





Community Health Committee Operational Manual

IRADA

Improving Reproductive Health Through Awareness, Decision and Action







Suraj Social Franchise  
Behaviour Change Communication

# Acknowledgements

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## Marie Stopes Society

Marie Stopes Society (MSS) is a social enterprise that caters to the reproductive health and family planning needs of the underserved, by providing high quality, affordable family planning (FP) services. It is one of the leading partners of Marie Stopes International (MSI), a UK-based non-governmental organization operating in over 37 countries worldwide.

MSS operates in tandem with strong partnerships with government bodies working towards common RH (reproductive health) goals. It is an integral part of the Government's FP2020 Task Force in Sindh and Punjab which is committed to increasing the Contraceptive Prevalence Rate (CPR) to 55% by the year 2020.

The MSS vision is better reproductive health for people in Pakistan, with a mission to be the leading, effective and enduring contributor towards improved reproductive health of the people in Pakistan.

### Objectives

1. Increased availability of quality reproductive health (RH) services with a focus on rural areas.
2. Improved enabling environment for women, girls and men to avail healthy RH choices.
3. Strengthened accountability for results at all levels with increased transparency and innovative approaches.

# IRADA

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IRADA will use participatory approaches to increase uptake of modern family planning methods in the target population by improving societal norms regarding FP, improving attitudes towards FP, and increasing women's ability/confidence regarding use of a modern FP method.

Field Health Educators (FHEs) will be at the core of this intervention and will oversee the various intervention components and activities.

IRADA will be rolled out across all MSS districts.

IRADA is comprised of two key components:

Community Mobilisation and Behavioural Change Communication

## Objectives

### Health Objective

To contribute to a reduction in maternal mortality by averting unintended pregnancies, thereby averting maternal deaths among married women of reproductive age (MWRA) living in rural communities where IRADA is being implemented over the project life.

### Behavioural Objectives

To increase adoption of modern contraceptive methods by non-users and lapsed users over the project life.

To contribute to the total national couple years of protection (CYPs) amongst participants over the project life.



# Behaviour Change Communication

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IRADA's BCC component is comprised of three different aspects that are aimed at increasing intention to adopt family planning amongst MWRA in the targeted communities: Mohalla Meetings, Mashvara Meetings, and Client Visits.

## Mohalla Meetings

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FHEs will conduct a monthly Mohalla meeting in her assigned catchment area. The main purpose of these meetings is to engage and educate married women of reproductive age about reproductive health and family planning. Women attending these gatherings will be engaged by using PRA tools and techniques to critically assess women's and children's health issues and also create awareness of the RH services provided at the Suraj Centre.

## Mashvara Meetings

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FHEs will additionally conduct Mashvara meetings, where married women of reproductive age will be given advice regarding HTSP and family planning. The relevant Suraj provider will be present in all Mashvara meetings. These meetings will give women the opportunity to receive vouchers or referrals for Suraj centres.

## Client Visits

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FHEs will be required to visit at least 160 clients a month for one-on-one education and counselling regarding HTSP and various family planning methods. Family Planning service vouchers and referrals will be provided to those eligible. The FHE will maintain a family record for each client and ensure that clients are regularly followed up.



# Community Mobilisation

## What is community?

Community refers to a group of people who live in a particular geographical locale and have many things in common, such as the food they eat, clothing, their values, behaviours, attitude towards gender, housing and the way they interact with people within their community and with people from outside. A community's norms, beliefs and behaviours are grounded in the traditions and environment of the area.

## Conceptual Understanding of Community Mobilisation

Community mobilisation is the process of reaching out to different stakeholders within the community to share a vision, promote discussion, build their capacity, and take action together to address problems affecting the entire community.

MSS uses community mobilisation as the first step towards behaviour change. The purpose is to create an enabling environment that empowers women to take decisions about their health. The community mobilisation strategy also aims to create a supportive environment to support the reproductive rights of women, empowering them to take decisions on birth spacing and access to FP and MCH services. Through community mobilisation, MSS aims to achieve following aspirations

- Increased ownership, support and responsibility for MSS initiatives
- Increase access and better results
- Improved coverage and access to information and services
- Development of sustainable behaviour change approaches
- Better response to community needs and concerns
- Developing more culturally appropriate strategies and messages
- Greater success (results and sustainability)

## Key Messages to be disseminated through Community Mobilisation:

Theoretical Construct	Target Audience	Message
Perceived Norms	Husband	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.
	Mother-in-Law	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.
	Community	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

## **IRADA's community mobilisation component will focus on two aspects:**

- 1) Creating Community Health Committees (CHCs)
- 2) Inducting Community Health Volunteers (CHVs)

CHCs and CHVs will aid FHEs in conducting various intervention activities within the community and in establishing rapport with the community.



# Community Health “Sehat” Committees (CHCs)

## CHC objectives :

- To Improve linkages in the community between providers and community members
- To reduce socio-cultural barriers in the community to access to FP services
- To create a community space for the women and men to seek practical and emotional support on healthy timing and spacing of pregnancies, irrespective of class, education and financial status

## CHC roles and responsibilities:

- To act as an advocate for gender equity
- To act as an advocate for family planning services
- To act as an enabler for women’s empowerment and for seeking family planning services
- To act as a mediator for referrals to FHEs and Suraj providers
- To approach community members and aid in creating a favourable environment for FP in the community
- To know and understand poverty scoring criteria
- To inform the poorest members of the community about the availability of vouchers that will enable them to seek FP services
- To be able to map the various areas in their community based on wealth quintiles and other socio-economic factors
- To inform the IRADA project team in advance if there are any problems or inconsistencies with the law and order situation in the community that may disrupt the team’s activity so that the team may revise their activities and plans accordingly
- To use posters and other communication materials to increase awareness of IRADA in their communities
- To be familiar with the private providers and able to mobilize support of a link agent to accompany the women to the providers if they need facilitation
- To assist the project team in identifying community health volunteers to work at the grass root and micro level activities in order to reach out to individual households.

As a CHC member you are encouraged to perform these roles and responsibilities within your communities throughout and following IRADA’s project life.

# Reporting Guidelines for CHCs:

As a CHC member, you will be required to complete a monthly reporting form that will be submitted to your designated FHE. The monthly reporting form (Annex 1) consists of three sections:

## Section 1: Month, Village Name, District Name

Month

Village

District

## Section 2: Details of recruited Community Health Volunteers

S/No	Name	Community Role	Contact details
	Name of CHV	Designated role in the community (i.e. Dai, school teacher, nurse)	PTCL number, mobile number, home address, work address

## Section 3: Monthly activity report

Monthly Activity Report	
1. No. of Mohalla facilitated	
Detail of facilitation provided for Mohalla Meetings:  Key observations and recommendations for FHE:	What did you do to facilitate the mohalla meeting? What was your role?  How can the FHE improve the quality of the Mohalla meeting? How can they increase client volume/ Any important comments or observations during the meeting?
2. No of client referrals facilitated	How many clients did you help to refer to n FHE or Suraj provider? Please provide details
3. Other activities undertaken	What IRADA/community mobilisation related activities did you undertake during the month? (i.e. distribution of communications materials)
4. Key Challenges during this month	What challenges did you face within the community? What challenges did you face during mobilisation/recruitment of MWRAs/clients?

# Community Health Volunteers “Sehat Razakar” (CHVs)

As a CHC member, one of your main responsibilities will be to aid FHE’s in identifying and recruiting community health volunteers “Sehat Razakar” (CHVs).

## Roles and Responsibilities for CHVs:

- To identify eligible MWRA in the community and refer them to FHEs
- To extend support to FHEs in identifying high risk families
- To support FHEs in motivating clients to adopt HTSP through various community platforms including the following:
  - Door to door visits to identify areas, couples, and MWRA with unmet needs for family planning
- Developing social maps highlighting households in the following categories:
  - » Families that may be eligible for FP services (i.e. large family size, unmet need for FP)
  - » Large family size, living in poverty and not ready to adopt FP methods
  - » Those who have small families, but would like to space out their births
  - » Impoverished families that may need voucher services
  - » Families using the traditional FP methods that are willing to switch to a modern method
  - » Families that have used a modern FP method in the past and are currently not using any method
- To counsel couples and facilitate access to FP services
- To develop links between the community in their assigned areas and health care providers
- To help CHCs establish the community transport system to enable women to reach providers
- To extend support to SURAJ provider and field teams in ensuring that clients are satisfied with their providers and the services delivered.

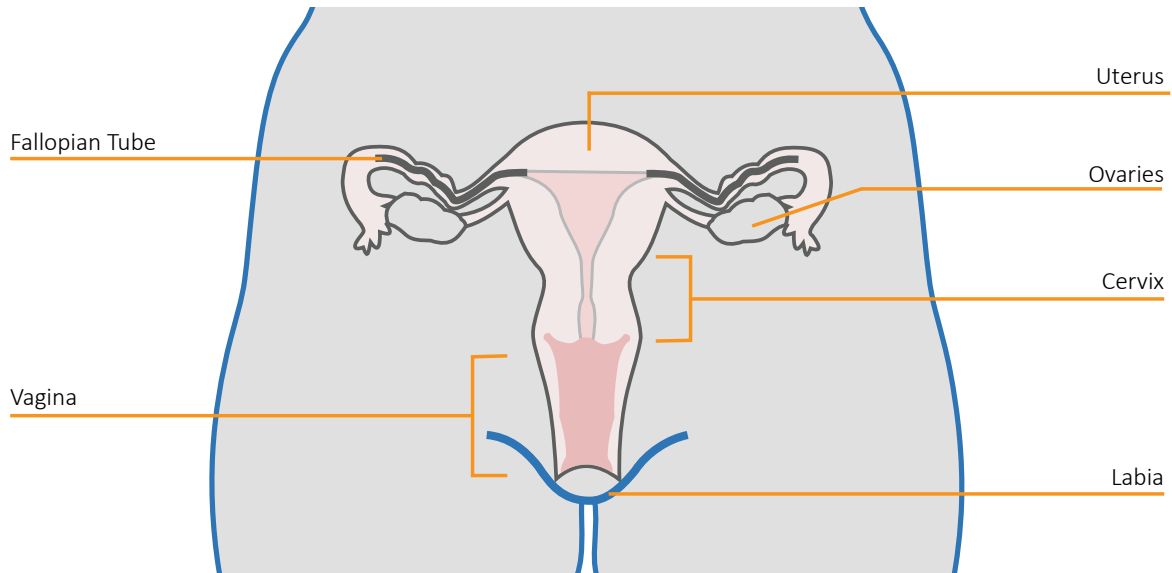
CHCs will be required to collect monthly reports from all CHVs in their community. A copy of the CHV monthly reporting form can be found in Annex 2.

# Reproductive Health

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## The Female Reproductive System

A woman's reproductive system consists of external and internal organs.



### External Organs

#### Clitoris

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The Clitoris is a very sensitive organ located on the vaginal opening. It has an abundance of nerve endings which are very sensitive to touch. The only function of this organ is to provide pleasure for women during sexual intercourse.

#### Labia

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This is a pair of fleshy lips, arranged in two layers, located in front of the vaginal opening. They function to protect internal structures.

#### Vaginal Opening

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The vaginal opening makes up the external, visible part of woman's sexual organs. This part is very sensitive and responds to friction during sexual intercourse.

#### Hymen

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The hymen is a thin, membranous organ which covers the vaginal opening. It has an opening which allows for the passage of menstrual blood every month. The thickness and strength of the hymen is different in different women. The hymen can also rupture due to other non-sexual physical activities and in some women it is naturally perforated.

## Internal Organs

### Uterus

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This is a hollow, thick walled, pear shaped organ situated between the urinary bladder and the last part of the large intestine. The uterus is that organ in which the baby develops during pregnancy. The internal lining of this organ is shed every month and is passed out of the body with blood as menstruation.

### Ovaries

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This is a pair of organs which produce eggs. From the onset of puberty until cessation of menstruation, these organs produce one egg every month.

### Fallopian Tubes

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This is a pair of tubes which transport one egg from the ovaries to the uterus every month.

### Cervix

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This is the lower part of the uterus which joins the vagina. It forms a channel through which menstrual blood flows from the uterus to the outside. It also allows spermatozoa to move from the vagina to the uterus.

### G Spot

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The G spot is a small area, measuring about one to two centimeters, on the front wall of the vagina. The only known function of this part is to facilitate achieving orgasm by women during sexual intercourse.

### Vagina

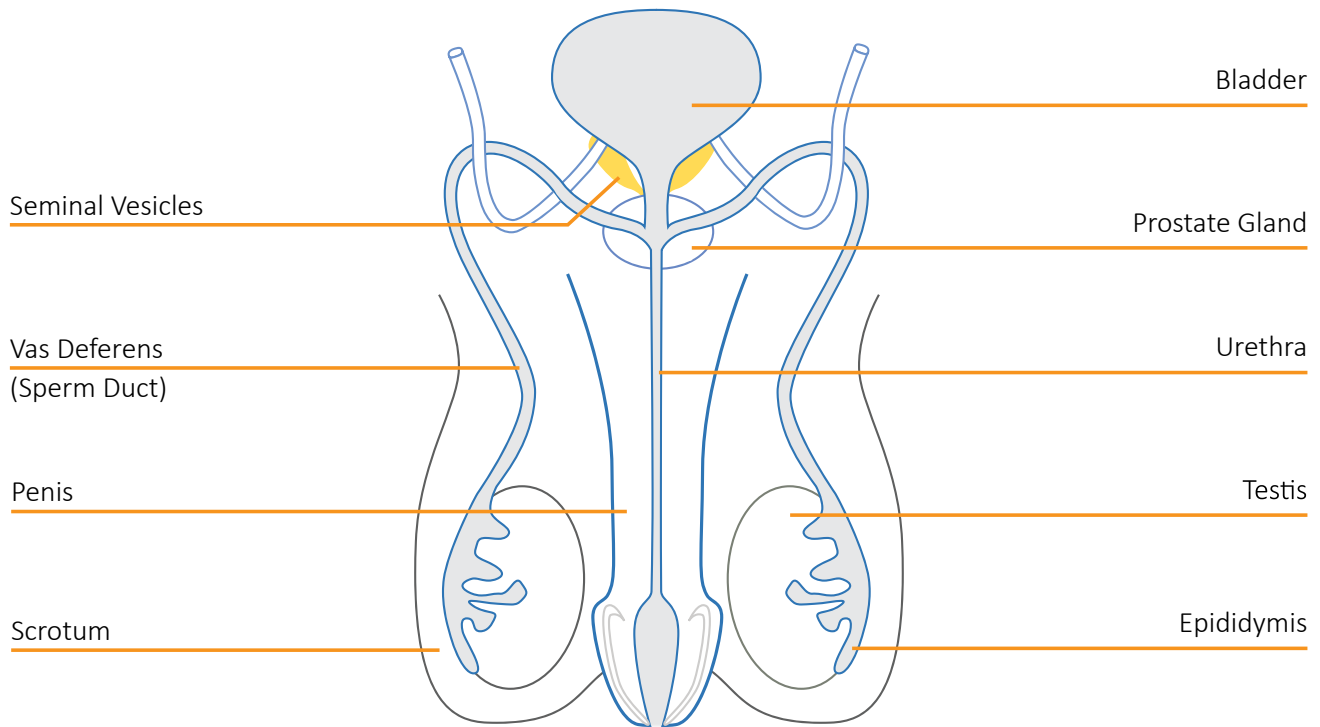
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The vagina is a muscular tube which has the ability to contract and relax. Its size varies from one woman to the next. The penis enters the vagina during sexual intercourse. The vagina forms a passage for menstrual blood to leave the body and also forms part of the birth canal through which a baby is born. Secretions inside the vagina are acidic in nature due to secretion of lactic acid by naturally occurring bacteria. This acidic environment prevents the growth of bacteria inside the vagina. During sexual arousal a woman will feel an increase in the volume and viscosity of vaginal secretions and wetness, the first sexual response within the first 10 to 30 seconds. This increased viscosity and volume of vaginal secretions facilitates easy insertion of penis into the vagina. This change in vaginal secretions at sexual arousal does not occur in prepubescent girls and women who have had a hysterectomy (whose uterus has been surgically removed). Vaginal secretions are usually clear whitish in colour with a slight odor.



# The Male Reproductive System

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## Seminal Vesicles

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This is a pair of small sacs which secrete a nourishing fluid for spermatozoa.

## Prostate Gland

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This is a walnut sized gland which produces a secretion that makes up 30 percent of the total seminal fluid. Seminal fluid nourishes spermatozoa and provides the transportation medium.

## Scrotum

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This is a skin pouch which hangs below the penis. It encloses and holds the testicles which produce spermatozoa (male sex cells). If tight clothing is worn the testicles move closer to the body and the subsequent rise in temperature of the testicles can interfere with maturation and development of spermatozoa.

## Vas Deferens

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This is a pair of thin tubes which transport the spermatozoa from the epididymis to the penis. These tubes may be ligated surgically as a family planning method called Vasectomy.

## Urethra

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This is a thin tube which carries urine from the urinary bladder to the penis which excretes it from the body. It also provides a channel for ejaculating semen from the body.

## Epididymis

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This is a pair of convoluted tubes which provide a nourishing environment for spermatozoa after they leave the testicles before they leave the body.

## Penis

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The penis is shaped like a thick tube. It is capable of becoming erect and reverting to a flaccid state. It is very sensitive to physical stimulation and is the organ which enters the vagina during sexual intercourse. There is an abundance of sensitive nerve endings in the head which is covered by additional skin (foreskin). Removing this foreskin by cutting away is referred to as circumcision. Urine and semen leaves the body through the penis. If a person's penis is stimulated, mentally or physically, the penis develops an erection.

## Family Planning Methods and Side Effects

Family Planning Methods		
Natural/Traditional Methods		
Name	Mechanism	Chance of Pregnancy
Breast feeding	Three conditions must be met for breast feeding to be an effective family planning method: 1. A woman has not menstruated since she last gave birth. 2. The baby is exclusively breast feed. 3. The baby is less than six months old.	1%
Rhythm Method	Woman maintains a record of her menstrual cycle and avoid sexual intercourse or uses a method such as condoms during days when there is a high chance that conception can occur.	Correct Use: 5% Ordinary use: 12%
Withdrawal Method	In this method the male partner withdraws the penis from the vagina prior to ejaculation.	Correct Use: 4% Ordinary Use: 27%
Two-Day Method	A woman checks her vaginal secretion regularly and avoids unprotected sexual intercourse during unsafe days.	Correct Use: 4% Ordinary Use: 14%
Modern Methods		
Temporary Methods		
Condom	It is a tube shaped covering made out of latex rubber which is worn on the penis during sexual intercourse and it serves to collect semen ejaculated by the man providing a barrier to the entry of spermatozoa into the uterus.	2-6%
Family Planning Pill	One pill is ingested every day without a gap. A complete packet consists of 28 pills, 21 white and seven dark coloured pills. Once the first pill is taken a pill should be eaten every day going through the white pills first and finishing the seven coloured pills at the end. Menstruation will commence when the white pills are finished. Once the coloured pills are finished a new packet of pills should be started, beginning with white pills. It should be kept in mind that pills should be started on the specified day irrespective of whether menstruation begins or not.	1%
Family Planning Injection	Usually given to a woman in the arm or on the buttock and is a very successful method for spacing births. This injection produces hormonal changes in a woman's body, temporarily halting the production of eggs from the ovaries and thereby preventing pregnancy.	1%

Long Acting Methods		
Implant	These are flexible capsules which are placed under the skin of the arm. They secrete a hormone called Progesterone which prevents the maturation of the egg in the ovaries, thickens cervical mucous to prevent spermatozoa from entering the uterus, makes the lining of the uterus irregular and unfavourable to implantation of a fertilized egg.	1%
Intra Uterine Device (IUD)	Involves inserting and leaving in place a small intra uterine device made out of plastic in a woman's uterus.	<1%
Permanent Methods		
Tubal Ligation (Female Sterilization)	Tubal ligation involves interrupting and tying off the fallopian tubes to prevent the egg from reaching the uterus.	<1%
Male Sterilization		

Family Planning Methods: Eligibility, Side Effects and Common Myths & Misconceptions				
Natural/Traditional Methods				
Name	Eligibility	Chance of Pregnancy	Potential Side Effects	Myths and Misconceptions
Breast feeding	3 Conditions must be met: <ul style="list-style-type: none"> <li>• No menstruation since last birth</li> <li>• Baby is exclusively breast-feed</li> <li>• Baby is &lt; 6 months old</li> </ul>	1%		
Rhythm Method	Women with regular menstrual cycle of 26-32 days	Correct Use: 5% Ordinary use: 12%		
Withdrawal Method	Men must be aware of when they ejaculate	Correct Use: 4% Ordinary Use: 27%	Least reliable family planning method	

	and able to control their ejaculation			
Two-Day Method	Can be used by women with more vaginal secretions	Correct Use: 4% Ordinary Use: 14%		
<b>Modern Methods</b>				
Temporary Methods				
Condom	Can be used by anyone at any age (unless latex allergy)  Must be used when state of complete arousal is reached	2-6%		<ul style="list-style-type: none"> <li>• Do not have the right size and fit badly.</li> <li>• Break during sex</li> <li>• Reduce sexual pleasure</li> <li>• If it slips off, can get lost in the vagina</li> <li>• Can cause inflammation or ulcers in the uterus</li> </ul>
Family Planning Pill	Women must not have the following conditions: <ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Breast feeding babies &lt;6 months</li> <li>• &gt;40 and diabetic</li> <li>• High BP, smoke, or heart disease</li> <li>• Current jaundice or in past 3 months</li> <li>• Using medicine for epilepsy, TB, or mental illness</li> </ul>	1%	Weight gain Symptoms similar to those of early pregnancy Seek medical attention if: <ul style="list-style-type: none"> <li>• Headache</li> <li>• Pain in chest</li> <li>• Slurring of speech</li> <li>• Pain in lower abdomen</li> <li>• Blurred vision</li> <li>• Pain and swelling in lower legs</li> </ul>	<ul style="list-style-type: none"> <li>• FP pills cause cancer</li> <li>• FP pills can make a woman infertile</li> <li>• FP pills only need to be eaten when you have sexual intercourse with your partner</li> </ul>
Family Planning Injection	Women must not have the following conditions: <ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Current jaundice or in the past 3 months</li> </ul>	1%	<ul style="list-style-type: none"> <li>• Irregular menstrual bleeding</li> <li>• Temporary cessation of menstruation</li> <li>• Nausea, dizziness, headache and anxiety</li> <li>• Weight gain</li> </ul>	<ul style="list-style-type: none"> <li>• Causes liver disease or cancer</li> <li>• Will make them infertile</li> </ul>

	<ul style="list-style-type: none"> <li>• Diagnosed with breast cancer</li> <li>• Breast feeding baby &lt;6 week old</li> <li>• Complications of diabetes</li> <li>• Desire short term FP</li> <li>• Have liver disease</li> </ul>		<ul style="list-style-type: none"> <li>• Vaginal bleeding of unknown cause</li> <li>• Seek medical attention if</li> <li>• Headache</li> <li>• Pain in chest</li> <li>• Severe pain in abdomen</li> </ul>	
<b>Long Acting Methods</b>				
Implant	<p>Women must not have the following conditions:</p> <ul style="list-style-type: none"> <li>• Liver disease</li> <li>• Breast cancer</li> <li>• Uterine bleeding of unknown origin</li> <li>• Clotting of blood in leg veins</li> <li>• Breast feeding/ history of childbirth in past 6 weeks</li> </ul>	1%	<ul style="list-style-type: none"> <li>• Irregular bleeding</li> <li>• Bleeding or abscess formation at the site of implant insertion</li> <li>• Temporary cessation of menstruation</li> <li>• Nausea, dizziness, headache, anxiety, acne</li> <li>• Weight gain/ increased appetite</li> <li>• Vaginal bleeding due to unknown cause</li> <li>• Weakness</li> <li>• Mild abdominal pain</li> <li>• Tenderness in the breasts</li> <li>• Seek medical attention if:</li> <li>• Extrusion of rod from under the skin</li> <li>• Pus formation at site of insertion</li> <li>• Unexplained vaginal bleeding</li> <li>• Severe headache</li> <li>• Difficulty seeing or speaking</li> </ul>	

			-Severe pain in the chest and difficulty breathing -Unusually severe swelling of the legs	
Intra Uterine Device (IUD)	<p>Women must not have the following conditions:</p> <ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Desire short term FP</li> <li>• History of irregular menstrual bleeding</li> <li>• Infection in their pelvic region</li> </ul>	<1%	<ul style="list-style-type: none"> <li>• Vaginal bleeding for a few days after IUD placement</li> <li>• Changes to menstrual cycle</li> <li>• Increased pain or discomfort during menstrual cycle</li> <li>• Seek medical attention if: <ul style="list-style-type: none"> <li>• Abdominal bleeding</li> <li>• IUD string is not visible</li> <li>• Nausea, vomiting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Causes infection</li> <li>• If the woman gets pregnant, baby will be born with IUD</li> <li>• IUD can travel from uterus into heart or brain</li> <li>• Can injure a man's penis</li> <li>• Causes cancer</li> <li>• Causes the abdomen to grow fat</li> <li>• Causes vaginal discharge</li> </ul>
<b>Permanent Methods</b>				
Tubal Ligation (Female Sterilization)	<ul style="list-style-type: none"> <li>• Do not desire any more children</li> <li>• Want a permanent method</li> <li>• Are not pregnant</li> </ul>	<1%	<ul style="list-style-type: none"> <li>• Pain or discomfort from stitches</li> </ul>	<ul style="list-style-type: none"> <li>• Weight gain and increase in abdominal size</li> <li>• Backache and headache</li> <li>• Cessation of menstruation or heavy menstrual bleeding</li> <li>• Reduced sexual desire</li> </ul>
Male Sterilization			Pain or discomfort from stitches	

# Annex

## Annex 1: Reporting sheet for CHC

### Monthly Report for Community Health Committee

Month	
Village	
District	

### CHC Details

S/No	Name	Community Role	Contact details

### Monthly Activity Report

<b>1. No. of Mohalla facilitated</b>	
Detail of facilitation provided for Mohalla Meetings:	
Key observations and recommendations for FHE:	
<b>2. No of client referrals facilitated</b>	
<b>3. Other activities undertaken</b>	
<b>4. Key Challenges during this month</b>	



## Annex 2: Reporting sheet for CHV

### Monthly Community Health Volunteers

<b>Month</b>	
<b>Village</b>	
<b>District</b>	

### CHV Details

<b>Name</b>	
<b>Community Role</b>	
<b>Contact details</b>	

### Monthly Activity Report

<b>1. No. of Door-to-Door Client Visits facilitated</b>	
Detail of facilitation provided for Door-to-Door Client Visits:	
Key observations and recommendations for FHE:	
<b>2. No of client referrals facilitated</b>	
<b>3. Other activities undertaken</b>	
<b>4. Key Challenges during this month</b>	

