Advocacy Strategy

Improving the reproductive health and rights of marginalized and underserved communities: Dera Ghazi Khan, Pakistan

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Supported by EC, executed by Interact Worldwide and implemented by Community Support Concern

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Preface

In the changing paradigm of development, advocacy has become an integral part of almost all the developmental projects. But in the projects set in the conservative and traditional settings and restricted by deep-seated gender biased and discriminatory norms and values, it gains greater importance and significance.

RH project which is being executed by IWW and implemented by CSC in DG Khan is one such project which has had to face enormous social and cultural barriers in the extremely conservative and economically backward district of DG Khan. Traditional cultural norms inhibit discussion and dissemination of good quality reproductive health information and encourage myths and misconceptions, including in relation to Islam.The project aims at supporting marginalised and underserved people, particularly disadvantaged and vulnerable women in Pakistan to access health care and exercise their rights to good reproductive health which is not only a basic need but also essential to improving quality of life.

Though the project has made excellent progress in the last three and half years, communications with the community and the government have laid solid foundations for the continued success of the project yet the main issues that have and will continue to provide a challenge to sustainable development and change are conservative, rigid cultural norms and values, and the male dominated society in the district.

The project has now entered in the last phase of its implementation. As envisaged in the original plan of action of the project, a strong advocacy strategy is required to address the issues of reproductive health on long term and sustainable basis. Keeping in view this goal, IWW and CSC commissioned the services of consultants from Society for Sustainable Development to identify the advocacy issues and develop an advocacy strategy to address the issues.

The SSD team adopted a comprehensive consultative process for identification of the issues, needs, analysis of capacities and development of the strategy. The consultants were constrained by the fact that project is in the last phase of implementation and only four months of the project life remain. Moreover the resources available for the implementation of the strategy are very limited. Therefore the consultants have focused on developing a strategy which is to be implemented mostly at local level and by local partners like community groups and CBOs formed through the project. The strategy also focuses on developing the capacities of the local partners as IWW and CSC have to phase out eventually.

Change whether it is in policy or in social or cultural norms and practices or behaviours is very long and gradual process. It does not occur overnight. Therefore those involved in advocacy work to bring about sustainable changes should be ready for long, organized and coordinated

struggles. There is no short cut for such changes. We hope that the strategy which is developed through a consultative process with input from all the stakeholders is implemented successfully to bring the desired changes which will contribute in improving the lives of millions living in DG Khan.

Acknowledgements

The SSD team of consultants would like to acknowledge the excellent support, input and feedback provided by technical advisors of Interact Worldwide Mr. Abid Atiq and Mr. Zubair Kayani, Executive Director of CSC, Ms. Shaista Khalid and Project Manager Mr. Ali Muhammad for the development of this strategy. Without their immense support and input it would not have been possible for us to complete this huge assignment in such a short time. Mr. Abid Atiq shared with us his deep insight regarding the SRH issues in Pakistan in general and DG Khan in particular and also provided excellent feedback on the drafts. Mr. Zubair also shared his valuable field experiences with us. Ms. Shaista Khalid helped us in understanding the background of the project and identified the advocacy issues which still needed to be addressed. Ali Muhammad not only coordinated the whole exercise, field visits and meetings with stakeholders and community groups but also shared the background information, initial hurdles and issues and the strategies adopted to overcome these issues, which have proved very helpful for us.

We would also like to acknowledge the support of all the staff members of RH Project DG Khan who facilitated our visits to the field and participated in the orientation workshop. In this regard we would specially like to mention Project Coordinator Mr. Khalique, BCC Coordinator Ms. Rubina Bibi and Quality Assurance Doctor Dr. Sabiha. The advocacy issues identified during the workshop with the staff of CSC have been of invaluable help in developing this framework.

The advocacy strategy will be continuously revised during implementation by CSC. We therefore, would like to receive continuous collaboration and support from all stakeholders during implementation of this strategy.

Aftab Ahmed Awan & Mir Anwar Shahzad

List of Abbreviations

ARH	Adolescent Reproductive Health
CBO	Community Based Organizations
CCs	Community Clinics
CPR	Contraceptive Prevalence Rate
CSC	Community Support Concern
DG Khan	Dera Ghazi Khan
FP	Family Planning
IWW	Interact Worldwide
GoP	Government of Pakistan
HASP	HIV and AIDS Surveillance Project
HDI	Human Development Index
HIV	Human Immuno Deficiency Virus
IDUs	Injecting Drug Users
MNCH	Mother and new Born Child Health
MSM	Men Having Sex with men
NACP	National AIDS Control Program
PACP	Provincial AIDS Control Program
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections

Executive Summary

RH project which is being executed by IWW and implemented by CSC in DG Khan is a project which has had to face enormous social and cultural barriers in the extremely conservative and economically backward district of DG Khan. The project has made excellent progress in achieving its objectives yet the main issues which continue to provide a challenge to sustainable development and change are conservative, rigid cultural norms and values, and the male dominated society in the district. A strong advocacy strategy is required to address the issues of reproductive health on long term and sustainable basis.

Advocacy strategy developed for the project has been developed through a comprehensive consultative process including: literature review, meetings with stakeholders and community groups, field visits of the community clinics, workshops with project staff and expert reviews. The priority issues identified through the process, workshop and discussion with the stakeholders are Early **Marriages, Adolescent reproductive health, Safe motherhood, infertility and Hepatitis B**.

These issues have been analysed in detail to formulate advocacy objectives which are:

Objective 1: To ensure greater awareness at local level regarding the problems and complexities generated by the practice of early marriages and to ensure the proper implementation of the laws regarding child marriages and child abuse to discourage the practice in DG Khan along with advocating for the girls' right for education

Objective 2: To reduce barriers for the adolescents in accessing clinics and reproductive health care through community awareness and provision of youth friendly services in all public sector health facilities

Objective 3: To Advocate that every pregnancy should be taken and dealt as special case needing special care

Objective 4: To advocate for the fertility tests and counselling of both the partners in cases of infertility with all the public and private sector health providers to reduce discriminatory treatment of the women in childless couples

Objective 5: To promote voluntary testing of Hepatitis through counselling and awareness

For each objective, stakeholders have been identified, core message has been developed and advocacy tactics activities have been recommended.

Advocacy for the sustainability of the project has been included as a separate section and focus of the advocacy will be on ensuring financial support and commitment from national and international donors, local communities and health department to sustain the provision of RH services at the community clinics and centres established in public sector health facilities under CSC RH project.

Section 1: Introduction

Pakistan's maternal and newborn mortality rates are high despite an extensive health service network. Credible national figures for Maternal Mortality Ratio (MMR) are not available. However, several small scale studies have reported MMR from 281 in urban slums of Karachi to 673 in rural Baluchistan. Neonatal health has only recently been identified as a public health priority in Pakistan. Some five million children are born in Pakistan each year, and approximately 225,000 die before they reach one month old. However the neonatal mortality rate has declined slowly in the last 50 years due the measure taken by the Government of Pakistan.

Many traditional social values discriminate against women, lowering their status and affecting their food intake and nutrition, education, decision-making, physical mobility, and health. Husbands, in-laws, religious and community leaders all play a significant role in the preservation and continuation of these customs. Women, families, and providers do not focus their attention on how to prepare and plan for the delivery of a baby, or for potential pregnancy and birth related health emergencies. In addition, few women, families or birth attendants are even aware of potential newborn complications such as birth asphyxia, respiratory problems, prematurity and cord infection. Awareness of prenatal and postpartum complications is equally low and often misunderstood among those audiences.

The situation for adolescent reproductive health is no different either. Adolescents in Pakistan are not exempt from the reproductive health problems faced by the adult population, particularly women. These problems include lack of information and access to services, early marriages, maternal health burden, taboos on sexuality, sexual violence/exploitation, and the risks of exposure to sexually transmitted infections (STIs). However, adolescents are not adults. Therefore, they are more vulnerable and require additional information and protection than their older counterparts. Adolescents face the same issues as adults but with different emphases. For example, adolescent girls, even if married, are more often restricted than older women in their mobility and access to health and family planning services. Most beliefs and practices in this multicultural society are still premised upon the assumption that the transition from childhood to adulthood is brief and marked by the onset of marriage, particularly for girls.

The public health sector in Pakistan is still the most important service provider for isolated rural communities and for preventive services; however, the health facilities are seriously underutilized. The public sector has been identified as needing improvements in several areas including physical facilities, safe water supply, privacy for female clients, supply of drugs, logistics and equipment, and provider capabilities, especially in counseling and clinical management. They require better linkages with the communities they serve. Non-availability of providers, especially female providers at public health facilities, also needs to be addressed.

The project titled "Improving the reproductive health & rights of marginalised and underserved communities: Dera Ghazi Khan, Pakistan" aims at addressing the needs and constraints as experienced by vulnerable groups in the particularly impoverished and under-served District of Dera Ghazi Khan.

DG Khan (DGK) is a remote district, which touches Baluchistan province in the west and Khyber Pakhtoon Khawa province in the north. The district is characterised by male dominated social mores and norms. Access to health services in DGK District is very limited due to a severely constrained and overburdened health and welfare infrastructure, lack of trained personnel, absenteeism, and the fact that it is not possible for women in rural areas to travel (long distances) to existing facilities as their mobility is extremely restricted due to orthodox cultural norms. Therefore, overall use of health services in the rural areas remains very low. Poverty, limited access to family health information and services, poor range and quality of services, gender inequity and the lack of integration of RH information and services all contribute to very low levels of RH and HDI indicators. The cultural norms traditionally inhibit discussion or the transmission of good quality information with regard to issues relating to RH, which have led to profusion of myths and misconceptions, including in relation to Islam.

The project has made significant strides in addressing the issues highlighted above and has made excellent progress in a short space of time, and communications with the community and the government have laid solid foundations for the continued success of the project.

Rationale

The main issues that have and will continue to provide a challenge to project implementation are conservative, rigid cultural norms and values, low women mobility and the male dominated society in DGK. Overcoming cultural barriers on a sensitive subject like reproductive health will take time and continuity of the services provided by the project. Keeping in view the continued advocacy needs of the project, Interact Worldwide, which is the executing organization of the project, commissioned the services of the consultants to identify the issues which need continued and sustained advocacy and to develop an advocacy strategy to address the indentified needs. Another focus of the consultancy was to suggest advocacy strategies for ensuring sustainability of the project. The strategy will be implemented by CSC and its local partners like community groups and CBOs which have been established through the project. The monitoring of the proper implementation of the strategy and evaluation of its impact will be carried out through Community Based Monitoring which is another innovation which has already been introduced in the project by IWW and CSC.

Section 2: Process of Advocacy Strategy Development

Advocacy can no longer be seen as the province of a few experts talking to a few policy or decision makers. All those who stand to benefit from it must learn to become effective advocates themselves. This means getting all stakeholders, including partners and beneficiaries involved right from the initial stage of the advocacy process. Hence in developing the advocacy strategy, the participatory and rights-based approach used to develop the advocacy strategy involved the following steps;

1. Review of all the available documents of the project using the stepwise approach for formulating the advocacy strategy. The consultant conducted a desk review of all the related documents of the project in the light of standard advocacy methods. The list of documents included:

- Project Proposal
- Log Frame
- Work Plan
- The report of the Mid Term Review of the project
- Annual Report
- Trip Reports
- Behaviour Change TA Final Report

2. Meeting with Technical Advisors of IWW, Mr. Abid Atiq and Mr. Zubair Kayani who shared their insight of the project and field experience with the consultants. (Annexure I)

3. Inception meeting with Executive Director CSC and CSC Staff

The inception meeting was held with ED CSC Ms. Shaista Khaild on 1st June 2010 at CSC head office Lahore. The meeting revolved around the timing of the assignment and the probable participants of the 2nd workshop. Advocacy issues for the strategy were also discussed in detail (The report of the meeting is attached as annexure II).

A meeting was also held with project staff in DG Khan. The staff briefed the consultants about the background, progress and achievements of the project. The initial hurdles and the strategies adopted to overcome those hurdles were also discussed. Later on the staff was requested to identify the advocacy issues in the light of their experience (The report of the meeting is attached as annexure III).

4. Site visits with a view to observe and assess the advocacy frame work in the project area.

The consultants undertook the visits to the project site with the objective to review and assess the activities being implemented and also to see how the standard advocacy methods were being

applied in the project activities for achieving the desired outcomes. The sites visited included Maternity Centre DHQ Hospital DG Khan, BHU in union council Wadoor and Community Clinic in Union Council Mamoori. In Mamoori consultants also met the community groups including local religious leaders and had detailed discussion with them on the issues being faced by project, sustainability and advocacy needs (The detailed report is attached as annexure IV).

5. Workshop with the CSC staff

The objective of the workshop was to share the modern concepts and methods of different types of advocacy. The workshop also helped in defining the roadmap for the development of comprehensive advocacy strategy (The report of the workshop is attached as annexure V).

6. In the light of the discussions held with project stakeholders, target groups, beneficiaries, community groups and the framework developed in the consultative workshop with CSC staff a draft advocacy strategy was developed by the consultants. This draft advocacy strategy was shared with the IWW and CSC. IWW and CSC management provided their feedback/comments which enable the consultant to work for the final draft of the advocacy strategy.

7. After having detailed consultations with CSC staff and key stakeholders the consultants developed the final draft of the advocacy strategy in line with the objectives of the assignment and project.

8. The recommendations on the final draft were once again discussed with the project staff of CSC working at the grassroots level with the community and the selected areas were prioritised further to keep the advocacy strategy focused and precise.

Section 3: Key Advocacy Issues

The key element of a successful RH advocacy is to identify, prioritise and analyse the issues that affect the reproductive health of a large number of adolescents and youths. Participants of the workshop discussed many advocacy issues and identified more than ten issues. The participants were asked to discuss the issues in detail and prioritize the five priority advocacy issues as it was not possible to advocate effectively on all the identified issues. The priority issues identified through the consultative process, workshop and discussion with the stakeholders were: **Early Marriages, Adolescent reproductive health, Safe motherhood, infertility and Hepatitis B**. CPR and girls' education were also identified as important issues along with post natal care. There was also consensus among the stakeholders that, though not related to RH, Sustainability of the interventions was also an issue which needed advocacy and should be part of advocacy strategy. An analysis of these issues was done using the result of the policy environment review, stakeholder analysis and peer review. There are several benefits to this kind of analysis:

- It results in better understanding of the underlying causes of issues
- Potential constraints are identified
- It helps in determining the resources that are needed to solve the problems, and
- Stakeholder consensus is reached.

The following is a brief summary of the major identified SRH issues, based on the group discussions, stakeholder discussions and review of literature.

Issue 1; Early Marriages

In Pakistan traditionally most marriages are arranged by families and the ability for a boy or a girl to openly like and choose their partner seldom occurs. In the process of such marriages being arranged by family members, safeguards in the law are often overlooked and minimum age of marriage and need for mutual consent are not guaranteed, making the marriage a forced one. Historically there have been no measures taken by the state to ensure that marriages are consensual and in many instances the age of a girl is changed on her marriage certificate in order to avoid questions over her being underage.

The ability of individuals to bypass the law without any fear of repercussions has also perpetuated customary practices of selling girls into 'marriage' in exchange for money, settling disputes with the exchange of girls known as vani or swara and the use of girl as compensation for crimes.

Early marriage has severe consequences for the health and well being of girls and women.

Some of these include:

- **Marital instability among the couples**, since the girls are not mature enough mentally and physically to handle the marriage issues, they face a lot of problems in their married life including psychological trauma.
- **Termination of education** – In almost every setting, better-educated women are more likely to use contraception, bear fewer children, raise healthier children, and make better decisions for themselves and their children and to make greater economic contributions to the household. But in almost all the cases in the early marriages results in termination of education especially for girls.
- **Inability to plan or manage families** – Statistically, women who marry early are likely to bear more children.
- **Impact on sexual health of women and girls** – Young girls can face considerable physical pain associated with sexual intercourse as a result of the physiological immaturity of their sexual organs. Complications due to pregnancy at a young age frequently include obstetric fistula (perforation of the bladder or bowel, due to prolonged labour).
- **Vulnerability to STIs** – A girl is physiologically more prone to contracting HIV than a male, as her vagina is not well lined with protective cells and her cervix may be penetrated easily. Young women are several times more likely than young men to contract the STIs disease through heterosexual contact. Also, deeply entrenched socio-economic inequalities further compound their risk. Marriage can increase married girls' exposure to the STIs, especially as older husbands may engage in unprotected sexual relations with other partners. The risk of HIV infection is higher among the poorest and most powerless in society, and, as such, married adolescent girls are more at risk of infection than unmarried girls who are not having sexual intercourse. Married adolescent girls' inability to negotiate safer sex and other social pressures represent a critical channel of vulnerability.
- **Termination of education –** Early marriages almost always result in the termination of education for the girls, which has significant direct implications for the reproductive health initiatives. According to some researchers, every year a mother spends in school reduces the risk of her children's premature death by almost 10%. In India, the mortality rate among children of uneducated women is more than double that of educated women. Lack of access to education and opportunity are also linked to violence against women. Lack of education in girls also has another negative impact on RH initiatives which has hitherto not been paid much attention to. RH project in DG Khan has had to face problems in finding suitable human resources as there were very few doctors or LHVs available to work in the community clinics and mobile services being offered by the project.

Issue 2, Adolescent Reproductive Health

Adolescents in Pakistan are not exempt from the reproductive health problems faced by the adult population, particularly women. These problems include lack of information and access to services, maternal health burden, taboos on sexuality, sexual violence/exploitation, and the risks of exposure to sexually transmitted infections (STIs). However, adolescents are not adults. Therefore, they are more vulnerable and require additional information and protection than their older counterparts.

There are particular biases in our society against adolescents that put adolescents at greater risk compared with adults in terms of reproductive health issues. Age discrimination is one such major bias; it generates barriers to adolescents accessing clinics and reproductive health care. Another factor that puts adolescents at risk compared with adults is greater risk of sexual violence. This is true for boys as well as girls. Decisions and mistakes made during adolescence define and limit options for the rest of adolescents' lives. Therefore, if an unmarried girl experiences an unwanted pregnancy due to lack of adequate information and support, she is likely to suffer extreme consequences of punishment, which negatively affects her life as a whole.

Finally, lack of access of youth to quality information is another very important issue. In the absence of accessible reliable information, they seek from their peers who have also limited knowledge. Due to this a number of problems have to be faced by these adolescents. Another source of information for adolescent are quacks/traditional healers (particularly for males), who exploit adolescents and charge heavy fees from them for solving these imaginary problems.

Issue 3; Safe motherhood

515,000 women, at a minimum, die every year globally while giving birth. Nearly all maternal deaths (99 percent) occur in the developing world making maternal mortality the health statistic with the largest disparity between developed and developing countries. Maternal health rarely gets the priority or attention that it deserves. Partly that's because the victims tend to be faceless, illiterate women who carry little weight in their own families. There is little focus on safe motherhood which means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy, childbirth and postnatal period.

Every pregnant woman hopes for a healthy baby and an uncomplicated pregnancy. However, every day, about 1,500 women and adolescent girls die from problems related to pregnancy and childbirth. Every year, some 10 million women and adolescent girls experience complications during pregnancy, many of which leave them and/or their children with infections and severe disabilities. Each year, about 3 million babies are stillborn, and 3.7 million babies (latest data

available, 2004) die very soon after birth or within the first month. The poor health of the mother, including diseases that were not adequately treated before or during pregnancy, is often a factor contributing to newborn deaths or to babies born too early and/or with low birth weight, which can cause future complications.

Only a very small percentage of women in DG Khan obtain post natal care which is an important component of the continuum of safe motherhood. Low utilization of postnatal care can be related to women's lack of knowledge about its importance, their lack of perceived need (especially if they are feeling well), their low level of education, poverty, lack of access to health care facilities that provide postnatal care, lack of appointments or recommendations from health care providers to obtain postnatal care, poor attitudes of the health care providers, or women's tendency to give priority to the health needs of their infants rather than their own. Social behaviors such as the attitude of mothers in law and husbands towards post natal care also play an important role in the lack of post natal care utilization.

Low CPR rate also has negative implications for the promotion of safe motherhood. A very low CPR rate means higher number of pregnancies for women, increasing the risk factors in pregnancies significantly as well as extra burden on country's resources.

Issue 4; Infertility

In developing countries, despite overpopulation, unwanted childlessness is an important social and economical burden that needs attention. Children are very important to traditional Pakistani couples as their future as couples depends on children. Family plays an important role in the experiences of the infertile couple. Although women themselves may not necessarily be the source of the infertility problem, the pressure to produce many children can become an important source of stress that can affect her in several spheres of her life. Childless women suffer in a myriad of ways - economic/material, social, status and psychosocial. Children ensure marital stability for women in Pakistan. A woman's infertility may lead to rejection by her partner, social ostracism, and loss of access to land or other productive resources. Even though the infertility problem may not be due to reproductive malfunctioning of the woman, she is typically the one who is blamed and who experiences the personal grief and frustration. The practice of cousin marriages is also another important cause of infertility in couples in DG Khan.

The women in DG Khan suffer all the above mentioned problems and failure to bear children is one of the major reasons of 2nd marriages causing immense problems for women. There is a need to educate the society in general and men in particular about the issues of infertility.

Issue 5; Hepatitis B

Contrary to the common perception that Hepatitis C is the most common form of Hepatitis in Pakistan, the participants of the workshop identified Hep B is the most prevalent form in DG Khan.

According to the Pakistan Medical Association, one in every ten persons in the country is a carrier of hepatitis B. It also attributes hepatitis B as the basic reason of the 62 per cent of lever cancer cases in the country. There is no cure for Hepatitis B which makes prevention all the more important. A person may have hepatitis B virus while not being aware of it as sometimes in the case of HBV infection, the primary cause of the disease, has no symptoms at all. The newborns are at particular risk as they can get HBV at birth. The absence of public awareness that the situation demands, is putting millions of newborns at high risk. While children are at particular risk, the huge majority of adult population is also at the risk due to lack of public awareness in Pakistan.

The majority of the population, not only the vast number of illiterates but also many in the fairly educated group, are thus unaware that hepatitis B vaccination is not an option but is a must and without it the majority of newborns are at grave risk.

Section 4: Strategic Advocacy Actions and Objectives

The five RH issues have been framed into advocacy actions which can be implemented within the context of the CSC RH program activities. Advocacy actions identified for the CSC RH strategy focus on increasing greater involvement and contribution of community groups in activities. The advocacy actions are to enlist more active support of local health authorities and local leaders at the district and community level to:

- Increase the utilisation and ensure sustainability of RH services in the four community clinics and centres in public sector health facilities established under the RH project
- Obtain additional resources from national and international donors, community and relevant departments to sustain RH services in selected centres
- Promote greater involvement of local communities, community groups and RH programs, especially on activities related to reducing gender discrimination
- Get support from local communities to stop the practices of early marriages, discriminatory treatment of women partners in infertile couples and gender violence along with promoting girls' education
- Enable community group to effectively advocate for the above mentioned issues initially at district and local level and afterwards at provincial level

Advocacy Objectives

Based on the above mentioned issues, and the above advocacy actions, five objectives have been formulated. The objectives will provide the form and direction for the planning and implementation of these advocacy actions and for them to be evaluated on a more systematic basis.

Objective 1: To ensure greater awareness at local level regarding the problems and complexities generated by the practice of early marriages and to ensure the proper implementation of the laws regarding child marriages and child abuse to discourage the practice in DG Khan along with advocating for the girls' right for education

Objective 2: To reduce barriers for the adolescents in accessing clinics and reproductive health care through community awareness and provision of youth friendly services in all public sector health facilities

Objective 3: To Advocate that every pregnancy should be taken and dealt as special case needing special care

Objective 4: To advocate for the fertility tests and counselling of both the partners in cases of infertility with all the public and private sector health providers to reduce discriminatory treatment of the women in childless couples

Objective 5: To promote voluntary testing of Hepatitis through counselling and awareness

Section 5: RH Project DG Khan Advocacy Strategy

Objective 1

To ensure greater awareness at local level regarding the problems and complexities generated by the practice of early marriages and to ensure the proper implementation of the laws regarding child marriages and child abuse to discourage the practice in DG Khan along with advocating for the girls' right for education

Key Stakeholders

Law Enforcement agencies
Local and National legislatures
Nikah Khawans and registrars
Community Groups specially women and religious and community leaders
Parents specially mothers and families
TBAs and LHVs
Youth Groups
Local Government and media

Core Message

In Pakistan laws are in places which prohibit child marriages. But traditionally most marriages are arranged by families and in the process of such marriages being arranged by family members, safeguards in the law are often overlooked and minimum age of marriage and need for mutual consent are not guaranteed, making the marriage a forced one. Such early marriages have devastating results especially for the girls, who are most of the time physically, mentally and psychologically not ready for responsibilities and demands of married life. They suffer physical and mental trauma and face immense problems. Early marriages result in discontinuation of education for girls which is their fundamental human rights. It is not only the responsibility of the law enforcement agencies and matrimonial registration bodies to ensure that laws are implemented in true spirit and not bypassed but also the responsibility of the community elders to ensure that practice of early/child marriages is discouraged at the community level to avoid future complications. It is also the responsibility of parents and families that all girls get their fundamental right of education

Advocacy Tactics

Development of evidence based advocacy activities, meetings with law enforcement agencies, Meetings and awareness sessions with Nikah Khawans and registrars, Capacity Building of community groups for advocacy with community, Sensitization sessions with parents, meetings, formation of mothers groups, puppet shows,

Advocacy Activities

Capacity building session with community groups especially of women, girls and religious leaders regarding the issue of early marriages and its intensity in DG Khan discussing the negative impact of the early marriages for young girls, their future generation, families of the bride and grooms and on the overall society.

Sessions conducted by community groups in the communities with community elders about early marriages in the role community elders and family in discouraging the practice as their religious and social obligation.

Sensitization sessions with Nikah Khwans of the area to brief them about the existing laws and about the negative impacts of early marriages on the society in general and young girls in particular to get their support for the discouraging of the practice.

Sensitization sessions with religious leaders and ulema of the area to discuss with them the negative impacts of the early marriages on the society in general and young girls in particular in order to educate the masses about the issue.

Meetings by CSC with local police officials about the practice of early marriages in the area and the violations of law regarding this issue and bring such incidents of violations of this law in their notice.

Awareness sessions with community groups specially groups of men and women, discussing with them the importance of education for girls for their future lives and providing the groups with information in simple terms about the impact of education on the lives of girls and families.

Formation of groups of mothers and fathers in each community to ensure that all girls are given their right to education and to convince the families for allowing the girls to get educations

Puppet shown in all the union councils of the project target areas with focus on the importance of girl's education and its impact on the health and future of children and families

Objective 2

To reduce barriers for the adolescents in accessing clinics and reproductive health care through community awareness and provision of youth friendly services in all public sector health facilities

Key Stakeholders

Local community leaders and influential persons,
Parents
Religious leaders
Health Service Providers
Youth Groups
Local health providers like Dispensers and LHVs
School teachers and principals
Quacks and Hakims

Core Message

Young people in Pakistan today in general and in rural areas in particular face many challenges due to rapid societal and economic changes. As a result, they encounter many critical health issues including lack of information, myths and misperceptions, maternal health burden, taboos on sexuality, sexual abuse and exploitation and vulnerability to HIV and other STIs. In addition, access to youth friendly SRH services is still limited.

Traditional customs have made it very difficult for health service providers to offer confidential and youth friendly sexual and reproductive health services - especially to unmarried young people. In addition, societal discomfort at providing SRH education and information to adolescents had restricted the amount of accurate information that can be disseminated to them. And talking about sexuality is still considered by society as an 'unhealthy activity'.

The young boys also have to face a lot of problems in case of early marriages such as termination of education, burden of supporting the family and fear of dependency on parents which leads to psychological issues.

Within the CSC RH project 24 youth groups have been established (12 boys and 12 girls) areas. These community groups are sources of reliable, confidential youth-friendly SRH information. We appeal to all parents, teachers, other community leaders and adolescent/youth's participation to support us in this activity.

Advocacy Tactics

Sensitisation, dialogue and lobbying

Advocacy Activities

Conduct meetings with the CBOs and community groups at different levels to agree on the objectives, strategy and collaboration mechanisms among all partners.

Conduct meetings between social mobilizers and local community leaders, parents and religious leaders to inform them about the project, in particular the youth community groups, to provide ASRH knowledge, and to obtain their support.

Young active members of the groups in project areas use their meetings and visits to lobby the decision makers to include ARH activities into their regular working agendas

Organise site visits to some of the meetings of the youth community groups for local leaders

Conduct dialogues with community leaders to identify challenges, problems and solutions in order to increase their support

In collaboration with youth community groups, propose headmasters and head mistresses and teachers to introduce positive information about ARH issues in the school activities

Active members of the youth community groups collaborate to provide counselling services and information on ARH in the project areas

Conduct meetings with quacks and non qualified health service providers to educate them about the problems of adolescents so that they provide right information to the young people

Objective 3

To advocate that every pregnancy should be taken and dealt as special case needing special care

Key stakeholders

Pregnant women
Husbands
Mothers in law
Social Mobilizers
Community groups of women
Community groups of men
Health service providers including TBA, and LHVs

Core Message

The risks of childbearing for the mother and her baby can be greatly reduced if: 1) a woman is healthy and well nourished before becoming pregnant; 2) she has regular maternity care by a trained health worker at least four times during every pregnancy; 3) the birth is assisted by a skilled birth attendant, such as a doctor, LHV or midwife; 4) she and her baby have access to

specialized care if there are complications; and 5) she and her baby are checked regularly during the 24 hours after childbirth, in the first week, and again six weeks after giving birth.

Advocacy Tactics
Sensitization sessions, meetings, capacity building of service providers in counseling skills

Advocacy Activities
Capacity building sessions for the health service providers associated with the project like LHVs and TBAs on the significance of safe motherhood for the health of newborns and mothers and to advocate with them to treat every pregnancy as special case needing special care

Capacity building session with health service providers regarding the importance of three delays

Awareness sessions with community groups specially groups of women and men on the importance of safe motherhood advocating with them to ensure that all pregnant women receive medical care regardless of their normal pregnancy and good health conditions

Awareness sessions with community groups specially groups of women and men on the importance of post natal care and advocating with them to ensure that women who had been coming for antenatal checkups and deliveries will come for the post natal care.

Capacity building sessions for the health service providers associated with the project like LHVs and TBAs on the significance of post natal care for the health of newborns and mothers and to advocate with them to recommend post natal care to all the women coming for antenatal checkups and deliveries

To increase the CPR, it is also recommended that during the sensitization and capacity building with service providers and other stakeholders, attention be paid to motivating couples to adopt some appropriate family planning methods during and after the post natal period to ensure proper birth spacing so that not only the CPR is increased but also mothers and infants get due attentions and for their improved health.

Objective 4

To advocate for the fertility tests and counselling of both the partners in cases of infertility with all the public and private sector health providers to reduce discriminatory treatment of the women in childless couples

Key Stakeholders
Forum of the Private Practitioners
TBAs and LHVs
Public and private Sector health service providers

Couples
Families
Media

Core Message

Childlessness is an important social and economical burden that needs attention. Children are very important to traditional Pakistani couples as their future as couples depends on children. Although women themselves may not necessarily be the source of the infertility problem, the pressure to produce many children can become an important source of stress that can affect her in several spheres of her life. Childless women suffer in a myriad of ways - economic/material, social, status and psychosocial. Children ensure marital stability. A woman's infertility may lead to rejection by her partner, social ostracism, and loss of access to land or other productive resources. Even though the infertility problem may not be due to reproductive malfunctioning of the woman, she is typically the one who is blamed and who experiences the personal grief and frustration. The women in DG Khan suffer all the above mentioned problems and failure to bear children is one of the major reasons of 2nd marriages causing immense problems for women. There is a need to educate the society in general and men in particular about the issues of infertility.

It is therefore very important that in case of infertility the health service providers recommend fertility tests for both the partners so that women do not have to face discriminatory treatment and suffer social consequences.

Advocacy Tactics

Sensitization sessions, meetings, capacity building of service providers in counseling skills

Advocacy Activities

Capacity building sessions for the health service providers associated with the project like Doctors, LHVs and TBAs social context of and impact of infertility on the lives of women and to promote infertility tests of both the partners in the reporting childless couples to avoid discriminatory treatment of women

Sessions with public sector health providers advocating for recommending infertility tests for the partners in childless couples.

Proper counseling of couples by health service providers is of utmost importance in this regard.

Objective 5

To promote voluntary testing of Hepatitis through counselling and awareness

Key Stakeholders

Forum of the Private Practitioners
TBAs and LHVs
Public Sector health service providers
Couples

Core Message

One in every ten persons in the country is a carrier of hepatitis. Hepatitis B is the basic reason of the 62 per cent of lever cancer cases in the country. There is no cure for Hepatitis B which makes prevention all the more important. A person may have hepatitis B virus while not being aware of it as sometimes in the case of HBV infection, the primary cause of the disease, has no symptoms at all. The absence of public awareness that the situation demands, is putting millions of newborns at high risk. While children are at particular risk, the huge majority of adult population is also at the risk due to lack of public awareness in DG Khan.

The majority of the population, not only the vast number of illiterates but also many in the fairly educated group, are thus unaware that hepatitis B vaccination is not an option but is a must and without it the majority of newborns at grave risks. But as very few people get tested for Hepatitis, therefore, vaccination ratio is limited. The issues is of greater importance for married couples as Hepatitis B and C are sexually transmitted infections and without testing it would not be possible to take proper pre-cautionary measures.

Advocacy Tactics

Capacity building, sensitization sessions, meetings

Advocacy Activities

Capacity building sessions for the health service providers associated with the project like Doctors, LHVs and TBAs regarding situation of Hepatitis in the country and significance of voluntary Hepatitis testing for couples and on counseling techniques.

Sessions with public sector health providers regarding significance of voluntary Hepatitis testing and for providing pre and post counseling to the couples

Walks and observance of Hepatitis Day in the area to promote awareness among the community There is also a need to link Hepatitis campaign with HIV/AIDS as the modes of transmission are almost the same therefore efforts should be made to integrate the awareness sessions on HIV/AIDS with hepatitis.

Section 6: Advocacy for the sustainability of the project

Implementing interventions and institutionalizing effective practices involve costs—including labor, capitol, materials, technical assistance, and opportunity costs—all of which need to be borne by government, NGOs, donors, or service users. Financial sustainability can be considered a state in which a program can cover its costs by some combination of revenue generated from service charges as well as dependable long-term support to cover routine costs. Thus, a program need not necessarily be self-sustaining if sufficient long-term funding is available from other sources. There are many other factors besides financial sustainability, which need to be considered while discussing the overall sustainability of the projects.

However as the project enters its last stage of implementation, the target communities which have benefitted immensely from the services of the projects have started feeling some concerns about the continuity of services being offered through different initiatives of the project. In a way it is very good sign that communities have started to think about the sustainability of the services as they feel that the continuity of the services is very closely linked to the process of gradual changes which the project has started.

Ensuring financial sustainability for RH and SRH projects set in conservative settings in never any easy task in any part of the world. It needs innovative approaches and ownership by the community. The project is fortunate in the sense that community has shown great support for the project and has also shown its willingness to continue the project on its own. The challenge is to build the capacity of the communities in order to enable it to handle the responsibility and to adopt innovative approaches for generating support for the project from other sources as well.

Objective

To ensure financial support and commitment from national and international donors, local communities and health department to sustain the provision of RH services at the community clinics and centres established in public sector health facilities under CSC RH project.

Key Stakeholders

Health Department
National and International Donors
Community Groups
CBOs
CSC
Private Companies operating in DG Khan

Core Message

The CSC RH project has made excellent progress in a short space of time, and communications with the community and the government have laid solid foundations for the continued success of the project. The studies and the evidence are available to measure the huge impact which the project has had on the target communities and the area. However some issues remain which will continue to provide a challenge to project implementation. These include; conservative, rigid cultural norms and values, and the male dominated society in DGK. Overcoming cultural barriers on a sensitive subject like reproductive health will take time and continuity of services provided by the project. Therefore it is mandatory that the services being provided through the project continue and the communities are kept engaged in the dialogue which has started. Though CSC plans to continue working in the area and providing services to its target communities, it lacks the resources to continue the full fledged program. It requires support from national and international donors, health department and local communities to maintain the scale of services to bring a lasting change in the area.

Advocacy Tactics

Development of evidence base to support advocacy activities, National Donor Conference, Meetings with Health Department, Capacity Building of CBO for carrying out the work done by CSC and to provide the services to community with the help of local donations and resources, meetings with Private companies operating businesses in DG Khan

Advocacy Activities

MIS system was developed for the CSC RH project with a view of producing comprehensive data base but also for producing the evidence for identifying and developing the advocacy issues. Unfortunately, due to some technical software problems MIS is not working properly and not able to produce the data. It is of immediate importance that these technical issues of the MIS are sorted out so that the management is able to produce the data and evidence of the achievement of the project. The information produced through the MIS would be of great importance for advocating with stakeholders.

To share the achievements of the project with the stakeholders with a view of attracting the support from national and international donor organizations, a national donor conference either in Islamabad or in Lahore is also necessary. The conference will provide an opportunity for show casing the achievements of the project and sharing the impact which the project has had on the lives of the target communities. The consultants who conducted the MTR and the final review can also be requested to share their findings of the project during the donor conference. All the national and international donors working in the field of Reproductive Health, SRH and HIV/AIDS need to be invited in the conference along with the policy makers and notables from public sector. This will be a very good platform for starting dialogues and negotiations with partners interested in continuity of the services in the area.

Capacity building of the community groups and specially the CBOs established through the project is also recommended in order to enable them to generate support from the communities for continuing the services being provided through community clinics. The community groups and CBOs at the moment possess very good basic information about the basic issues and their information level is quite satisfactory. However, little attention has so far been paid to develop their capacity in advocacy skills. In fact these groups are going to be the most important stakeholders as only they can ensure continued community support for the ongoing initiatives. It is also the role of these groups to advocate with the officials of health department for the continuity of services in the public sector health facilities which were hitherto supported by CSC.

A very important issue is the continuity of services in BHU Wadoor and DHQ DG Khan which have been started and supported by CSC so far. It is feared that the services will come to a halt after the project which will be a severe blow for the communities which have slowly started to rely heavily on them. Along with the advocacy by community groups and local influential for the same aim, it is also important for CSC to advocate with the health department though meetings with DCO, EDO health and MS of DHQ DG Khan. The information generated through MIS and comparative analysis of the increase in uptake of the services after the CSC support will be very useful advocacy tools in these meetings.

The support of the local media for the above mentioned sustainability issue of the services will be garnered through media briefings at local level to introduce them to the services being provided through the project and their impact. These briefings will be conducted by Project Manager a Project Coordinator and the evidence produced through the MIS will be used as advocacy tool in the briefings.

There are many private business companies operating in DG Khan. A separate conference for the representatives of private companies can also be held where the project can be showcased and the companies can be requested to support the project as part of their CSR.

Though not as part of advocacy strategy, consultants would like to offer another practical suggestion which might contribute in ensuring sustainability of the project. During the field visits and meetings with communities it was observed that communities were willing to pay small user charges for the services being offered through the project, if it helped in continuity of the services. Therefore, CSC should consider small user charges for the services being offered at community clinics. The resources generated through the charges will contribute in sustainability of the services as well ensure greater ownership of the community.

Section 7: Conclusion

Undertaking RH advocacy work in DG Khan involves many challenges. By laying out a strategic and operational framework for advocacy as done in this strategy, it will be easier to establish and implement RH advocacy programs in DG Khan. Four months are clearly not enough to yield many results or to achieve one hundred percent success. But at least initial steps can be taken from which valuable experiences and lessons can be drawn and during which the advocacy capacities of local partners and community groups can be strengthened.

The RH advocacy strategy focuses on a limited number of issues. But these are crucial issues that affect a large number of people and some are regarded as national priorities as well. These revolve around early marriages, adolescent health and STIs etc. From these issues, the strategy has identified specific advocacy actions that will need the support of national and local political and community leaders in order to:

- To create an enabling environment to carry out the advocacy work effectively.
- Increase the involvement and contribution of local communities, community groups and CBOs
- Seek commitment and support from local community leaders in order to increase the utilisation of RH services in the three community clinics established under the CSC RH project
- Obtain additional resources from national and international donors and relevant departments to sustain RH services being provided through the project
- Get support from local communities to discourage the practices of early marriages, sexual exploitation, gender discrimination and discriminatory treatment of women in the issues of infertility.

Based on the advocacy actions, five objectives have been formulated indicating the desired changes or outcomes and specifying the key stakeholders and advocacy tools. Core messages and key activities have been developed to make it easier for program mangers to establish and implement the RH advocacy program and specific RH advocacy activities.

The consultants have been constrained by the fact that the project is in the last phase of its implementation and has very limited resources to implement the suggested advocacy actions. Therefore only low cost but high impact activities have been recommended. Keeping in view the fact that CSC has only four months for the implementation of the project and this advocacy strategy, emphasis has been put on building the capacity of the local partners, community groups and CBOs, so that they can carry on the work and advocacy activities, once the project funding comes to an end and CSC and IWW phase out from the project. It is of utmost importance that the remaining time is spent on building the capacity of community groups and CBOs in

advocacy skills and providing them with enough resources in form of information and knowledge to advocate effectively with the stakeholders. It must also not be forgotten that advocacy strategies are living documents and should be constantly updated and revised keeping in view the changing milieu and context. Similarly it will be mandatory to revisit and analyse the strategy after regular intervals to see its impact and make necessary adjustments in the light of field experience and lesson learnt.