

Challenges

- Rugged and remote landscapes, limited infrastructure, security risks.
- Extreme weather conditions and cultural differences complicated engagement with local communities.
- Required careful planning, stakeholder trust-building, effective communication strategies

PROTECTION



Project protected Afghan refugee women and local community by providing critical care and psychosocial support for safety and wellbeing through Mobile Health Teams (MHTs) and Women-Friendly Spaces (WFS).

- conducted 743 free medical camps, serving 34,512 clients (88% female).
- distributed 27,450 contraceptive commodities.
- established * Women-Friendly Spaces (WFSs), which assisted 3,337 women.

EMPOWERMENT



The project empowered Afghan refugee communities, particularly youth, through community awareness sessions and youth engagement initiatives focused on SRH, FP, and SGBV.

- Conducted 827 sessions reaching 15,650 refugees (88% female participation)
- Established six youth volunteer groups,
- Trained and built capacity of project staff to enhance service quality and sustainability.

SOLIDARITY



The project promoted solidarity by engaging community members, stakeholders, and local health departments, fostering a supportive network that addressed health challenges collaboratively. Involving the community in awareness sessions and youth groups, including men, enhanced mutual support and community cohesion, crucial for improving overall health outcomes.

LESSONS LEARNED

- 1. Enhanced Project Monitoring and Evaluation:** Digital data collection system for easier data recording, analysis, and quality improvement.
- 2. Greater Male Engagement in SRH and FP:** Specific messaging, sessions for community elders, and engagement with religious leaders for increased male involvement.
- 3. Development of Counselling and Communication Skills:** More focus on these skills for healthcare providers to better connect with clients, especially in family planning services.
- 4. Adaptation to Local Context:** Strategies adaptable to the cultural and environmental contexts of Balochistan and KPK.

KEY TO SUCCESS

- 1. Integrated Approach to Health Services:** Integrating SRH and FP services within Mobile Health Teams (MHTs) and Women-Friendly Spaces (WFS) proved effective in addressing multifaceted health needs, including SGBV support, thereby enhancing service accessibility and utilization.
- 2. Community Engagement and Awareness:** Engaging the community through tailored awareness sessions and youth engagement initiatives significantly increased demand for SRH and FP services, highlighting the importance of culturally sensitive outreach strategies.
- 3. Capacity Building and Training:** Continuous training for project staff in clinical skills, SGBV management, and community outreach bolstered service delivery quality and responsiveness.
- 4. Strategic Partnerships and Coordination:** Collaborating closely with local health departments, refugee authorities, and community leaders facilitated effective resource allocation and streamlined service delivery, optimizing project outcomes.

Voice from Project Client

“I got married at the very young age of 15, and now at 26, I have six children—five girls and only one son. I became extremely anemic, and my last delivery was at a local health center before the floods. The doctor advised me to use birth spacing methods to avoid pregnancy for the next 3 to 5 years. I discussed this with my mother-in-law, but she completely rejected the idea, saying that with only one son, using contraceptives is against our religion. When my mother-in-law told my husband, I was beaten badly.

During an awareness session from this project, I consulted a female health worker who provided health education and referred me to the WFS. Initially, I was counseled and treated for physical injuries. Then, my husband and mother-in-law were also counseled. My husband and I agreed to use a family planning method, and I was given a three-month contraceptive injection. After six months, my health improved, and I started taking better care of the children and the house. My mother-in-law became happy with the household situation and is now an advocate not only for the WFS services but also for the use of contraceptives for spacing births.”



Nadia, Client of Rahnuma-FPAP Clinic and WFS**



JSB 2022 PAKISTAN PROJECT Fact Sheet

PROJECT SITE

1. Balochistan Province: Quetta, Chaghi and Noshki Districts.

2. Khyber-Pakhtunkhwa (KP) Province: Peshawar, Nowshera and Charsadda Districts.



Project title

Responding to the Sexual and Reproductive Health (SRH) Needs of Afghan Women Refugees in High-Need, Flood-Affected Districts of Balochistan and Khyber-Pakhtunkhwa

Country situation

- Pakistan hosts 1.4 million registered and 1.5 million undocumented Afghan refugees.
- Financial barriers and lack of documentation hinder healthcare access of Afghan refugees.
- Poorer health outcomes include higher maternal and under-five mortality rates, lower contraceptive use, and higher prevalence of violence.
- In 2022 floods damaged over 2,000 health facilities, worsening the situation.

PROJECT OBJECTIVES

1

Improve access for Afghan refugees and host communities, particularly women and girls, to quality, essential FP and SRH services.

2

Increase health service providers' skills to deliver quality FP and SRH services to both refugees and host communities

3

Increase community knowledge, support and action to demand quality reproductive services among Afghan refugees, including young people.

Project approach

The project addressed health service challenges of Afghan refugees by providing SRH and FP services and sexual and gender based violence (SGBV) by Mobile Health Teams (MHT); establishing Women Friendly Spaces; and increasing demand through community education and youth engagement.

Project achievement 1

Increased Access to and Utilisation of SRH and FP Services

- The MHTs improved access to SRH and FP services by holding 743 free medical camps in six districts, serving 34,512 clients. They included 88% female, 12% male, and 11 non-binary persons, and also reached 181 persons with disability.



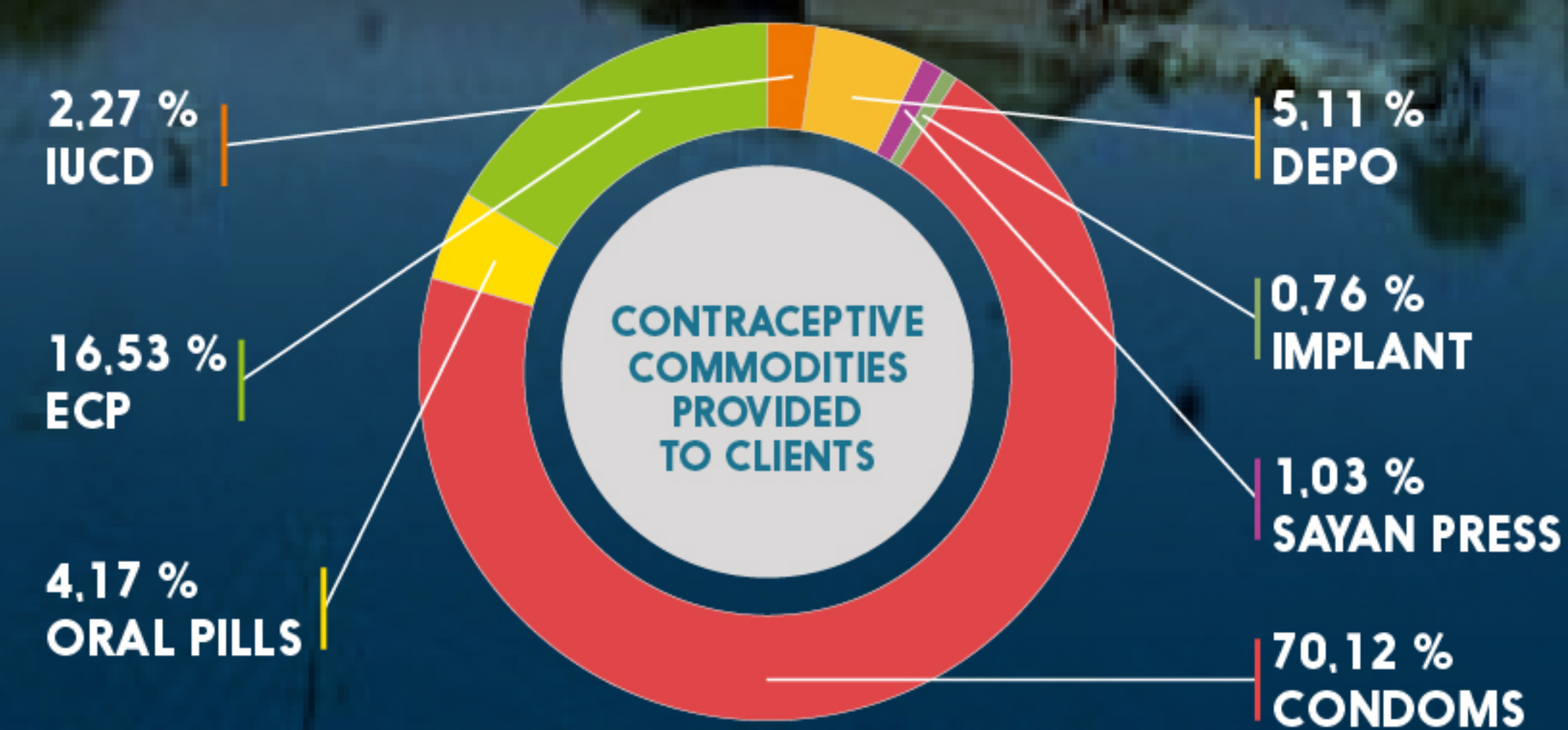
Female doctor consulting and treating a female client in Quetta District



Female doctor of MHTs treating a female client in Chaghi Districts

85% of clients utilized the SRH and FP services of MHTs, while 15% used non-SRH services. The MHTs distributed 27,450 contraceptive commodities, with condoms most distributed (70%) followed by emergency contraceptive pills (16%), injectables (Depo 5%) and oral contraceptive pills (4%). This proactive approach addresses immediate reproductive health needs and contributes to long-term maternal health outcomes.

PERCENTAGE OF CONTRACEPTIVE COMMODITIES PROVIDED TO CLIENTS



The MHTs provided safe abortion care to 746 women, mostly through medical abortion (92%), significantly improving their lives and reducing maternal mortality rates among Afghan refugees.

Project achievement 2

Increased Community Awareness and Demand for SRH and FP Services:

- Community awareness sessions among Afghan refugees have significantly increased demand for SRH and FP services and heightened awareness on health issues. Engaging 15,650 refugees across 827 sessions, these initiatives focused on maternal health, SRH, FP, SGBV, and early marriage, serving as crucial education and referral platforms, with 88% female and 12% male participation.



Community Awareness Session on Reproductive Health.



Community Awareness Session on Early Marriages

- Forty-eight sessions tailored for youth engaged 751 participants and resulted in the establishment of six youth volunteer groups. These groups conducted bi-quarterly meetings to address SRH concerns among youth and facilitate referrals to MHTs, thereby strengthening support within the Afghan refugee community.

Youth Volunteer Quarterly Meeting

