Breast Feeding, contraception and perinatal care	

Field visits

NRSP head office staff visited the project area and met with the staff, trainers and the communities as part of their routine field visits for the programme in order to support the project. Monitoring as well as mentoring is part of the field visits. These helped in realigning the course contents. The field visit also kept the staff motivated and kept things on right track, which helped in ensuring the quality of work.



The Cumulative Progress:

Item Description	Target Number	Progress Since Launch
Hiring of staff	1	Completed
Identification and selection of LHWs/CHWs	18	Completed
Baseline survey	N/A	Completed
Development and printing of IEC material	N/A	completed
Training of master trainers (LHWs/CHWs)	20	21 master trainers trained
Training of unmarried girls		
Total participants in sessions	120 girls targeted during this period. 1440 would be trained in total in 3years	124 participants attended
Participants passed		104 passed successfully

Support from Other Projects

NRSP is implementing some other projects in same UC and these projects are also supporting learnings under Home Health Education Programme. Under WASH Project being implemented with the support of Water Aid, NRSP is mobilizing communities to improve personal and home hygiene with special focus on construction of safe latrines and making the community develop the habit of using them instead of open defecation, which has serious health concerns and could contribute in spreading diarrhea and polio.

Under Malaria prevention programme funded by GFATM, NRSP is working on eradication of malaria by supporting health centers in terms of their stocks of medicines and equipment for dealing with malaria. We also build capacity of local health staff at facilities in dealing with malaria cases and its proper treatment. A lot of efforts are made to make sure communities use LLINS (Long Lasting Insecticides Treated Nets) to remain safe from mosquito's bites. These LLIN are provided through government health facilities.

Under Health System Strengthening Project, NRSP is registering children of 0-23 month's age and pregnant women for developing liaison with health department to vaccinate these children in whole district of Thatta including UC Sukhpur. NRSP is also supporting EPI department during campaign of Polio which reinforces our Home Health Education Programme messages.

Challenges/ Lesson Learnt

Our teams faced following challenges during implementation. Some of the issues were as follows:

- Translation of all materials such as baseline survey form and IEC material took some time before final version in Sindhi language were ready. So training sessions got delayed. Now things are on right course and we will catch up with the project plan.
- Communities were initially little reluctant to share information about unmarried girls and they were also shy learning about reproductive health. However later when they got sensitized they started active participation in learning.
- Since we are focused on specific aged girls therefore we might need another adjacent union council to cover desired target number for trained unmarried women. We will decide about it in later part of the program.

Future Plan

- We will have three batches of training per month for at least four months so that we catch up with the time lapsed in project implementation.
- We will have follow up sessions with community through our staff and trained women in order to refresh their knowledge and assess how they are performing after trainings. Tools will be developed and shared with the staff for this purpose.