





# • PAKISTAN



## Reaching the vulnerable

The seventh most populated country in the world, Pakistan is faced with a high fertility rate, currently at 5.08 per cent, compounded by low levels of contraceptive use. In recognition of the urgent need to reach out to largely unserved populations in rural and remote areas, the Government of Pakistan is now implementing a five-year plan, aimed at increasing reproductive health funding, and employing female community-based reproductive health workers in over 50,000 rural and urban communities.

The RHI programme in Pakistan fits in with the Government's goals and supports its five-year plan, in particular by making reproductive health services and information accessible to the most vulnerable populations. With a strong focus on involving and empowering local grass roots organisations, community based volunteers and female health workers, the four RHI projects are strengthening the reproductive health care infrastructure in the most hard to reach and under-served communities.

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The RHI partners met regularly to strengthen collaboration, share experiences and build their respective capacities

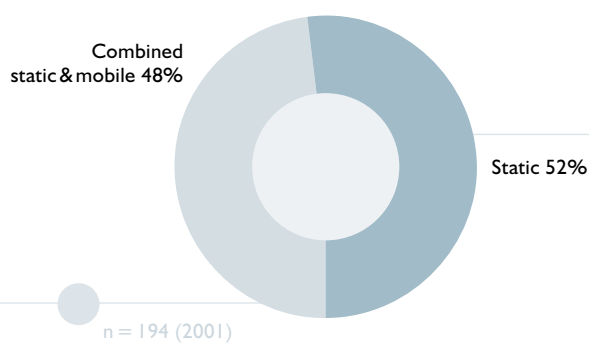


Women gained new confidence through awareness raising activities

### Main activities and strategies

The priority of the RHI in Pakistan was to strengthen community-based reproductive health services in under-served areas in order to reach vulnerable groups. The RHI Partners worked hand-in-hand to make **clinical services increasingly available to socially and geographically marginalised groups**. This involved launching new clinical facilities, service delivery specifically adapted to the needs of target groups, with mobile clinics and camps as an effective means of bringing reproductive health services closer to vulnerable populations. The combination of providing mobile and static service delivery points allows the projects a flexible approach more capable of reaching large percentages of the target group.

### RHI Pakistan: Operation mode of service delivery points



The programme managed to **mobilise higher levels of participation**, in terms of involving the community and recruiting volunteers. This is a significant end in itself, leading to greater motivation and improved chances for future sustainability, and is also a means of reducing project costs, especially with respect to personnel. To achieve this, participatory approaches were used during the design, planning and implementation of the programme. As a result, more than a third of staff at project level and half of workers at service delivery points are volunteers from the community.

- As a traditional society, Pakistan harbours strong values on issues regarding the family, reproductive health and gender relationships. Adolescent marriages, particularly among girls, are still common in Pakistan. Age of marriage has been rising in the past few decades, however a clear gender difference remains in the timing of marriage. The mean age of marriage has increased from 16.7 in the 1960s to 22 years in 1998 for girls. For boys, the current figure is 26.5. In the 15–19 age group three to four per cent of males and 17 per cent of females are married, implying that potentially sensitive reproductive health issues, such as adolescent sexual and reproductive health and male involvement in family planning and contraception had to be carefully approached and introduced. The RHI programme in Pakistan has made considerable achievements in enlisting the support and endorsement of religious leaders, parents and teachers as well as male partners.



Male involvement in family planning was carefully approached

These volunteers proved to be effective and committed to sharing information with their peers and distributing contraceptives door-to-door. Volunteers also benefited from their involvement by learning new skills, developing confidence and community respect. In order to build support for project activities, specific **advocacy and awareness raising** efforts were undertaken. Women, men and young people were reached through a variety of media, including face-to-face communication and a radio show, leading to increased awareness of reproductive health issues and the availability of services. Leading community members, such as teachers and religious leaders, who were respected within their communities and thus enjoyed substantial influence, were specifically targeted. Obtaining their support and endorsement was seen as a crucial means in promoting reproductive health messages and services.

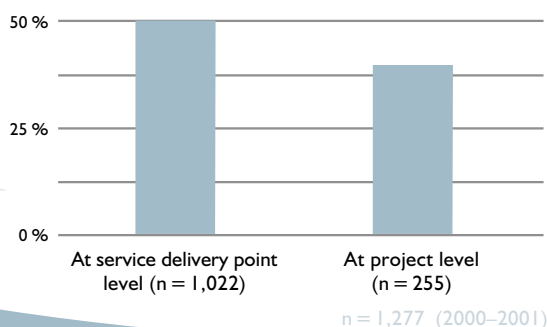
By raising issues of **male responsibility** and helping women to become more knowledgeable and aware of their capacities, the programme initiated changes in the existing relationships between men and women. This was facilitated by the involvement of and advocacy to key persons in the community.

## Innovations and achievements

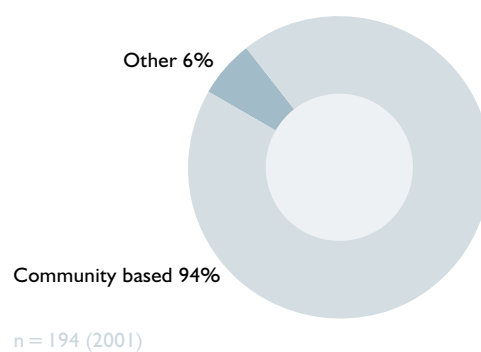
To reach beyond the groups served by conventional health services in Pakistan, a number of interesting innovations were developed by the RHI partners in all areas in which it was operational. The emphasis on partnerships with community-based NGOs also encouraged the development of approaches, adapted to local needs. There have also been some encouraging examples of synergies between NGOs and the Government. For example, information, education and communication (IEC) materials developed by one of the projects were used by the Ministry of Population and Welfare for distribution and utilisation on a national scale.

Services were brought to clients through a variety of creative means. For example, women who were unable to leave their home to attend clinics were offered **door-to-door delivery of family planning contraceptives**, combined with primary health care services provided by community volunteers (*RAS/g8/Pog*). Mobile clinics and camps went to remote and mountainous areas, where people

RHI Pakistan: Proportion of volunteers among programme staff



RHI Pakistan: Location of service delivery points



The RHI made considerable achievements in enlisting the support and endorsement of key gatekeepers, including parents, teachers and male partners

lived too far away from existing clinics to receive any health services at all (RAS/98/PO8). In addition, new clinics offered services in locations, which had not been served as yet by existing reproductive health outlets. In Karachi and Sindh, for example, two surgical centres were set up to offer a full range of reproductive health and related services. These were backed up by eight community-based clinics, which offered basic services and referrals for more complex cases in a location which was convenient and accessible to disadvantaged and vulnerable people (RAS/98/PO9).

The role of community volunteers was enhanced under the programme. Women field workers in the slums of Karachi and the rural Larkana area of Sindh province have helped women to become more responsible for their reproductive health and family life in general while at the same time providing relevant health and legal information (RAS/98/PO9). These female volunteers have been instrumental in bringing about changes in the relationship between men and women by providing a living example of the active role women can play in the community; indeed, this experience has been life-changing for some volunteers.

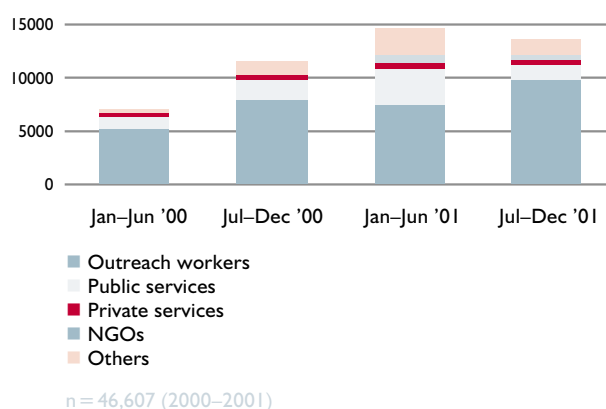
*A field worker from Karachi, for example, said:*

*“... I discovered a new person in myself who could think creatively and perform effectively ... when I started getting involved in the lives of other people, the problems faced by them and in facilitating them to make organised efforts to resolve their problems”.*



Open female-male communications are the basis of sound decision-making in family planning and reproductive health matters

RHI Pakistan: Number of client referrals to service delivery points, by source of referral



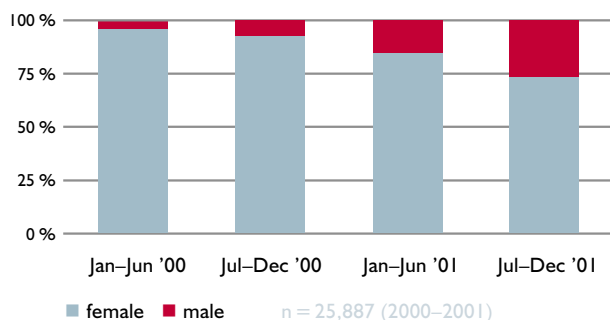
The graph above shows that outreach workers (most of whom are community volunteers) are the main source of client referral to service delivery points.

In Pakistan, providing sexual and reproductive health information for adolescents was an innovative activity. Following intense efforts by project staff in sensitising and motivating radio station management (it took a full year for the station to actually take the risk of going ahead with the transmission), a show targeting young people was broadcast on Radio Pakistan “Multan” (RAS/98/PO8). This show focused on a mix of adolescent and male involvement issues and followed a discussion format with a male doctor answering questions posed by a panel of adolescents and a young married couple. The programme was so successful that the radio station requested further shows highlighting adolescent reproductive health issues.

Information has also been spread to young people through peer education and other community networks. Parents were engaged in discussions and awareness raising sessions on adolescent and reproductive health. Previously, most parents had been extremely hesitant to discuss sexual issues with their children even though they were very concerned about the young people’s emotional and physical health. Due to the careful manner in which the project partners approached the topic, parents gradually became very supportive of project activities. Young people were also involved in Youth Advocacy Networks, where both girls and boys became the focal points for spreading awareness in their own communities, working closely with project staff (RAS/98/PO8).

Whilst women made up the majority of client visits to family planning services, the RHI activities successfully increased the number of male client visits via careful and comprehensive information, education and communication measures.

**RHI Pakistan: Sex distribution of client visits to family planning services**



Component projects worked to encourage support for reproductive health through **advocacy with religious and community leaders**. In Dera Ghazi Khan, for example, advocacy workshops for religious leaders, doctors, Nazims (locally elected council leaders) and counsellors were held (RAS/98/P08). The involvement of the religious leaders, was considered a particular challenge. For this reason, the approaches adopted had to be very carefully thought through. In practice however, the project was able to build strong coalitions with the groups targeted by the workshops, which was an important contribution to overcoming resistance in the community. It is especially noteworthy,

that almost all of the prominent religious leaders in Dera Ghazi Khan became supportive of the project's work of providing sexual and reproductive health information to young people, a real innovation in this area.

### Co-operation and capacity building

The Umbrella Project Co-ordination Unit (RAS/98/P29) acted as the hub of the RHI, facilitating and strengthening relationships between the four component projects and with outside agencies. Under the auspices of the Umbrella Project, partners met regularly to share experiences and discuss progress. A number of new NGO networks were created as a result: an innovation that helped to introduce a shared vision about meeting the reproductive health needs of vulnerable people and more importantly on providing adolescents with much needed information and services. At the same time, tailor-made capacity building workshops for all RHI partners were organised, dealing with a variety of issues of interest to all partners.

The RHI in Pakistan, managed to offer services to groups of the population that often find themselves beyond the reach of the public sector, thus providing many useful experiences and **lessons to Government programmes**. Support from the public sector for referral and specific initiatives, such as health campaigns has been both continuous and constructive.

## Increasing male involvement

As an accompaniment to women's empowerment, male involvement and support for reproductive health was also encouraged. Project partners offered reproductive health information and clinical services to men on a scale that was new in Pakistan, where it had conventionally been regarded as a women's issue. Given the dominance of men in controlling women's access to health services, men were also targeted with advocacy about women's rights and needs in reproductive health, including safe motherhood. This had a significant impact. One elderly man who attended a session about safe motherhood, said:

*"I feel I am a sinner and I have been very cruel to my wife, daughter and daughters-in-law for not giving them the right to health and never allowing them to go to the hospital or doctor."*

*Male safe motherhood session attendant, Karachi (RAS/98/P09)*

Similarly, in an ethnic minority area of Dera Ghazi Khan, hundred of husbands, fathers and brothers showed their willingness to bring their wives, daughters and sisters to a mobile camp offering reproductive health treatments in this remote location and the community requested that the camp should be repeated every summer (RAS/98/P08). Most tellingly, men supported reproductive health initiatives and their wives by taking responsibility for contraception. For example, there was an impressive six-fold increase in the number of men seeking family planning services in Layyah, Tehsil Taunsa and Dera Ghazi Khan, including a significant rise in men seeking vasectomies.

## Building new networks

Organisations involved in the RHI reported that the scale of co-operation and networking was new. Networks among NGOs and other agencies working in reproductive health, were formed and partners also explored co-operation from the broader civil society with organisations working in related areas, such as fighting drug addiction or advocating women’s legal rights. Two working groups, namely the **Reproductive Health Alliance (RHA)** and the **Adolescent Health Awareness Network (AHAN)**, grew out of this effective NGO collaboration. Both networks facilitated greater co-operation amongst local NGOs. For example the RHA worked together on the development of pictorial communication materials, tapping into the resources of the Alliance partners (*RAS/98/P29*). These materials were so successful and well received by the target audiences, including young men, that the Ministry of Population and Welfare reproduced them for use in its own Family Welfare Centres. This is the first time ever that information, education and communication (IEC) materials developed by an NGO network in Pakistan have been adopted by the Government. It will also allow for the harmonisation of reproductive health information at community level, which is another positive development.



Male involvement is essential for successful child upbringing and the sustainability of family planning programmes

Capacity building under the RHI in Pakistan has particularly focused on community-based NGOs. Via **on-the-job and formal training**, the participating NGOs enhanced their skills in a variety of key areas, such as information sharing, resource mobilisation, project cycle management training and gender sensitisation of management practices. Thematic training covered technical reproductive health expertise, male mobilisation, adolescent and gender issues in adolescent and reproductive health, project sustainability, community participation, research methodology and monitoring and evaluation.

A considerable effort went into the training of service delivery point workers. Over the course of the Initiative, more than 40 per cent of service delivery point workers were provided with training across a wide range of technical reproductive health topics.



A mobile clinic at village level

## Lessons learned



Reaching out to women wherever they live and work is an important strategy for successful reproductive health programmes

- **Good information, education and communication can help break down myths**

Using participatory tools, partners have been able to adapt their messages to young people to address some misconceptions that are potentially harmful to reproductive health or detrimental to project activities. For example, certain messages were specifically designed to address the taboos surrounding menstruation, which would prevent young women from bathing, eating protein-rich foods or going outside the house, and misconceptions about masturbation, which are believed to have severe health impacts, including insanity. When correct information is provided on these taboos it was found that young people's perceptions do change.

- **Potentially conservative social groups can be engaged in support of reproductive health**

The projects identified those community leaders and especially religious leaders with a potential say in the project communities. This was an unprecedented approach and marked an innovative step towards involving these influential groups. As a result, following carefully-designed advocacy workshops, there was a striking level of support from religious leaders for project activities. This has been a crucial factor in meeting the project's objectives and ensuring sustainability.

## RHI projects in Pakistan

**RAS/98/P07:** Partnership with NGOs for reproductive health promotion and services

Implementing Agency: Family Planning Association of Pakistan (FPAP)

Executing Agency: World Population Foundation (WPF)

**RAS/98/P08:** Sustainable community-based reproductive health services

Implementing Agency: Marie Stopes Society (MSS)

Executing Agency: Marie Stopes International (MSI)

**RAS/98/P09:** Community-based distribution and surgical centres

Implementing Agency: Pakistan Voluntary Health and Nutrition Association (PAVHNA)

Executing Agency: Interact Worldwide (formerly Population Concern)

**RAS/98/P29:** Strengthening NGO capacity and linkages to improve reproductive health services and information (Umbrella project)

Implementing Agencies: UNFPA/World Population Foundation (WPF)

- **Addressing women's health needs also impacts upon their status**

When women's health care needs were addressed, such as STD treatment, family planning and ante-natal care, it was found that this also had a positive impact on women's strategic needs for increased status and autonomy. Women gained in self-esteem and confidence. At the same time, project activities also addressed men's perceptions of women's needs and status.

- **Women's involvement in community activities challenges gender roles**

More than half of the workers at service delivery points are female. Involvement in activities such as door-to-door provision of information and services enhanced the women's mobility and visibility rather than reinforcing *Purdah*. The women who took part in these activities felt more confident and capable.

- **Network building enhances synergy and optimal use of available resources**

Collaboration and the formation of working groups amongst the RHI organisations and local organisations working in the area of reproductive health has been instrumental in the production of harmonised and well received communication and training materials. This is especially true with the introduction of newer, more sensitive topics, such as adolescent reproductive health and male involvement. This has been achieved, thanks to a broad level of support among the working groups and has therefore helped the RHI to reach a large audience.

- **Supportive supervision helps boost quality and motivation of community based workers**

Good relationships and inter-personal communications were as important to project success as having access to quality clinical reproductive health services, something that could be achieved thanks to the important role played by community based workers. The performance of these mainly volunteer workers depended to a great extent on facilitative and supportive supervision, which helped ensure their motivation and effectiveness.

- **Where services are made accessible, clients respond positively**

Mobile, community-based and door-to-door services were very well received by clients, who had previously been regarded as living beyond the reach of conventional clinics, either because they lived in isolated communities or were poor, illiterate and otherwise socially immobilised.

- **Men can be encouraged to change their behaviour**

Men's decision-making and sexual behaviour and the gender norms they apply are a major determinant of women's health. The RHI in Pakistan made particular efforts to reach men through community activities and male volunteers, by undertaking advocacy activities addressing opinion leaders and the use of appropriate information, education and communication materials. These intensive efforts were rewarded with noticeable attitude changes and increased use of reproductive health services by men. Men also showed increased willingness to allow and even support their wives and other female family members to visit the services, which had previously been unacceptable among certain groups.



Pictorial communication materials were well received by women and men alike