RESEARCH AND DEVELOPMENT SOLUTIONS
AKHTER HAMEED KHAN RESOURCE CENTER
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THE URBAN LABORATORY: ONE YEAR ON

Addressing Multi-Dimensional Urban Poverty With Community-Driven, Bottom Up Solutions

Two principles guided the establishment of the urban research and demonstration site in Dhok Hassu, Rawalpindi. One, the realization that urbanization (that Pakistan is rapidly facing) is more of an opportunity than a challenge because it goes in parallel with development. If governments plan and design policies and initiatives well, they will enjoy the benefits that urbanization brings to a society. Secondly, communities develop through a bottom up and organically evolving process and these evolutionary processes are rarely documented via robust research. External aid and programmatic interventions through donors, NGOs or governments should facilitate this process, which should then be captured through **research** to help communities identify local problems and their local solutions and then through **extension** of these solutions to other communities. This **Research and Extension approach** builds on the philosophy and work of Akhter Hameed Khan who pioneered participatory development in South Asia.

The basic premise of the Urban Laboratory is to identify effective ideas that are women centered and use participatory development approaches, and which promote the use of commercial marketplace. The approach allows autonomy to communities and women while building indigenous potential and minimizing reliance on outsiders or external aid.

ABOUT THE SITE

The research and demonstration site is in Dhok Hassu, an urban slum in Rawalpindi, Punjab, Pakistan. Although Dhok Hassu is located at the outskirt of Rawalpindi city, it is completely sandwiched by Islamabad so that in effect it's situated between the two cities. The overall area is approximately 1.46 square kilometers with an estimated population of 235,000. Interestingly, the official population of the locality is only around 70,000 - based on extrapolation of 1998 census. However, Rawalpindi, as with all other cities in Pakistan have seen an incredible and hugely under estimated rural to urban migration. We used crowd sourcing to estimate the population of Dhok Hassu at the neighborhood level and then validated part of this estimate through an actual census of households and people.

There are 116 private and 3 public schools. Residents of Dhok Hassu visit 126 private and 4 public sector healthcare providers. Of these only 76 private providers and one government dispensary are physically situated within the boundaries of Dhok Hassu, the rest are located in adjacent neighborhoods.

SALIENT POINTS

- Dhok Hassu is an experimental site to test ideas in urban development and health.
- The fundamental concept is participatory development, where communities are the driving force; while researchers facilitate them, documents lessons and help advocate solutions to other localities via government or other partners.
- We believe that gains in health and education will be mainly driven by women through economic and social empowerment.
- Thus far an urban model for social mobilization is being tried out
- We are testing a social entrepreneurship model for local low literate women
- Future directions include:
  - Family planning demand creation using novel behavior change approaches
  - Safe spaces for women and girls to promote basic literacy and reading
  - Mental health counseling to increase social well-being

We have conducted annual surveys of reproductive health, empowerment and social determinants. The survey conducted in January 2017 used cluster randomized sampling and was powered to make neighborhood level inferences for key indicators. The findings of the survey (January 2017) are as below:

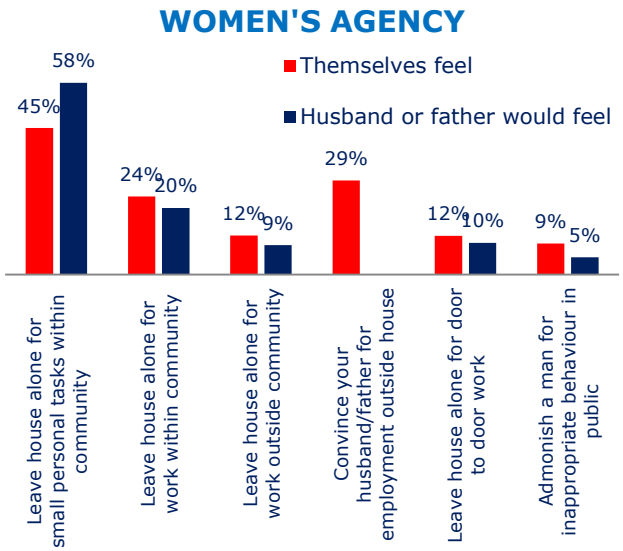
Women's Empowerment

Among the women, only 46% reported that their parents had supported their education. Among those who received such support two thirds felt

that this support had not been useful in improving their lives or was unlikely to be useful. Among those whose parents had not supported their education, a third were because they did not think education would be important and the remaining two third because they could not afford it. Only 19% feel that daughters have less of a right to education than sons. 59% feel that there should be at least one son in the family.

Majority of women (85%) have a valid national identity card, but few have an account (9%) and only a third (34%) would like one; 35% currently have some savings which they plan to use for household asset building (25%), children's education (24%) or children's marriage.

Their perceptions of how their husbands or fathers would feel about these aspects also reflect a shared understanding. 58% feel that their husbands or fathers would be comfortable if the women were to go out into the community for small personal tasks, 20% for leaving home for work within the community and 9% for work outside.



Decision Making and Mobility

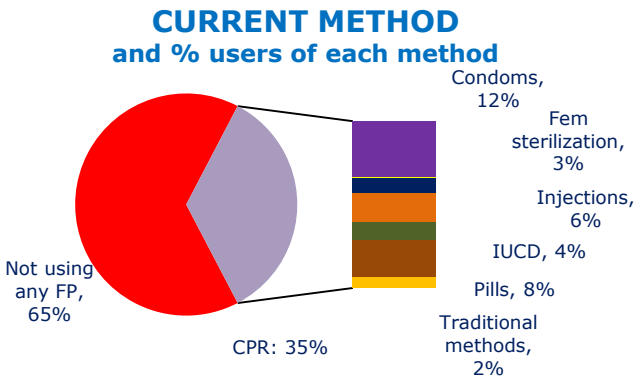
Women report that they are always consulted in decisions about children 38% of the time and to some extent in 40% of cases. 22% report never being consulted. 48% report having faced domestic violence; in 71% of the cases they ignored it. In minority of cases they sought help from either family (34%) or friends (9%). Police was involved only rarely (1%).

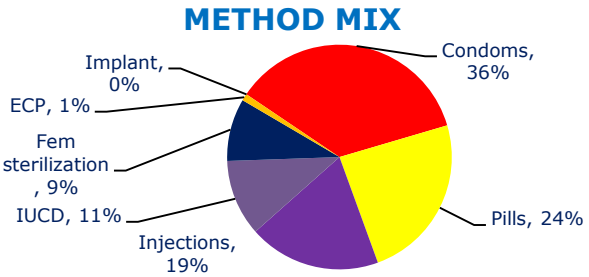
Attitudes about the role of women in workplace are evolving. Although 83% of our respondents feel that mothers have more of a responsibility for caring for children than do fathers, a pre-school child suffers if mothers work (83%), it is better for a man to work and his wife to stay home and tend to the family (87%), men are better at starting businesses (76%) or at taking decisions (56%) and more tellingly, there will be strife if a woman earns more than her husband (70%) – only 40% felt that men are better at handling stressful jobs.

Mobility is severely limited for women. Only 45% women feel somewhat or more comfortable to go within their own community for small tasks such as visiting a neighbor or to buy groceries, 24% for employment within their own community and 12% for work outside their community. Only 29% feel that they can talk with their husband or father about permission to work and only 12% would be willing to go door to door for work. Only 9% feel that they can admonish a man publicly for inappropriate behavior.

Family Planning

The survey showed that 35% of MWRA use some family planning; of these 33% use a modern method currently and 43% have ever used one in their life. Condoms (36% of the method mix), oral pills (24%) and injections (19%) are the commonest methods used. IUDs constitute around 11% of the method mix. Unmet need is 40.7% and is more for spacing (31.4%) than for limiting (9.3%). Median use of current method is 24 months. However, 60% feel that their husbands may not want to use FP.





Women reported paying a median of PKR 50 (mean 215, SD 641) for the current method/ month for contraceptives. Only 4% reported receiving their method for free from the government. Men buy contraceptives in 80% of the instances. Supplies are bought either monthly (40%) or as needed (42%).

CPR varies widely across neighborhoods with nearly 74% in Hayatabad and 0% in Allama Iqbal Colony. Within neighborhoods, method mix also varies. In Hayatabad, female sterilization and

injections account for nearly all CPR while condoms and pills account for nearly all methods in Dhok Darziyan. Traditional methods alone account for all FP use in Azeemabad. No one pattern is seen across any locality. For more details about individual neighborhoods, please see: https://tinyurl.com/RADS47

THE INTERVENTIONS SO FAR

AHKRC developed working relationships with local CSOs, influential persons, elected and district government officials in the area to ensure that they are part of the solutions. Community choices and issues were explored to inform that the identified area i.e. women's economic development is relevant to the local needs. Male and female social mobilizers reached out to the community to further enrich our understanding of issues and to build rapport.

Aapis

Under a ***Women's Social Entrepreneurship Project*** in Dhok Hassu funded in part by Ambassadors Fund USAID, local women with little or no prior work experience but who had interest or skills for entrepreneurship were identified and trained as social entrepreneurs. These women – called Aapis (sisters) - go door-to-door to create demand for social good i.e. family planning, vaccination and preventive health services in conjunction with sales of non-health commodities (i.e. women's well-being products, infant and childcare products etc). During these household visits they provide basic health consultation and sell health and hygiene supplies or general household essentials commodities (entrepreneurship component for profitability and sustainability). The model is based on the success of Living Goods (Africa)[1] and Marvi (Umerkot)[2] interventions.

AHKRC-RADS identified and hired 24 Aapis and 2 social mobilizers. They were given an initial monthly stipend of PKR 6000 (USD 60) and a starter pack of supplies work PKR 9,000 (USD 90) as a onetime grant. The stipend was then halved to PKR 3000 at month 6 to promote self-reliance and shift income generation through sales. Aapis were trained on entrepreneurship, good communication, financial management, basic health, counseling, and social mobilization. Once the initial starter kit ran out Aapis are required to buy commodities from AHKRC. They can change the product line they carry and are not bound to buy only from AHKRC, although AHKRC strives to find the cheapest wholesale prices in the market. The reliance on sales is promoted to ensure sustainability. Challenges faced in the six months of implementation are i) changing the mindset of Aapis to develop full reliance on sales (shift away from stipend), ii) mapping of households by the Aapis to streamline households visited and avoid skipping less receptive households, and iii) helping communities understand the concept of joint partnership ventures rather than aid dependency.

In return for the stipend Aapis are required to organize neighborhood lane groups called "***Nigran***" committees and to provide feedback to AHKRC on their work and experiences. The sales phase started in March 2017 and in July a psychologist was placed in the Dhok Hassu office to help improve Aapis counseling and communication skills. AHKRC is also reaching out to the corporate sector for CSR engagement to achieve cost economies and to expand the range of products to allow Aapis higher profits. Partnerships are also being explored with local healthcare providers to establish a referral network whereby Aapis refer their customers to relevant providers after basic consultation in return for a nominal referral fee.

Completing the Information to Access in the Family Planning Loop

Under a grant from the Punjab Government, we are training Aapis in Cognitive Behavior Therapy (CBT) based techniques to overcome instinctive and myth or misconception based refusals for family planning. This allows Aapis an avenue to open a discussion about family planning, its benefits, methods, options, side effects and their management. This approach is supplemented with identification of community households that use family planning and promoting them as local role models in community based discussions – using positive deviance inquiry (PDI) based techniques to establish the use of family planning to change and manage their own fertility as a new "*norm*".

Aapis also visit households to provide advice, counseling, free condoms and pills (from Population Welfare Department, Punjab) and referrals to private providers for longer acting reversible methods (LARCs) and follow up after a woman initiates a method to help with side effect management. Those women requiring LARCs i.e. IUD, injections, implants or sterilization are referred to local providers in a commercial referral arrangement that is directly paid to the Aapis by the providers. AHKRC monitors these processes, documents what works, helps provide solutions where needed. This innovative FP centered approach builds on Aapis' entrepreneurship to promote sustainability.

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[1] van Niekerk, L. & Chater, R. (2016). Living Goods, Uganda. Social Innovation in Health Initiative Case Collection. [Online] WHO, Geneva: Social Innovation in Health Initiative. http://tinyurl.com/lgcases

[2] Khan et al. Understanding Marvi: Assessment of the Outreach Community Workers Intervention in Umerkot. HANDS. http://tinyurl.com/marvihands

FUTURE DIRECTIONS AND IDEAS

A Library and Learning Space corner as a Safe Space for Women and Youth

Women and girls are often left out of opportunities for education or receive fewer options than do boys. Additionally, reading material or spaces are altogether absent in Dhok Hassu and similar communities. Finally, in today's information age, children from urban slum are at particular disadvantage due to a lack of access and therefore proficiency in computers and means of electronic communication.

In acknowledging the need for safe spaces for young women and girls, the idea of a Library Corner where a Librarian/Multi-disciplinary teacher can teach practical basics of English along with having story telling books/interactive sessions in a safe environment was envisaged. Additionally classes will be held in mathematics and computer learning. This library would be serving an estimated 35,000 girls and boys, and promote a culture of tolerance through the learning sessions.

A natural extension for this idea may be to combine a safe space for girls with daycare. The inability to find affordable and safe daycare for young children limits women from working in these communities. Many a time, the burden falls on girls who are pulled out of schools to babysit younger siblings. We think that library corners may be expanded to serve as daycare center where these girls can participate in babysitting but then also have time to receive an education. The center can also be a place to ensure that children from poor families receive at least one nutritious meal a day.

Mental Health Work.

Since the introduction of a psychologist to train Aapis, many Aapis have come forth to ask for counseling. The burden of psychological morbidity (i.e. depression, low self-esteem) seems high in Dhok Hassu as it is in many poor communities. There is potential for establishing a mental health intervention that particularly helps girls and women mitigate and deal with the chronic stressors of poverty, gender violence, discrimination and deprivation.

Semi-Skilled Level Employment Portal

With NUST, we are mapping employers and their needs and are registering local individuals that are looking for work, along with their skills. We are also partnering with local NGOs and foundations (i.e. Zia Siddique Foundation) that help build employable skills. NUST students are also helping build a web portal where potential employees and local area/Rawalpindi/Islamabad based employers may be connected. This is currently a work in progress.

Research into Rural to Urban Migration

Rural to urban migration is occurring at among the highest rates in Pakistan. People leave crushing rural poverty to come to cities to find livelihood. However their transition is not smooth and they manage the transition to cities through a complex array of social and employment networks and personal effort. They also undergo a period of transition – sometimes measured in decades – where they adapt to city living, bring their families, acclimatize to city and new individual vs. collective norms.

This transition is not linear as many go back and forth between cities and their village or from one to another city. We are interested in collaborating with researchers who can help us study these social and anthropological phenomena.

Sustainability

Sustainability is conceived as the capacity to continue the intervention beyond any one project and to have the funding for this work.

We have focused on identifying Aapis and social mobilizers from the community with emphasis on working with individuals that have minimal or no prior work experience but would like to work. This allows entry into workforce of men and women who may have been ready to work but were being held back by opportunity or skill limitations.

By bringing these individuals into the paid workforce through their own efforts we are setting up a process for longer term success. We monitor their performance across several domains to ensure that people with sales skills are directed towards the entrepreneurship aspects of the intervention, while those with public speaking and engagement skills (but not necessarily comfortable with sales) are utilized in outreach, mobilization and counseling. A key focus is to find people through an organic process of outreach and community engagement and to develop their skills based on their personal choices and abilities. While this process is slow, it allow previously marginalized individuals to participate in the development work and establishes new community norms of working, especially for women.

Financial sustainability is through grants, donations/fundraising, corporate social responsibility and philanthropy. The original seed funding for the intervention was provided by our partner RADS which funded key personnel salaries, survey and outreach costs. Additional funds came from Rural Support Programs Network (RSPN) and the National Rural Support Program (NRSP). We are also reaching out to corporations to provide commodities at whole sale rates that Aapis can sell at retail rates as part of their corporate social responsibility and to

individual philanthropists to provide charitable donations to help support either individuals or the overall effort.

Finally we have received grants from USAID (to develop entrepreneurship among Aapis) and from the Punjab Population Innovation Fund (PPIF) to create demand for family planning.

CONCLUSION

The key concept is to focus on identifying the main problems that impact the lives of residents of low income urban settlements. The Urban Laboratory is conceived as a program rather than a project. This allows us add elements that become relevant and to organically grow the program to adapt to the needs of the communities in a holistic manner instead of standalone interventions.

It also means that AHKRC commits to working long term with these communities and to measuring process and outcome level changes in the lives of people, their households and community. We are seeking to engage with academics, NGOs and other interested individuals or entities to collaborate with us to promote urban development, which we believe is the key path to prosperity in Pakistan.

For more information please contact

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