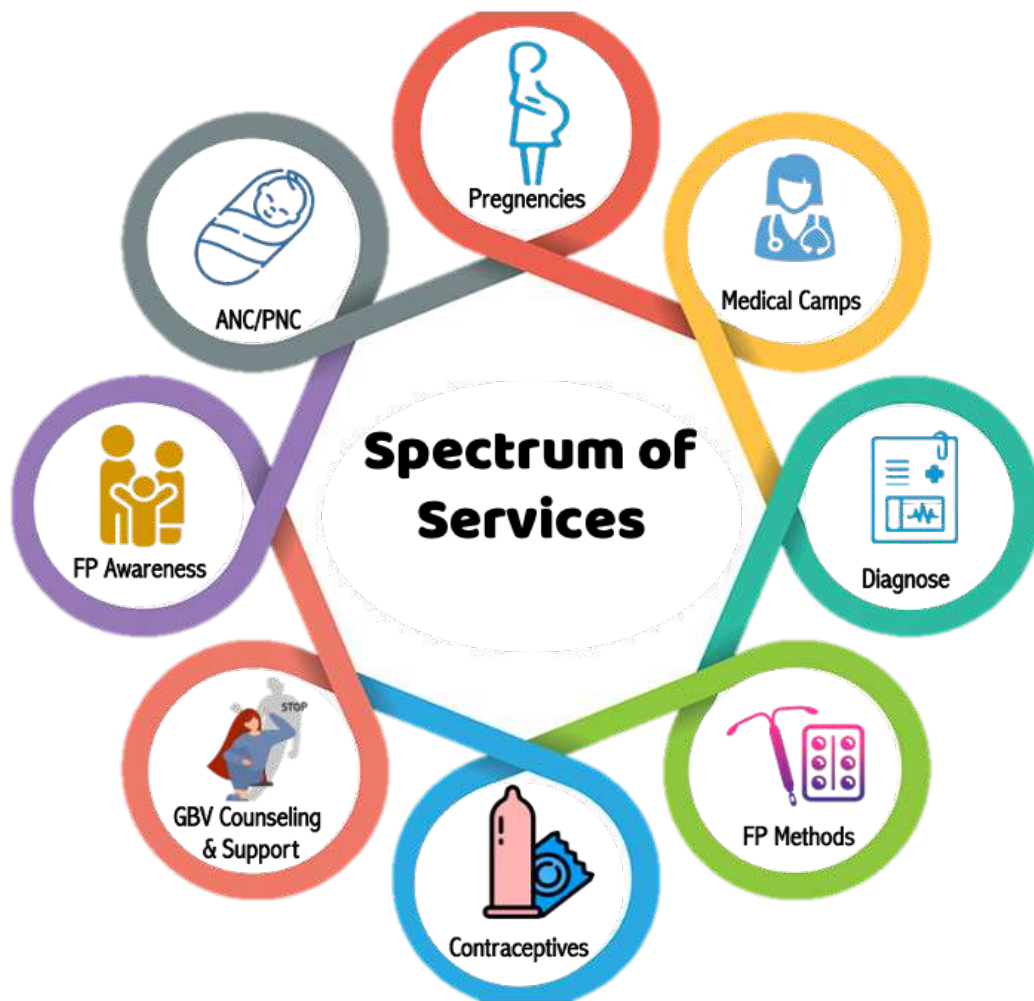


Collection of Case Stories

from Flood Affected Project Locations under STREAM Project.



Shahzad Bukhari

December 2022



Project	:	
Implementing Agency	:	Family Planning Association of Pakistan (FPAP), IPPF
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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 Centers

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 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 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 formative evaluation); coordinate with government and other relevant humanitarian response partners at provincial/district level and document success stories from the project locations. Project also has to adopt inclusive implementation approach via close coordination with NGOs and COBs partners such as youth led organizations, TGs led organizations, organizations working with people with disabilities) and identify and refer for SRH services.

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.

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

e) 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?

f) 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/IPPF 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 **24 selected case studies/stories** are given below in this document.

3. IPPF STREAM 3 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 FPFPA/IPPF 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	<ul style="list-style-type: none"> <li data-bbox="419 282 1386 421">□ 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. <li data-bbox="419 472 1386 685">□ 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. <li data-bbox="419 736 1386 837">□ 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 dueto a low level of priority. <li data-bbox="419 889 1386 1055">□ 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. <li data-bbox="419 1106 1386 1357">□ 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	<ul style="list-style-type: none"> <li data-bbox="419 1408 1386 1585">□ 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.. <li data-bbox="419 1637 1386 1776">□ 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. <li data-bbox="419 1827 1386 1921">□ 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. <li data-bbox="419 1973 1386 2022">□ The project was only 04 months and it took unnecessary delay in resource (e.g. office furniture, medicines and supplies) mobilization to start the activities.

<p>1. Effectiveness</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Concept of Family Planning and its various methods is not a religious or social issue in Hindu communities. They are willing to adopt but have no idea and money to implement such methods. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.
<p>2. Impact</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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.
<p>3. Sustainability</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Due to the short duration of the project, there was no concrete referral mechanism made with social welfare department, women rehabilitation or GBV center, medical institutions but linking the community members with FPAP's nearest FHCs and FMHCs was the built-in long-term strategy of the project. <input type="checkbox"/> The community members were also provided with the contact numbers and

	<p>addresses of the concerned CSOs and health institutions for their future needs.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Creating a center or club for women or girls was not part of the project, which may have left community members feeling disconnected from the FP and SRH agenda. <input type="checkbox"/> 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.
4. BCC	<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> The project has provided different SRH material, examination couches and informative charts to be displayed in the medical camps for personal health and hygiene. <input type="checkbox"/> There is a culture of having at least two sons in Hindu families in Sindh. The females are forced produce number of children until a pair of a son is complete. The awareness session with mother, in-laws, husband and female was quite productive to understand and break this taboo and think of mothers health rather wishing a pair of boys.
5. Gender & Inclusiveness	<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> The project has a gender-inclusive approach in all activities; mobilizations of people with physical disabilities was ensured in all camps. <input type="checkbox"/> 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 FPAP/IPPF 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-IPPF staff, receive advice from project mobilizers and councillors, and access health facilities in Peshawar/DI Khan city for complicated health issues. <input type="checkbox"/> 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. <input type="checkbox"/> Hiring of staff from Christian community is another example of inclusiveness by the project management.
6. Knowledge	<ul style="list-style-type: none"> <input type="checkbox"/> Although there is no evident of intentional knowledge sharing by the project but

Sharing	community members i.e. young girls, senior women and influential male members. <input type="checkbox"/> 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.
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4. REFLECTIONS (COLLECTION OF CASES & STORIES)

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

Categories	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Family Planning (Temporary Method)	Family Planning (Permanent Method)	SRH (Married Women)	SRH (Un-Married Girls)	Early Childhood Marriage	Health & Hygiene (Clean Drinking Water)	Miss Carriage	Contraceptives/Birth Spacing	Disability	Peer Education	Referral	Gender Based Violence (GBV)	Decision Makers (Male Community Members)	Acute Diseases and Infections	Antenatal Care / Post-antenatal Care
Dera Ismail Kha, KP															
1	Ms. Tasleem											✓			
2	Ms. Aneesa Bibi			✓					✓		✓				
3	Ms. Amina Bibi		✓	✓		✓						✓			
4	Ms. Bakhtawar Bibi		✓	✓		✓									
5	Ms. Hajra Bibi		✓	✓											
Nowshera, KP															
1	Ms. Nagina Bibi		✓	✓		✓			✓						
2	Ms. Naseem Akhtar	✓		✓		✓						✓			
3	Ms. Saima Liaqat					✓								✓	
4	Ms. Shakila Bibi	✓		✓		✓									
5	Ms. Saima Bibi	✓		✓		✓								✓	
6	Ms. Reba			✓		✓	✓					✓			
Mirpurkhas, Sindh															
1	Ms. Neelam		✓	✓		✓						✓			
2	Ms. Jumna		✓	✓		✓						✓			
3	Ms. Chanda					✓									✓
4	Mr. Shankar (Male)	✓													
5	Roshni					✓									✓
6	Ms. Ambar	✓			✓	✓									
6	Mr. Nursing (Male)	✓				✓							✓	✓	
Umerkot, Sindh															
1	Ms. Qasoori	✓		✓		✓						✓			✓
2	Ms. Nazreen	✓		✓		✓									✓
3	Ms. Kaveeta			✓		✓				✓					
4	Ms. Devi	✓		✓		✓	✓					✓			
5	Ms. Heeri		✓	✓		✓									
6	Ms. Laxmi			✓		✓	✓								


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 Dera Ismail Khan, KP

01	“When you want something, the whole universe conspires in order for you to achieve it” – The Alchemist
<p>Respondent: Ms. Tasleem w/o Abid (Martyred) (Female GBV Beneficiary)</p> <p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FP/SRH Awareness <input type="checkbox"/> Gender Based Violence (GBV) <input type="checkbox"/> Referral 	<p>Tasleem is a vibrant young woman whose husband (Abid, a police officer) was killed in a suicide attack at a checkpoint in DI Khan. Her outlook on life is not stereotypical; rather, it is vibrant and undeniable. She claims she has always wanted to do more for the community, and after the death of her husband, she established a religious institution (Madrasa) and abandoned the dreams she had when she married Abid.</p> <p>Tasleem is going through several family and social problems after the death of her husband. As a standard, the Government of Pakistan compensated Abid’s family (0.7m), his widow (0.7m and Rs. 25,000/month pension) and his son (3m rupees). Abid also left a piece of land which she converted to a small Madrasa to teach vulnerable and poor community girls free of cost.</p> <p>It got worse when her in-laws asked her to leave the house and demanded all of the money (given by the GOP) and the land left by their son. They also forced Tasleem to marry one of their relatives (the father of ten children), which she refused. They not only forced her to marry and give the money, but they also hired a police officer to harass her. Tasleem was attacked three times by the police officer, and she was shot twice. The torture did not stop there; the police officer attacked her sister's school, where she was teaching children, and opened fire. Fortunately, no one was injured as a result of her sister's efforts, but during the fighting, her sister and the police officer were both shot with the gun and died.</p> <p>Tasleem filed a FIR with the nearest police station, but due to the pressure from their in-laws, there has been no significant progress in the case.</p> <p>When Rahnuma FPAP established their health camp in Muqem Shah, they could not bring light into the dark life of Tasleem but they suggested her to take shelter in “Darul-Aman” so she will be in police custody and no one can harm her; they ensured her they will find some legal (free) support for her; they also ensured that they will talk to the local leadership (on their own) for her protection and support.</p>
	
<p>Her life was in danger thrice, got shot with a bullet twice and her sister lost her life during one of the attacks. Her Son is also in danger.</p>	
<p>Location: Muqem Shah, Dera Ismail Khan, KP</p>	

02	Special Person, Special Days & Special Care	
Respondent: Ms. Aneesa Bibi w/o Abdul Haq (Female Special/Disable Beneficiary)	Ms. Aneesa is a sweet 15-year-old mentally challenged girl. She is unable to function in her daily life. She also struggles with food, mobility, washing, cleaning, and sanitation.	
Themes: <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Disability <input type="checkbox"/> Referral	Her mother is the only one who looks after her on a daily and consistent basis. It is extremely difficult to manage her in addition to other household chores and activities. Because of her poverty, it is nearly impossible for her to have regular check-ups, even for minor illnesses.	
 <p data-bbox="240 1245 657 1473" style="color: purple; text-align: center;">Due to the poverty, it is almost impossible for her to have regular check-ups and even for minor illnesses. We manage her menstruation pain with home remedies.</p>	Her mother expressed “When I realized she was an adult, the last two years have been extremely difficult and stressful for me. A routine check, cleaning, changing PADS (cloth), washing, and most importantly, ensuring that no one else can see her in such a situation. She is unable to express her pains and illnesses, but as a mother, I can imagine the difficulties she faces during her menstruation period. To relieve her pain, I gave her "Qahwa" (green tea) and other home remedies.” She added, she heard about the medical camp organised by the FPAP/IPPF Stream-3 project, she wanted to speak with health practitioners about Aneesa's health issues and muscle pains at the first opportunity. When she met with the counsellor and doctor and told them about her numerous problems. They gave her some helpful hints about using PADS/clothes, washing, cleaning, and other ways to stay clean and healthy. They also gave her medicines for a chest infection and pain relievers during her period.	
Location: Muqem Shah, Dera Ismail Khan, KP	The FPAP/IPPF Stream-3 project staff also ensured to link her with an NGO working on disability or social welfare department in order to arrange a wheel chair for Aneesa to at least increase her mobility.	

03	Everyone Deserves Accurate Sexual Health Care Education in Order to Plan a Family.	
Respondent: Ms. Amina Bibi (Female Beneficiary)	<p>Women are made to marry at a very early age and adopting family planning methods is considered unacceptable. People believe that women who adopt family planning methods before their first pregnancy will become infertile and that it is un-Islamic to do so.</p>	
Themes: <input type="checkbox"/> SRH Awareness <input type="checkbox"/> FP Solution		
 <p>“ I am thankful to the Response team for educating me on birth spacing, thus saving my life”.</p>	<p>Ms. Amina is one of the female community member, who was married to Hameedullah at an early age and produced 4 children. Out of those only 1 is alive while 3 were lost. The joint family system also does not allow the couple to decide and plan their family based on their priorities. The couple was under pressure by the in laws to produce more children. Ms. Amina is going through severe infection, vaginal discharge and Rasoli (Tumour) which is causing her health to deteriorate rapidly. They have visited local doctors, but no improvement was found.</p> <p>She expressed: “After attending FPAP/IPPF Stream-3 project awareness session on FP / SRH and realised the importance of good reproductive health.” She also realised that getting pregnant at such a young age was dangerous and risky to her health and her children's health.</p> <p>Before FPAP/IPPF had intervened in the area, there was no one to tell about her reproductive health. She would have followed the tradition of bearing children at a young age with no proper birth spacing. She is now able to meet her responsibilities as a house wife and also understands the terms like “birth spacing”.</p> <p>She has now adopted contraceptive methods with the consent of her husband. She is at peace as she can focus on her life and continue her proper treatment.</p>	
Location: Muqem Shah, Dera Ismail Khan, KP	<p>She is also referred to Mission Hospital and FPAP main FPH, Peshawar for proper treatment and medication.</p>	

04

Overpopulation gives rise to poverty, illiteracy, and lots of social issues

Respondent:

Ms. Bakhtawar Bibi / Qayyum Nawab
(Female Beneficiary)

Themes:

- SRH Awareness
- FP Solution (IUCD)



She and her husband are now able to invest in her kids to fulfil the dreams which she could not accomplish. She is determined look after their children and grand children

Location:

Muqem Shah,
Dera Ismail Khan, KP

Bakhtawar Bibi experienced the shocking phenomenon of early marriage, which was common, particularly in the difficult environment of rural communities. She married Mr. Qayyum and had nine children (five daughters and four sons) without the assistance of doctors or counsellors. It harmed her health, and she began to regret not receiving timely medical advice and treatment.

Her eldest son is 22 years old and recently married, while her youngest son is only 2 years old. She repeatedly asked her husband to stop having children because their eldest son is of reproductive age, but he never understood and made excuses about not having enough money for the operation and procedure..

Bakhtawar visited the FPAP/IPPF mobile medical camp and was checked by a female doctor, who investigated the series of events leading to her deteriorating health. Blood tests were done and she was immediately given free medications to treat her falling haemoglobin level. After her condition stabilised she was advised to adopt Family Planning method. Since learning about the importance of family planning, she discussed it with her husband who allowed her to adopt the FP method.

Bakhtawar was grateful for the free counselling, care, diagnosis, treatment and medications by FPAP/IPPF team. She also appreciated the care and professional approach of the medical camp staff.

“I got the IUCD with dignity and in a safe and friendly environment. Now, I am so happy that we can have a gap for five years” she said. She and her husband requested a permanent family planning solution as they have nine children to support and are too poor to have more. They decided on a bilateral tubal ligation, which relieved her countless worries for her health and her family’s finances.

Now Bakhtawar is residing happily with her family. She and her husband are now able to invest in their kids to fulfil the dreams which she could not accomplish. She is determined look after their children and grandchildren.

05	<h2 style="text-align: center;">When There is a Will, There is a Way!</h2>	
<p>Respondent: Ms. Hajra Bibi / Iqbal Hussain (Female Beneficiary)</p>	<p>Ms. Hajra is a 35 year old woman with 05 children (02 boys and 3 girls). Her husband is a daily wager at a mechanic shop and earns Rs. 17,000 in a month.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SRH Awareness <input type="checkbox"/> FP Permanent Solution 	<p>For Hajra, each pregnancy was a nightmare. Every time, she has faced health issues. She was experiencing severe difficulties following the birth of her fifth child in the form of leg and back pains. She talked about it with her husband several times, but he only took her to the clinic, where they only get "Panadol" tablets. She has asked her husband to stop having children, but he insists on having more because it is the culture of their community. Stopping or separating children was a foreign concept in our culture and community. When asked repeatedly, he said he had no idea how or where to do it.</p>	
 <p style="color: blue; font-weight: bold; text-align: center;">Stopping or spacing between children was an unknown concept in our culture and community.</p>	<p>The FPAP/IPPF Stream-3 project medical camp was the source of information and inspiration, "when project counselling staff conducted SRH and family planning sessions and informed people of various methods of spacing and family planning, it was really exciting, as this was the information I was looking for." She said.</p> <p>Right after the session she went home and talked to her husband and discussed the FP methods. They decided to adopt a permanent stoppage solution (i.e. IUCD). She went back to the medical camp and talked to counsellors about the IUCD application.</p> <p>The IUCD process was very smooth, the staff not only treated her well but provided tips for follow-up treatment. It's been almost one month since this treatment and she is feeling healthy and strong. My menstruation cycle is also regularised and my muscle pains are reduced, she mentioned.</p>	
<p>Location: Muqem Shah, Dera Ismail Khan, KP</p>		

b) Case Studies from Nowshera, KP

01	I Struggle but I never Quit!
<p>Respondent: Ms. Nagina Bibi / Asadullah (Female Beneficiary with 3 Disable children)</p>	<p>Nagina Bibi and Asadullah married 8 years ago. Nagina Bibi has delivered 6 children (3 boys and 3 girls). The couple was overjoyed when the LHV informed them of the birth of their first son, but their joy was short-lived when the newly born child did not respond well and the doctor revealed that he was an abnormal and mentally challenged. They were caring for the children in the hope that he would recover, but Nagina conceived again, and the nightmare cycle repeated itself. She had another abnormal and mentally challenged child. Life became more challenging. She had another baby, but this time it was a normal and healthy sweet girl. The fourth attempt was similar to the first two children (special), but this time it was a baby girl. The children's production did not stop, and the most recent delivery was a set of healthy twins (boy and girl).</p>
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SRH Awareness <input type="checkbox"/> FP Permanent Solution <input type="checkbox"/> Special children 	
 <p>The flood was the most difficult time of our life. We had to manage and move 03 special children, 01 normal and 02 infants to a safe space to save their life.</p>	<p>Since Asadullah is a daily wagger and financially very weak, it is hard to manage three special and three normal children in a small household. The recent floods destroyed their house and damaged the furniture. The flood was the most difficult time of their life. They had to manage and move 03 disable children, 01 normal and 2 infants to a safe space to save their life.</p> <p>Nagina recalls that it was a bright day when the project team came to her village and started providing counselling on reproductive health services. The FPAP/IPPF Stream-3 project field team discussed the problems of flood affected communities including SRSH and reproductive health issues. The participants were equally involved in the session where everyone learned SRH & FP thoroughly.</p> <p>The response team interacted with Nagina Bibi during medical camp. She was motivated for birth spacing methods and its benefits for her entire family and particularly for her health. Nagina also showed interest in permanent FP solution as in her special case, managing 3 special and 3 normal children is extremely difficult. Since she had three special children in three attempts, she and her husband are very concerned about their next pregnancy. The FPAP/IPPF Stream-3 project team advised Nagina Bibi to use the long-term FP method (Copper-T IUD) with her husband's consent, which she did.</p>
<p>Location: Nowshera, KP</p>	<p>Her general health is now improving and she is able to take care of her six children in a better way. The couple is happy with their decision.</p>

02	<h2 style="text-align: center;">One Bad Moment of Past can Destroy the Present and Future</h2>	
<p>Respondent: Ms. Naseem Akhtar w/o Qasim Khan (Female Beneficiary)</p>	<p>Ms. Naseem Akhtar is a 35 years old lady married to Qasim Khan. It was Qasim's second marriage and Naseem's first. Qasim had four children from his first wife who eloped.. She took her 4 children with her too. Qasim has no source of income and is confined to his home in grief.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SRH Awareness <input type="checkbox"/> FP Permanent Solution <input type="checkbox"/> Gender Based Violence (GBV) 	<p>Naseem knew about Qasim's first marriage but she did not know that this incident has a great impact on Qasim's mental health. He can be a very nice person at times, but when he remembers his previous family, he begins torturing Naseem severely. He occasionally orders Naseem to stand on one leg for the entire night as punishment for nothing. He occasionally goes out on his bicycle, gets lost, and returns after a few days. Naseem brought him to the nearest public hospital, but they only gave him some steroids for his mental health, with no long-term solution.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center; color: blue; font-weight: bold; margin-top: 20px;"> Stopping or spacing between children was an unknown concept in our culture and community. </p>	<p>Naseem has only two kids (one boy 11 year and one girl 13 years). She makes a living as a maid in various nearby homes, earning 200-300rs per day. During the flood, she had nothing to eat and nowhere to shelter her children. Her entire family is in Charsadda, but none of them came to her aid during these challenging times.</p> <p>Due to the current situation Naseem doesn't want to produce more children, even if they are economically stable, however, her husband is not agreeing. She has finally decided to take the decision herself and under consultation with FPAP/IPPF Stream-3 project doctor during the medical camp, she decided to take temporary birth control. The Project staff provided the treatment in CONFIDENTIALITY with medicines and counselling.</p> <p>At least one of Naseem's concerns has been alleviated. She only has to care for her two children without the fear of becoming pregnant again.</p>	
<p>Location: Nowshera, KP</p>	<p>The FPAP/IPPF Stream-3 project also ensured Naseem that they will suggest her a mental hospital or other institution who handle such mental patients.</p>	

03	It's difficult to explain to people that you're sick when you don't always appear sick on the outside	
Respondent: Ms. Saima Liaqat d/o Liaqat (Young Beneficiary Girl)	<p>Saima is an 11-year-old young sweet girl. Her father is a daily wagger. Saima is dealing with an unknown illness. There are no precautions or symptoms of this disease. Her fingers begin to bleed suddenly and without warning. This occurs at least once per month.</p>	
Themes: <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Unknown disease leading to serious illness and infections.	<p>Saima's parents took her to Lady Reading Hospital, Peshawar for consultation and treatment. The doctors gave them an injection that cost Rs. 100, and three injections are required to stabilize her from a single attack. She also complains of pain in the lower abdomen.</p>	
 <p>There are no precautions, symptoms or time of this disease. Her fingers start bleeding all of a sudden without any indication.</p>	<p>FPAP/IPPF Stream-3 project medical camp was a blessing for Saima and her parents. It was their first opportunity to talk about Saima's health in detail. When Saima and her mother met the counsellor and doctor, they informed them about Saima's multiple problems, therefore they gave her the injections and some pain killers for free.</p> <p>FPAP/IPPF Stream-3 project doctors also warned Saima's mother that she is only 11 now and very soon she will reach adulthood and have her menstruation. This unexpected bleeding may cause her serious illness or damage to her reproductive system.</p> <p>Fortunately, the prescribed injection by the LRH was available with FPAP/IPPF Stream-3 project team and they provided enough to Saima for emergency use.</p> <p>Doctors advised her to consult FPAP FCH for a detailed check-up and suggested to visit Lady Reading Hospital and ask for a senior citizen who can discuss this issue in detail to gain a permanent solution.</p>	
Location: Nowshera, KP		

<p>04</p>	<p>Joy is Coming....!!!</p>	
<p>Respondent: Ms. Shakila Bibi w/o Sajid (Female Beneficiary)</p>	<p>Ms. Shakila is a 30 years old young wife of a Mr. Sajid who works in the fields with his brother and parents. They are living with their parents in their house. They have 04 children (2 boys and 2 girls). Sajid's only source of income is the money and in-kind assistance provided by his brother and parents.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Antenatal Care 	<p>This is Shakila's fifth pregnancy, and it will also be delivered at home, as with the previous four. After her fifth child, she began to experience abdominal pains that became increasingly severe. She only went to Lady Reading Hospital once and was told she had placenta and anaemia problems. She did not go to the doctor because she was poor and had no financial support.</p>	
<div style="text-align: center;">  <p>Stopping or spacing between children was an unknown concept in our culture and community.</p> </div>	<p>When FPAP/IPPF Stream-3 project organized their medical camps in their community, she rushed to the medical camp to seek support and get advice about her pains and SRH issue. The FPAP/IPPF doctor conducted a detailed check-up, consulted and advised to visit FPAP main FHC in Peshawar for a detailed check-up. The team also paid Rs. 1500/- for an ultrasound and brought the results to the FPAP hospital.</p> <p>The FPAP/IPPF Stream-3 project team also provided Shakila a home delivery kit for safe delivery. It is unknown whether or not the FPAP team will be available for her fifth delivery, but this kit will be a good source for a safe delivery. The doctors also advised her to refrain from having sexual relations with her husband until she delivers the baby. They also advised her to get a regular check-up in LRH or FPAP FHC.</p>	
<p>Location: Nowshera, KP</p>	<p>Shakila is well aware about the future steps for a safe delivery and waiting for this joy to enter her life.</p>	

05	<h2 style="text-align: center;">Praying for a safe and healthy delivery for you and your baby</h2>	
<p>Respondent: Ms. Saima Bibi w/o Imdadullah (Female Beneficiary)</p>	<p>Like many other community women, Saima Bib is a 30 years old young wife of Mr. Imdadullah, who sells milk in the street shop. She has 04 children (3 daughters and 1 son).</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SRH Awareness <input type="checkbox"/> FP Permanent Solution 	<p>Saima is pregnant again; this is her 7th month and she constantly complains about blood pressure and headache. This month was the first time she visited PUBBI hospital in Nowshera for a check-up.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center;">Saima has a healthy baby but the baby is in danger.</p>	<p>When FPAP/IPPF Stream-3 project organized their medical camps in their community, she also visited the medical camp to seek support and advice about her pain and blood pressure. The FPAP/IPPF Stream-3 project doctor performed extensive tests, consulted with her, and informed her that according to <i>Pubbi</i> hospital's report, they have a healthy baby (1.7kg), but the baby is in danger.. hence they will need regular check-ups. Usually, the baby turns in the last couple of months for a safe delivery; if the baby does not turn, she will need to undergo a surgery to deliver a safe baby.</p> <p>The team of doctors also provided her “Loprin” to keep the child safe for 36 weeks. Checked her blood pressure and advised her a regular check-up either in <i>Pubbi</i> hospital or FPAP-FHC in Peshawar.</p> <p>The FPAP/IPPF Stream-3 project team also provided Saima a safe delivery kit in case the baby turns to be normal and she delivers at home.</p>	
<p>Location: Nowshera, KP</p>	<p>Saima is well aware about the future steps to deliver a safe and healthy baby.</p>	


06	Better be unborn than untaught, for ignorance is the root of misfortune.	
Respondent: Ms. Reba d/o Fazal Habib (Female Beneficiary)	Her early childhood marriage was a shocking phenomenon. The number of issues associated with this early childhood marriage was not common in similar marriages.	
Themes: <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Early Childhood Marriage <input type="checkbox"/> Gender Based Violence (GBV)	A young, innocent and sweet Reba was only 14 when she was married and she was 16 when she delivered her only baby without any care from doctors or counsellors. She started to regret being unable to get medical advice and treatment in time.	
 <p data-bbox="245 1317 612 1711" style="text-align: center;">Her early childhood marriage was a shocking phenomenon. The number of issues associated with this early childhood marriage was not common in similar marriages.</p>	She was only 16 when she was divorced by her husband only because he fell in love with another woman in town. She also revealed the shocking fact that no "Nikahnama" was prepared at the time of her marriage. Her parents and in-laws had only made a verbal agreement. Similarly, their "divorce" was also verbal, with no documentation. Now that her daughter is about a year old, she may need to enrol her in a school after a few years, but Reba is unaware that she may need a number of documents, including her birth certificate, CNIC, baby's birth certificate, father ID cards, and other requirements for regular admission in a school. She was completely unconcerned about the consequences for herself and a cute little doll.	
	<p>The FPAP/UNPFA team called her father, as he was the one who is responsible for this unfortunate situation.. Her father was also discovered to be an illiterate, ignorant, and simple rikshaw driver by the team.. He had no idea what to do next, other than marry off her daughter and keep her granddaughter with him.. The FPAP/IPPF Stream-3 project conducted a detailed counselling session with Reba and her father and explained the consequences of their decision; they guided them about their future steps. They also advised the father to do the following to get rid of this situation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure Reba has a CNIC in as soon as she is 18. <input type="checkbox"/> Check with Moulana¹ to prepare a "Nikahnama"² in past dates when marriage was occurred. Get it signed by both parties, submit it to the registrar and get it registered with the union council to have a record. <input type="checkbox"/> Prepare divorce paper on same dates, get it signed and register it as well with the union council for their record. 	

¹ The marriage registrar in Muslim communities.

² Marriage registration. In Muslim laws.

<p>Location: Nowshera, KP</p>	<p>FPAP/IPPF Stream-3 project staff also ensured Reba and her father that they will talk to a legal consultant to provide them support.. They also gave hope to find opportunities with NGOs or SWD to provide some technical trainings (stitching, embroidery, handicrafts, etc.) for Reba to empower her without depending on any one.</p>
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c) Case Studies from Mirpurkhas, Sindh


01	<h2 style="text-align: center;">Marrying a Child is a Culture Based Violence</h2>	
<p>Respondent: Ms. Neelum w/o Mano (Female Beneficiary)</p>	<p>Ms. Neelum is 28-year-old mother of six children (5 sons and 1 daughter). She is still carrying her 6th baby for 3 months. Her husband works as a daily wager in town to provide for his family's survival.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FP Methods <input type="checkbox"/> SRH Awareness 	<p>Neelum is also a victim of early child marriage as many other girls in the Hindu community, in Sindh. After delivering 5 children she is facing many health issues and wanted to adopt a family planning method but she was not aware of how and where to get this information or treatment.</p>	
 <p style="color: blue; font-weight: bold; margin-top: 10px;">Neelum is also a victim of early child marriage as many other girls in the Hindu communities, in Sindh</p>	<p>She attended a community awareness sessions, arranged by FPAP/IPPF in their village, along with her husband. While talking to the project team, she explained her family situation to the doctor in the camp. She also explained that due to the poverty and deteriorating health she wants to stop producing kids immediately. Her husbands was very supportive and also willing to do so for the health of her wife.</p> <p>After consulting Dr. Kaif, she was advised to wait until the birth of her sixth child to start any FP method. Doctor also advised her that by the time she will be delivering this child, the FPAP/IPPF camp may not be there. For precautionary purposes she was provided birth spacing tablets which she can use when her new born will be 3-4 months old. In case the baby is delivered at home, FPAP/IPPF team also provided her a home delivery kit and explained her the use of the kit and provided tips for a safe delivery at home.</p>	
<p>Location: MirpurKhas, Sindh</p>	<p>Neelum was also advised to keep in touch with FPAP – FHH in Badin for further consultations, check-ups and medicines. Neelum and her husband were thankful to FPAP/IPPF team for empowering them with SRH and FP knowledge.</p>	


02	I am a Human not a Factory
<p>Respondent: Ms. Jumna w/o Haimraj (Female Beneficiary)</p>	<p>Ms. Jumna was married to Haimraj when she was 30. She produced four children (3 daughters and 1 son). In such Hindu communities it's a tradition and culture that every family should have at least two sons to support their father. Jumna is also a victim of such culture and tradition and producing kids until a pair of son is complete. She is pregnant again with the hope that this will be a boy and her last delivery.</p>
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FP Methods <input type="checkbox"/> Gender Based Violence (GBV) <input type="checkbox"/> SRH Awareness 	<p>While talking to her husband and mother-in-law, they both had the same opinion that she should have two sons to complete the family. The number of girls does not matter. They also informed that if Jumna deliver a baby boy this time, we will not force her for more kids but in the case of a baby girl, she may have to conceive more.</p>
 <p>Jumna is a victim of cultural GBV as she is forced to bear childbirth until she has a pair of sons.</p>	<p>Jumna is constantly complaining about various illnesses such as weakness, muscle pains, and irregular menstruation, but her husband and mother-in-law do not listen or care.</p>
<p>Location: MirpurKhas, Sindh</p>	<p>The FPAP/IPPF camp and counselling session was a ray of light where counsellors and doctors convinced her husband to stop making more kids. He partially agreed, but her mother-in-law has the same strict stance..</p> <p>The FPAP/IPPF team provided some vitamins and pain killers to Jumna and advised her to visit FHH or nearest hospital for complete and regular check-ups. Team also provided them a home delivery kit, in case she delivers the baby at home.</p> <p>Jumna informed the FPAP/IPPF team that she had a conversation with her husband and he is quite convinced that this will be the last pain she has to go through. "We will use permanent FP methods as advised by the FPAP/IPPF team for better health." She said.</p> <p>"The counselling was very informative, as my husband is convinced I will also inform other community women like me to control their birth process and maintain their health." Jumna expressed.</p>

03	Ignorance is not Innocence but a Sin	
Respondent: Ms. Chanda d/o Malo (Unmarried Beneficiary Girl)	<p>Chanda is a 12 year old girl who study's in grade 3 in a community school. She has 5 brothers and 2 sisters in her family. Her elder brother is 27 years old while the youngest is only 10. Her mother has to stop producing more kids, not because of her health or any counselling but due to menopause.</p>	
Themes: <input type="checkbox"/> Acute Disease (Lipoma) <input type="checkbox"/> Referral	<p>Chanda was 6 years old when she complain about pain in the left arm. Her parents initially assumed it was a normal pain caused by carrying extra weight or sleeping in an awkward position. Because she is the family's second-to-last child, she was told not to do any housework and to concentrate solely on her studies.</p>	
	<p>Four years back, when Chanda's pain got worst, her family took her to the nearest hospital. This was the first time someone other than her family member noticed this pain. After a thorough examination, the doctor advised the family to take her to a general hospital because she has a "Lipoma" under her armpit, which can be more serious if not treated. She needs to have a minor surgery to remove this Lipoma, which could cost a lot of money. Because the family could not afford the surgery, they abandoned the idea and instead relied on the doctor's prescribed pain relievers. Chanda has used no tests, treatments, or medications to get rid of this Lipoma since then.</p>	
<p>Neither Chanda nor any other family member had any idea that this little "acne-like" will be painful "Lipoma".</p>	<p>When FPAP/IPPF organized the medical camp for flood affected communities in her village, Chanda's mother also visited the clinic with Chanda for an advice. The doctors reviewed the history, reports and had a quick check up and advised her to immediately visit a specialized doctor for a consultation, as it is already too late and Lipoma is quite visible under the arm. The FPAP/IPPF team provided some vitamins and pain killers to Chanda and referred them to visit <i>Kachi Indus</i> Hospital or <i>Badin</i> Hospital for her treatment. The team also advised Chanda's mother that she doesn't have to worry about the expenses as Indus is a free hospital while <i>Badin</i> Hospital also has a philanthropy department for minorities and needy patients. The FPAP/IPPF team also provided some financial support to Chanda to visit Indus/<i>Badin</i> Hospital for check-up.</p>	
Location: MirpurKhas, Sindh	<p>Chanda's parent promised that they will take her to the said hospitals in first convenience for a complete check-up and treatment.</p>	

04	<h2 style="text-align: center;">Every time We Liberate a Woman, We Liberate a Man</h2>	
<p>Respondent: Mr. Shankar h/o Rani (Male Beneficiary)</p>	<p>Shankar is a 35 years old mill-worker, he was married wto Rani when he was only 20 years old and Rani was younger than him. They have produced 7 children (4 daughters and 3 boys).</p>	
<p>Themes: <input type="checkbox"/> Permanent FP Methods (Male)</p>	<p>A family of 09 (including 7 children) are living below poverty line. Shankar is the only bread earner in the house and having difficulty to manage household expense. Only 2 out of 7 children are attending school, as Shankar is unable to manage fees and school expenses. He wanted to have all his sons to help him earn some money. At the same time, he is worried about having more kids but doesn't know how to stop the production.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center;">“My Wife’s health is more important than my Ego.”</p>	<p>When he heard about the FPAP/IPPF medical camp in the flood affected communities he visited them to seek some information. The male mobilizers had a detailed conversation with Shankar and advised him to use permanent FP methods to stop the production. He was asked to bring his wife for a check-up and then it was revealed that her wife is a patient of Hepatitis B and it will be difficult at this stage to apply any FP methods to her wife.</p> <p>The male staff conducted another counselling session with Shankar and informed him that FP method can also be applied to a male to stop producing more kids. Initially, it was shocking for Shankar, he was scared that it will affect his health and sexual strength. After a detailed discussion and numerous examples, he was finally convinced to apply the FP method.</p> <p>Shankar was also told that this is an emergency project for a very short time, FPAP/IPPF team may not be able to apply the required FP method on-spot, but they referred him to FPAP/FHH and advised other NGOs working on FP issues.</p>	
<p>Location: MirpurKhas, Sindh</p>	<p>Shankar agreed to visit the hospital for permanent FP method. The FPAP/IPPF mobilizers will follow-up Shankar to make sure things go in the right direction.</p>	

05	<p style="text-align: center;">For you it's just a bottle of blood but for Roshni it her life filled in bottle</p>	
<p>Respondent: Ms. Roshni d/o Washram & Saweeta (Female Beneficiary)</p>	<p>Roshni is a 4 years old beautiful innocent girl. Her mother Sweeta and her father Vashram have 3 other children. The family is living in Mirpurkhas. Vashram is working in a nearby mill and earns Rs. 500 per day.</p>	
<p>Themes:</p> <p><input type="checkbox"/> Acute Disease</p> <p><input type="checkbox"/> Thalassemia Patient</p>	<p>Roshni, on the other hand, had been complaining of abdominal discomfort. Her belly was growing abnormally fast. Her parents took her to the nearest doctor for treatment, where they learned that her liver is no longer producing blood. The doctor prescribed pain relievers and advised them to take her to a general hospital in Badin. Due to a lack of education and understanding, they ignored the suggestion and relied solely on pain relievers, but she began complaining frequently. When Roshni was in severe pain and her parents took her to the general hospital, she was diagnosed as a "Thalassemia patient" for the first time, and the transfusion process was initiated. Parents are still unable to understand the nature of disease due to poverty and a lack of understanding..</p>	
<div style="text-align: center;">  <p style="text-align: center;">Those medicines, those needles, that feeling of me being feeble Every time the blood count is low, makes my life dull and slow</p> </div>	<p>When FPAP/IFFP arranged the medical camp and health awareness sessions, Roshni's mother also visited. In the session Doctor informed the Rosini's mother about her daughter's health, about the "Thalassemia" disease and its consequences. Doctor conducted a complete check-up and advised the parents to immediately visit the General hospital for her regular check-up. They advised them to create a history profile and to follow the doctor's advice regarding the transfusion process. She was also given medications and vitamin supplements for immediate relief.</p> <p>Due to poverty, the parents were unable to visit Badin General Hospital for check-up. The FPAP/IPPF staff gave them a cash amount for this immediate visit and ensured that other visits will also be financed, but they should not miss the visits, check-ups and transfusion procedure.</p>	
<p>Location: MirpurKhas, Sindh</p>	<p>Roshni's parents were very pleased to FPAP/IPPF staff and doctors not only for providing such detail about their daughter but also for the financial support to continue her treatment process.</p>	

06	<h2 style="text-align: center;">What to Carry? Habitats or a Baby!</h2>	
Respondent: Ms. Ambar w/o Ajmal (Female Beneficiary)	<p>Like many other community females, Amber is also culturally bound to remain obedient to her husband and in-laws and keep producing children irrespective of her deteriorating health issues.</p>	
Themes: <input type="checkbox"/> Antenatal Care (ANC) <input type="checkbox"/> FP Solution (BTL)	<p>Amber was married to Ajmal and produced 6 kids, she also lost one child at the time of delivery. Amber is carrying a 6 months baby to be delivered in next couple of months. Although the family managed good space in each delivery. Each child was delivered at home by the local LHV, even the one she lost.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center; color: blue; font-weight: bold;"> “Being a patient of Hepatitis B, carrying and delivering more kids is becoming really difficult for me.” </p>	<p>Amber is also a patient of Hepatitis B. Carrying and delivering more kids is becoming really difficult for her. She has also consulted with her husband to stop producing more kids. Ajmal agreed with Amber and the couple is finding ways to stop kids, including use of contraceptive.</p> <p>When FPAP/IPPF intervened in their area to support flood affected communities for their SRH and FP issues, it was the first time Ajmal and Amber spoke to the project team about their situation and FP solution. Team provided them all the necessary information, counselling about their health, hygiene and SRH issues. Since Amber is pregnant right now, they were advised that no FP methods can be applied until the baby is 4–5-month-old. Team informed the couple that this is a rapid project and FPAP/IPPF doctors may not be available by the time of their delivery. They provided birth control tablets which they can use after the baby is delivered. Team also provided a home safe delivery kit to Amber in case of a delivery at home and invited them to Badin FPAP/FHH once their baby is 4-5 old for permanent FP method application.</p> <p>Amber and Ajmal were thankful to the FPAP/IPPF team for such useful information, kit, medicines and referral to FHH for their future needs.</p>	
Location: MirpurKhas, Sindh		

07	Men's using family planning methods are encouraging and supporting for their partners.	
Respondent: Mr. Nursing (Male Beneficiary)	<p>The recent flood in the province was a disaster for everyone, especially those who live near rivers and canals. The flood took their animals, destroyed their homes, and brought them sorrow and disease in return.</p>	
Themes: <input type="checkbox"/> FP Methods <input type="checkbox"/> Scabies <input type="checkbox"/> Health & Hygiene Awareness	<p>Mr. Nursing is another flood-affected male community member who was busy rebuilding their home following their community's destructive flood. Dealing with flood water and mud caused him "Herpes" (itching and bleeding) all over his body. Nursing is scratching his body all day, resulting in bleeding and scars all over his body. He is avoiding contact with his wife due to the possibility that she will become infected as well..</p>	
 <p>Due to Hepatitis B, permanent FP method is not possible, so I decided to adopt male method myself.</p>	<p>Nursing has 4 children (2 boys and 2 girls), her wife is a Hepatitis patient. He also wanted to stop children but doesn't know how to and where to go for help and assistance.</p> <p>During the awareness session by FPAP/IPPF, doctors and counsellors informed Nursing about health and hygiene tips including the use of Dettol during bath and suggested some creams and tablets for Herpes.</p> <p>The doctor and counsellor also informed him about various FP methods used by male or female members to stop producing children. Since his wife was a hepatitis patient, they also suggested Nursing that he can use FP method "TOMY". Initially he was quite reluctant but after a detailed counselling he partially agreed to use this method. He was also informed by the FPAP/IPPF team that, after consulting with his wife, he will use this method during his next visit.</p>	
Location: MirpurKhas, Sindh	<p>Since there was no guarantee for the next visit, team provided them FPAP/FHH complete address and contact information, in case he is willing to get TOMY method.</p>	

d) Case Studies from Umerkot, Sindh


01	<p style="text-align: center;">That is going to be one lucky baby to challenge the culture</p>	
<p>Respondent: Ms. Qasoori w/o Jamal (Female Beneficiary)</p>	<p>Women are known as child-producing factories. When this factory produces more girls, this toxic tradition and culture in poor Hindu minorities turns into violence as this factory's production is unstoppable until a pair of boys is not produced.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antenatal Care (ANC) <input type="checkbox"/> GBV <input type="checkbox"/> FP Methods <input type="checkbox"/> SRH Awareness 	<p>Qasoori is the victim of this tradition too. After producing 4 healthy children (3 girls and 1 boy) she is pregnant again. Her husband and mother-in-law want her to produce another boy to make a team of 2 for his father's livelihood security. When her first son drowned in the nearby lake a few years ago, the demand increased; now she must produce two sons.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center;">Qasoori wishes to deliver a baby boy this time to break this chain and live a healthy & happy life.</p>	<p>In poor Hindu communities, concept of FP is very much welcomed but the prevailing communities and their culture of having at least two sons is contradicting with this concept. The entire family (Qasoori, Jamal and his mother) is conditionally willing to use FP methods to stop more kids due to poverty.</p> <p>During the FPAP/IPPF, the entire family was counselled. They agreed to use the FP method on the condition that Qasoori delivers at least one boy. The FPAP/IPPF team gave Qasoori some vitamins and a home delivery kit and advised her family to take her to the nearest hospital for a complete check and ultrasound.</p> <p>FPAP/IPPF team also provided complete address and contact information of FPAP/FHH for check-up and post-delivery BTL treatment as FP Solution.</p> <p>FPAP/IPPF team wish Qasoori to deliver a baby boy as her last attempt and break this chain and live a healthy and happy life.</p>	
<p>Location: Umerkot, Sindh</p>		

02	We believe that all women should have the right to decide whether & when to have and when not have children	
Respondent: Ms. Nazeeran w/o Gulchan (Female Beneficiary)	<p>Ms. Nazeeran has to feed cultural violence by sacrificing her health and mental peace. Like other community women of her age, she also has to fulfil the demand of her husband and In laws.</p>	
Themes: <input type="checkbox"/> Antenatal Care (ANC) <input type="checkbox"/> FP Methods <input type="checkbox"/> SRH Awareness	<p>Yes, producing 5 children (4 daughter and a son) was not enough for the family. She had lost her 6th baby girl at the age of five-months. A typical family with traditional beliefs believes that one boy is insufficient to support his father and that another boy is required.</p>	
 <p data-bbox="268 1267 676 1350">“I need to take a stand for my own health.”</p>	<p>Ms. Nazeeran is also facing domestic violence and mental torture in the form of taunting by her mother-in-law that she (mother-in-law) has produced 7 boys and only 1 girl, whereas Nazeeran only produces girls. She feels obligated to have at least one more child in order to please her husband and mother-in-law.</p> <p>The FPAP/IPPF medical camp was most encouraging and supporting event of her life. There was at least someone who is talking about her health and peace of mind. It was the first time she mentioned that such a demand by her family is a form of GBV. She must take a stand and consider her own health, or else bear the cost of this demand.</p> <p>After a detailed session on GBV, personal health, birth spacing and family planning methods Nazeeran decided to use permanent FP methods, as producing 7 children is enough. She wishes to produce a baby boy this time and fulfil their in laws demand. Even, in case of delivering a baby girl, she will still adopt one of the permanent FP methods.</p>	
Location: Umerkot, Sindh	<p>The FPAP/IPPF team provided vitamins and home delivery kit to Nazeeran and advised her to visit the hospital, FPAP/FHH for a complete check-up and ultrasound. The Doctor also provided her contact number for future needs, post-delivery.</p>	

03	People's regressive thinking and ignorance towards menstrual hygiene is baffling	
Respondent: Ms. Kaveeta w/o Ranoo (Unmarried Female Beneficiary)	Kaveeta is only 14 and living in a Hindu community village with her parents, 3 other sisters and 4 brothers.	
Themes: <input type="checkbox"/> Menstruation <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Health and Hygiene <input type="checkbox"/> Peer Education	Around 18 months ago, she experienced a very strange incident when she noticed pain and bleeding. She had no idea what to do and with whom to share this information. She did nothing to stop the bleeding and simply ignored it. Her elder sister was the only person she could have turned to for assistance, but she only advised her to stay at home, avoid preying, and avoid gatherings. The bleeding made her uncomfortable, so she took showers all day, but her clothes were dirty due to the excessive bleeding, and she was unable to face family members.	
 <p data-bbox="264 1442 743 1523"> I can now freely move without any Hesitation. </p>	<p data-bbox="794 900 1406 1003"> She talked to her sister again and she spoke to her that it happened to all women, just wait and bear this for a few more days until it is over. </p> <p data-bbox="794 1052 1406 1339"> When Kaveeta shared her experience with the FPAP/IPPF team at the medical camp, it was a shocking truth that none of the females in her family used any cloth or PAD during their menstruation. They just let the blood run and ruin their clothes. Due to the culture, they are unable to inform this to other family members instead, they just bear this pain and do the household work in such conditions. </p> <p data-bbox="794 1388 1406 1751"> The FPAP/IPPF project had a detailed discussion with Kaveeta and informed her that using sanitary pads or cloth (new every time) will save her from illness and infections. During these days (menstruation) she has to keep herself hygienically clean. During the awareness session, doctor and counsellor informed her about the use of warm water during these days to keep her clean. Doctor also advised her what to eat and what to avoid during these days to avoid future complications and infections. </p> <p data-bbox="794 1800 1406 1930"> Kaveeta is feeling much better now that she is following the doctor's advice. She stated that she will also inform her cousins, sisters, and neighbours about these health precautions and practices. </p>	
Location: Umerkot, Sindh		

04	<h2 style="text-align: center; color: purple;">The Early Experiences of life made me mature and strong to take my own decisions.</h2>	
Respondent: Ms. Devi w/o Chander (Female Beneficiary)	<p>Devi was only 15 years old when she was forced to marry at such a young age. Her outlook on life was traditional.</p>	
Themes: <input type="checkbox"/> Early Child Marriage <input type="checkbox"/> FP Methods <input type="checkbox"/> SRH Awareness	<p>Her early marriage was not a shocking phenomenon as it was common, especially in the challenging environment of the poor Hindu communities. She gave birth to her first child at home when she was 16 without any care from doctors or counsellors.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center; color: blue; font-weight: bold;"> “I still have to perform my agreed responsibilities but I am no longer worried about becoming pregnant for some time” </p>	<p>It was Devi’s first marriage but Chander’s (husband) second. His first wife died delivering his fourth child. Chander had three children from previous wife. His eldest son is 15 while the youngest daughter is 7 years old. Devi not only has to look after her 3 months old daughter but to take care of other three children as well.</p> <p>Devi grew up as a result of her circumstances. She doesn't want to add to her child-bearing responsibilities by jeopardizing her health at this young age. She undoubtedly desires more children, but not without adequate space.</p> <p>During the FPAP/IPPF medical session in her village she attended the session on health and hygiene, birth spacing and family planning methods. She was inspired with the birth spacing information and took more details on birth spacing methods. The doctor at camp informed her about care and benefits of birth spacing. They also provided her birth spacing tablets with a note that you should only use these tables once your baby doll is 4-5 months old.</p> <p>Devi still has to manage her family with her husband's three children, but she is no longer worried about becoming pregnant again.</p>	
Location: Umerkot, Sindh		

05	<p style="text-align: center;">When its about my life and livelihood, I have to take my own decisions</p>	
<p>Respondent: Ms. Heeri w/o Tirbo (Female Beneficiary)</p>	<p>Heeri is a smart and intelligent woman of Hindu community in Umerkot. She lives with her husband Tirbu, who has been bedridden since a year. He is unable to move or do any livelihood activity. The community's typical culture of two boys forced her to have four children. The first was a boy, followed by two girls, but according to tradition, she must continue to deliver until the pair of two boys is complete.</p>	
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FP Methods <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Referral 	<p>Now the pair is complete, and she doesn't have any pressures from the family and community to produce more children. Her husband's health conditions also does not allow them to produce more children. They don't have any source of income except community help.</p>	
<div style="text-align: center;">  </div> <p style="text-align: center;">My Husband is seriously ill, I have to manger my family and kids myself and take decisions.</p>	<p>The FPAP/IFPP medical camp was the source of information and inspiration. When FPAP/IPPF project counselling staff conducted SRH and family planning sessions and informed people of various methods of spacing and family planning. It was intriguing because this was the information she was looking for.</p> <p>Heeri has no restrictions from her husband or in laws. She is independent to decide and adopt any FP method. She decided to adopt a permanent FP solution i.e. BTL. The FPAP/IPPF doctors provided all necessary information for application of this method. The team also provided FPAP/FHH information to further help and support.</p> <p>Heeri's sister-in-law has also adopted FP method with the help of Population Welfare Department. She was also advised to visit PWD for the application of the same methods, and that if she encounters any difficulties or requires assistance, she should contact the FPAP/IPPF doctor (number was provided).</p>	
<p>Location: Umerkot, Sindh</p>		

06	All pregnancies are valuable but this one is Precious
<p>Respondent: Ms. Laxmi w/o Malshup (Female Beneficiary)</p>	<p>It has been eight years. Malshup is Laxmi's husband. She had six children in the last eight years but was unable to deliver any of them. All seven children died before taking their first breath in this world. The last miscarriage was a twin, which devastated the entire family.</p> <p>She has a very cooperative family, her husband and in laws never made her accountable for these mis-carriages. Laxmi is pregnant for the seventh time and is very concerned about the delivery. This time again, she's carrying twins. According to the doctor, she also has anaemia. Doctors gave her vitamins to help her health.</p> <p>Laxmi was in mental distress and anxiety due to the series of miscarriages. When she met FPA/IPPF counsellors in their medical camp, they informed her about the pre, during and post care of her pregnancy. The project staff recommended the following tests to investigate the miscarriage issue: a history of hypertension, an ANC check-up, IUGR and PIH scanning, and weekly check-ups until the time of delivery..</p> <p>The FPAP/IPPF team suggested and referred Laxmi to get registered with the FPAP FHC hospital in Badin for future care and treatment.</p> <p>Laxmi is hoping that this “precious pregnancy” will provide her all her missing happiness in the form of healthy twins.</p>
<p>Themes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Miss-Carriage Care <input type="checkbox"/> SRH Awareness <input type="checkbox"/> Referral 	
	
<p>I am sure this “Precious Pregnancy” will provide me all my missing happiness in the form of healthy twins.</p>	
<p>Location: Umerkot, Sindh</p>	

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.