



Do No Harm Assessment Improves Community Engagement in Pakistan

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The Good & Great Standards are IRC's approach to program quality. These Standards help guide us to make our programs better, and ensure that everyone has a shared understanding of what program quality looks like in practice. It also helps us build shared accountability for high quality programs. This case study – one in a series on learning from G&G experience -- shows that when we combine IRC best practice with critical thinking, creativity, and ambition, we can improve the quality and impact of our programs".

Strategy Learning & Innovation Unit, CRRD

INTRODUCTION

In humanitarian and development work, we often assume that our programs only have positive impacts on our clients. However, projects may have unintended consequences, both positive and negative. Even with good intentions, we can do harm as well as good, especially in places where there are existing tensions in the community.

For the startup of the Family Planning and Post Abortion Care (FP-PAC) project, IRC Pakistan planned for and conducted a Do No Harm (DNH) assessment to analyze and address potential negative effects of the project. **With the help of DNH**, the Reproductive Health (RH) team was able to avoid worsening tension in the community between groups and increase men's participation in and support for the project. This has helped strengthen trust and reduce the gender gap in decision-making related to health services. The information gathered also was helpful to revisit and update previously completed **risk matrix, stakeholder and social network analyses**. In addition, since the technical approach was moving from post-abortion care to comprehensive abortion care; it was very important to have the communities informed about and supportive of the new activities.

BACKGROUND

Pakistan has a lower use of modern contraceptives compared to many Muslim-majority and comparable countries in the region. Only 26% of all women aged 15-49 years use a modern method of contraception and 20% of women who wish to use contraceptives do not have access to them.

Since 2011, the IRC has implemented Family Planning and **Post Abortion Care (FP-PAC) interventions in Khyber Pakhtunkhwa**. Through this project, IRC raises awareness about the importance and availability of reproductive health services. Additionally, IRC supports district hospitals, 24/7 health centers, and persons with disabilities (PWDs) centers through capacity-building and the provision of contraceptive methods and supplies for comprehensive abortion care.

At the start of a new project cycle, the IRC Pakistan health team started to become aware of tensions in the target communities related to family planning and contraceptive care. There were tensions between communities and health care providers: many people seemed to consider FP-PAC to be a "Western" agenda. Additionally, there was tension between men and women: women who received contraceptives were unable to use them because their male partners were unaware of its importance or opposed to its use.

The team was not sure what to do about these tensions, or if there were additional issues that could impact the project. So, to find out more about these dynamics, they decided to conduct a DNH Assessment.

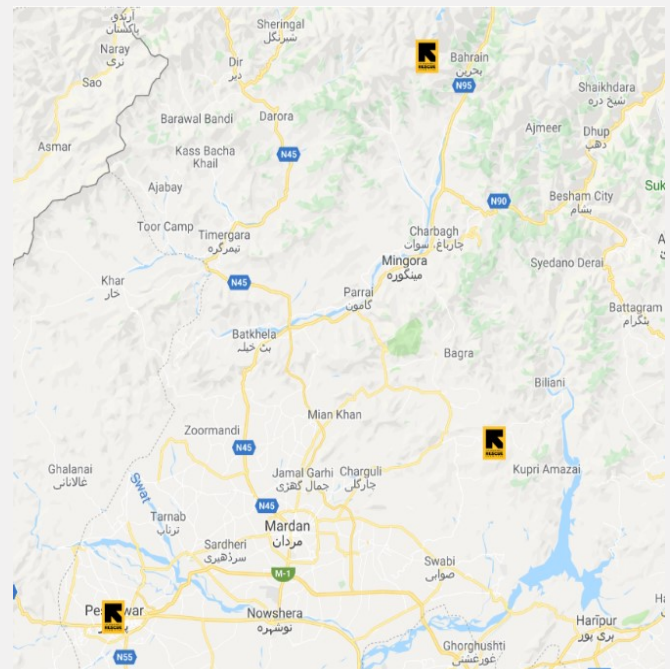


Figure 1: IRC's Family Planning and Post Abortion Care (FP-PAC) interventions in Khyber Pakhtunkhwa.

APPROACH

The IRC Pakistan team chose to do the optional step of holding Focus Group Discussions (FGDs) with women, men and adolescent girls and boys to inform the DNH Assessment. A desk review of project evaluations, case studies etc. was completed to inform which questions to ask. In order to respect local norms, FGDs with male members among the communities were conducted mostly in Hujira and masjid (drawing rooms where guests are entertained), while women FGDs with women were conducted within the household of a community member. In total, 24 FGDs (6 FGDs with each age and gender group) were conducted.

The IRC Pakistan team then used the DNH Assessment tool to analyze the findings from the focus group discussion. The Do No Harm analysis uses the concept of “dividers” and “connectors” to analyze key relationships between groups.

Dividers are factors that create division or tension; connectors are factors that bring groups together or help them to coexist in constructive ways. The team then organized the findings from the FGD discussions into dividers and connectors. Key findings included the following:

DIVIDERS

- **Between men and women:** Women do not feel empowered to make decisions about their own health, and are required to ask for approval from her mother-in-law or husband for decisions related to pregnancy and spacing of pregnancies.
- **Between girls and their families:** Girls are dependent on their fathers and brothers for decisions related to their health and education.
- **Between youth and adults:** Youth are not often involved in Jirga (an institution in Pashtun society that settles disputes at community level), despite being a useful way to ensure youth/adolescent have a voice in decision-making and are present for some awareness-raising activities.
- **Between advocates for FP-PAC and religious leaders, community elders:** Religious leaders and elders do not tend to support reproductive health interventions because of lack of awareness and knowledge regarding the need for reproductive health services.
- **Between IRC and community members:** Community members did not fully understand the importance of interventions offered by IRC as health care is not a priority, and reproductive health is a taboo.

CONNECTORS

- **Local leaders:** Local leaders have significant impact on the community and often shape attitudes.
- **Local Jirga:** Jirga is a strong social institution that can serve as a forum for decision-making, awareness raising, and socialization across many community members.
- **Teachers:** Teachers regularly interact with adolescents and are more able to discuss “taboo” topics like reproductive health with young people.

BOTH DIVIDERS AND CONNECTORS

- **Religious leaders:** Religious leaders have a special importance in the society and depending on their level of understanding and social standing within the community, they can be effective connectors or dividers. Some of the religious leaders do not believe in family planning and misguide communities through emotional speeches and spreading myths.
- **Health care providers:** Some health care providers give weak counseling on reproductive health, which can lead to myths and misconceptions. However, when they provide effective counseling they can change clients into supporters of reproductive health care.



Figure 2: IRC Pakistan MEAL and Community Mobilization Managers conducting DNH with local communities in District Peshawar

OUTCOMES

Once the team had the list of dividers and connectors, they could brainstorm ways to **mitigate the challenges** posed by dividers, and **identify opportunities** to leverage the connectors:

- To address the dividers between men and women, IRC engaged men in RH interventions to sensitize them about the project and the benefits of family planning (i.e. engaging male religious leaders who then became ambassadors for IRC project interventions).
- To address the dividers between youth and adults, IRC began to actively involve youth (boys) in Jirga and adolescent girls in women-specific sittings. By participating in these forums, youth better understood community decision-making processes and had an opportunity to be sensitized and educated about reproductive health. This also provided a venue for community education, including on issues related to reproductive health.
- To address the dividers between IRC and the community, IRC began to involve men and women community members in the design of the awareness-raising approaches, and build mechanisms for asking community members for their feedback throughout the project.

- To better consider the dividers between men and women, IRC revisited and updated the previously-completed project risk matrix, stakeholder and social networking analyses.
- To leverage the potential role local leaders in influencing the community, IRC held meetings with key local leaders to ensure they understood the IRC health project and worked to build their support for the project.

The efforts taken as a result of the DNH assessment have already shown a positive impact. Just the act of conducting focus group discussions was well received. Women and girls, were especially pleased to have been able to share their concerns regarding access to family planning services at the design phase. Connecting with adolescents in the community was a missing link in raising awareness for contraceptive services and comprehensive abortion care, and engaging this group had a significant impact as well.

We have seen that the demand for contraceptive services has increased steadily since the DNH analysis and related activities, and the project is now meeting many of its targets efficiently, as compared to previous implementation phases.

LEARNING

As a whole, the DNH helped us identify risk and mitigation plans for dividers, leveraging strategies for connectors and even informed our selection of feedback channels.

Some key factors that made IRC Pakistan's DNH Assessment particularly successful:

- To collect accurate information around the connectors and dividers, it was crucial to have good working relationship with communities. When we engaged community members, it was important to clarify the purpose of the data collection.
- Proper training of data collectors and focus group facilitators was key to collecting the required information and generating constructive dialogue with the communities.
- Conducting the DNH assessment during the design phase was especially valuable, as it helped to inform the implementation of the full project.
- Following the DNH Assessment, the team determined that it was extremely valuable to triangulate and crosscheck the information. The team conducted FGDs and interviews with additional stakeholders, actors such as health department, Population Welfare Department and members of the civil society.
- Review of secondary information such as evaluation reports of community projects, case studies, etc. also helped to triangulate primary data with secondary data.

Overall the experience conducting a DNH assessment was beneficial for the project and the RH team. The Pakistan country program will conduct comprehensive DNH assessments on annual bases and also strongly recommends the same to other country programs for better design and implementation.

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Explore the **Context Appropriate** Standards and Practices, and learn how to do a **Do No Harm** assessment.