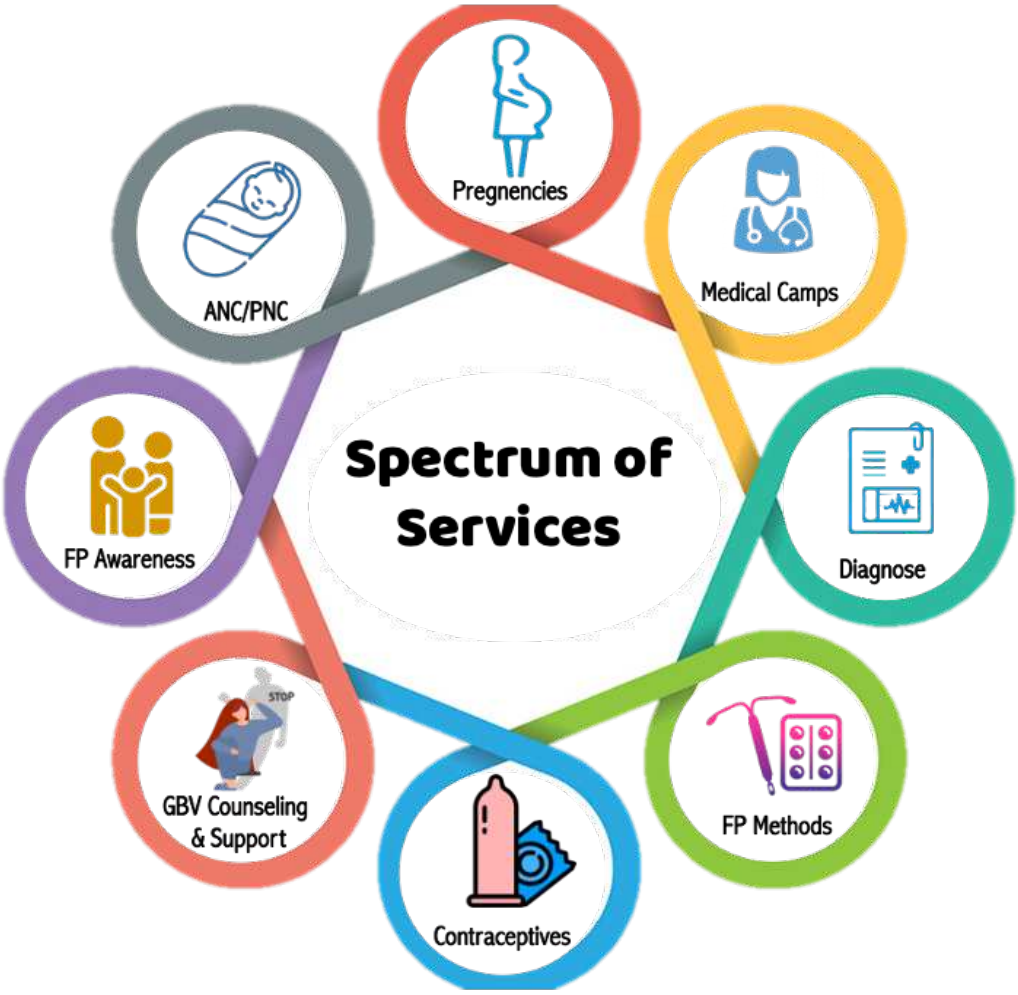
Collection of Case Stories

from Flood Affected Project Locations



Shahzad Bukhari

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Project	**:**	
Implementing Agency	**:**	Family Planning Association of Pakistan (FPAP), UNFPA
Assignment	**:**	Documentation of Case Studies & Reflections
Report Type	**:**	Draft Submission
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Contents

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It is critical to acknowledge the participants who assisted in making the cases happen while collecting case studies.. Without these people, our case studies would not have been possible.

In performing this assignment, I had to take the help and guidelines of those who deserve my greatest gratitude. The completion of this assignment gives me much pleasure. I would like to show my gratitude to FPAP for awarding this similar assignment based on my previous successful projects; Mr. Adnan Sulaimani the Project Manager, for his support to increase my knowledge and to do some practical work in the field.

This project would not have been possible without the participation and assistance of a large number of people, the names of whom cannot all be listed. Their contributions are greatly appreciated and acknowledged.

Shahzad Bukhari
Consultant

GLOSSARY

CSO	Civil Society Organisation
BHUs	Basic Health Units
CSOs	Civil Society Organization
DHQs	District Headquarters Hospitals
FGD	Focus Group Discussion
FP	Family Planning
FPAP	Family Planning Association of Pakistan
GBV	Gender Based Violence
IPPF	International Planned Parenthood Federation
IUCD	Intrauterine Contraceptive Device
KP	Khyber Pakhtunkhwa
MSC	Most Significant Change
NGO	Non-Government Organization
RHCs	Rural Health Centres
UNFPA	United Nations Population Fund

1. INTRODUCTION & BACKGROUND

a) Introduction

Rahnuma FPAP is an affiliate member of International Planned Parenthood Federation (IPPF), working in Pakistan as a national organization since 1953. It has been an extending family planning (FP) and reproductive health (RH) information and services across all four provinces, Gilgit Baltistan and Azad Jammu & Kashmir (AJK) through a network of its own service delivery outlets and through collaboration with public and private sector.

b) Project Background

The unprecedented monsoon rain that started in June 2022 continues to cause devastating damage across Pakistan. It has left a trail of destruction with villages submerged, infrastructure damaged, crops annihilated and has caused a huge death toll. The relentless floods have left one third of Pakistan submerged under water with heavy human related infrastructural damage in several areas including districts in Khyber Pakhtunkhwa and Sindh. As per estimates, more than 33 million people across Pakistan are affected, including an estimate of 8.2 million women of reproductive age along with a staggering damage of over $10 billion.

Several districts in Khyber Pakhtunkhwa (KP), including Dera Ismail Khan and Nowshera, which are on the banks of the rivers Indus and Kabul, respectively, have been completely devastated, with 236 villages in Dera Ismail Khan heavily damaged and 31 schools and countless health facilities utterly wrecked.. Flooding in River Kabul has also caused loss of life and heavy damage to infrastructure in Nowshera district. According to the latest estimate, more than 250,000 people have been displaced in 53 villages in district Nowshera. The havoc caused by floods has intensified healthcare challenges. According to latest UNFPA estimates, 650,000 pregnant women in the flood-affected areas across Pakistan need maternal health services. Out of these 73,000 women were expected to deliver next month of the catastrophe. These women will need trained and skilled birth attendants and new-born-care support. According to reports, many women and girls are at an increased risk of gender-based violence (GBV) as almost 1 million houses are damaged due to floods, monsoon rains are resulting in landslides at a national level. To make matters worse, they are likely to be hampered in their access to health-care facilities.. According to an estimate, 1,000 health facilities are either partially or fully damaged in Sindh province, whereas 53 health facilities including 16 civil dispensaries (CDs), 33 basic health units (BHUs) and four rural health centres (RHCs) are in affected districts in Khyber Pakhtunkhwa.

c) Project Objectives

The project is to organize mobile medical camps on weekly basis at proposed locations; provide SRH services to women and young girls; it is in-sync with MISP objectives; conduct community awareness sessions on FP and SRH, maternal and child health, SGBV, nutrition etc; provide supportive supervision by Quality Assurance Doctors and regular monitoring by FPAP' field and head office teams (as part of the formative evaluation); coordinate with government and other relevant humanitarian response partners at provincial/district level and document success stories from the project locations.

d) Purpose of this assignment

Collection of case studies and stories is one the key objectives of the project. During implementation of project, a number of healthcare services included FP, SRH and non-SRH services were provided to the most deserving community of the flood affected districts by using human centric approach. This assignment aims to document human stories that reflect the difficulties faced during floods, particularly by pregnant women and GBV survivors, as well as best practices and lessons learned under this project..

These stories will also capture the effectiveness of the distribution of SRH kits among the deserving communities and meeting healthcare needs of women and young girls in flood affected areas; health services for mothers and new-borns, including diagnosis, check-ups, treatment, medication, and referral systems.

2. APPROACH & METHODOLOGY

a) Approach

Since the project is close to completion, various respondents were interviewed to collect project services feedback in the form of case studies and stories. The assignment is considered an opportunity to conduct a quick assessment of the project while collecting the case studies. Two frameworks were used for the assignment.

Assessment Framework	Case Studies Collection Framework
OECD's DAC criteria is the most widely used standards for program evaluation. There are five evaluation criteria that are standard in OECD/DAC framework. However, we have also included INCLUSIVENESS, BCC and KNOWLEDGE SHARING which looks at and ensures other critical dimensions of the project implementation in a community.	The Most Significant Change (MSC) framework was used to collect cases on FPAP core thematic areas including FP, SRH, GBV, Awareness, Referral and Hygiene. Cases with multiple inputs and benefits will also be collected e.g. How has increased awareness improved SRH? How has an effectively aligned referral mechanism aided in achieving FP and SRH goals, particularly in the case of GBV?

b) Methodology

- **Review & Assessment:** Review of project documents, existing case studies, project targets and achievements, reports and data.
- **Development of Tool:** A brief case collection tool was developed to have minimum standard information in each case study. A list of categories was also finalized with the help of project manager based on services provided under this project.
- **Meetings with Project Staff:** Meetings were held with project senior management at provincial level and district teams to discuss the project's key intervention and achievements. Prior to moving to the respective project locations, the mini meetings were useful in identifying and listing the cases for interview.
- **Cases/Stories Collection:** FPAP/UNFPA project beneficiaries (male and female) were interviewed to record and document their experience, satisfaction with services and support under this project. Project mobilizer and paramedical staff accompanied the consultant for facilitation, mobilisation and encouraged the female community to express their opinion about the services received. Before beginning the interview, an informal consent was obtained, as well as the permission to photograph. Some of the case studies did not have the beneficiary picture as they did not allow to take pictures. The **14 selected case studies/stories** are given below in this document.

3. UNFPA PROJECT AT A GLANCE

a) Project Design

According to the project team, since it was a rapid and pre-defined project, no baseline or need assessment was conducted. The Project used FPAP standard-services packs for Family Planning, Sexual and Reproductive Health, Gender-Based Violence (GBV), General Healthcare and Hygiene Services, Awareness and Home Delivery Packs. Due to cultural factors (i.e. reluctance to discuss matters considered private and the unwillingness of women to be interviewed) and disaster conditions, the service provision was based in 'medical camp' settings in the respective communities. Although the project was completed in a very limited time, yet FPFPA/UNFPA did not compromise on the quality of services and arranged number of camps, provided awareness on SRH/FP methods, MA/MVA/PAC, MISP, Infection Prevention and GBV.

b) Highlights of the Project

- Staff members and adequate resources were allocated. Community members were informed about the Project's purpose and specific activities. Personal health practices improved greatly (e.g. project staff and community reported that the GBV, health and hygiene information, home delivery kits and provision of sanitation pads were the best takeaway of the project).

- Community members' understanding of their personal health rights improved. Many women in two project locations were given information and options for FP methods to improve their lives.

- There were no structured peer education activities designed but word of mouth and volunteer knowledge sharing augmented the efforts of project staff to reach community members.

- In such a short time, the project team was able to break the taboos, myths, and traditional thinking about family planning, the use of contraceptives, women-associated health with a number of children, and the acceptability and application of FP methods by the male community.

c) Low points of the Project

- Some challenges and limitations were encountered; for example, despite adequate resource allocation, there was a very short time to distribute and disburse these items.. The project team encountered strong cultural resistance when discussing family planning and SRH. In most cases, even women were hesitant to talk to other women. People would stop talking when a camera was brought out, making it difficult to take pictures and conduct interviews. In some cases, language barriers existed. Subsequently, flood-affected communities in the project area were resource-starved as a result of the recent flood disaster and poverty.

- At the field level, the project staff had excellent project management, mobilization, and health care skills, but their experience with GBV cases was limited to orientation. There was no prior homework on GBV case counselling, and there was no support institution's data base available for GBV survivors.

- No baseline or perception survey was conducted due to the short nature of the project. FPAP's prior experience of similar projects might have been used for the planning of project, but due to the flood and difference in culture, the nature of FP, GBV, SRH, hygiene cases and perception was different.

- Moreover, very limited camps were arranged in each project area. In ANC/PNC, FP and SRH project multiple visits were required to create an impact.

- Measuring the impact by collecting case studies from a 3–4-month intervention was a tough task. The case studies are primarily based on the benefits from the project activities. Measuring impact may need more time.

d) Project Quick Assessment

Assessment Area	Detail
1. Relevance	• The project is directly relevant to the needs of flood affected communities. Women and girls in such disasters are most vulnerable groups in the society. Poverty is a significant factor which makes them more vulnerable for their own health. • They are unable to access health facilities and buy required medicines due to poverty, unavailability lack of permission, and mostly rely on local LHVs and midwives for their personal/reproductive health and hygiene issues. The community has a male-dominant culture and followed by floods, the situation has a combined effect which makes them even more vulnerable to think and express their needs. • The provincial government has provided basic health facilities (DHQs, BHUs, health centres) but that has also been suspended due to the heavy floods and lack of resources due to a low level of priority. • These communities have no SRH, hygiene or FP-related services. Nor the awareness of FP as a concept or a practice. However, the number of community members visiting the project's medical camps, attending orientation sessions and accepting FP methods, is an evidence that they were in need of such services as they welcomed them. • The project communities are fighting with multiple challenges right now including poverty, damaged houses and furniture, loss of animals, migration and large number of children in a family. The concept of family planning was not acceptable in the communities; however, the family awareness sessions convinced the crowded families to think about limiting their family size to rectify these pressing issues. We can say: men and women realised the value of adopting family planning methods, hygiene and SRH issues.
2. Efficiency	• Efficiency refers to the use of resources to achieve target outputs on time with well-designed use of human resources (staff, management) without any waste. On the basis of budgeted versus actual costs incurred, project resources were sufficient and cost effective. In general, the project implementation was efficient, with field activities exceeding expectations.. • The establishment of an office, finding an office location, hiring staff, purchasing furniture, planning field trips, mobilizing communities for the session, and finally establishing medical camps in just 60 days is remarkable. The initial phase (office

	setup and staff hiring) was completed in just 10 days, which was exceptional (informed by Mr. Ehtasham, Project Manager, DI Khan). • Because some of the camps had severe low signal issues, it was impossible to inform community members about the medical camps; therefore, project staff used local resources to inform community members so that they were aware, ready to attend, and benefit from the services provided. • The hiring of mobilization in the same area, same language was another plus point of success of the project, which made the process easier for project management and simplified the understanding and acceptability of the beneficiary communities.
3. Effectiveness	• In the project communities, due to the natural and national crises, resource constraints and political priorities, health and awareness was the most neglected area of their life. Men can put off or postpone their health needs and requirements, but women are unable to do so. As a result, these girls and women use unsafe methods to meet their needs, which leads to infections and diseases. • Although the project had a very short lifespan, the awareness sessions informed the girls, women and even the male community members about their health rights and needs. The sanitation awareness sessions informed the girls and women about the safe use of materials for their sanitation. • Due to the Islamic Culture and frequent reminders by the religious leaders, family planning was not acceptable at any level in these communities. The awareness and counselling sessions with male and female members, birth spacing culture was promoted. • The community awareness sessions for males helped them understand the need for abortion and post abortion care for the health of their life partner and quality life of their children. • Community female members (women and young girls) not only attended the FP and SRH session but applied the methods as they benefitted with the advice to improve their personal health and hygiene. • The chosen communities provide a highly restricted environment for female mobility and communication with male community members or any outsiders. The FP, SRH, and GBV case studies told by beneficiaries to a male consultant are clear evidence of quality field sessions and women's empowerment to express their issues and concerns openly.
4. Impact	• There is a clear emergence of the need for a rights-driven approach due to the project. The majority of girls and women in these communities were hardly aware of modern sanitation practices and gadgets. As per project staff, health/hygiene sessions and provision of sanitation pads or knowledge of how to make these at home was the best takeaway of the project. Awareness about SRH and personal health and hygiene is also rated as one of the best activities of the intervention. • The number of BLT cases, birth spacing tablets, condoms, home delivery kits and other FP methods, received and applied by the community members is the

	evidence of success of this project in such a short period of time.
5. Sustainability	• Due to the short duration of the project, there was no concrete referral mechanism made with social welfare department, women rehabilitation or GBV canter, medical institutions but linking the community members with FPAP's nearest FHCs and FMHCs was the built-in long-term strategy of the project. • The community members were also provided with the contact numbers and addresses of the concerned CSOs and health institutions for their future needs. • Creating a canter or club for women or girls was not part of the project, which may have left community members feeling connected from the FP and SRH agenda. • In such projects, potential and interested community members and activists are trained for community mobilization, peer education, referral and other service to promote FP and SRH services but unfortunately, due to the nature and urgency of the project, no such efforts were considered.
6. BCC	• The deployment of medical camps in the center of the community were attended by the senior, middle aged and youth. This can lead to a behaviour change at all levels. • The girls who attended the session also shared the same information with their peers which will promote the SRH and the hygiene message in the community. • The project has provided different SRH material, examination couches and informative charts to be displayed in the medical camps for personal health and hygiene.
7. Gender & Inclusiveness	• Mobilising women community members from a typically male dominated society was a challenge for the mobilisation staff. It was innovative for mobility-restricted women to have access to the health camp; start talking about their family issues, birth spacing and even the infertility of their spouse. • The project has a gender-inclusive approach in all activities; mobilizations of people with physical disabilities was ensured in all camps. • Community women are culturally prohibited from leaving the house without permission and necessity, talking to strangers, male or female, or expressing their views on community issues. The UNFPA project was instrumental in breaking this taboo, empowering women to gather in medical camps and discuss their social and health issues, be treated by LHV and FPAP-UNFPA staff, receive advice from project mobilizers and councillors, and access health facilities in Peshawar/DI Khan city for complicated health issues. • The current activity was evidence of women's empowerment. The women who were previously not allowed to speak in front of the men in the community recorded their interviews in the presence of project staff and community men. • Hiring of staff from Christian community is another example of inclusiveness by the project management.

8. Knowledge Sharing	• Although there is no evident intentional knowledge shared by the project but community members like Mr. Mohammad Ramzan of Tank is an example of knowledge sharing. Mr. Ramazan is an influential community member who regularly talks to his friends in religious gatherings (SUHBAT, a get-together in which all members meet and eat together on a regular basis). Mr. Ramzan is promoting the FP and SRH agenda in such sessions, which is also accepted and welcomed by the community members. • Women who attended medical camps, accepted home delivery kits and FP methods, as well as informing other females in need about the project, SRH, and FP services.

4. Reflections (Collection of Cases & Stories)

As a key deliverable of the assignment cases and stories are divided into three categories:

	Categories	1 Family Planning (Temporary Method)	2 Family Planning (Permanent Method)	3 SRH (Married Women)	4 SRH (Un-Married Girls)	5 Early Childhood Marriage	6 Health & Hygiene (Clean Drinking Water)	7 Miss Carriage	8 Contraceptives/Birth Spacing	9 Disability	10 Peer Education	11 Referral	12 Gender Based Violence (GBV)	13 Decision Makers (Male Community Members)	14 Acute Diseases and Infections	15 Antenatal Care / Post Antenatal Care
Tank, KP																
1	Mr. Ramzan	✓									✓					
2	Ms. Shireeni	✓		✓			✓									
3	Ms. Maryam			✓			✓									
4	Ms. Laila Banoo				✓		✓									
5	Ms. Neeraj Bibi	✓		✓			✓		✓							
6	Ms. Misbah				✓		✓			✓		✓				
7	Ms. Hameeda	✓		✓			✓		✓							
Dera Ismail Khan, KP																
1	Ms. Ambreen		✓	✓			✓									
2	Ms. Haleema Bibi	✓		✓			✓					✓	✓			
3	Ms. Adeela Batool	✓		✓	✓		✓									
4	Ms. Saima	✓		✓			✓					✓	✓			
5	Ms. Kausar Parween			✓			✓									
6	Ms. Noreen	✓		✓			✓									
7	Ms. Hadeesa				✓					✓		✓				

DISCLAIMER

The stories and cases were collected following strict guidelines on informed consent. Photographs were taken with the permission of respondents and their male family members. The names in some of the women respondents have been changed upon their request not to reveal their identify, especially in the GBV cases.

a) Case Studies from Tank, KP

01 INFORMATION IS THE OXYGEN AT EVERY AGE

Respondent:
Mr. Mohammad Ramzan
(Male Community Member)

Themes:
- FP Awareness
- Birth Spacing
- Knowledge Sharing
- Peer Education

"Now I know how to use condoms and make healthy SRH choices' i now know what steps to avoid and prevent unplanned pregnancies."

Location:
Garrah Baloch,
Tank, KP

I am Ramzan, the community calls me Mr. Ramzan due to my influence and social work in the community. I have 08 children (4 daughters and 4 sons). The youngest one is 4 years old. My wife is constantly complaining about a number of health issues which we have consulted with the local doctors to get pain relievers and other vitamins; they energise her to get ready for household chores.

The FPAP/UNFPA project team contacted me for the community sessions and community awareness about family planning and other health and hygiene issues. Initially, I was not interested because we were told (by our religious leaders) that family planning is haram. This was the first time when (FPAP/UNFPA project) team, not only informed about the benefits and consequences of family planning but also about the mother and child's health. This serves as an example of a good and healthy human being in society..

I was extremely convinced about what they taught but I was hesitant to purchase condoms from the market, as everyone knows me and they will make fun of me. The (FPAP/UNFPA project) team solved my problem and provided first supply, free of cost, at home. The second hurdle was my wife with a traditional mind who did not allow me to use this method, but, when I conveyed FPAP/UNFA team's message, she was convinced as well, and we applied this FP method. We (my wife and I) are quite relaxed now. I also sent my wife to the medical camp organized by FPAP/UNFPA project for her in-depth orientation, treatment and personal hygiene for our children and herself.

Now I know how to use condoms and make healthy SRH choices and steps to avoid and prevent unplanned pregnancies.

I am from *Ahle-Tasheeh* and have maintained a good reputation in my community. We have weekly gatherings with other community members. In my most recent gathering, I conveyed the same "Mother & Child's Health" message to the group, where 09 of them agreed and one denied who is already 80 years old. We'll meet again tomorrow, and I'll collect their feedback on their experiences.

This is very unfortunate that we have everything in our surroundings but the only missing link is the awareness and information about our own health and hygiene. The doctors in the community hardly probe the root cause of our health issues, instead, they just provide some medicines.

02	WE CAN'T HAVE MATERNAL HEALTH WITH REPRODUCTIVE HEALTH

Respondent:
Ms. Shireeni
(Female Beneficiary)

Themes:
- FP Awareness
- Birth Spacing

"We are partially persuaded to stop having children. We will continue to use this FP method until we decide on a permanent FP solution."

Location:
Garrah Baloch,
Tank, KP

Sheerini is a 38 years old lady. She has 08 children (4 daughters and 4 sons). The youngest one is 04 years old. The repeated delivery cycles, almost every second year has caused her a severe muscle pain and SRH issues. These issues have been quite common since the birth of her first child, but she assumed they were common among mothers like her. When she gave birth to her son, who is now four years old, the pain and infection became unbearable due to other household chores.

Her eldest daughter is almost 17, she helps her in daily activities but the pain is still not manageable. She consulted the local doctors , who provided her some tablets for relief. This had become a routine, but as soon as the medicines ran out, the pain returned.

She was curious to know and see if there was anything for her or her children when she heard about the medical camp for women in the community.. She went to attend the session and found it very useful. FPAP/FPAP team informed her about the menstruation process, its management, FP and birth spacing, nutrition food for women's health, washing and cleaning practices, etc.

She went to the camp doctor after the session to discuss her body pain and SRH infections. When the doctor inquired about the number of children she had and her use of possible FP methods, she had no idea because religious leaders forbade it. When the doctor informed her that her health was more important than having children. She was advised: If you don't want to stop having children, make sure you have enough time gap until you are healthy and able to have more healthy children.

.They also talked to her husband and provided him with contraceptives (condoms) to start birth spacing.

"I was quite scared with this new method but after using this, we (my husband and I) both feel happy and normal."

The doctor in the camp also provided her with some energy tablets and pain killers.

" It has been only a month but I feel much better than before. "

"We are partially persuaded to stop having children. We will continue to use this FP method until we decide on a permanent FP solution.".

03	PURE WATER IS THE WORLD'S FIRST AND FOREMOST MEDICINE

Respondent:
Ms. Maryam w/o Mr. Feroze
(Married Women)

Themes:
- FP Awareness
- Birth Spacing

Local Available Water

Clean Drinking Water

"These suggestions not only improve our family's health, but they also reduce unnecessary doctor visits."

Location:
Garrah Baloch,
Tank, KP

My name is Maryam, I was married to Mr. Feroze, we are a family of 4. Our fifth family member has diarrhoea, unfortunately this runs in the family. This is a problem that my entire family frequently complains about. We often visit doctors for medications, which provide us with temporary relief, but I have yet to find a permanent solution.

My eldest son has a soil-eating habit, due to which he is always complaining about a stomach-ache. Moreover, I noticed hair loss but did not know the reason behind it.

One day, I was told by one of my friends that an NGO is organizing a camp for the females in the community. Therefore, I decided to visit the camp and discuss my issues to check if I can get a good advice.

When I visited the camp, the doctor informed us about family planning and female health issues. I also found that I am going thru the same health issue discussed in the camp. Doctor also informed us about the hand washing practices, etc.

During the session, I inquired about the causes of diarrhoea in my family. She questioned me about the quality of water, drinking habits, and water storage in order to determine the root cause of a family health problem. She then provided me the following tips:

- Washing hands with 06 standard steps (with demonstration)
- Eat healthy food (fruit, vegetables, milk, eggs and pulses, etc.)
- Use safe drinking water (She also told us about two different methods for ensuring safe drinking water, including boiling water at specific temperatures and times and using sunlight to filter the water.)

It is almost a month since we started using these methods in our family and Alhamdullilah, we have less complaints about stomach-aches..

These suggestions not only improve our family's health, but they also reduce unnecessary doctor visits.

04 DON'T LET THESE DAYS STOP YOU

Respondent:
Ms. Laila Banoo
(Young Unmarried Girl)

Themes:
- SRH Awareness
- Menstruation
- Peer Education

"Despite getting ample information, i will still attend future sessions in hopes to get more knowledge about health and hygiene."

Location:
Garrah Baloch,
Tank, KP

"It was very painful and new experience for me, I did not know what to do. I had a severe back pain. I finally informed my mother; she took me to the doctor who gave me some tablets". This was Laila who expressed her first menstruation experience with the FPAP/UNFPA project team.

Then it happened every month and I started visiting the same doctors on regular basis, whenever I had such pain I got the same medicines. The doctor never inquired about anything other than the pain. She never explored my feelings and other difficulties I was facing during this period. I thought, this is the standard practice and maybe all girls face this..

When this project was organized in the camp of our community, my mother took me with her and I attended the session. These were the thoughts I had: as how to stop this, how to manage this, how to clean this, what to eat, and so on.

The FPAP/UNFPA doctor was very nice and friendly, she responded very politely to every question I asked, and suggested the following:

- Menstrual safety precautions and tips, including the use of a PAD and a simple cloth if a PAD is not available.
- Diet during menstruation, what to eat and what not to in order to avoid any complications during periods.
- Physical activities and load management during and after this period.
- Handwashing, hair and nail cutting, etc.

The session was really useful. Despite the fact that they provided me with the necessary information, I will still attend future sessions because there must be something more beneficial to my health and hygiene.

I would like to share this information with my siblings and friends in the community.

05	THERE IS NO OTHER ORGAN QUITE LIKE THE UTERUS, IF MEN HAD SUCH AN ORGAN THEY WOULD BRAG ABOUT IT. SO SHOULD WE (INA MAY GASKIN)

Respondent:
Ms. Neeraj Bibi w/o Mumtaz
(Female Beneficiary)

Themes:
- SRH Awareness
- Birth Spacing (Tablets)

"My husband and I realized that my health is more important than having more kids."

Location:
Garrah Baloch,
Tank, KP

My name is Neeraj Bibi, I am 35 years old and I was married to Mumtaz. I have 06 children (2 Sons and 4 Daughters).

After the birth of my last child my UTERUS was punctured and operated in Tank Hospital.

We (my husband and I) were scared to have more children hence we didn't know how to proceed. I also felt pain in my UTERUs so I consulted with my doctor. They provided medicines but they never advised what to do for our sex life and children.

When I attended the FPAP/UNFPA camp in our community, they doctor informed us about the FP and SRH methods, hygiene tips, advise on care of children, etc.

After the session, I discussed my case with the doctor in detail, and she advised me to use FP methods and stop having more children, as this could harm me or complicate my personal and marital life.

My husband, too, desired a solution to the problem of children. He frequently says, "We already have six children; if you stay healthy, we can have more." I talked to my husband about it and decided to use temporary birth spacing methods (tables) for a few months. If we are happy and satisfied, we will pursue a permanent FP solution.

The doctor also informed me about the after-care of using these tablets with other health and hygiene tips.

06

My Special Days
Make me More Dependent & Vulnerable

Respondent:
Ms. Misbah
(Disable, Unmarried Young Girls)

Themes:
- Menstruation
- Personal Hygiene
- Referral

"Misbah's menstruation time is the most difficult time which i have to face" –Sofia

Location:
Garrah Baloch,
Tank, KP

Misbah is only 15 years mentally and physically challenged young girl. She has reached her adulthood since a year, just like all other girls her age. The girls are usually happy and excited about these days because it signifies that they are now adults, capable of planning their lives, considering a partner, and, of course, becoming mothers someday.

Misbah is much more than these feelings and happiness; she is also a liability to her elder sister Sofia. Misbah and Sofia's parents (mother and father) have both died, leaving these two young girls to face the cruel world on their own. They have one older brother who is married and lives apart from his wife. They have no means of support other than a philanthropist and their elder brother.

"Misbah's menstruation time is the most difficult time which I have to face", said Sofia. " I have to keep her inside the home all day, I have to take her to the washroom quite a few times to change her sanitation cloth (local PAD), clean and change her dress."

Sofia has also decided that she will not marry until Misbah is with her.

After meeting with FPAP/UNFPA project team, they provided her some PADs and advised how to manage her during periods.

Since there was no special provision for disable people like Misbah, no other support was provided to the innocent girl.

The project staff used their own resources to provide Sofia the following assistance to support Misbah:

- Ms. Shazia (FPAP/UNFPA Mobilizer) linked her to one of her relatives in Mission Hospital, Tank for possible support and treatments.
- Project staff, ensured that they will link her with the social welfare department for any support under disability category.
- Staff also took her phone number in order to contact a philanthropist and arrange financial assistance for her to manage her livelihood.
- Staff also ensured to find a local NGO working on disability, for possible support.

07	PEOPLE WITH DISABILITIES DO NEED TO BE FIXED, BUT THEY ALSO NEED TO BE ACCEPTED AS THEY ARE.

Respondent:
Ms. Hameeda
(Disable, Unmarried Young Girls)

Themes:
- SRH Awareness
- Birth Spacing

A limping unmarried women with no livelihood faced extreme vulnerability when the flood crashed her door.

Location:
Garrah Baloch,
Tank, KP

The 32 years Hameeda is a young unmarried lady who manages her mobility with one limping leg. She relies solely on in-kind philanthropy from community members because she has no source of income. She only eats when given something to eat and only drinks when given something to drink.

The recent flood was a difficult time for everyone, but for a person with one leg and no family support was especially vulnerable.. Her house was damaged and the floods took away her furniture and other utensils. The living is more difficult now. She is also dealing with health and SRH issues, but she is unable to address them due to a lack of financial resources.

She also mentioned that her leg has intense pain especially in cold weather and the pain gets worst during her special days (menstruation). She cannot afford pain relievers because she does not have a source of income.

She met the Rahnuma FPAP/UNFPA team during a session in a mobile medical camp. She was given health services and free medicines. The FPFP/UNFPA project team treated her when she was suffering critical health issues. Project doctors provided her pain killers, vitamins and CAC 1000 and also provided some financial aid to get proper treatment from the nearest FPAP, FHC or other hospital to deal with her health and weakness issues.

b) Case Studies from Dera Ismail Khan, KP (Thatta Balochan)

01	CONTROL OVERPOPULATION, TO STAY AWAY FROM STARVATION

Respondent:
Ms. Ambreen w/o M. Ashfaq

Themes:
- FP 05 Year Method
- FP / SRH Awareness

"I will also advise my Son to have only two healthy kids."

(بچے دو ہی اچھے)

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Ms. Ambreen is a 35 years old lady, married to Mohammad Ashfaq who is working as a labourer in the nearest market. The couple has 08 children (5 sons and 3 daughters). Two of her children were delivered with a major operation. Her two sons and two daughters are studying in school while the eldest (15) is working at nearest hotel as a waiter.

She is too weak to do the housework after giving birth to eight children. She also complains of muscle pains and infections..

When asked why she was still having children in such poor health, she replied that my mother-in-law wanted more children. We (my husband and I) wanted to stop children, but we don't have the information, and my mother-in-law won't let us.

"Now we are separated from the family and living on our own. When I heard about the FPAP/UNFPA camp for female, I was very excited to visit and ask for FP methods. " expressed Ambreen.

"I was initially terrified because so many people warned me that using methods to stop children could cause problems for you and your health. When I met with the doctor, she encouraged and advised me that if I ate the right foods, took the right medications, and took vitamins, I would not have any health problems or infections." She said.

She added: "I've been using the FP method (CT) for 05 years. It's been a month, but I'm feeling better, with no complaints, as the doctor advised."

"I will also advise my son to have only two healthy kids."

(بچے دو ہی اچھے)

02 HARASSMENT IS THE UNDUE EXERCISE OF POWER BY A SUPERIOR TO A MINOR!

Respondent:
Ms. Haleema Bibi w/o Mohammad Ramzan
(Female Beneficiary)

Themes:
- Gender Based Violence (GBV)
- FP / SRH Awareness

"I am more worried about my daughter, someone who has the courage to harass and attempt to rape, can also harm my daughter."

Location:
Thatta Baloch,
Dera Ismail Khan, KP

A 39 years old Haleema has four children (2 sons and 2 daughters) from her husband Mohammad Ramzan who is a labourer in the town. The family is also a victim of recent floods in the province which severely damaged their house and furniture. The family is in a critical living condition.

Even in such terrible living conditions, she is also physically, sexually and mentally harassed and abused by the community members. She has been subjected to harassment for the past seven years. He (Tariq) has also attempted rape three times in the last seven years. She initially complained to her husband and had a fight in the street, but he (Tariq) continued to harass her. She also filed an FIR, and Tariq (the harasser) was jailed for a day before being bailed out using his influence. He is now more dangerous and encouraged to openly threaten and abuse her while driving. Tariq's sister-in-law (her husband's brother's wife) is also harassing her.

When she heard about FPAP/UNFPA's medical camp, she visited with a hope that they will listen her story and help or advise her to get rid of Tariq and his harassment. The FPAP/UNFPA team conducted a session on GBV and provided good information. She is more worried about her daughter, who is 14 now. "If he (Tariq) has the courage to harass me in the middle of the road, he can harm my daughter too at home." She expressed her fear.

The project staff is only trained to conduct GBV sessions. Unfortunately, they were not trained in referral and other support services for GBV survivors but still they provided the following support to Haleema:

- They talked to Ms. Muneeza Butt, the head of VAW (Violence Against Women) center in Multan and asked for help. She requested the copy of FIR, documents and other information so that one of their colleagues in Peshawar could investigate the case.
- They informed her that they will talk to local political leaders in town to see how this can be resolved.
- They also ensured her that they will check with SWD, what type of support they can provide to a GBV survivor.
- They will also find a local NGO working on GBV for her help and provide her the possible support.

03	**SELF-CARE IS RADICAL.** **IT IS YOUR TOP PRIORITY FOR YOUR OWN WELL-BEING.** **SELF-CARE IS NOT SELFISH; IT IS NECESSARY.**

Respondent:
Ms. Adeela Batool w/o Young Ramzan (Young Unmarried Girl)

Themes:
- FP / SRH Awareness
- Infection

"I am confident that my health will improve and that my parents' concerns (about my marriage) will be eased.

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Ms. Adeela is a 28 years young girl, living with her family in DI Khan.

She mentioned, Ms. Aliya (FPAP mobilizer) usually visits the community to assist and help the flood affected community members. When she visited this time, she informed her about a medical camp organized for flood affected women in this community.

"I thought it will be a regular camp to provide general medicines to the female for fever and headache. When they organized the camp and delivered the session it was very different and productive. They informed mothers about child and their health, they provided tips about delivering a healthy child, birth spacing and breast feeding."

In rural community, girls are married in their early age. There are many cases of early childhood marriages. Adeela is 28 and still unmarried. Her health is one of the reasons: "leukorrhea (vaginal discharge)" is the cause of bad health. Whenever there is a family visiting to see her for their son, the only reason of refusal is her weakness. Adeela and her family are very concerned about her health and, ultimately, her marriage.

She also mentioned that she visited many doctors that provided medicines but they were no luck. She discussed the entire case with the FPAP/UNFPA doctor and she, not only provided her good medicines but also informed various tips (incl. use of right PAD, replacement of PAD in time, use of cloth, food, nutrition, health and hygiene, etc.).

She said " I am feeling much better now and hopefully my health will be improved and my parents' concerns (about my marriage) will also be reduced."

04	ALL VIOLENCE IS THE ILLUSTRATION OF A PATHETIC STEREOTYPE (Barbara Kruger)

Respondent:
Ms. Saima w/o Dilnawaz
(Female Community Beneficiary)

Themes:

- FP (Temporary)
- Gender Based Violence(GBV)
- FP/SRH Awareness

"I don't know about my husband; I've never discussed it with him, but i don't want to have any more children until my husband improves his behaviour, finds a good job, and our financial situation improves."

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Ms. Saima is a 30-year-old young women married to Dilnawaz. The couple has two daughters (05 and 07 years old). Dilnawaz is a drug addict and now he is converting into a psycho patient. He not only beats her frequently but he also beats their daughters. He does not allow his wife to visit her parents. He sits idle at home and does nothing.

She explained:

When we ran out of food, I began working as a maid for neighbours, and I am now able to earn Rs. 2,500 (approx.) per month, which is our only source of income.

I came to this medical camp with one of my neighbours. The FPAP/UNFPA staff informed us many things including FP, SRH, health & hygiene, GBV, food, nutrition and child care. I was really interested in GBV and FP. First I wanted to stop my kids until the conditions are normal and then I wanted some support to get rid of the violence at home.

I don't know about my husband; I've never discussed it with him, but I don't want to have any more children until my husband improves his behaviour, finds a good job, and our financial situation improves.

The FPAP/UNFPA doctors informed me about the birth spacing for few months and then for few years. I will go for that.

They also assured me that they would locate counselling, psychological, and rehabilitation services for my husband.

05	HYGIENE IS THE TWO-THIRD OF THE HEALTH

Respondent:
Ms. Kausar Parween w/o Arshad
(Female Beneficiary)

Themes:

- FP/SRH Awareness
- Personal Health & Hygiene

"My husband is very happy now that we have a clean and hygienic house and clean children. He took us to 'Bannu Pulao' for a treat."

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Ms. Kausar Perveen is one of the few women in the community who is facing functional hardship in her life due to her mobility disability. She was married to Arshad who is a farmer and the couple has 03 children (2 sons and 1 daughter).

She suffers from a variety of health issues as a result of her disability, including muscle pain, infections, and urinary problems. Her condition was deteriorating as she grew older. Her burdensome responsibilities and liabilities have also contributed to her severe depression. She is unable to visit any health facility because of her current financial situation, and she cannot afford the cost of travel medicines.

The FPAP/UNFPA medical camp was a ray of light in her life. When she heard about the camp with free check-ups and medicines, she rushed to the camp and had a complete check-up and gained advice. Besides the general treatment, she was also informed about personal hygiene during the session which she found very useful. The FPAP/UNFPA staff also informed about the environmental cleanliness and managing animals.

After the session, I spoke with my husband and moved the animals from the veranda to the courtyard (a safe distance away), and I closely monitored and mentored the children about hand washing, especially before and after meals.

My husband is very happy now that we have a clean and hygienic house and clean children.

He also took us to "Bannu Pulao" for a treat.

She also requested FPAP/UNFPA staff to continue the camp facility for women, so that they don't have to go outside for health check-ups and treatments.

06	WE'RE ALL CONCERNED ABOUT THE POPULATION EXPLOSION, BUT WE'RE NOT CONCERNED ABOUT IT AT THE RIGHT TIME.

Respondent:
Ms. Noreen w/o Jehangir
(Female Beneficiary)

Themes:

- FP/SRH Awareness
- FP (temporary)

When our economic conditions are improved, we wish Daniyal to have a male sibling.

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Ms. Noreen is a mature middle-aged woman who is married to Jehangir, a daily wager or labourer in town. He has been suffering from kidney disease for many years. He is the family's sole breadwinner. Following the death of his parents, Jehangir is feeding his 04 siblings and his aunty in addition to Noreen and her 04 children (3 daughters and 1 son).

Noreen and her husband are struggling with life, which was made even more difficult by the flood. Besides the 11-family members, Water was also their unwelcomed guest for a week, destroying the furniture and other electronic items upon their return.

She attended a community awareness session along with her aunty. She was perplexed and demotivated after hearing from other women about the negative effects of family planning methods on their health. This mental state caused stress for her husband, and she was initially hesitant to use any FP method. The FPAP/UNFPA staff provided very detailed information on various FP and birth spacing options. Due to her daughter's age, the FPAP/UNFPA team informed her that a long-term FP solution could not be implemented.

She further informed: “Before deciding on any FP method, I spoke with my husband and obtained his permission. Due to my work load, health, and financial concerns, my aunty also advised me to consider family planning options.”

FPAP/UNFPA suggested: “Apply the birth spacing injection until your daughter is 4-5 years old; until then, I will use the same method to prevent further children.”

Once our economic conditions are improved, we will make another attempt to have Daniyal’s male sibling.

07	HOW TO MANAGE ADULT DELICACY BY PERSON WITH DISABILITIES

Respondent:
Ms. Hadeesa d/o Kaneez Bibi
(Disable Girl Beneficiary)

Themes:

- FP/SRH Awareness
- Disability Care
- Referral

As she is growing, her mother's responsibility is multiplying.

Location:
Thatta Baloch,
Dera Ismail Khan, KP

Hadeesa is a 20 years old girl with mental illness. She has 4 other siblings (2 sisters and 2 brothers). All other siblings are normal. Her father is a daily wager in the city.

Her look after is completely her mother's responsibility. She is unable to move, eat, wash or visit washroom for her needs. As she is growing, her mother's responsibility is multiplying. Especially during her menstruation days.

"It's the most difficult time to keep an eye on her, clean her, wash her and change her PADs (local homemade with cloth)." Her mother expressed.

She also had a ***Rasooli*** (Tumer) in her uterus and underwent surgery to have her uterus removed. Her mother was terrified and worried about whether removing the uterus was a sin, but doctors informed her that if it was not removed, she would have more complications and her difficulties would be exacerbated. The operation was completed successfully after consulting with community elders.

She is still in pain, but her family cannot afford to take her to the hospital on a regular basis.
The FPAP/UNFPA medical camp was a ray of light for her mother. When she heard about the camp with free check-ups and medicines, she rushed to the camp and explained the complete history of Hadeesa.

During the session, the FPAP/UNFPA doctors gave her some pain relievers and vitamins and informed her about personal hygiene, which she found very useful.

The FPAP/UNFPA staff also ensured her to find an NGO who can help her daughter with Wheel Chair and other support required to manage her life.

Annexures

Case Study Collection Protocols

Measuring Significant Change (Case Studies, Stories)

Potential Respondents: Community beneficiary members, women, girls, mothers-in-law, husbands/spouses, transgender, disable persons, minorities, vulnerable groups

Categorization of Stories

The case studies were collected under the following themes and services provided by the FPAP Project teams.

1. Family Planning (Temporary & Permanent Method)
2. SRH (Married & Un-Married Girls)
3. Early Childhood Marriage
4. Health & Hygiene (Clean Drinking Water)
5. Miss Carriage
6. Contraceptives/Birth Spacing
7. Disability
8. Peer Education
9. Gender Based Violence (GBV)
10. Decision Makers (Male Community Members)
11. Acute Diseases and Infections
12. Antenatal Care / Post Antenatal Care
13. Referral

Potential Questions for Community Members/Beneficiaries

1. Details of the person being interviewed
2. How did they hear about the project
3. What were their initial views and reactions and how did that change
4. What was their expectation from the project
5. How did they benefit
6. What more can be done to serve their needs better
7. How did rest of their family react to the intervention
8. What was novel about their engagement with the midwife
9. Earlier how did they address their maternal and child health concerns
10. What were the difficulties they earlier faced in accessing services
11. Anything new that they learnt
12. Did their views about maternal and child health care change? Can they adopt any new practices?
13. Did they hear of any incident in their circle where a life had been saved with the information received through the project
14. How important is a midwife to them, and how do they use her as a link to more advanced services?
15. Any suggestions on areas that can do with more improvement