



THE JSB 2022 PAKISTAN PROJECT MAIN ACHIEVEMENTS

RESPONDING TO THE SRH NEEDS OF AFGHAN
WOMEN REFUGEES IN HIGH NEED
FLOOD-AFFECTED DISTRICTS OF BALUCHISTAN
AND KHYBER PAKHTUNKHWA

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LIST OF ACRONYMS

AWR	Arab World Region
AWRO	Arab World Regional Office
FP	Family Planning
IPPF	International Planned Parenthood Federation
JSB	Japanese Government's Supplementary Budget
KPK	Khyber Pakhtunkhwa
MHT	Mobile Health Teams
R-FPAP	Rahnuma Family Planning Association of Pakistan
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
WFS	Women-Friendly Spaces
WHO	World Health Organization

EXECUTIVE SUMMARY

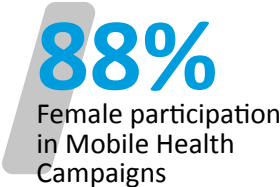
"Responding to the SRH Needs of Afghan Women Refugees in High-Need, Flood-Affected Districts of Balochistan and KPK" was implemented by the Rahnuma Family Planning Association of Pakistan (R-FPAP), with technical support from IPPF-AWRO and financial backing from the Japanese Government Supplementary Budget (JSB) 2022. The project focused on enhancing local human security through protection, empowerment, and solidarity, aligning with Japan's Official Development Assistance (ODA) priorities.

Protection: The project prioritized protecting Afghan refugee women and their health by establishing Mobile Health Teams (MHTs) and Women-Friendly Spaces (WFS). MHTs conducted 743 free medical camps, serving 34,512 clients, with 88% being female. They distributed 27,450 contraceptive commodities, significantly addressing unmet contraceptive needs. Six WFSs provided services to 3,337 women, including 190 survivors of sexual and gender-based violence (SGBV), offering psychosocial counseling and treatment of minor injuries. These efforts ensured access to safe medical care and psychosocial support for vulnerable women.

Empowerment: The project contributed to empowerment of people including youth at the community by increasing their knowledge through community awareness sessions and youth engagement initiatives, educating Afghan refugees about SRH, FP, and SGBV issues. 827 community sessions reached 15650 Refugees Who Received Services, with 88% female participation in Mobile Health Campaigns, while six youth volunteer groups were formed, raising awareness and fostering community support. Training sessions for project staff further enhanced service quality, fostering self-reliance among refugees in managing their health and well-being.

Solidarity: The project fostered solidarity by engaging community members and stakeholders, coordinating with local health departments and refugee authorities. Community involvement in awareness sessions and youth groups, including men, created a supportive network and solidarity addressing health challenges collectively. This solidarity promoted a sense of community and mutual support, essential for improving health outcomes.

In conclusion, the project significantly contributed to local human security by protecting vulnerable individuals, empowering them with knowledge and resources, and fostering solidarity within the refugee community. This approach, guided by Japan's ODA priorities, laid the groundwork for sustainable health improvements and a resilient refugee population.



BACKGROUND AND INTRODUCTION

Pakistan hosts approximately 1.4 million registered Afghan refugees and an estimated 1.5 million undocumented Afghan nationals. These populations are concentrated in six major districts of Khyber Pakhtunkhwa (KPK) and Baluchistan, including Peshawar, Nowshera, Charsadda, Quetta, Chaghi, and Noshki (UNHCR, 2022). Financial barriers affect 60% of Afghan refugees, and 30% lack proper documentation, hindering their access to healthcare (Human Rights Watch & UNHCR, 2022). Consequently, Afghan refugees exhibit some of the poorest health indicators compared to the host population based , as shown below:

HEALTH INDICATOR	AFGHAN REFUGEES (PAKISTAN)	GENERAL POPULATION (PAKISTAN)
Maternal Mortality Rate (per 100,000 live births)	400 [8]	186 [4]
Under-five Mortality Rate (per 1,000 live births)	97 [5]	74 [4]
Contraceptive Prevalence Rate (%)	15 [1]	34 [1]
Unmet Need for Family Planning (%)	35 [1]	20 [1]
Prevalence of Gender-Based Violence (%)	50 [7]	32 [6]
Access to Health Services (%)	40 [3]	70 [2]
Access to GBV Support Services (%)	20 [7]	45 [6]

The 2022 floods severely impacted these districts, damaging healthcare infrastructure and further impeding access to medical services, exacerbating the poor health indicators (World Health Organization [WHO], 2022). Over 2,000 health facilities/clinics were damaged or destroyed by the floods in 2022 (UNICEF, 2022).



Large areas affected by floods (Balochistan)



Devastation caused by floods (Balochistan)

To address these issues, the Rahnuma Family Planning Association of Pakistan (R-FPAP), affiliated with the International Planned Parenthood Federation - Arab World Region, implemented a project titled "Responding to the SRH Needs of Afghan Women Refugees in High-Need, Flood-Affected Districts of Balochistan and KPK" from January to December 2023, funded by the Japanese Government Supplementary Budget (JSB) 2022.

The project targeted both the supply and demand sides of health services. On the supply side, it provided SRH and Family Planning services using the Minimum Initial Service Package (MISP) approach through Mobile Health Teams (MHTs) and established Women Friendly Spaces (WFS) for SGBV services. The project strengthened R-FPAP's physical and human capacity required to enhance reach to clients and quality of service provision. To increase demand for SRH, Family Planning, and SGBV services, the project conducted Community Awareness Sessions, Youth Engagement Sessions, and formed Youth Volunteer Groups.



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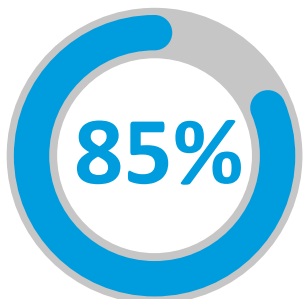
RESULTS AND ACHIEVEMENTS

In the initial phase, the project scope and activities were shared with relevant stakeholders, including the Provincial and District Health Departments, Population Welfare Departments, Afghan Refugee Commissionerate, and Social Welfare Departments in KPK and Balochistan. A functioning coordination mechanism was established, ensuring all stakeholders were regularly updated about project activities. Their support was essential for smooth implementation in Afghan refugee camps across the six districts.

R-FPAP established provincial and district offices in Balochistan and KPK to enhance project implementation. Three field offices were set up in Balochistan, specifically in Quetta, Chaghi (Chagai) and Noshki (Nushki). The selection of sites of the field offices in Balochistan involved identifying areas in proximity to Afghan Refugee Camps, strategically chosen to enhance accessibility and address community needs effectively. In KPK, the Regional Office in Peshawar made sure of efficient and seamless field operations and fostering community development across all three districts ie Peshawar, Nowshera and Charsadda districts.

Qualified and skilled staff were then recruited. After orientation about the project, the staff were deployed in district project offices to provide services to Afghan refugees through the MHTs and WFSs. Throughout the project tenure, gaps in the skills of project staff were identified, leading to six different training sessions aimed at empowering the staff to perform better and increase provide better quality services to clients. These sessions included training on technical skills such as Manual Vacuum Aspiration for safe abortion care services, specialized training for better SGBV services, comprehensive FP & SRH services, Infection Prevention & Quality of Care, Data Recording and Reporting, and Safety & Security Planning in Humanitarian Settings. Through these capacity building trainings, total 106 service providers and staff were trained. The skills enhanced during these trainings will continue to benefit the staff, clients and their community even after the project's conclusion.

The emphasis on the solidarity component of Japan's human security perspective led to the establishment of a functional coordination mechanism with relevant stakeholders. Through a series of training sessions, project staff were empowered to provide quality services to Afghan refugees in the six districts. This strategy enabled the project team to achieve the results detailed below.



- Of clients utilized the SRH and FP services

27,450
Contraceptive commodities distributed

INCREASED ACCESS TO AND UTILIZATION OF SRH AND FP SERVICES

The Mobile Health Teams (MHTs) by delivering services through “Free Medical Camps” significantly enhanced access to and utilization of Sexual and Reproductive Health (SRH) and Family Planning (FP) services. The Free Medical Camps were established in population centers of Afghan refugees living in six districts namely, Peshawar, Nowshera, Charsadda, Quetta, Chaghi, and Noshki. Through 743 planned free medical camps, the MHTs provided services to 34,512 clients. The picture below shows female clients consulted and treated by the female doctors of MHTs in Quetta and Chaghi districts of Balochistan.



743

Free medical camps organised

34,512

Services provided through MHTs





Female doctor of MHTs treating a female client in Chaghi Districts



Female doctor consulting and treating a female client in Quetta District

Notably, the MHTs have ensured inclusivity, attending to a diverse clients comprising 88% female clients, 12% male clients, and a noteworthy 0.032% (n=11) who identified as non-binary. Additionally, they have extended their services to Persons with Disabilities (PWD), reaching approximately 0.5% (n=181) of individuals in need.

The emphasis on SRH and FP services has been remarkable, with 85% of clients utilized the SRH and FP services. The MHTs have played a pivotal role in addressing the high unmet need for contraceptives among Afghan Refugees in Pakistan, distributing a total of 27,450 contraceptive commodities. This proactive approach not only meets immediate reproductive health needs but also contributes significantly to long-term family planning and maternal health outcomes. The distribution chart below provides a visual representation of the percentage breakdown of various contraceptive types provided by the MHTs, following their tailored and responsive approach to client needs explained below.

PERCENTAGE OF CONTRACEPTIVE COMMODITIES PROVIDED TO CLIENTS

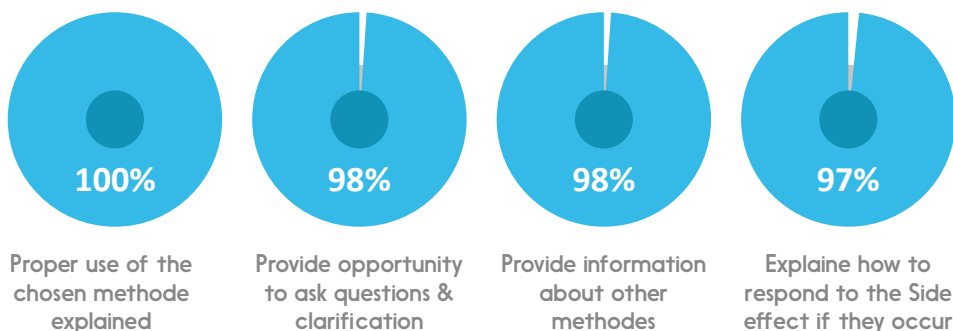


The above chart shows that condoms (70%) are the most widely distributed commodities followed by emergency contraceptive pills (ECP) (16.53%) injectables (Depo 5%) and oral contraceptive pills (4%).

The FP clients were counselled using a standardized counselling and communication approach comprising of: (1) initially understanding the needs and situation of every client; (2) then taking a thorough medical history specifically asking about liver diseases, blood clotting disorders, sexually transmitted diseases and measuring the blood pressure of client; (3) then providing information about all the contraceptive methods suitable for the clients; (4) then helping the client to make an informed decision and select one method for herself; (5) then providing detailed information about their chosen method including about information about the potential side effects of the methods; and (6) lastly informing the client about the time and date of next visit.

A random sample of the clients exiting from vicinity of free medical camps were interviewed to assess the quality of the services provided by MHTs and the results of the client exit interviews are shown in graph below:

PERCENTAGE OF CLIENTS REPORTING DIFFERENT ASPECTS OF QUALITY OF FP COUNSELING PROVIDED BY THE MHTS



The above charts show that the standard of counseling, providing detailed information about the side effects of the method, all the standards of counseling were properly followed as reported by the client exit interview data.

The MHTs provided safe abortion care services to 746 women, with 92% of cases addressed through medical abortion and the remaining 8% requiring surgical intervention. According to WHO, Unsafe abortion is one of the leading cause maternal mortality in Pakistan and Afghanistan. Thus, by providing safe abortion care services the MHTs not only positively impacted the lives of 746 women but it contributed toward decreasing maternal mortality.

INCREASED ACCESS TO AND UTILISATION OF SGBV SERVICES

The establishment of six Women-Friendly Spaces (WFS) in population centers among Afghan refugees has significantly increased access to and utilization of services for survivors of Sexual and Gender-Based Violence (SGBV). These spaces are designed to provide a supportive environment that prioritizes enhanced privacy, confidentiality, and quality of care (QoC) for survivors. The pictures below show the exterior and interior of a WFS:

Inside a WFS in Charsadda, KPK, a dedicated single-room space is available where a female counselor provides psychosocial counseling to a female survivor of sexual and gender-based violence (SGBV).



Outside a Women-Friendly Space (WFS), which consists of two rooms allocated for counseling and treatment services for SGBV survivors, male members of the Afghan refugee camp are gathered for an orientation. This orientation aims to mitigate and minimize potential risks to the WFS's services by fostering understanding and support within the community.

Each Women-Friendly Space (WFS) consists of one or more rooms equipped to deliver psychosocial counseling, referral services, and minor injury treatment for survivors of sexual and gender-based violence (SGBV). In communities with entrenched gender norms, SGBV may be normalized. Consequently, organizations or spaces offering support to SGBV survivors can be perceived as challenging these societal norms, thus increasing the likelihood of resistance from community members. Hence, each WFS was established following thorough coordination with relevant governmental stakeholders. Multiple orientation sessions were conducted to familiarize the target population with the purpose and functions of WFS, thereby mitigating potential risks. Moreover, as part of the risk management strategy, male community members were encouraged to visit the WFS and personally observe its services, fostering greater understanding and support within the community.

The Women-Friendly Spaces (WFSs) were strategically located either inside Afghan refugee camps or in easily accessible localities for women refugees, providing daytime services. Over the reporting period, 3,337 women accessed services at these six WFSs, and 190 were identified as survivors of SGBV. Qualified medical personnel, trained in the World Health Organization's LIVES approach*, played a crucial role in administering treatment and delivering psychosocial support to SGBV survivors.

A key informant interview with an SGBV survivor who utilized the WFS services revealed that the support extended beyond the survivors themselves, including counseling for other family members to foster a healthy environment and minimize the occurrence of GBV at the household level. One SGBV survivor shared her experience:

*IPPF MAs are encouraged to adapt WHO's 'LIVES approach' as the first line client centred support for sexual and gender based violence, which consists of the key 5 areas, namely Listen, Inquire, Validate, Enhance safety, Support by adapting these five tasks for all clients experiencing SGBV according to culture and local language. For more details see https://iris.who.int/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1&isAllowed=y

/ VOICE FROM A FEMALE CLIENT

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



“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.”

INCREASED COMMUNITY AWARENESS AND DEMAND FOR SRH AND FP SERVICES

The engagement of the Afghan refugee community in awareness-raising sessions has led to a notable increase in demand for Sexual and Reproductive Health (SRH) and Family Planning (FP) services, as well as heightened awareness of issues related to Sexual and Gender-Based Violence (SGBV) and early marriage. The pictures below show community awareness sessions conducted in KPK and Balochistan:

Community Awareness Session on Reproductive Health: A female health worker discusses reproductive health issues with female participants.



Community Awareness Session on Early Marriages: A female health worker discusses the issues related to early marriages with female participants.



These sessions were organized by health workers on the days of free medical camps, before the Mobile Health Teams (MHTs) started providing services. They were held for women or men to raise awareness about specific health issues identified by MHTs, Women-Friendly Spaces (WFSs), or the project team.

A total of 15,650 Afghan refugees actively participated in 827 awareness-raising sessions, which focused on maternal and child health, SRH, FP, SGBV, and early marriage. These sessions served as platforms for discussion and education, with 88% of participants being female and 12% male. Additionally, these sessions served as referral points for SGBV survivors and other clients, while also raising awareness on healthcare, hygiene, prevention, and vaccination education at the community level.

Moreover, as part of youth engagement efforts, 48 sessions were specifically conducted for youth, attracting a total of 751 participants. These sessions facilitated the establishment of six youth volunteer groups, which organized bi-quarterly meetings with local youth to discuss their SRH issues and provide referrals to Mobile Health Teams (MHTs). The picture below shows the gathered female youth volunteers for their quarterly meeting:

[Youth Volunteer Quarterly Meeting](#)





CHALLENGES AND KEYS TO SUCCESS

Undertaking a field visit in the challenging terrain of Balochistan & KPK poses a multifaceted set of obstacles during the implementation of a project. The rugged and remote landscapes, coupled with sparse infrastructure, presented logistical challenges that may hindered timely and efficient travel. Accessibility issues may arise due to inadequate road networks and the volatile security situation in certain areas. Harsh weather conditions, including extreme temperatures and unpredictable natural events, can impede travel and compromise the safety of the project team. Additionally, engaging with local communities may be challenging due to cultural differences, language barriers, and historical sensitivities. Navigating these complexities requires R-FPAP's meticulous planning, trust from and collaboration with local stakeholders including community people, and adapting effective strategy and communication skills to ensure the successful implementation of the project in the challenging Balochistan region.

CONCLUSION

The project "Responding to the SRH Needs of Afghan Women Refugees in High-Need, Flood-Affected Districts of Balochistan and KPK" has made significant strides in enhancing the human security of Afghan refugees in Pakistan, aligning closely with Japan's human security framework. By prioritizing the protection and empowerment of individuals while fostering collective solidarity, the project has addressed critical gaps in sexual and reproductive health (SRH) and family planning (FP) services among Afghan refugees.

Through the establishment of Mobile Health Teams (MHTs) and Women-Friendly Spaces (WFS), the project has effectively increased access to essential healthcare services, particularly for women and survivors of sexual and gender-based violence (SGBV). Community awareness sessions and youth engagement initiatives have further empowered individuals with knowledge and raised awareness of SRH, FP, and SGBV issues, fostering a supportive environment within the refugee community.

The project's comprehensive approach, grounded in human security principles, which are Japan's priority has not only addressed immediate health needs but has also contributed to long-term resilience and well-being among Afghan refugees. By promoting protection, empowerment, and solidarity, the project has strengthened the human security of vulnerable individuals and communities, laying the groundwork for sustainable health outcomes and collective well-being.

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WHO WE ARE ?

IPPF is a global healthcare provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all.

Led by a courageous and determined group of women, IPPF was founded in 1952 at the Third International Planned Parenthood Conference. Today, we are a movement of 150 Member Associations and Collaborative Partners with a presence in over 146 countries.

IPPF Arab World Region is one of six global regions within the International Planned Parenthood Federation. It operates across 14 countries: Algeria, Bahrain, Egypt, Lebanon, Mauritania, Morocco, Palestine, Somaliland, Sudan, Syria, Tunisia, Yemen, Jordan, and Pakistan. The region comprises 12 Member Associations and 2 collaborative partners.

Rahnuma Family Planning Association of Pakistan (R-FPAP) is a member association of the International Planned Parenthood Federation Arab World Region (IPPF AWR). R-FPAP is a leading civil society organization in Pakistan, providing reproductive health and contraceptive care. Recognized nationally and internationally, it collaborates with major development agencies and government institutions to advocate for reproductive healthcare and combat sexual and gender-based violence (SGBV). R-FPAP supports marginalized communities through integrated efforts in reproductive health (RH) and family planning (FP).