



Community Health Volunteer Operations Manual

IRADA

Improving Reproductive Health Through
Awareness, Decision and Action





Suraj Social Franchise
Behaviour Change Communication

Acknowledgements

A decorative graphic consisting of several colored squares (orange, red, purple, green, teal) arranged in a pattern to the right of the title.

Marie Stopes Society (MSS) and the IRADA project team would like to acknowledge the contributions of everyone involved in the development of this training manual. We are extremely grateful to Kausar Saeed Khan and Aziza Burfat who co-authored IRADA's original operations manual, which this manual has been adapted from.

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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 (FP) 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

IRADA will be using 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 using 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

Behaviour 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

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

Mohalla Meetings

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 Center.

Mashvara Meetings

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 centers.

Client Visits

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:

Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.

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.

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)

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

Community Health Committees (CHCs) will work closely with FHEs to identify and recruit Community Health Volunteers “Sehat Razakar” (CHVs).



Community Health Volunteers “Sehat Razakar” (CHVs)

As a Community Health Volunteer “Sehat Razakar” (CHV) you will serve as a community change agent and facilitate community members in adopting HTSP.

As with CHCs, the main objective of inducting CHVs is to:

- 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

The main roles and responsibilities for CHVs include:

- 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 MWRAs 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.

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

Reporting Guidelines for CHVs:

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

Section 1: Month, Village and District

Month	
Village	
District	

Section 2: CHV Details

Name	Name of CHV
Community Role	Designated role in the community (i.e. Dai, school teacher, nurse)
Contact details	PTCL number, mobile number, home address, work address

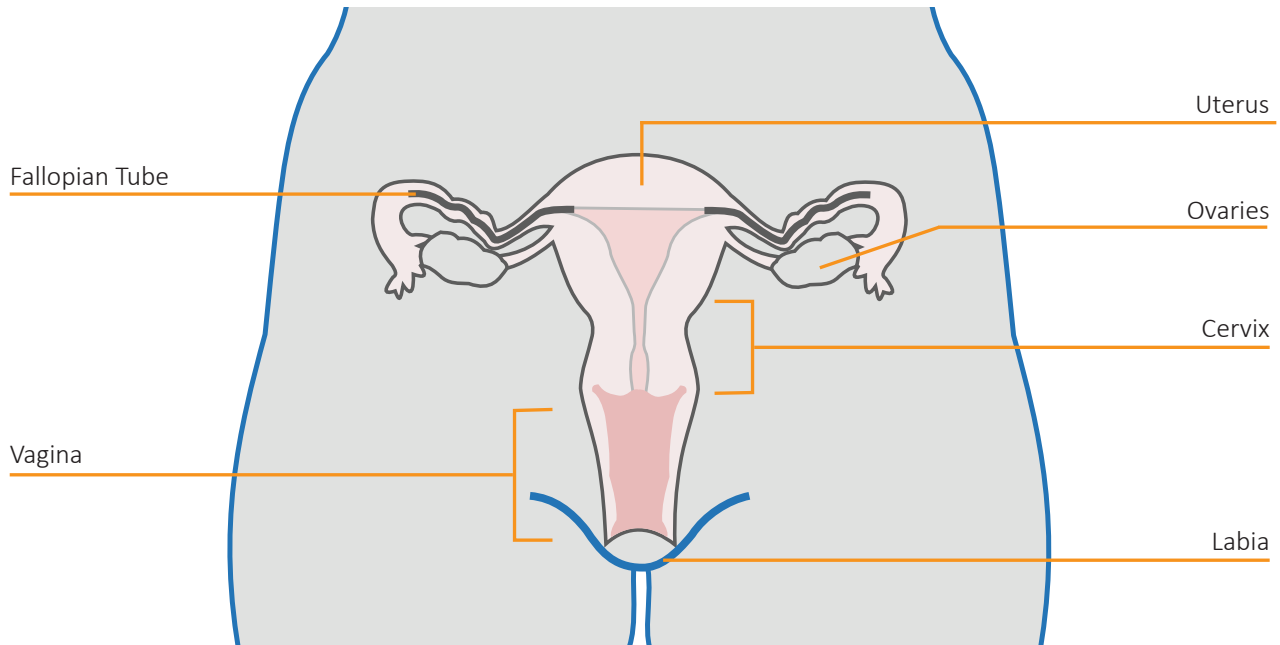
Section 3: Monthly Activity Report

Monthly Activity Report	
1. No. of Door-to-Door Client Visits facilitated	
<p>Detail of facilitation provided for Door-to-Door Client Visits:</p> <p>Key observations and recommendations for FHE:</p>	<p>What did you do to facilitate door-to-door visits? What was your role in the visits? What counseling did you offer for FP methods?</p> <p>How can the FHE improve the efficacy and quality of her client visits? How can they encourage more MWRAs to adopt FP? Any important comments or observations you made during the visit?</p>
2. No of client referrals facilitated	How many clients did you help to refer to an 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. Other activities undertaken	What challenges did you face within the community? What challenges did you face during mobilisation/recruitment of MWRAs/clients?

Basics of Reproductive Health

The Female Reproductive System

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



External Organs

Clitoris

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

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

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

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

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

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

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

Cervix

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.

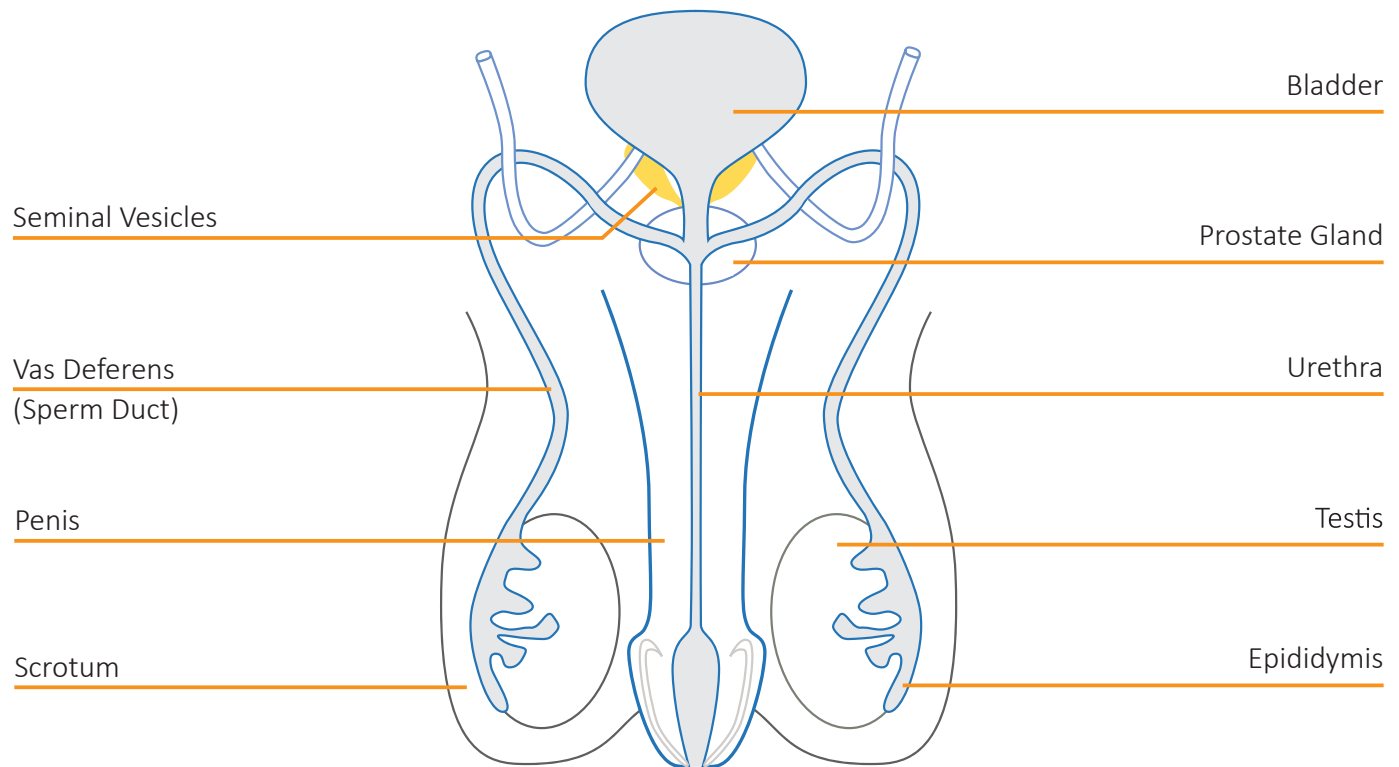
G Spot

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

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 color with a slight odor.

Male Reproductive System



Seminal Vesicles

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

Prostate Gland

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

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

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

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

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

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 fed. 3. The baby is less than six months old.	1%
Rhythm Method	Woman maintains a record of her menstrual cycle and avoid sexual inter-course 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 colored pills. Once the first pill is taken a pill should be eaten every day going through the white pills first and finishing the seven colored pills at the end. Menstruation will commence when the white pills are finished. Once the colored 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%

Family Planning Methods and Side Effects

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 pre-vent 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"> ▶ No menstruation since last birth ▶ Baby is exclusively breast fed ▶ Baby is < 6 months old 	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 and able to control their ejaculation	Correct Use: 4% Ordinary Use: 27%	- Least reliable family planning method	-

**Family Planning Methods: Eligibility, Side Effects
and Common Myths & Misconceptions**

Natural/Traditional Methods

Name	Eligibility	Chance of Pregnancy	Potential Side Effects	Myths and Misconceptions
Two-Day Method	Can be used by women with more vaginal secretions	Correct Use: 4% Ordinary Use: 14%	-	-

Modern Methods

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%	-	Do not have the right size and fit badly. Break during sex Reduce sexual pleasure If it slips off, can get lost in the vagina Can cause inflammation or ulcers in the uterus
Family Planning Pill	Women must not have the following conditions: Pregnant Breast feeding babies <6 months >40 and diabetic High BP, smoke, or heart disease Current jaundice or in past 3 months Using medicine for epilepsy, TB, or mental illness	1%	Weight gain Symptoms similar to those of early pregnancy Seek medical attention if: Headache Pain in chest Slurring of speech Pain in lower abdomen Blurred vision Pain and swelling in lower legs	FP Pills cause cancer FP pills can make a woman infertile FP pills only need to be eaten when you have sexual intercourse with your partner

Modern Methods

Temporary Methods

Family Planning Injection	Women must not have the following conditions: Pregnant Current jaundice or in the past 3 months Diagnosed with breast cancer Breast feeding baby <6 week old Complications of diabetes Desire short term FP Have liver disease	1%	Irregular menstrual bleeding Temporary cessation of menstruation Nausea, dizziness, headache and anxiety Weight gain Vaginal bleeding of unknown cause Seek medical attention if: Headache Pain in chest Severe pain in abdomen	Causes liver disease or cancer Will make them infertile
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Long Acting Methods

Implant	Women must not have the following conditions: Liver disease Breast cancer Uterine bleeding of unknown origin Clotting of blood in leg veins Breast feeding/ history of childbirth in past 6 weeks	1%	Irregular bleeding Bleeding or abscess formation at the site of implant insertion Temporary cessation of menstruation Nausea, dizziness, headache, anxiety, acne Weight gain/ increased appetite Vaginal bleeding due to unknown cause Weakness Mild abdominal pain Tenderness in the breasts	
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Long Acting Methods

			Seek medical attention if: Extrusion of rod from under the skin Pus formation at site of insertion Unexplained vaginal bleeding Severe headache	
Intra Uterine Device (IUD)	Women must not have the following conditions: Pregnant Desire short term FP History of irregular menstrual bleeding Infection in their pelvic region	<1%	Vaginal bleeding for a few days after IUD placement Changes to menstrual cycle Increased pain or discomfort during menstrual cycle Seek medical attention if: Abdominal bleeding IUD string is not visible Nausea, vomiting	Causes infection If the woman gets pregnant, baby will be born with IUD IUD can travel from uterus into heart or brain Can injure a man's penis Causes cancer Causes the abdomen to grow fat Causes vaginal discharge

Permanent Methods

Tubal Ligation (Female Sterilization)	Do not desire any more children Want a permanent method Are not pregnant	<1%	Pain or discomfort from stitches	Weight gain and increase in abdominal size Backache and headache Cessation of menstruation or heavy menstrual bleeding Reduced sexual desire
Male Sterilization				

Annex

Annex -1: Reporting sheet for CHV

Monthly Community Health Volunteers

Month	
Village	
District	

CHV Details

S/No	Name	Community Role	Contact details

Monthly Activity Report

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

