1. INTRODUCTION

Pakistan is the fifth most populous country of the world with a total population of 208 million; 49% of which is female. The majority (63%) live in rural areas. Two key characteristics of the population are its youthful composition (64% under the age of 30 years) and persistent gender inequality (ranking 151 out of 153 countries)\footnote{World Economic Forum’s Gender Inequality Index, 2020s seen on} in. Whereas the former is indicative of the potential for a demographic dividend,\footnote{Demographic dividend means, “the economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)”}. the latter reflects a failure to change gender relations that can undermine the achievement of the anticipated dividend.

Pakistan has a population growth rate of 2.1%, a high fertility rate of 3.6 and low contraceptive prevalence (34%). Only 25% women use modern methods of contraception and FP use tends to start only after the birth of the desired number of children (i.e. at the 3rd or 4th child), 28% of Pakistani girls get married before they are 18 years old, 16% become mothers before the age of 18 and 34% before they are 20 years old.\footnote{PDHS 2017-2018.} Furthermore just one-third of married women of 15-49 years currently not using contraceptives intend to use them in the future and almost half (46%) of married women of 15-49 years of age have no intention of doing so. A further 21% are unsure.\footnote{Ibid}

In addition are the large number of unintended pregnancies and millions of abortions every year (2.25 million in 2012) with the accompanying burden of post abortion complications.
Pakistan needs an integrated approach to sexual and reproductive healthcare services that cater to increasing contraceptive autonomy, which would lead to lower population growth and fertility and promote a higher CPR. Given the cultural context, the approach of focusing on women has not been successful; men and young people must be brought on board to promote contraceptive uptake. Considering Pakistan’s large youth population there is thus an urgent need to stimulate higher demand for FP especially among young people using hitherto untried approaches. The Pathfinder supported Naya Qadam seeks to do exactly that.

2. THE PROJECT

The 3-year Naya Qadam project was launched in 2018 in six districts, of Pakistan namely, Karachi, Nawabshah and Larkana in Sindh and Rawalpindi, Okara and Pakpattan in Punjab.

Objectives of the Naya Qadam project were to:

• Increase uptake and demand in Sindh and Punjab of Post-Partum Family Planning (PPFP) and Post Abortion Family Planning (PAFP), and

• Improve the quality of public and private sector PpFP services for young women aged 15 – 24 years.

Its Key features were

a. Forging partnership between 6 leading RHR organisations, Aahung, Greenstar Social Marketing, National Committee for Maternal Neonatal Health (NCMNH), IPAS, Pathfinder and Shirkat Gah, to pool together expertise in policy formulation, community engagement and service-delivery related to RHR;

b. Engaging with multiple stakeholders: female youth champions, male allies, service providers, policy makers, law makers, government departments and independent commissions;

c. Understanding of gender and age-based bias in service delivery, and other factors that render services inaccessible to women and young couples.
1. OBJECTIVES OF GENDER INTEGRATION

Gender integration was designed as a mechanism for creating a common understanding among all stakeholders of the intersections between gender, age and health service provision of PPFP and PFAP. It was therefore a central component of capacity building and awareness raising of community and various tiers of service providers (LHW, LHV, WMO, CMW, Supervisors), women, female “youth champions,” “male allies,” and policy-makers.

3. INNOVATIVE IMPLEMENTATION

The Naya Qadam project is quite unique in both its design and implementation due to its multi-pronged, multi layered approach and strategy with gender integration at its centre. This includes:

- A customised and integrated gender training module consisting of SG’s gender module, Aahung’s Adolescent and Youth Sexual and Reproductive Health (AYSRH) module and NCMNH’s training curriculum on PPFP and PAFP. The module universalised information and knowledge for service providers, seekers and influencers

- Creation of vertical and horizontal linkages (between service providers and communities; community champions and policy makers) by partnering and working closely with Community Based Organisations (CBOs), holding community activities on gender, PPFP and PAFP, organising Youth Forums and Provincial Multi-stakeholder Dialogues for inter-sectoral collaboration in Karachi and Lahore.

- Demand creation through advocacy for awareness and understanding on age sensitive RH services, gender dimensions in everyday life, importance of spacing and practicing FP, and knowledge of services.

- Innovative tools used for capacity building of young female champions and male allies were Shirkat Gah’s Board Game on PpFP, Theatre Training, Communication and Advocacy Training, FM radio programmes, Youth Reproductive Rights Institutes (four-day workshops) and use of social media through WhatsApp groups to act as local individual and collective change agents and resource persons for those in need of information or seeking services.
4. IMPACT ASSESSMENT

Training based on gender integration and locating it in the reality of the social milieu has had multiple impacts on different stakeholders.

**Female champions and male allies** reported clarity in their understanding of gender and sex. The trainings instilled confidence and enabled influencing community, family and peers. The young advocates were able to overcome family barriers and earned the community's trust. Male allies have challenged stereotypes and have been particularly successful in promoting education for girls and women in their families and among friends. Allies felt the training helped them in education as well as in getting jobs.

The **service providers** have felt empowered by the training in taking stands for themselves. From LHW to LHV, CMW to WMOs all reported change in the way they worked. They are more empathetic, patient and willing to engage with husbands and young male and female clients on family planning methods and options, possible side effects, follow up and also in helping women with problems of abuse and/or gender discrimination.

**Officials** in Punjab and Sindh acknowledged greater engagement and more conversations taking place related to FP. Increase in uptake of PPIUCD and IUCD was reported in both provinces and the training, especially counselling, was given credit for it by officials of the departments of Health and Population Welfare. The training manual was officially endorsed and provincial governments cooperated in the delivery of the gender integrating strategy.

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**Source:** Naya Qadam project Data

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Clients interviewed for this Report praised LHWs and LHV for their friendly attitude, patience, provision of information and improved service delivery quality. Many clients shifted to the BHU where Naya Qadam trained service providers were serving. They also reported spousal interest in FP.

The view of Consortium Partners was that the integration approach provided the opportunity to pool together their strengths and in the process they all learnt a lot from each other. The complementarity of working together and common messaging was seen as the strength of the project in creating common understanding among the stakeholders and that gender integration helped them in dealing with issues of gender stereotypes and other real life challenges.
POLICY ASKS

This report documents the feedback from all stake-holders of the project. On the basis of the evidence the following is recommended:

• **Take the project model to scale**

• **Include the model in the agenda of Provincial Population Task Forces**

• **On the Supply Side**
  ○ Refresh and fortify capacities through trainings
  ○ All women and couples coming to hospitals/health institutions for deliveries should be provided information on PpFP

• **On the Demand side**
  ○ Invest in media campaigns to create awareness and demand
  ○ Highlight problems of unchecked population growth in all school curricula
  ○ Encourage all civil society organisations engaged in the FPRH sector to raise awareness
  ○ Translate all IEC materials relating to long-term FP methods into local languages

• **Adopt central principles of the project**
  ○ An integrated approach to FPRH and gender that brings together the departments
  ○ Providing all service providers in-depth training on Gender
  ○ Ensuring Value Certification Attitude Transformation training

• **Given the close connection with gender-based violence**
  ○ Provide training to Lady Health Workers and other service providers to deal with complaints

• **Documentation:**
  ○ Collate the data to determine the exact outcome of the FP uptake due to the intervention
  ○ Institute robust Monitoring & Evaluation systems
  ○ Strengthen Management Information Systems (MIS)

• **COVID-19** virus has created an unanticipated situation and has affected the momentum of the programme and has caused disruption. The concern in particular is the break in the supply of commodities and the resultant restriction of choices for clients. It is recommended that all frontline health care workers be given counselling sessions to eliminate their fears in order to increase their service delivery, and continued commodity supply be ascertained.