

IMPLEMENTING PARTNERS

- i. Thardeep Rural Development Programme is implementing the project in Umerkot.
- ii. National Rural Support Programme is implementing the project in Mirpur Khas and Matiari.
- iii. Sindh Rural Support Organization is implementing the project in Sanghar, Sukkur, Shikarpur, Ghotki, Larkano, Jacobabad, NaushehroFeroze.



RURAL SUPPORT PROGRAMMES NETWORK (RSPN)

The Rural Support Programmes Network (RSPN) is the largest development network of Pakistan, with an outreach to over 38 million rural Pakistanis. It consists of 11 member Rural Support Programmes (RSPs) that espouse a common approach to rural development: social mobilisation. Social mobilisation centres around the belief that poor people have an innate potential to help themselves, that they can better manage their limited resources if they organise and are provided technical and financial support.

The RSPs provide social guidance, and technical and financial assistance to the rural poor. RSPN is the strategic platform for the RSPs: it provides capacity building, research, knowledge management support to them, and assists them in policy advocacy and donor linkages.



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HEALTH COMMUNICATION COMPONENT OF USAID'S MCH PROGRAM

June 2014 - Oct 2018

OVERVIEW

The Health Communication Component (HCC) is one of the five components of United States Agency for International Development (USAID)'s Maternal and Child Health Program. It is a six years program for reducing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in ten focus districts (Mirpur Khas, Umerkot, Matiari, Sanghar, Sukkur, Shikarpur, Jacobabad, Ghotki, Larkano, and NaushehroFeroz) of Sindh. Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHCCP) is leading the HCC and consortium organizations include Rural Support Programmes Network (RSPN), Mercy Corps and Centre for Communications Program Pakistan (CCPP).

The HCC component envisions a Pakistan where individuals, families and communities advocate for their own health, practice positive health behaviors including timely use of Reproductive, Neonatal, Maternal and Child Health (RMNCH) services and engage with a responsive health care system. This component aims to promote mother and child health through knowledge increase, community participation and network building.

RSPN is working with three of its partner RSPs namely, National Rural Support Programme (NRSP), Thardeep Rural Development Programme (TRDP) and Sindh Rural Support Organization (SRSO). The proven model of trained, local community resource persons is used called Community Health Workers (CHWs) to generate awareness for family planning and reproductive health and to encourage communities to adopt health seeking behavior, particularly in the context of maternal and child healthcare. The CHWs will conduct social mobilization, offer health education and counselling in small groups and conduct household visits to Married Women of Reproductive Age (MWRAs) of 15-49 years of age.

OBJECTIVES

The project objectives are:

- i. To implement a social and behavior change communication (SBCC) package at the community and household level.
- ii. Support an enabling environment at community and health facility level.
- iii. Advocate for improved investment in health communication.
- iv. Build capacity to improve SBCC interventions.

ACTIVITIES

The core activities of the HCC include the following:

- i. Demand creation and referral for Maternal Neonatal Child Health/Family Planning services in non-LHWs covered population through the Community Health workers (CHWs) who will be trained to become future Lady Health Workers (LHWs).
- ii. CHWs will be identified based on set criteria and after an introductory dialogue with the community. CHWs will create demand through meetings with Women Support Groups and Interpersonal Communication Household visits to married women of reproductive age in their catchment population of 1000 and will refer the target women to health facilities for services.
- iii. Engagement with community influencers (faith actors and community notables).
- iv. Engagement with journalists and politicians/workers of political parties.
- v. Organize advocacy events/celebration of International days at community level such as celebration of World Health Day, World Population Day, International Children's Day, International Mother's Day, International Immunization Week, Mother and Child Health Week and World Breastfeeding Week.
- vi. Work with Village Health Committees of Community Health Workers in non-LHW covered areas to establish community support mechanism for Community Health workers (CHWs) (Future Lady Health workers (LHWs).

EXPECTED OUTPUTS

- i. Improved knowledge and behavior of the target communities about Maternal Neonatal Child Health (MNCH), Reproductive health (RH)/ Family Planning (FP).
- ii. Increased referral to service delivery points and uptake of MNCH, Reproductive health (RH)/Family Planning (FP).

