



# **Hausala Apnane Ka**

*An IEC/BCC project of SIFPSA empowering the urban poor  
with better health*

## **A Rapid Assessment**



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**Research & Evaluation Division (SIFPSA)**

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## LIST OF ABBREVIATIONS

ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BDO	Block Development Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
CREATE	Center for Research Evaluation Analysis Training & Education
Dy. CMO	Deputy Chief Medical Officer
FP	Family Planning
IFA	Iron and Folic Acid tablets
IFPS	Innovations in Family Planning Services
HR	Human Resources
IEC	Information Education & Communication
MCH	Maternal and Child Health Care
MIS	Management Information System
NC	Natal care
NGO	Non Governmental Organization
NRHM	National Rural Health Mission
PG	Post Graduate
PMU	Project Management Unit
PM	Project Manager
OBC	Other Backward Castes
OPD	Out-patients Department
OT	Operation Theater
PHC	Primary Health Centre
PNC	Post Natal Care
RH	Reproductive Health
RCH	Reproductive and Child Health
RTI	Reproductive Tract Infections
SC	Scheduled Caste
ST	Scheduled Tribe
STD	Sexually Transmitted Diseases
SIFPSA	State Innovations in Family Planning Services Project Agency
SC	Sub-centre
USAID	United States Agency for International Development
TT	Tetanus Toxide

# HauslaApnaneKa

**An IEC/BCC project implemented by SIFPSA in urban slums of Uttar Pradesh**

## **A rapid assessment**

### **Executive Summary and Recommendations:**

High unmet need and low use of family planning services is a classic situation existing among most slums in Uttar Pradesh. Against this stark duality, SIFPSA funded the implementation of a project 'HauslaApnaneKa'(HAK) through competitively selected media agency 'NA Media Ventures Private Ltd.' The project was implemented covering 108 selected slums- 6 slums from each of the 18 divisional headquarter districts of the state and focused on creating awareness around family planning and small family norms with a strong element of interactive infotainment using audiovisual films and magic shows followed by inter personal communication by a trained counselor to potential clients identified during the campaign and link and refer them to the nearest health center for sterilization and IUCD and PPIUCD services. This was an attempt to test the robustness and efficacy of this model.

The rapid assessment of the program was carried out by SIFPSA in July 2017 in randomly selected 06 districts covering 02 slums from each district. The assessment showed mixed results in terms of achievement against set objectives.

In terms of positives, the HAK project was successful in mobilizing large number of clients, with appropriate age and parity, to the events. The project left a good recall value amongst the community with an overwhelming 85 percent respondents acknowledging having watched the video film and/or the magic show organized under the program and liking the content and delivery of messages. Of those who had watched the program, majority stayed back for the entire duration of the program. The local ASHA played a pivotal role in mobilizing the community for the show. Most respondents could clearly recall the messages around family planning (82%), importance of spacing between births (78%), place where they can access family planning services (60%) and appropriate age for marriage (66%). Nearly all respondents felt the time and place selected for the show were appropriate and convenient for all to attend. Majority of the respondents felt the shows were informative (95%), well organized (53%) and presented in an entertaining way (49%).

However, there are several areas where the project could not perform as expected and these are:

Despite universal awareness on family planning methods (excepting injectable contraceptive-43%), knowledge about post-partum contraception continued to be low (only 39 percent knew about PPIUCD and 13 percent had heard of post-partum ligation). Nearly 60 percent of the respondents interviewed were using any modern method of family planning, which is higher than the state average of CPR, partly because in urban setting, access to information and services for contraceptives is comparatively easy. Nevertheless, in terms of method mix, as many as 43 percent of the users reported using less reliable spacing contraceptives, mainly condom and pills where recorded failure and discontinued use are fairly high. Only about one-third of the current FP users had opted for the much reliable IUCD and only one in five couples chose sterilization as a method to limit family size. Nearly 83% of the sterilization and IUCD users said they had been motivated by ASHA.

Similarly, contribution of the project in terms of net new clients was much lower than the objective set. The agency, through the multi-media shows and follow-on counseling were to contribute at least 10 new clients of sterilization and/or 30 IUCD clients from each specific slums covered. The study revealed that only one third of the clients (32%) had started using FP during the campaign and the follow on counseling received. This was further corroborated from the secondary data analysis, which clearly indicated that the project was not able to mobilize enough sterilization cases and overall the project could only recruit 34 percent of new clients as against the expected level of achievement.

In terms of providing complete and relevant information to the potential clients, a vast majority of the clients did not know the difference between two types of IUCDs available at the health facilities (10 years and 5 years). Similarly, two out of every five current users of IUCD did not know about PPIUCD, that it could be inserted during immediate post-partum period.

The study also revealed an important quality gap of non-follow up of large number of sterilization acceptors (67%). Another area of concern was delayed or non-payment of wage loss compensation post sterilization procedure (25%).

While the project was able to make an impact in terms of better recall value for messages and mobilizing clients, it only partially delivered on the associated objective of motivating and recruiting new clients for sterilization and IUCD.

# **HauslaApnaneKa**

**An IEC/BCC project implemented by SIFPSA in urban slums of Uttar Pradesh**

## **A rapid assessment**

### **Background**

In Uttar Pradesh, the health concerns of the urban poor are being addressed by the National Urban Health Mission (NUHM), leveraging the institutional structure of NRHM, through urban ASHAs (Accredited Social Health Activists) and ANMs, UHNDs (Urban Health and Nutrition Days) at urban AanganwadiCentres and MahilaArogyaSamitis, community based groups consisting of women from slum households. Moreover, catering to the need for family planning and supporting FP services in urban areas by engaging private sector health care providers in quality family planning service provisioning under government schemes is ‘HausalaSajheedari’ program, being led by SIFPSA in the state. However, in spite of these efforts, there still seemed a major gap in terms of linking the community with these schemes, motivating them to avail services meant for them.

In its effort to contribute in combating the issue of high unmet need and low use of family planning services among the slum dwellers, SIFPSA implemented an IEC/BCC project titled ‘HauslaApnaneKa’, a statewide community mobilization video van project for family planning covering 108 selected slums of 18 divisional headquarter districts of Uttar Pradesh, aiming to empower the urban poor, particularly women, with information and access to family planning health services being offered in their vicinity. The project envisioned a positive shift in the health seeking behavior of the urban slum community, hoping they would come forward to avail family planning health services and facilities meant for them. Taking the responsibility further, the project envisaged motivating 1080 family planning clients (10 sterilization clients from each of the 108 selected slums of the 18 districts) to adopt sterilization (NSV & Female sterilization) or long term family planning methods (IUCD/PPIUCD). The project was implemented by SIFPSA through a private sector media agency ‘NA Media Ventures Private Ltd.’ (selected through a transparent tender process) engaging 03 video vans, each expected to cover 06 divisional districts and 06 selected slums per district over a span of close to six months.

Prior to initiating the project, a detailed one-day training of all 18 counselors was organized to orient them on the project objectives, on nuances of conducting video shows and mobilizing eligible couples to adopt family planning.

Covering one slum a day, the video van team, comprising a counselor, a supervisor, a driver and a folk team, was to reach the slum well in advance for the required pre-publicity with the help of local ASHA. Later in the day, a two-hour program, held at an appropriate venue within the identified slum, began with a magic show intending to draw audiences to the program. On gathering of a considerable audience, the van then ran a video show on family planning followed by a question-answer session and necessary feedback obtained on a prescribed format post the show. The program was closely monitored by NUHM and Divisional PMU officials.

After covering 06 slums in a district, the video van team left for the next divisional district, leaving the counselor of that particular district behind for the special task of motivating family planning clients from each of the slums that had been covered by the show.

### **Project Objectives**

The project had two pronged objectives-

- Implementation/Publicity of Family Planning scheme of SIFPSA the State of Uttar Pradesh especially in 18 Districts selected 108 urban slums of Uttar Pradesh through video van shows.
- To motivate clients from six selected urban slums of one selected district of each division to adopt family planning methods (NSV, Female sterilization, Copper-T and PPIUCD) i.e. 10 sterilization clients per urban slum or 03 IUCD clients against 01 sterilization client (i.e.30 IUCD/PPIUCD clients). Total 1080 clients from all 108 slums in 18 divisional districts.

### **Study Objective**

The study aimed at assessing the impact of the campaign in urban slums of divisional districts in terms of improvement in family planning awareness and adoption of family planning methods.

### **Study Design and Methodology**

Out of 18 divisional districts, 6 districts- 02 from the eastern region (Gorakhpur and Azamgarh), 02 from the western (Meerut and Moradabad) and 01 each from the central (Kanpur Nagar) and bundelkhand (Jhansi) regions, ensuring representations from all four regions of the state, were selected using random sampling. Of the 06 urban slums covered by the project in each district, 02 were randomly selected for study purpose: JharnaTola and Jafra Bazaar-Gorakhpur, KatraAnantpura and Raidopur-Azamgarh, Tarkapur and Bhatwa Ki Pokhari- Meerut, Govind Nagar and Bangla Gaon- Moradabad, Kalyanpur and B N Bhallabasti- Kanpur Nagar, Dadiapura



and NainiGarh- Jhansi. Interviews were held with 10 eligible women from each of the 12 slums covered under the study.

Apart from the above, interviews were also held with 24 ASHAs (2/slum) and 06 FP counselors (01/district) placed under the project.

## Key Findings:

### 1. Profile of the respondents:

Sl. No.	Indicator	Value/ Percentage
<b>N=120</b>		
1	Average age of respondent	31.0 Years
2	Average age of husband	34.9 Years
3	Average age at marriage	19.3 Years
4	Sex Ratio at Birth	946 per 1000 male
5	Average no. of children delivered	2.71
6	Average no. of living children	2.45
<b>Major occupation of respondents</b>		
7	House wife	65.8
8	Daily wages	12.5
9	Service	9.2
10	Artisan	8.3
<b>Education level of respondents</b>		
11	Illiterate	25.0
12	Literate	10.0
13	Primary	15.8
14	Class 6 to 8	13.3
15	Class 10 to 12	24.2
16	Graduate or above	11.7

As depicted in the table above, the respondents interviewed were mostly young with average age of 31 years, with average age of the spouses 35 years. The mean age at marriage was about 19 years. The respondents on average had about two to three (avg. 2.45) living children. An overwhelming number (two third)of respondents were housewives, while 12 percent worked as daily wager/laborer. Three-fourth were just literate while one third was matriculation and above.

### 2. Health seeking behaviour of the respondents:

Sl. No.	Indicator	Value/ Percentage
<b>Place from where health services received (N=120)</b>		
1.	Government Hospital	70.0
2.	Urban Health Post	41.7

3.	ANM	4.2
4.	Private Hospital	36.7
5.	ASHA	23.3

The above table depicts a fair use of public health services by the respondents for their health care needs. An overwhelming majority (70%) reported visiting government hospitals for availing health care services, while 42 percent also reported visiting Urban Health Post located near their slum. One-third also reported visiting private hospitals for health related services.

### 3. Information about the Program:

Sl. No.	Indicator	Value/ Percentage
<b>Knowledge about the film and magic show (N=120)</b>		
1.	Had knowledge about the film and magic show under the programme “HauslaApnaneka”	85.0
2.	Could not recall/remember	9.2
3.	Didn’t know about the shows	5.8
4.	The magic and film shows seen during the programme (N=120)	85.0
5.	Did you see full programme- magic and video film (N=102)	83.2
<b>Topics covered by the magic show and video film (N=102)</b>		
6.	Family Planning	77.5
7.	Legal age at marriage	63.3
8.	Advantage of keeping spacing between two child	60.8
9.	Knowledge about the place of Family Planning services	65.8
10.	Ambulance services	45.8
<b>Reasons for not attending the programme (N=18)</b>		
11.	No information	33.3
12.	Not interested	5.6
13.	Busy elsewhere	22.2
14.	Out of village	27.8
15.	Illness	11.1
<b>Poster pasted in the slums (N=120)</b>		
16.	Posters pasted 7 days before the programme	21.7
17.	Posters pasted on the day of programme	50.0
18.	Posters not pasted	28.3
<b>Information about the program given by (N=120)</b>		
19.	ASHA	88.2
20.	Counselor	4.5
21.	Others (Not remember)	7.3
<b>Rating of the shows (N=102)</b>		
22.	Liked very much	65.7
23.	Somewhat	32.3
24.	Neither liked nor disliked	2.0
25.	Disliked	0.0
<b>Liked which show more (N=102)</b>		
26.	Magic show	59.2

27.	Film show	40.8
<b>If time and place of the show convenient (N=102)</b>		
28.	Time of the show was convenient	99.0
29.	Place of the show was convenient	97.1
<b>The programme was: (N=102)</b>		
30.	Informative	95.1
31.	Well organized	52.9
32.	Entertaining	49.0
33.	None of the above	1.0

The interviews were held in the same slum/locality where the program had been organized. The table above portrays an overwhelming number of respondents (85 percent) acknowledging having watched the video film or the magic show organized under the program Hausala Apnane Ka. Of those who had watched the program, majority stayed back for the entire duration of the program. Few who reported not watching the program (15 percent) gave reasons like ‘weren’t informed’ or ‘was busy elsewhere’. The local ASHA turned out to be the major source of information about the program among the community (88%).

Majority of the respondents could clearly recall the messages around family planning (82%), need for spacing between children (78%) and place where they could access family planning services (60%) and appropriate age for marriage (66%). About 42 percent respondents could also recall messages about ambulance services available in case of health emergency.

In connection with pre-publicity/pre-announcement of the program, half of the respondents could recall seeing the program related posters being pasted on the same day of the program, while one fourth stated that the posters had been pasted about a week before the program. Remaining one fourth reported not seeing the posters at all.

The programs were generally liked by the respondents and almost two out of every three women reported having liked the content and delivery very much. Nearly three out of five women preferred magic show compared to the film show, indicating better impact/effect of live shows over other medium. Nearly all the respondents also felt that the time and place selected for the show were appropriate and convenient for all to attend. Majority of women felt the shows were informative (95%), well organized (53%) and above all, presented in an entertaining way (49%).

#### 4. Educative-Recall Value:

Sl. No.	Indicator	Value/ Percentage
<b>Knowledge about the correct age of marriage for girls (N=120)</b>		
1.	After 18 years	92.5

2.	Just of the puberty	0.0
3.	At young age	0.8
4.	Don't know	6.7
<b>Knowledge about the correct age of marriage for boys (N=120)</b>		
5.	After 21 years	82.5
6.	After 20 years	2.5
7.	After 18 years	1.7
8.	Don't know	13.3
<b>The correct age for first child: (N=120)</b>		
9.	After 20 years	78.3
10.	After 25 years	3.4
11.	Don't know	18.3
<b>How much gap to be kept between the births (N=120)</b>		
12.	Three years	75.8
13.	Two years	7.5
14.	One Year	2.5
15.	Don't know	14.2

In terms of the educative-recall value, nearly nine out of ten women could recall the right age for marriage of girls and boys. Similarly, about 82 percent women reported twenty or higher age as being the appropriate age for first birth, with the same number mentioning minimum two to three years gap between births as being ideal.

## 5. Knowledge and Attitude towards Family Planning:

Sl. No.	Indicator	Value/ Percentage
<b>Spacing Methods of Family Planning (N=120)</b>		
1.	Contraceptive Pills	82.5
2.	Condom/Nirodh	80.8
3.	IUCD, Copper-T	88.3
4.	Injectable	43.3
5.	Emergency contraceptive pills	25.0
<b>Which family planning method to be used as permanent method? (N=120)</b>		
6.	Female Sterilization	92.5
7.	Male Sterilization	70.8
8.	Don't know	7.5
<b>Which family planning method is used in hospital just after delivery (N=120)</b>		
9.	PPIUCD	39.2
10.	Post-Partum Sterilization	12.5
11.	Don't Know	61.7

As clear from the above table, information concerning oral pills, condoms and IUCDs as being effective spacing methods was almost universal (80-88%). Little less than half (43%) were aware about injectable contraceptive and even lesser (25%) about emergency contraceptives. The knowledge of sterilization as a permanent method of family planning was very high (93%). The

knowledge about post-partum contraception was low(39 percent for PPIUCD and 13 percent about post-partum ligation).

#### 6. Current Use of Family Planning:

Sl. No.	Indicator	Value/ Percentage
<b>Current users of family planning (N=120)</b>		
1.	Currently using any modern method of family planning	60.0
<b>Method wise users of family Planning (N=72)</b>		
2.	Condom	29.2
3.	Pills	13.9
4.	CuT/IUCD	34.7
5.	Male Sterilization	0.0
6.	Female Sterilization	20.8
7.	Injectable	1.4
<b>If sterilization or Cu T user-motivated by (N=40)</b>		
8.	Counselor	5.4
9.	ASHA	82.6
10.	Self	13.0

As depicted in the table above, nearly 60 percent of the respondents interviewed were found to be using any modern method of family planning. The user ship rate was found to be higher than the state average of CPR, partly because it is an urban setting with comparatively easy access in terms of information and services to the urban community, as compared to their rural counterpart. Moreover, the aspirational aspect of urbanization could also be the reason for couples emulating practices of responsive parenthood.

In terms of method mix, as many as 43 percent of the users have reported using less reliable spacing contraceptive, mainly condom and pills where recorded failure and discontinued use are fairly high. However, nearly one third of the current FP users have adopted a much reliable and long acting reversible contraceptive- IUCD. This percentage is much higher than the state average. Only one in five couples have adopted sterilization as a permanent method to limit family size.Nearly83% of the sterilization and IUCD users said they had been motivated by ASHA.

#### 7. New Clients Contributed by the Campaign:

Sl. No.	Indicator	Value/ Percentage
<b>Family Planning contraceptive user duration: (N=72)</b>		
1.	During the project (March to June 2017) (N=23)	31.9%
2.	New Cases of Sterilization (n=3)	13.0
3.	New CuT cases during project period (n=19)	82.6
4.	New cases of spacing (Condom + Pills) (n=1)	4.3

Sl. No.	Indicator	Value/ Percentage
5.	Upto 24 months before the project (n=22)	30.6
6.	Before more than 2 years (n=27)	37.5
<b>Secondary data analysis for selected 6 districts</b>		
7.	Expected Level of Achievement (for 6 districts)	360 Stz. cases
8.	Sterilization cases conducted in 6 selected districts	92 cases
9.	CuT+ PPIUCD cases conducted in 6 selected districts	90 cases
10.	CuT+PPIUCD cases equivalent to sterilization (90/3)	30 cases
11.	Total sterilization cases	122 cases
12.	Achievement (122/360*100)	33.9%

One of the unique features of Hausala Apnane Ka was that a strong follow-up system was built into the campaign wherein a trained counsellor was to reach out to couples who attended the program and were seen interested to understand further about family planning services. The counsellor was expected to reach out to all such potential family planning users, counsel them on informed choice and basket of FP services available, and help them to arrive at an informed decision, thereafter linking the potential clients to the nearest ASHA and UPHC/hospital for availing services.

**New Clients Contributed by the project:** It was expected that atleast 10 new clients of sterilization and/or 30 IUCD clients would be mobilized after each show in a specific urban slum. Six slums per districts were to be covered, thereby covering 108 slums in total covering all 18 divisional headquarter districts. When current users of FP were asked about duration of use, a little over one-third clients (38%) reported having consistently used FP for over two years, while, nearly the same proportion (32%) were recent users and had started using during the campaign. This was further corroborated by the analysis of secondary data collected from the six sampled districts showing that against a project objective of 360 sterilization cases (truncated ELA for six districts), the agency was able to refer 92 cases of sterilization while another 90 cases of IUCD and PPIUCD cases were also referred successfully. However, the total achievement against the set objective was **34 percent**.

#### **8. Findings on other determinants:**

Sl. No.	Indicator	Value/ Percentage
<b>Money received for sterilization (N=15)</b>		
1.	Government Hospital	80
2.	Not received	20
<b>Current non-users ever motivated for Family Planning by: (N=48)</b>		
3.	Counselor	29.2
4.	ANM	2.1
5.	ASHA	22.9
6.	Not motivated	45.8

Sl. No.	Indicator	Value/ Percentage
<b>CuT users:</b>		
<b>Place of insertion of Copper T (N=25)</b>		
7.	Government Hospital	100
8.	Private Hospital	0.0
9.	Any other (Specify)	0.0
<b>Knowledge about the effectiveness of 380A and 375 (N=25)</b>		
10.	Yes	8
11.	No	92
<b>If informed that PPIUCD could be inserted just after delivery (N=25)</b>		
12.	Yes	56
13.	No	44
<b>Received any money for insertion of CuT (N=25)</b>		
14.	Yes	4
15.	No	96
<b>Any information collected/test done before insertion of CuT (N=25)</b>		
16.	Yes	92
17.	No	8
<b>Any follow-up after insertion of CuT (N=25)</b>		
18.	Yes	84
19.	No	16
<b>Follow-up conducted by: (N=21)</b>		
20.	ASHA	100
21.	Counselor	0.0
22.	ANM	0.0
23.	Others	0.0
<b>Are you satisfied with the process of CuT insertion (N=25)</b>		
24.	Yes	96
25.	No	4
<b>Sterilization Users:</b>		
<b>Place of Sterilization (N=15)</b>		
26.	Government Hospital	93
27.	Private Hospital	7
28.	Others (Specify)	0.0
<b>Have you got money for sterilization (N=15)</b>		
29.	Yes	73
30.	No	27
<b>At the time of sterilization, who was present (N=15)</b>		
31.	Husband/Wife	20.0
32.	ANM	0.0
33.	ASHA	26.7
34.	Counselor	46.7
35.	Others (Specify)	0.0
<b>Any checkup done before sterilization (N=15)</b>		
36.	Yes	86.7
37.	No	13.3
<b>Any followup conducted after sterilization (N=15)</b>		
38.	Yes	33
39.	No	67

Sl. No.	Indicator	Value/ Percentage
<b>If follow up conducted then by who (N=5)</b>		
40.	ANM	60
41.	Counselor	0.0
42.	ASHA	40
43.	Others (specify)	0.0
<b>Are you satisfied with the process of Sterilization (N=15)</b>		
44.	Yes	93
45.	No	7

The current users of IUCD and sterilization were further probed to understand the usership pattern in terms of source of information and place of service availed and other relevant aspects. Nearly all IUCD users received services from government facilities in the slums covered. However, a vast majority of clients did not know the difference between two types of IUCDs available at health facilities (10 years and 5 years). Similarly, two out of every five current users of IUCD did not know about PPIUCD or that IUCD could be inserted during immediate post-partum period. Follow up by health workers within one week, one month and three months are normally recommended for IUCD users. The study revealed that 84 percent IUCD clients were followed up, with almost all cases having been followed up by the ASHAs in the slums where the study was undertaken. The sterilization clients were majorly served by government facilities (93%), while the remaining 7 percent availed services of the private facilities.

One area of concern was- delayed or non-payment of wage loss compensation post sterilization procedure. Little over one-fourth sterilization clients did not receive the wage loss compensation. A vast majority (87%) recalled having undergone medical and clinical examination before the procedure. Similarly, about two-thirds reported receiving no follow up visits by any worker after the sterilization procedure, indicating a major quality gap and non-adherence to the protocol. However, despite having several complaints, most of the clients reported to be satisfied with the procedure.





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