

PAKISTAN



REPRODUCTIVE HEALTH PROGRAMME



Background

Alight firmly believes that everyone has the right to reproductive healthcare services. However, cultural norms, social stigma, fear and conflicts are yet regarded as major obstacles in communities access to reproductive healthcare services.

But, Alight facilitates enabling environment and provides equal access to communities to comprehensive healthcare so they could make informed choices about their health.

Quality reproductive health services that are contextualized for community needs and conform to universally-recognized human rights standards are essential for communities' empowerment and lowering the risk of morbidity and mortality. It also contributes to provide reproductive health information and services and their meaningful engagement with duty bearers to advocate for their right to reproductive health.

Highlight

- Infant Mortality Rate (Deaths Per 1000 Live Births): **57** Deaths/1000 Live Births
- Neonatal Mortality Rate (Deaths Per 1000 Live Births): **42/1000** Live Births
- Antenatal Care 4+ Visits Percentage of Women (Aged 15-49 Years) Attended at Least Four Times During Pregnancy by any Provider (Female): **51%**
- Skilled Birth Attendant - Percentage of Deliveries Attended by Skilled Health Personnel (Female): **69%**
- Institutional Deliveries - Percentage of Deliveries in a Health Facility: **66%**¹

Approach

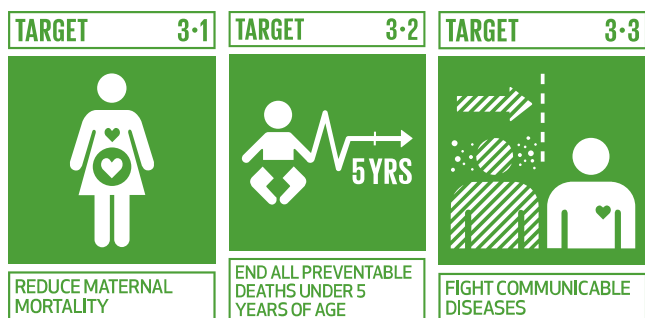
Alight builds prosperous communities, families and individuals, which is at the core of its vision for social transformation. By forging dynamic partnerships from village committees to government agencies, Alight helps people build means to improve their health and living conditions.



Reproductive health is one of the core interventions of Alight with a key focus on SDG 3 to 'ensure healthy lives and promote well-being for all at all ages.

SDG 3: Ensure healthy lives and promote well-being for all at all ages.

Alight's Reproductive Health Program is focused on **Targets 3.1, 3.2, 3.3, 3.7 and 3.8** of the SDG 3 having following major indicators;



3.2, 3.3, 3.7 and 3.8 of the **SDG 3** having following major indicators;

- 3.1.1 Maternal mortality ratio
- 3.1.2 Proportion of births attended by skilled health personnel
- 3.2.1 Under-five mortality rate

- 3.2.2 Neo-natal mortality rate
- 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- 3.3.3 Malaria incidence per 1,000 population
- 3.7.1 Proportion of women of reproductive age (aged 15-49 years), who have their need for family planning satisfied with modern methods
- 3.7.2 Adolescent birth rate (ages 15-19) per 1,000 women in that age group
- 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born & child health, infectious diseases, non-communicable diseases, service capacity and access among general and the most disadvantaged population)
- 3.9.1 Mortality rate attributed to household and ambient air pollution
- 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
- 3.b.1 Proportion of the target population covered by all vaccines included in their national programme

TARGET 3-7



UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE CARE, FAMILY PLANNING AND EDUCATION

TARGET 3-8



ACHIEVE UNIVERSAL HEALTH COVERAGE

Program Components

Alight's approach for comprehensive and high quality reproductive healthcare service delivery is based on having a multi-sectoral integrated approach where protection, health, nutrition, education and community service personnel play a key role in planning and execution.

Maternal, Newborn and Child Health

The MNCH programme follows Household-to-Hospital Continuum of Care Approach to provide an integrated response to improve the

¹ <https://data.unicef.org/country/pak/#>

MNCH services. The interventions focus on rehabilitating primary healthcare facilities and capacity building of staff to ensure access of women and children to quality healthcare services.

Minimum Initial Service Package

Minimum Initial Service Package (MISP) is a vital component of Alight's Disaster Risk Reduction programs. Alight actively participates in the integration of the MISP in preparedness plans at national as well as international levels.

The five objectives of the Alight's MISP are to;

1. Ensure that Alight is identified as the lead organization to implement MISP
2. Prevent and manage the consequences of sexual violence
3. Reduce HIV transmission
4. Prevent maternal and new-born death and illness
5. Plan for comprehensive sexual and reproductive healthcare integrated into primary healthcare as the situation permits

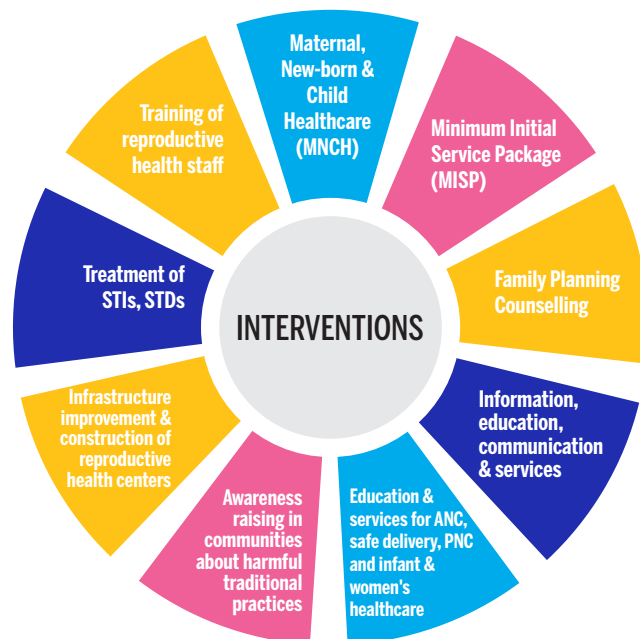
Family Planning Counselling

Alight ensures community-based participatory approach in its family planning healthcare services. The Alight staff creates awareness raising and also provides contraceptives to plan and nourish their families to contribute in a healthy Pakistan.

Information, Education, Communication and Services

Alight is well aware of the needs and issues related to reproductive healthcare and has developed information, education and communication repository accordingly for the target communities for their awareness. Alight's trained birth attendants (TBAs) and Community Health Workers (CHWs) regularly conduct visits and hold awareness raising sessions with communities.

Alight Pakistan is implementing a pilot project for one year to empower adolescents and Young People between (12 to 19 years of age) through Improved Access to Skills & Knowledge on Reproductive Health. This project includes Provision of reproductive health information using Life Skills based Education model, Strengthening and capacity building of youth groups by engaging other youth peer networks and advocating for an enabling policy and societal environment



by removing social barriers through youth led campaigns and community awareness sessions. This program focuses on awareness raising among adolescents and young people, creating demand for their right to reproductive health information and services and their meaningful engagement with decision makers to advocate for their right to reproductive health.

Services for ANC, safe delivery, PNC and infant & women's healthcare

MNCH programme is at the core of Alight's reproductive health program as it follows Household-to-Hospital Continuum of Care Approach to provide an integrated response to improve MNCH services.

It focuses on rehabilitating primary healthcare facilities and capacity building of staff to ensure access of women and children to quality healthcare. Alights' TBAs and CHWs identify ANC cases and mobilize them to visit nearby health facility. Moreover, they also follow up with them on need basis. All these cases are stored in Health Management Information System (HMIS).

Number of ANC cases treated	16,194
Number of ANC visits treated at Alight health facilities	27,627
Number of antenatal repeat visit treated by Alight staff	64,090
Number of deliveries cases treated by Alight staff	24,283
Number of post-natal care visits within 3 days of birth	24,007
Number of Adolescents & Youth trained on life skill based education	50
Number of community committee members awared on referral mechanism of youth reproductive health	15
Number of Adolescents & Youth trained on leadership skills and reproductive health	20

Treatment of STIs, STDs

Alight views reproductive healthcare as a necessity and a right and it ensures a community-based, participatory approach in its health programs. Alight medical staff provides medication and consultation to communities with regard to treatment of STD and HIV/AIDs. It has an established referral system through tertiary healthcare facilities.

Polio Eradication

Alight efforts to control polio in refugee villages of district Pishin, Balochistan province, have been so successful that from 2002 to till date, there is not even a single case of polio that has been identified in the refugee villages with a population of over 0.1 million.

Staff/Communities Training

- Over 3,000 staff members including doctors, Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs) have been imparted training across Pakistan
- As many as 20 community midwives have been imparted training in two years Midwifery Diploma Course in 2016-17

Community Trainings

50 adolescents and youth are being trained on Life Skill Based Education curriculum on reproductive health. 15 people including project Review committee on community based and service providers regarding reproductive health are trained on referral mechanism. The capacity building activities will enable the adolescents and young people to develop effective advocacy platforms and capacitate to raise their voice effectively for their Rights.

Infrastructure Improvement

From 2005 to 2017, Alight has rehabilitated 39 health facilities under Reproductive Health Program in collaboration with UNHCR in following districts;

Quetta	Pashtoon Bagh, Kachi Baig, Sumangli, Mohammad Khail, Panjpai
Pishin	Saranan, Surkhab
Sibbi	BHU Bakhtiarabad, Mal Gorgage, Sultankot, Gishkori Khajjak, Kurak, and RHC Tali
Naseerabad	RHC Mirwah and BHU Fateh Muhammad in District Naseerabad.
Jaffarabad	RHC Rojhan Jamali and BHU Cattle Farm, BHU Noorpur in District Jaffarabad
Swat	BHU Bara Samai, BHU Koza Samai, BHU Taghma, BHU Bishband, CD Ghaligay, CD Telegram, CH Barikot MCH Center District Swat, KPK
Jacobabad	BHU Mubarakpur, BHU Bahadurpur, BHU Sohno Khan Rind
Bagh, AJK	BHU Choki, BHU Baniminasan, BHU Ratnoi, BHU Saripeeran, BHU Thub, BHU Mallot, BHU Neelabut, RHC Dhirkot

Geographical Coverage

Province	Districts
Balochistan	Quetta, Pishin, Naseerabad, Jaffarabad, Sibi
ICT	ICT
Sindh	Mirpurkhas, Jacobabad
KPK	Swat, Bannu, Swabi
AJK	Bagh

Partners



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