

Provision of Reproductive Health Services Through Social Marketing



REPORT ON TRAINING OF TRAINERS (TOT)

April 26 - May 2, 2015
At Hotel De Papée, Islamabad

Rural Support Programmes Network

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Acronyms

BS	Birth Spacing
CO	Community Organization
CPR	Contraceptive Prevalence Rate
CRP	Community Resource Person
CYP	Couple Years of Protection
DHN	District Health Network
DTC	District Technical Committee
FP	Family Planning
GSM	Greenstar Social Marketing
IEC	Information, Education and Communication
LHW	Lady Health Worker
LSO	Local Support Organization
MNCH	Maternal Neonatal & Child Health
MO	Monitoring Officer
MOH	Ministry of Health
MoPW	Ministry of Population Welfare
MWRA	Married Women of Reproductive Age
PDHS	Pakistan Demographic Health Survey
PSI	Population Services International
RSPN	Rural Support Programmes Network
RSPs	Rural Support Programmes
SMT	Social Mobilization Teams
TOT	Training of Trainers
UCHC	Union Council Health Committee
VHC	Village Health Committee

Background

The Rural Support Programmes Network (RSPN) entered into a partnership with Population Services International (PSI) for **“PROVISION OF REPRODUCTIVE HEALTH SERVICES THROUGH SOCIAL MARKETING”** in 03 districts (Jhang, Bahawalpur, and Rahim Yar Khan) of Punjab Province from 16 April, 2015. This agreement is a continuation of the likewise agreement with the Greenstar Social Marketing (GSM) from the period April 2013 to April 2015. The need of this partnership arose due to the limited access to Basic Health Units (BHU) and National Programme for Family Planning and Primary Health Care (LHW Programme) in the rural areas. These programmes are the only source of primary health care services in the public sector at rural level. Since the BHUs are not operational around the clock thus rural population faces a lot of difficulties in accessing the health facilities/services. Currently, the LHW programme covers approximately 65% of the population and remaining 35% of the rural/far flung population has no source of health information, education, and services. According to the baseline survey report of Norway Pakistan Partnership Initiatives (NPPI) project, LHWs do not visit about 30% of the women in their target areas due to many social constraints and weak local accountability system. To address this gap, this partnership between RSPN and PSI is going to implement the project in non LHW covered/under-served rural areas with the focus to improve access of poor and underserved communities to family planning products and services. RSPN through a vast network of its community level workers will reach out to rural women, men, and their families with tailored messages to create demand for family planning/RH products/services. Behavior change communication activities will also be carried out to address gender and social barriers that prevent women from accessing and using family planning products and services. RSPN will also establish the community based distribution system so that motivated couples have an easy access to contraceptives and other RH products at their doorsteps. Intensified coordination with the public and commercial sectors will also be established for sustainability of the program. Finally, rigorous monitoring and evaluation (M&E), including real-time mapping of products and service delivery will ensure accountability for results and transparency.

This project will be implemented by RSPN through its partner Rural Support Programmes i.e. National Rural Support Programme (NRSP) and Punjab Rural Support Programme (PRSP) with the aim to 1) Enable the environment for women, girls and men to avail healthy reproductive health choices 2) Increase availability of quality reproductive health products/services with a focus on rural areas and 3) Strengthen accountability for results at all levels with increased transparency and innovative approaches. The approach opted for implementation is through trained community volunteers known as Community Resource Persons (CRPs). Since this project is a continuation of partnership with GSM, we will continue to work in the old areas as well expand our project activities in new LHW uncovered areas as well. A total of **900 CRPs (600 women and 300 men)** will be trained in all three districts, from both old and new areas.

The prerequisite for demand generation on birth spacing is a well trained human resource fully capable of undertaking community mobilization activities within the target population. And hence CRPs will be our

human resource for community mobilization on this topic. These CRPs are to be trained on technical knowledge and effective community mobilization and social marketing. The training of the CRPs is the responsibility of the social mobilizers of the RSPs hired under the PSI project. Therefore, to build the capacity of the social mobilizers as master trainers on contraceptive methods and community mobilization/social marketing so that they can effectively conduct the training of the CRPs for project implementation a six days Training of Trainers (TOT) was organized in Islamabad from 27 April to 2 May 2015. The agenda of the training is annexed as Annex A. Not only the Social Mobilizers, but also the District Project Officers, Lady Health Visitors and Representatives of the core teams of RSPs participated in the TOT. The list of the participants is annexed as Annex B.

Methodology

A mixed training methodology was followed, comprising of brainstorming, interactive discussions, experience sharing, role playing, sharing of case studies, group work, and group and individual presentations by the participants. All the sessions were made interactive to ensure the interest and active participation of the participants.

Introductory Session



The six days TOT event was formally started with the recitation from the Holy Quran. Mr. Bahsir Anjum, Specialist Social Sector RSPN, welcomed the participants and introduced and thanked Mr. Jim Malster, Country Representative PSI, for his presence and support. The introductory session was made interactive where the participants introduced themselves one by one. After this short introductory session, to break the ice further, the expectation of the participants from this six day training event was discussed and enlisted on a chart. The training norms were also set and enlisted on a chart sheet to be placed in the training hall.

Mr. Jim Malster, in his opening remarks thanked and welcomed RSPN and all the participants. He started with appreciating the great work this team is going to do in next 14 months and shared his experience of a short visit to Bahawalpur where he was impressed to see the work at ground. He made this session interactive where he asked questions to the new inductees in the teams about their expectations from this project and to the old staff members about their previous experience and keys to success. He mentioned that adopting any FP method is a choice, and a behavior, so what we are going to do is to change people's behavior for that we need to know that what it is that is driving or motivating the people. He also believed that to change people's behavior one needs to connect to the audience and that is achieved by understanding their fears, anxieties, expectations, aspirations, dreams etc. In the end, he wished the participants good luck for next six days training and ensured his support in the future.

Mr. Assad Ali Hashmi, Acting Chief Executive Officer RSPN, welcomed the participants on behalf of RSPN and delivered a very constructive lecture on team building, community mobilization, and importance of mother and child health for improving the overall quality of life. He emphasized on the achievement of targets with team work where every team member fulfils his/her responsibility and where team members work as support system for each other. He also focused on the



importance of coordination among the district teams to ensure the uniformity in community mobilization approach so that all three districts work on same lines. He also emphasized that we should remember that our aim is to save the valuable maternal and child lives.

The agenda and the objectives of the training were also shared with the participants by Mr. Manzoor Hussain, Project Manager PSI (RSPN). He introduced the participants about the project, implementation strategy, Community Resource Person (CRP) model and role and responsibilities of CRPs in the project, responsibilities of the Social Mobilizer, District Project Officers (DPOs) and service provider Lady Health Visitors (LHVs). He also emphasized on the importance of village health committees, its formation and role of VHCs in improving the mother and child health in the project area. To address the community issues in availing the RH services, federation of village health committees at union council level and district level (district health networks) were also discussed in detail with their role and responsibilities.

Contraceptive Technology



The training focused on building the capacity of the participants on technical aspects of contraceptive methods and community mobilization to generate the demand for the birth spacing services. Therefore, during the training, a large portion of time was given to the technical session on contraceptive technology followed by practice sessions. The purpose of this session was to enhance the technical knowledge of the participants regarding birth spacing methods, its usage, and management of side effects.

Dr. Nabeela Shahid, Focal Person NRSP, delivered this technical session. She did not only talk about the contraceptive methods and their types but also discussed the myths and misconceptions of all the participants to their satisfaction. The participants were also educated on the explanation of technical terms. To enhance the delivery skills of the participants on contraceptive technology, practice sessions were conducted in groups where each participant was provided the opportunity to deliver the session on the subject. The training session supported the participants to learn about the barriers/myths and misconceptions which are necessary to be removed to motivate the couples to practice the birth spacing. Participants also learnt about the healthy timing and spacing of pregnancy (HTSP). Based on this session's learning, it was concluded that healthy birth spacing in pregnancies is very important for not only mothers but also for the children's overall well-being.

Communication and Facilitation Skills



Ms. Shazia Jabeen, Focal Person PRSP, facilitated the session on counseling and effective communication skills. She made this session very playful where small activities were done to make the participants understand the importance of effective counseling and communication. A special activity (marco and polo) was organized for clarifying the concept of two-way communication. Apart from these activities the emphasis was put on maintaining the privacy and confidentiality of the data from target communities. She briefed the tools of counseling and effective communication methods and introduced three types of learning style (Visual, Auditory and Kinesthetic). She presented the facilitation skill under the sub components as under:

- Attending
- Observing
- Listening
- Questioning

She concluded the session by sharing the qualities of a good facilitator with special focus on Do's and Don'ts. To ensure the quality communication she briefed the participants about the communication model and importance of feedback.

Group Meeting Methodology



To create the demand for FP services in the target communities there are two phases planned in the project life, one of them is group meetings and the other one is household visits. Most of the communication experts suggest that group meeting is the best way of teaching and experience sharing for motivating the participants for any specific purpose. Likewise, based on the experience under GSM project we are going to continue to use the group meeting methodology as the basis strategy for demand creation. For this purpose, a session on group meeting methodology was conducted by Mr. Manzoor Hussain, Project Manager RSPN. He began with sharing of the group meeting protocols and procedures, and talked about the effectiveness of group meetings for demand creation at the community level. He introduced proper use of different IEC material to be used in the meeting, for example, the use of sensitization story, contraceptive banner, and the pamphlets/brochures to be distributed among the meeting participants at the end of the meeting. A mock session on group meeting was conducted by the facilitator as a model for the participants. To ensure the involvement of participants at community level, the application of probing skills was the part of the mock session. To probe the RH messages and its link with the objectives of the meeting was also shared with the participants. The skill to switch the probing results to contraceptive banners in the light of exclusive breast feeding is the turning point of the session which leads the participants to adopt any birth spacing method. He further introduced the participants that how they have to market the birth spacing methods and refer the clients for birth spacing services.

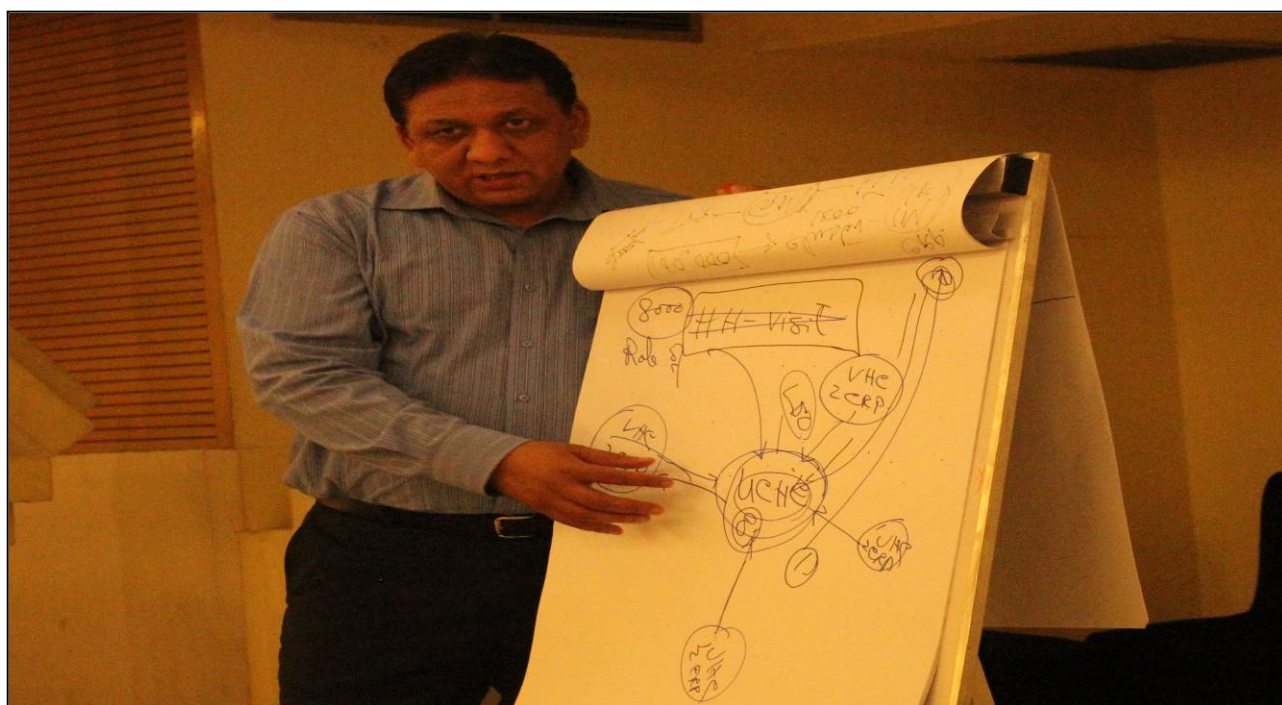
After the mock exercise, the participants were divided into four groups to practice on how to conduct the group meetings. Each individual's mock practice was observed by the group members and feedback was

provided to improve the shortcomings. The participants showed their full interest in group work and learned the techniques for handling the different types of community questions. They also practiced the referral of clients and its quality record keeping. A full day was fixed for practical session on group meeting to make the participants a quality facilitator. A written document in the name of “guidelines for group meeting” was provided to the participants in Urdu to support them all the times. Subsequently each member of the team practically demonstrated the group meeting to get full confidence on session delivery.

Household Visits by Women CRPs

This session was also facilitated by Mr. Manzoor Hussain, Project Manager PSI. As mentioned earlier, the second phase of community mobilization for demand creation of FP services is the household visits by the women CRPs. The strategy is to go house to house for one-on-one meeting with MWRA to reinforce the messages of birth spacing, ensure the follow up services to users, to remove the myths and misconception, to manage the side effects, to mobilize the non-users towards birth spacing methods, referral of the clients, and information about the date, venue and time of the upcoming camp . Each registered MWRA is supposed to be visited once by their respective women CRP in a month. The participants were briefed about the different types of MWRA, a woman CRP can encounter in her house to house visits, and different strategies to conduct the visit with them. The material required by the CRPs during household visit was also shared with the participants. Mock household visit exercises/role plays were conducted for different scenarios keeping in view the status of the MWRA. The full participation of the participants was ensured in the mock exercise.

Social Marketing



Community Based Distribution/ Social Marketing session was conducted by Mr. Manzoor Hussain, Project Manager PSI. In this session he elucidated and made clear to the participants the importance of reproductive health services for the health of women and children. But the awareness and dissemination of information regarding reproductive health choices remain a tedious undertaking therefore, the provision of RH products at community level near the doorstep and within comfortable access equally for both genders is essential. In this regard, many steps related to RH services were taken out by the public and private sector to educate the communities in health related issues and to ensure the access of the poor to health facilities. These steps include training of staff, education of communities in rural areas and quality service delivery to the poor communities reaching at facilities.

He emphasized the social marketing aspect of the PSI project and briefed that under the GSM project the Business In a Box (BIB) model was successfully tested in all the project districts to ensure the continuity of the RH services in the uncovered areas through CRPs and through CBDs. So based on the successful execution of this model, the same approach will be implemented under PSI. As before, to provide the back up support to the field force beyond project life, VHCs will be formed at the village level and federated at UC level by making a distribution mechanism of RH products/commodities. For this purpose some important activities has been planned in the project like:

- Training of Women CRPs on Entrepreneurship and Social Marketing/BIB
- Procurement of Social Marketing Products for BIB Initiatives
- Social Marketing/Business for the RH Commodities
- Satellite/Outreach Camps by Private LHV/GSM Franchise

He further explained the basic RH needs of women and children with the participants. The suggested items for BIB were sanitary napkins, ORS, folic acid and some other basic household items. The sale of these basic items during household visit will ensure the continuity of new users and in return the income of the CRP will be sustained. The HH visit will also be fruitful activity in refreshing the knowledge of the MWRAs and ensure the continuity of CRPs services in the area beyond the project life. He explained that the supply chain will be maintained through UCHC/VHC/CBDs which ensure accountability of the CRPs services through community owned institution (VHC, UCHC).

Record Keeping and Reporting

Mr. Manzoor Hussain, Project Manager PSI, conducted this session on record keeping and timely reporting. While emphasizing its importance in accordance with the agreed indicators he mentioned that the record keeping and timely reporting shows the success/weakness of the project activities and guides the project

officials for any remedial measures at any stage of the project, if need be. In the PSI project, there are three main levels of record keeping and reporting as defined.

CRP Level

CRP is the main mobilizing and demand generating character of the project working at community level. S/He is responsible to register the existing MWRAs, mobilizing them for birth spacing methods, ensuring the referral to service delivery points and providing continuous follow up support to MWRAs through household visits. S/He is responsible to maintain proper record of all the activities being undertaken by him/her in the provided client record register, referral slips and attendance sheets; and will report in the standardized monthly reporting format. All of the above mentioned formats were explained to the participants.

VHC Level

VHC will provide the continuous support to the CRPs in continuing their services, referral and demand generating activities and discuss the issues/problems being faced by CRPs during implementation and take remedial steps to solve these problems. All the decisions taken by the VHCs will be recorded in VHC meeting register which is the responsibility of the Social Mobilizer/President/Secretary of the Village Health Committee.

Social Mobilizer Level

Man/woman Social Mobilizer (SM) is responsible to provide technical support to all the CRPs and VHCs in quality implementation of the project activities. In each district, the SMTs will manage 300 CRPs and build their capacity in delivering the information through group meeting and household visit and maintenance of record and reporting. SMs will compile the progress report of all the CRPs and submit it to the District Project Officers. For each level of record keeping and reporting the standardized formats were shared in detail during the TOT. To ensure the quality, tools were developed and practiced by the participants during the training. Validation of data is also a very important activity to certify the validity of the activity. For this purpose validation tools were developed which will be filled by the social mobilizers and findings will be shared with the senior management.

To fill out all type of record keeping and reporting formats, descriptive guidelines were prepared and shared with the participants to develop their understanding in record keeping and reporting. The session was concluded by providing a photocopy of the formats and guidelines to the participants

and addressing the learners questions. The reporting in the project will be weekly, monthly and quarterly but sharing with the donor will be on monthly and quarterly basis.

Coordination with the Stakeholders

RSPN will ensure the coordination with partners at national and provincial level while the RSPs will confirm the coordination at district level. All the concerned partners i.e. MNCH, PWD, DoH and other private organizations will be kept informed about the timelines for implementation of the major activities. They will be invited in the opening and closing ceremony of the trainings to be organized in the districts. At the district level, the schedule for training of the CRPs will be shared to all the concerned stakeholders and they will be invited to observe the training of the CRPs. District Project Coordinator will participate in the DTC meetings on monthly basis and share the meeting minutes with RSPN.

Highlighting Success – Protocols for Case Studies



While continuing the importance of record keeping and reporting, Ms. Misbah Jatoi, Communications Officer HCC, explained various types of ways to document a project's success, with a special emphasis on one of the type that is the case studies. She explained the concept of a case study, when to document it, how to document it, and what are the elements of a case study. Moreover, the quality requirement of photographs

for the case studies was also described. It was decided that each district team will submit two case studies per quarter where it will be the SM's responsibility to identify, gather and document the cases while DPOs will verify the cases and the data gathered.

Closing Ceremony

The last session of the TOT was closing ceremony of the event. Mr. Jim Malster - Country Representative PSI, Agha Jawad - General Manager NRSP, Mr. Bashir Anjum - Social Sector Specialist, Dr. Nabeela Shahid – Focal Person NRSP, Ms. Shazia Jabeen – Focal Person PRSP, and Mr. M.R. Kayani – Project Manager SCI-RSPN were the chief guests at the closing ceremony. It was the great successful event which ended in preparing the 20 master trainers fully equipped with training skills. These trainers will take the lead in their concerned districts in capacity building of the CRPs and proved themselves.

Mr. Jim Malster congratulated the participants upon the successful completion of the six day TOT. Social Sector Specialist RSPN addressed the participants and emphasized on the upcoming responsibilities of the district teams. Mr. Agha Jawad appreciated the efforts of RSPN and ensured that the enthusiasm showed by the field teams in TOT shall remain at the same momentum and bring in excellent results. The certificates of participation were awarded to the participants and with this the training was concluded with a vote of thanks by the Project Manager PSI, RSPN.





Lessons Learnt

Following were the points that were finalized during the training, in consultation with the district teams.

- In referral slips, the Date of Camp and Type of Method are to be added at the back of the slips.
- In CRPs monthly Progress Report, the CRP's Signature is to be added at the end of the document.

Annexure

Annex – A

Training of Trainers (TOT)

On

Community Mobilization and Social Marketing Under

REPRODUCTIVE HEALTH SERVICES THROUGH SOCIAL MARKETING

April 27 – May 02, 2015, Islamabad

AGENDA

Day One		Responsibility
0830-0850	Registration	Mr. Nasir Abbas
0850-0900	Recitation from Holly Quran	One of the Participants
0900-0930	Introduction of the Participants , Expectations and Setting the Norms for 06 days training	Manzoor Hussain PM
0930-1000	Sharing of Lesson Learned, Agenda and Objectives of the Training	Manzoor Hussain PM
1000-1015	Welcome Address by COO/CEO	Mr. Khaleel Ahmed Tetlay/Assad Ali Hashmi Acting COO/CEO
1015-1100	Situation of Mother and Child Health in Pakistan & Role of Birth Spacing Programmes in Improving the Mother and Child Health and scenario in the operational areas	Mr. Mussaddiq Rashid Kayani PM
1100-1115	Tea break	
1115-1230	Brief Introduction of Communication Strategy of Project and Target groups for Community Mobilization Introduction of the CRP Model Role and Responsibilities of DPO, SOs, LHVs, F&A Assistant and CRPs	Bashir Anjum Manager SPW
1230-1300	Agreed KPIs - Registration of target communities –	Manzoor Hussain PM

	introduction of the registration format questions/Answers (Registration sheet and CRR)	
1300-1400	Lunch & prayer break	
1400-1445	Natural Birth Spacing Methods (LAM, Withdrawal and SDM)	Dr. Nabeela Shahid
1445-1500	Tea Break	
1500-1700	Modern Contraceptive Methods Condoms, Pills, Injectable, IUCD, Emergency Contraception Pills & Surgical Methods	Dr. Nabeela Shahid
1700-1800	Split of Participants in 04 Groups - Each Sub Group Comprising of 7 Participants - Preparation for Presentation on Contraceptives Methods by Participants	Mr. Manzoor Hussain PM
Day Two		Responsibility
0830-0915	RSPN HR Policy & Procedures	Mr. Jawad Khan RSPN
0915-0930	Islam and Birth Spacing	Manzoor Hussain PM GSM
0930-1100	Presentation on Contraceptive Methods by Sub-Groups	Facilitators of each sub group
1100-1115	Tea break	
1115-1200	Presentation on Contraceptive Methods by Sub-Groups	Facilitators of each sub group
1200-1300	Communication Skills (Do's and Don'ts')	Ms. Shazia Jabeen Focal Person PRSP
1300-1400	Lunch Break	
1400-1600	Introduction of IEC Material and Introduction to Group Meeting Methodology and Mock exercise on Group Meeting (Attendance Sheet + Broucher+story+Banner+Referral slip+CRR)	Mr. Bashir Anjum Manager SPW
1600-1615	Tea break	
1615-1800	Split of Participants in 04 Groups - Each Sub Group Comprising of 7 Participants - Preparation for group meeting and referral clients	Mr. Manzoor Hussain/Facilitator of each group
Day Three		Responsibility
0830-0915	RSPN Gender Policy and Mainstreaming	Ms. Sadar Dar RSPN
0915-1100	Roll Out of Group Meeting by Groups (Group Meeting and Referral of Potential Clients)	Facilitator for Each Sub-Group
1100-1115	Tea Break	
1115-1300	Roll Out of Group Meeting by Groups (Group Meeting and Referral of Potential Clients)	Facilitator for Each Sub-Group
1300-1400	Lunch Break	
1400-1530	Social Marketing of RH Products/Business in a box (Stock Register)	Bashir Anjum SSS
1530-1545	Tea Break	

1545-1700	Strategy for Household Visit, Mock Exercise on Household Visit, Referral and Supply of Contraceptives (Pills and Condoms) Referral slip+CRR+Condoms+Pills and other items	Manzoor Hussain PM
1700-1800	Split of Participants in 04 Groups - Each Sub Group Comprising of 7 Participants - Preparation of household visit	Ms. Shazia Jabeen
Day Four		Responsibility
0830-0915	Compliance & Audit	Mr. Bader-ul Islam RSPN
0915-1100	Roll Out of the Household Visits by Sub-Groups	Facilitator of the group
1100-1115	Tea Break	
1115-1200	Roll Out of the Household Visits by Sub-Groups	Facilitator of the group
1200-1300	Involvement of Youth and Religious Leaders	Nabila Shahid/Manzoor Hussain PM
1300-1400	Lunch Break	
1400-1500	How to Organize the Outreach Visit of LHV at the Cluster for Services, Role of UCHC, Contraceptive Supply for UCHC and Coordination of the CRPs with UCHC to Get Supply of Contraceptives	Manzoor Hussain
1500-1600	Monthly Meeting with CRPs to Get the Monthly Report from CRPs (Monthly Report of CRPs)	Manzoor Hussain
1600-1615	Tea Break	
1615-1700	Sharing the Agenda for 06 Days Training of CRPs How to Conduct the 06 Days Training of the CRPs	Bashir Anjum
1700-1800	Split of Participants in four Groups Each Sub Group Comprising of 07 Trainers Preparation for Roll Out of 06 Days Training of CRPs	Facilitators for each sub group/Bashir Anjum/Manzoor Hussain
Day Five		Responsibility
0845-0915	Financial Management & Requirements/Protocols	Mr. Sheraz/Waqas RSPN
0915-1030	Record keeping & Reporting mechanism	M&E Officer/Fazal Ali Saadi Specialist M&E
1030-1100	Questions & Answers	
1100-1115	Tea Break	
1115-1300	Roll Out of Training of CRPs by Group-1	Facilitator of each Group/Bashir Anjum/Manzoor Hussain
1300-1400	Lunch Break	
1400-1545	Roll Out of Training of CRPs by Group-2	Manzoor Hussain and Assigned Facilitators for each sub group
1545-1600	Tea Break	
1600-1800	Roll Out of Training of CRPs by Group-3	M&E Officer

Day Six		Responsibility
0830-0915	Highlighting Success – Protocols for case studies	Ms. Sheeba Farooq Communication Officer RSPN
0915-1030	Role of VHC for mobilization, UCHC for advocacy and DHN for Advocacy at district level	Participatory – Manzoor PM
1030-1100	Clarifying the Mist about Training of the CRPs	Participatory
1100-1115	Tea Break	
1115 -1145	Introduction to GSM Youth Helpline and its utilization	Bashir Anjum MSPW
1145-1230	Participation in the DTC – Role of DPO	Manzoor Hussain PM
1230-1330	Monitoring of the project activities	M&E Officer
1330-1430	Lunch Break	
1430-1530	Development of the Work Plans by Social Organizers for Training of the CRPs	Shazia.Jabeen FP
1530-1600	Utilization of the program income	Bashir Anjum/Manzoor Hussain
1600-1630	Workshop Evaluation	
1630-1700	Closing Ceremony and Certificate Distribution by the Chief Guest	Chief Guest
1700-1715	Hi Tea	

Annex-B

Provision of Reproductive Health Services through Social Marketing List of Participants for TOT

S#	Organization	Name	Designation	Contact No.	Cell No.
1	Jhang (PRSP)	Ms. Shazia Jabeen	Focal Person PRSP		0300-4414060
		Mr. Alam Sher	District Project Officer	041-8524641	0300-4427618
		Ms. Saima Masoom	Social Organizer		0333-9192529
		Ms. Fozia Parveen	Social Organizer		0333-7516340
		Mr. Muhammad Abbas	Social Organizer		0343-6286018
		Mr. Bakht Yar Haider	Social Organizer		
		Ms. Zahida Parveen	Lady Health Visitor		
		Ms. Rukhsana Bibi	Lady Health Visitor		
		Ms. Fakhra Iram	Lady Health Visitor		
		Mr. Sajjid Ali Sajjid	Finance Assistant		
2	Bahawalpur (NRSP)	Ms. Nabeela Shahid	Focal Person NRSP		
		Mr. Asif Abbas	District Project Officer		3225064492
		Ms. Mamona	Social Organizer		
		Ms. Aqra Akhtar	Social Organizer		
		Mr. Hafiz Atif	Social Organizer		
		Mr. Faisal Skandar	Social Organizer		
		Ms. Hafiza Samina	Lady Health Visitor		0303-8986889
		Ms. Rubina	Lady Health Visitor		0306-7532539
		Ms. Hafiza Saheen	Lady Health Visitor		0321-2457154

		Mr. Nazeer Ahmed	Finance Assistant		
3	Rahim Yar Khan (NRSP)	Mr. Muhammad Ahmad	District Project Officer		0301-8580291
		Muhammad Ibrahim	Social Organizer		0301-8580703
		Zia Ur Rehman	Social Organizer		0303-6141535
		Anum Ejaz	Social Organizer		0304-7548928
		Yasmeen Ayaz	Social Organizer		0301-2307097
		Amina Ishaq	Lady Health Visitor		0305-3199941
		Shabana Kausar	Lady Health Visitor		0304-9009500
		Asia Fazal	Lady Health Visitor		0301-2307097
		Muhammad Kashif Sami	Finance Assistant		0301-8580124
4	RSPN	Mr. Bashir Anjum	Manager SPW	051-2277881	0333-4003811
		Mr. Manzoor Hussain	Project Manager	051-2277881	0331-5660793
		Mr. Nasir Abbas	Admin & logistic Assistant	051-2277881	0345-9731334
		Ms. Nabeela Shahid	Focal Person NRSP		
		Ms. Shazia Jabeen	Focal Person PRSP		0300-4414060
		Ms. Samina Ashraf	District Manager RYK – Facilitator		
		Ms. Misbah Jatoi	Communications Officer, HCC RSPN		