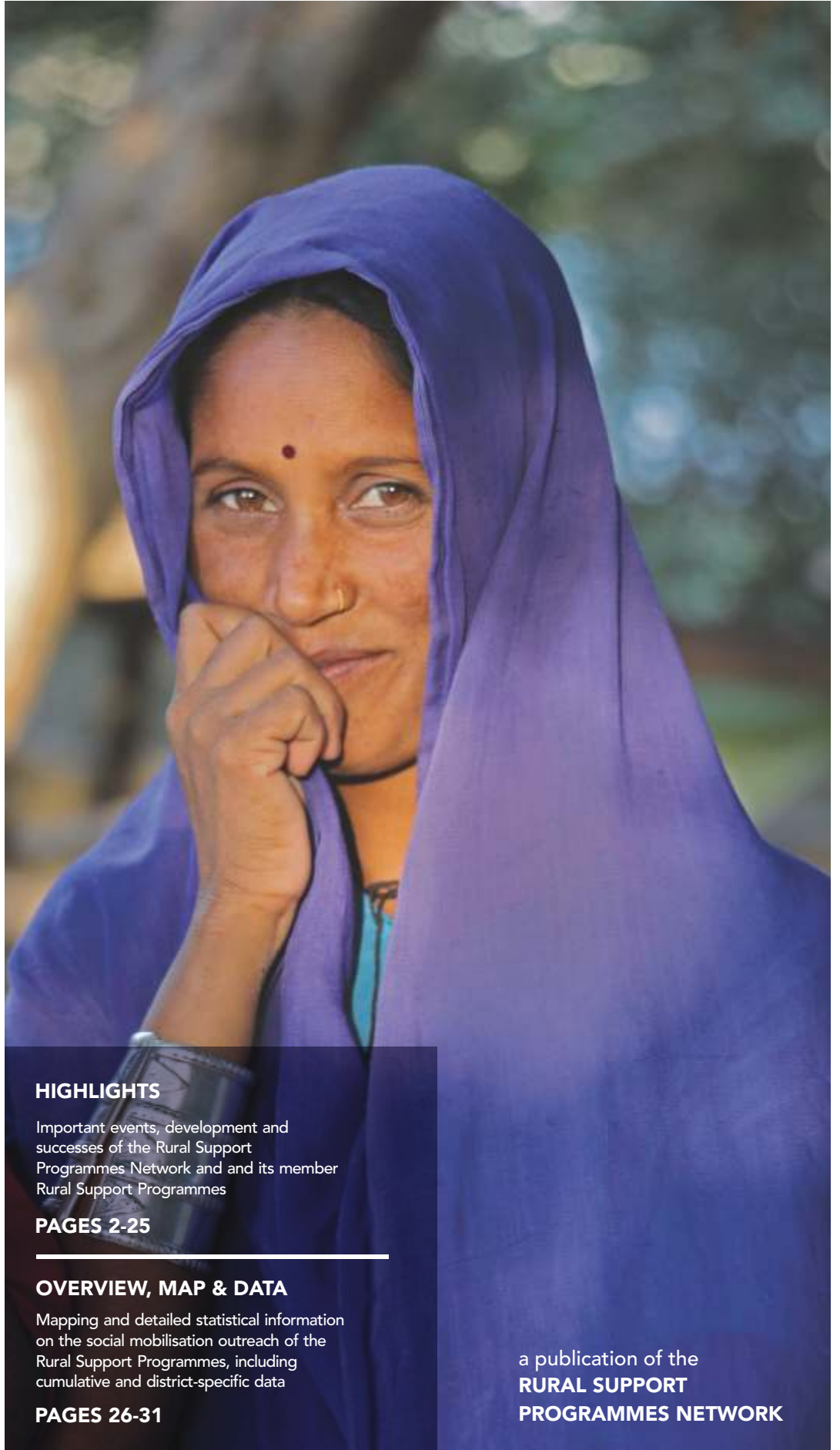




OUTREACH

RURAL SUPPORT PROGRAMMES NETWORK | JANUARY TO MARCH 2024

No. 60



HIGHLIGHTS

Important events, development and successes of the Rural Support Programmes Network and its member Rural Support Programmes

PAGES 2-25

OVERVIEW, MAP & DATA

Mapping and detailed statistical information on the social mobilisation outreach of the Rural Support Programmes, including cumulative and district-specific data

PAGES 26-31

a publication of the
**RURAL SUPPORT
PROGRAMMES NETWORK**

BRINGING CHILDREN BACK TO SCHOOL IN THE MOST FLOOD AFFECTED DISTRICTS OF SOUTH PUNJAB AND KHYBER PAKHTUNKHWA

1. INTRODUCTION

The “Bringing Children Back to School” (Girls and Out of School Children (GOAL) project is supported by the Foreign, Commonwealth, and Development Office (FCDO). The goal of the Project is to contribute to mitigating the losses of the academic year of children after its disruption by the 2022 floods. The specific objective of the Project is to ensure that children, especially girls, have access to education and utilise safe and protected learning environments in 305 target

schools in the five most affected and vulnerable districts of the two provinces of Khyber Pakhtunkhwa and Punjab (South).

The project is currently underway through the collaborative efforts of RSPN, the National Rural Support Programme, and the Sarhad Rural Support Programme. It is being operating in five districts—Rajanpur and Dera Ghazi Khan in South Punjab, and Khyber, Mohmand, and Dera Ismail Khan in Khyber Pakhtunkhwa.

2. PROJECT HIGHLIGHTS

Repair of partially damaged schools and provision of missing facilities

In the fifth quarter (Jan – Mar 2024), Technical assessments and civil work of 305 targeted schools (155 South Punjab, 150 KP) have been completed. The school handing over process continued during the reporting period. In total, 265 schools (135 South Punjab, 130 KP) have been handed over to School Education Department. In March 2024, civil work in 40 additional schools was completed so these schools will be handed over to School Education Department in April 2024.

Student Enrollment

The project’s scope was expanded in January 2024 and 40 additional schools were taken

Onboard. There was an overall increase observed in the enrollment of students. In addition, new enrollments continued in the previous 265 schools as a result of enrolment campaigns which were organised in the project districts as well as overall improvement in school infrastructure under this project. This intervention has led to the enrolment of 4327 (44% female) new students, bringing the total number of enrolled students to 59,135 (53% female) back to school.

Kits Distribution

To help improve learning and teaching process for students and teachers, distribution process of four different types of kits (school-in-a-box kit, student learning kit, teaching kit, hygiene kit) was initiated. The overall kit distribution status since



Government Primary School Mud Moulvi Before Civil Work



Government Primary School Mud Moulvi After Civil Work

the inception of the project is as follows:

- School-in-a-box kits have been distributed in 285 schools.
- Student learning kits have been distributed to 50,192 students (52% female).
- Hygiene kits have been distributed to 32,379 students (63% female).
- Teaching kits have been distributed amongst 870 teachers (47% female).



Kits Distribution District Khyber

Trainings

During Jan – Mar 2024, the 5-day training of teachers was organised in all project districts to train 80 teachers (62.5% female) from 40 additional schools. Overall, 610 teachers (310 South Punjab, 300 Khyber Pakhtunkhwa) have been trained under the project.

During the reporting quarter, the previously trained teachers from 265 schools also received 2-day refresher training. This training particularly focused on lesson planning and multigrade teaching. The refresher course was designed to refresh the memory of teachers on training contents as well as to help them improve their teaching practices by collectively addressing the issues pointed out in feedback sessions. Twenty



SMC Training South Punjab

two 22 trainers (41% female) trained teachers and SMC members on mental wellbeing, providing support during emergencies and trauma, children's self-protection strategies from physical and mental abuse, and children's personal hygiene strategies. Both implementing partners organised the 5-day training sessions in multiple batches simultaneously-training 20-25 individuals per batch.



Refresher Training South Punjab

Psycho-social Support Sessions with Students

After the completion of the psychosocial support training with teachers and SMC members, psychosocial support sessions were organised with students in all project districts. In South Punjab, the sessions were initially conducted with students from 135 schools whereas the sessions with students from remaining 20 schools will be arranged in April.

The purpose of these sessions was to help children identify and express their emotions, discuss strategies to manage and regulate these emotions, and normalising emotional experiences.



PSS Session with Children District Khyber

Key Project Achievements



305

Number of Schools in which civil work has been completed



4,327

Number of Newly Enrolled Students



44%

Female Students



59,135

Number of Total Enrolled Students



53%

Female Students



80

Number of Teachers Trained on improving student learning outcomes



46%

Female Teachers



825

Number of SMCs trained on better school management



43%

Female Teachers from 165 schools



58,732

Number of students participating in Recreational Activities



52%

Female Students



1,245

Number of psychosocial support sessions conducted with students



170

Number of schools handed over to School Education Department (90 South Punjab, 80 Khyber Pakhtunkhwa)



Number of Kits Distributed

252

School-in-a-box kits

43,733

Student learning kits

25,703

Hygiene kits

767

Teaching kits

Case Study:

Reviving Hopes: Government Girls Primary School Basti Pari



Rabia Bukhari, Head Teacher GGPS Basti Pari

"I had drafted my resignation because I no longer wished to continue teaching," told Rabia Bukhari, the head teacher at Government Girls Primary School Basti Pari. "The infrastructure of our school was severely damaged to the point where it felt like the classrooms could collapse at any moment. These conditions greatly diminished my interest in teaching, and I felt it was unfair to subject the students to such an environment."

Government Girls Primary School Basti Pari, located in Head Hamid, a small village in district Rajanpur, faced significant challenges during the monsoon season of 2022. *"The unprecedented torrential rains and floods worsened our already rundown infrastructure," Ms. Bukhari recalled. The boundary walls had cracks, classrooms were dilapidated, and water used to drip from the ceiling. The school's enrollment dropped below 100 and hope for improvement seemed distant."*

The Rural Support Programmes Network, in collaboration with its implementing partner, the

In January 2023, an FCDO-funded emergency response project 'Bringing Children Back to School' was initiated to provide the safe and conducive learning environment in 305 affected schools of South Punjab and Khyber-Pakhtunkhwa.

National Rural Support Programme, intervened decisively at GPS Basti Pari to restore the school and ensure uninterrupted education for the children. This comprehensive effort included earth filling and levelling to address waterlogging, repairs and whitewashing of school buildings and boundary walls and roof grouting to fix water leakage issues in the classrooms. Special attention was given to improving WASH facilities, repairing nearly non-functional bathrooms and installing of missing amenities such as wash basins.

"Multigrade teaching presented consistent challenges for myself and other teachers at our school," Ms. Bukhari reflected. "Thanks to the training sessions we have received, we no longer struggle with this issue. We have been equipped with effective strategies for managing multigrade classrooms and enhancing lesson planning, enabling us to advance successfully."

Under the Bringing Children Back to School Project, RSPN also capacitated 610 teachers on Improved learning Outcomes. Thus, playing a significant role in enhancing learning outcomes of the students. This initiative is crucial as it not only addresses the immediate need for quality education but also invests in the long-term development of both students and communities.

Ms. Bukhari expressed profound gratitude saying, *"I lack the words to express my gratitude to FCDO, RSPN, and NRSP for their invaluable assistance and dedication in advancing education within our community. We had reached a point of despair, but thanks to your unwavering support, our school has been revitalized. Children now come to school eagerly, actively engage in learning, and as teachers, we feel deeply fulfilled knowing we are making a positive impact."*

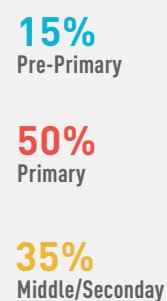
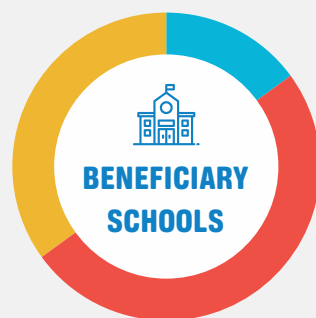
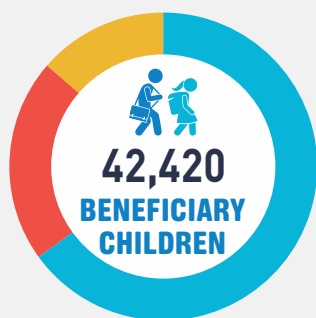
THE MULTI-YEAR RESILIENCE PROGRAMME (MYRP)



Education Cannot Wait (ECW) is financing the Multi-Year Resilience Programme (MYRP) in Pakistan, for improving access to inclusive and equitable quality education for refugees, crisis affected and out-of-school (OOS), marginalised and vulnerable girl and boy children and adolescents by providing “whole-of-child” solutions. This programme is being implemented in partnership with Government of Pakistan, and

consortia led by Rural Support Programmes Network (RSPN), UNICEF and Voluntary Service Overseas. RSPN is implementing the programme in Panjgur, Kohlu and Loralai districts of Balochistan, through our implementing partner Balochistan Rural Support Programme (BRSP) and Government of Balochistan. MYRP continues focusing on enhancing resilience of the education system.

The Programme aims to enroll **42,420 children and adolescents (girls and boys)** through **formal (57%) and non-formal (43%) education** in pre-primary, primary and middle/secondary government schools.



CULTIVATING EDUCATIONAL REFORMS

Progress (January to March, 2024)

MYRP continued improving teaching-learning conditions in the government schools in Kohlu, Loralai and Panjgur districts of province Balochistan, through educational reforms enabled by sustained community and education stakeholders' participation. The programme surpassed its overall enrollment target of 42, 420 children by enrolling 43, 423 children, thus far. Likewise, 6,423 children are enrolled in the popular Early Childhood Education (ECE) centres, and exceeded the overall programme target of admitting 6,360 children in ECE centres.

Beneficiary Children: MYRP target is to reach 42,420 children and adolescents through formal (57%) and non-formal (43%) education in pre-primary, primary and middle/secondary government schools.

Enrollment: Our district teams, in collaboration with Local Support Organisations (LSOs) and CRPs continued enrolling children, including 60% girls in formal and non-formal education in government schools, through intensive enrollment and awareness campaign on importance of education, with start of the new educational year 2024 in March. MYRP improved the access and continuity by enrolling 43,423 children (23,214 girls, 2,607 Afghan Refugees (1,535, 59% girls) and 151 (91 boys and 60 girls) children with disabilities) in formal and non-formal education, thus exceeding programme target.



Direct and Intermediate Beneficiaries: These include new enrollment of 25,094 children (52% girls) and 18,329 intermediate beneficiary children (53% girls) enrolled through various programme interventions, such as teachers' trainings and provision of teaching-learning materials in programme's districts.

Community Mobilisation: Under the programme, 227 community resource persons (CRPs), including 50% women engaged in activities like data collection of OOS children during winter vacations in schools from Dec. to Feb., and supported schools' rehabilitation activities. LSOs assisted the programme team in school-based activities and implementation. CRPs facilitated 5,234 awareness-raising sessions with 58,551 participants (30,331 women), including parents, on importance of education, Menstrual Hygiene Management (MHM) and health and nutrition, for seeking and maintaining community support.

Parent-Teacher School Management Committees (PTSMCs). During this quarter, the programme was able to reactivate 314 Parent-Teacher School Management Committees (PTSMCs). 1,962 PTSMC members (847 women) participated in school governance through collaborative decision making.



Menstrual Hygiene Management (MHM) Kits were distributed to 2,420 girls, and 281 MHM corners were established in schools, hence empowering girls to effectively manage menstruation.

164 Champion Clubs (93 in girls' schools) addressed bullying and promoted life skills, by developing culture of empathy and respect.

Rehabilitation of Schools' Infrastructure: Rehabilitated 50 latrines in 30 girls' schools), 46 handwashing facilities in 28 girls' schools, and 29 ramps (14 in girls' schools) for facilitating students and promoting health and hygiene.

Early Childhood Education (ECE): Recognising the pivotal role of ECE in laying the foundation for nurturing young minds, the programme enrolled 6,423 children (50% girls) in the 100 ECE centres (60 girls'; 40 boys') in Kohlu, Loralai and Panjgur districts, including 708 Afghan refugee children (50% girls). MYRP targets admitting 6,360 children in 106 ECE centres during programme tenure and has surpassed this target.

The Accelerated Learning Programme (ALP) and Non-Formal Education (NFE) Centres remained open during winter vacations to enable timely course completion. The programme established 150 ALP Primary Centres (ALP Primary), including 83 centres for girls for provision of non-formal primary education. These include 27 centres for Afghan refugee children set-up in Katwai, Ghazgai Minara and Zar Karez refugee camps in Loralai.

CAPACITY BUILDING

Say No to Bullying – RSPN's MYRP team delivered interactive training to our IP BRSP's MYRP team on life skills-based education for prevention of bullying and exclusion in schools on Feb. 26 -27 in Quetta, Balochistan. Participants will deliver life skills sessions to 2,270 champion club members of 227 clubs to address bullying and exclusion.

RSPN, in collaboration with JICA, organised the **Five-Day ALP Training of Trainers (ToT)** for BRSP's MYRP team from January 8-12 in Islamabad. Secretary Education, Saleh Nassar

The MYRP Programme enrolled 7,174 children (54% girls), including 1,606 Afghan refugee children (60% girls) in our ALP/ NFE centres, thus far. 545 children (85% girls) are studying in the ten ALP Middle centres, including three girls' centres established by MYRP, which are providing middle level education in Loralai district.

Distribution of Toolkits and Computers:

Beautician, embroidery and tailoring tool kits were distributed among 92 girls, who had completed TVET courses, enabling them to earn as entrepreneurs. Eight computer training participants received computers. Course participants received government approved certificates.

MYRP's Steering Committee Meeting: Chaired by Deputy Secretary, MoFEPT, Sumaira Muneeb, was organised on January 10, at Pakistan Institute of Education (PIE), Islamabad. Secretary Education, Balochistan, Saleh Nassar, participated, along with MYRP consortium partners RSPN, UNICEF and VSO, their IPs, and donors like FCDO, USAID and WB. Participants reviewed the progress on action points of the last steering committee meeting. They discussed programme's progress, status, challenges, needs and recommendations. They discussed programme's progress, status, challenges, needs and recommendations.



appreciated MYRP for organising the interactive ToT. CEO RSPN highlighted the key aspects of ALP non-formal education. Representatives of School Education Department (SED) Balochistan, RSPN, JICA, UNICEF and BRSP participated. Participants will train 123 ALP primary teachers to complete the five-year primary course in three years.

Networking, Coordination: MYRP team continued coordinating with education sector stakeholders, including government, NGOs, MYRP's consortium and implementing partners, UNICEF and VSO, SED and Local Education Group. MYRP team coordinated with SightSavers for engaging them for inclusive education of Children with Disabilities; and Idara-e-Taleem o

Aaghai for assessment of teachers' trainings and learning outcomes of children. Discussion on MYRP-JICA MoU signing continued for strengthening of non-formal education in MYRP districts. The programme team regularly coordinated with UNHCR for maximising outreach to OOS children in refugee camps and avoiding overlapping of activities. Also, the team continued participating in periodic Education Sector Working Group (ESWG) meetings.

Regular communication and visibility significantly enhanced programme's outreach.

The services of consultant for development of MYRP Resource Mobilisation Strategy was also availed to help bridge the current MYRP's funding gap.

Case Study:

One's Closed School!: Government Boys' Primary School (GBPS), Killi Dost Muhammad Murgiyani

The Murgiyani tribe is settled in a few villages in the rural Union Council (UC), Kotay Shar, in Kohlu District. Murgiyani community villagers are generally poor. They mostly depend on agriculture, cattle raising and skilled and unskilled labour. They have also been the victims of armed conflict and are largely illiterate.

Education Cannot Wait (ECW) funded Multi-Year Resilience Programme's (MYPR's) district team and Community Resource Persons (CRPs) visited Killi Dost Muhammad Murgiyani, in Kotay Shar UC, during programme's school enrolment campaign.

"Education is becoming a joy for children. Murgiyanis are enrolling their children in school. I bring my granddaughter and children of my family to school, every day. Seeing them learning makes me happy. We are thankful to ECW and MYRP team for this blessing." Akbar Marri, Murgiyani Community Elder.



They discovered in initial discussions and meetings with the villagers, that children were not receiving education, because there was no functional school in the locality.

Some of them expressed the desire of educating their children, as an unfulfilled dream. However, it was not possible for them to send their children to



Newly enrolled Children at Govt. Boys' Primary School (GBPS), Killi Dost Muhammad Murgiyani

the schools in Kohlu city or other localities in the UC, because of longer distances, travel costs and security concerns. ECW's MYRP team delivered community awareness sessions in Murgiyani community kilis (villages), Zaver Khan, Bijar, Lal Baksh and Sohrab Khan, with parents and community members on importance of education and enrolment of out-of-school (OOS) children. The team identified 142 OOS children in these villages, during enrolment campaign.

However, there was no functional school in these villages. The community informed programme's team that Government Boys' Primary School (GBPS), in Killi Dost Muhammad Murgiyani, constructed in 2018, was a suitable option. But, it had remained closed, since then, because the teacher appointed in the school didn't attend school, despite repeated requests by villagers, and was a ghost teacher.

The team visited the school, whose five-room building was in good condition. They discussed the way out for opening of the closed school, whose doors had been barred for education, since years. They tried to meet the teacher to convince him to regularly attend school for the education of children. However, he didn't respond. MYRP team suggested community members to visit the District Education Officer (DEO) Kohlu, to seek his assistance in this regard.

MYRP team, including CRP subsequently visited DEO office, and discussed the issue of non-attendance of the teacher in school, which was

hampering education of children. The DEO checked record of the teacher appointed in school and assured the regular attendance of teacher in school by taking action.

The community members, including parents, teachers, MYRP team and excited children of Murgiyani community could be seen cleaning the closed school premises. They now ensure regular attendance and quality education in school through regular follow-up. DEO also paid surprise monitoring visits to school. The community members began enrolling the OOS children, and 59 children were admitted.

MYRP established ECE and ALP Centres in school and appointed one teacher in each Centre. Children's enrollment is gradually increasing through programme's community mobilisation, regular education and school improvement activities.

Children are happy and excited, and love reading stories. Planned renovation of ECE Centre and rehabilitation work, series of teachers' trainings and school-based activities through MYRP are developing students' interest in education.

We have all learned through Murgiyani school experience that establishing linkages and coordination among stakeholders, especially through informed community mobilisation, participation and support, help in addressing the critical educational barriers.



Murgiyani's children in school

BUILDING HEALTHY FAMILIES (BHF)



To implement Building Healthy Families (BHF) a USAID funded program, RSPN has established agreements with 130 Community-Based Organizations (CBOs), with 10 CBOs selected from 13 districts of Sindh. These resolutions are

aimed at fostering community and youth involvement in Family Planning (FP) and Reproductive, Maternal, Newborn, and Child Health (RMNCH) initiatives. Notably, 50% of women and youth are targeted.

IMPACT OF COMMUNITY AWARENESS SESSIONS CONDUCTED BY TRAINED YOUTH, CRPS AND SMS

In the reporting quarter, RSPN, alongside its partner RSPs, launched awareness sessions in 13 out of the 18 districts in Sindh. Within a brief period, Social Mobilizers (SMs) organized 3618 community sessions, involving 50,567 community members, with an average attendance of 14 individuals per session. Notably, among these

participants, 8146 were young people aged between 15 to 24. Furthermore, 71.4% of those reached through awareness sessions are caregivers responsible for 69,816 children under the age of five. The gender breakdown of program activity is detailed in Table 1.

Table 1: Gender wise segregation of Community Sessions

	Total	Male	Male%	Female	Female%
Sessions	3618	1539	42.7%	2079	57.7%
Participants	50567	20427	40.4%	30140	59.6%
Children Under 5	69816	29312	42.0%	40504	58.0%
Care Givers	35582	13224	37.2%	22358	62.8%
Youth (15-24) years	8146	3804	46.7%	4342	53.3%

These sessions facilitated the field teams in generating 7009 referrals, however the inclusive number of referrals is 7225 which includes 3934 referrals related to Family Planning (FP), 1991 referrals for Maternal, Newborn, and Child Health (MNCH), 1242 referrals concerning Nutrition, and 58 referrals for WASH. Throughout this quarter,

community engagement activities enabled the field teams to reach 35582 caregivers of the 69816 children under the age of five who were engaged in community awareness sessions. A further breakdown of these referrals is presented in Table 2.

Table 2:

	Total	Male	Male%	Female	Female%
Total Referrals	7009	1340	19.1%	5669	80.8%
FP Referrals	3934	751	19.1%	3163	80.4%
Nutrition Referrals	1242	383	30.8%	859	69.2%
MNCH Referrals	1991	224	11.3%	1767	88.7%
WASH Referrals	58	0	0.0%	58	100.0%

These numbers highlight the effectiveness of the awareness campaigns in reaching a diverse audience, including both young adults and

caregivers. The efforts of the BHFA SMs in facilitating community engagement have been instrumental in achieving these outcomes.

IDENTIFICATION AND TRAINING OF CRPS AND LHSS



Training of LHSs on Sehat ki Dastak and GBV (NRSP)

In 13 districts of Sindh, villages which are 40% Lady Health Workers (LHWs) uncovered were identified and endorsed by District Health Officers (DHOs). Similarly, approximately 557 Community Resource Persons (CRPs) were selected and onboarded across all program districts. In seven districts, around 242 CRPs underwent training on Sehat Ki Dastak facilitated by trained Social Mobilisers (SMs). Additionally, 350 Lady Health Supervisors (LHSs) were identified and selected for subsequent training on Sehat ki Dastak a government approved toolkit

by master trainers from Greenstar Social Marketing (GSM).

And that's not all, during the reporting quarter, BHFA also organized orientation sessions on Gender-Based Violence (GBV) for social mobilisation teams, including RSP teams (comprising District Project Officers (DPOs), Management Information Systems (MIS) Officers, and Social Mobilisers (SMs)), GSM district teams, and Pathfinder International District Coordinators (DCs) from the 13 districts of Sindh.

Case Study:

Jami, A beacon of resilience in Rural Sindh, Pakistan



Jami Family

In the heart of the remote village of Lakhman Kachhi, Sindh, where the dust of hardship mingles with the whisper of hope, there stands Jami as a beacon of resilience. She is not just a wife and a mother of six, she is a symbol of incredible strength in the face of tough times. Imagine her, standing proudly outside her muddy house nestled within a community of 210 households with four precious girls and two energetic boys.

Jami faces the everyday challenges head-on. Jami's story isn't just about making a living, it is about courage and determination to overcome difficulties. Jami, like many others in her village had a limited knowledge of family planning and women's health, but she refused to let ignorance hold her back. Even though, for her, education was a distant dream and information was limited, leaving her family unaware of basic rights but she didn't give up.

Jami's husband, Kanji Mal, works hard as a salesman, travelling on his motorbike to sell toys and cosmetics to support their family. Every day, he faces the unknown, despite their struggles, there are bigger challenges they face. For example, the lack of clean water and sanitation. But Jami and her family remain strong, refusing to let poverty defeat them.

A turning point occurred when the team of social

mobilizers from the Building Healthy Families Activity (BHFA), a USAID-funded project, visited their village, bringing hope and introducing possibilities they had not imagined before.

Through discussions about rural life, Family Planning (FP) and Maternal, Newborn and Child Health (MNCH), the BHFA team empowered them with valuable knowledge. Inspired by the newfound understanding, Jami took the initiative to talk to her husband about the family planning methods. After discussing the needs of their family under the guidance of the BHFA team, Jami and her husband decided to have a Tubal Ligation (TL), a permanent way to close the fallopian tubes and prevent future pregnancies.

Jami and her husband visited Civil Hospital Mirpur Khas, where they consulted with a healthcare professional about the procedure and successfully completed the TL process.

Jami's story is about the human strength to understand and uptake of family planning services against all odds. FP is a right for everyone as it has potential for building economically empowered society. BHFA is committed to transforming access to healthcare in Pakistan by empowering future generations to make informed family planning decisions.

Delivering Accelerated Family Planning in Pakistan (DAFPAK)



Ms. Ayesha Lagari, Country Director PSI conducting session on MCH in district Bahawalpur

The PSI-Supported Family Planning Programme DAFPAK successfully completed its first phase from December 2017 to February 2022 and based on its performance against KPIs i.e. Couple Years of Protection (CYPs) Total Family Planning Users (TFP), number of Outreach Camps and Additional Users, PSI granted two more years cost extension to DAFPAK project with limited funds. The programme's vision is to grow the health market and the use of sexual & reproductive health products and services to the poor and vulnerable rural communities. Considering the budgetary constraints, RSPN reduced its operations from ten districts to four districts of Punjab and Sindh in the start of second phase but later on in August 2024, the operations were closed down in one more district (Kamber

Shahdad Kot) due to the financial constraints. Currently, RSPN is working with its partner RSPs, National Rural Support Programme (NRSP), Punjab Rural Support (PRSP) and Sindh Rural Support Organization (SRSO) to implement this programme in Toba Tek Singh, and Bahawalpur and Shikarpur. The programme, in its 23-month life, will target a total uncovered population of one million of these three districts.

During the reporting period, RSPN teams organised outreach health camps in the far-flung rural areas and achieved 127% in Couple Years of Protection (CYPs) during the quarter, while in log frame indicators RSPN teams achieved 103% in additional users and 100% in District Technical Committee meeting's participation. The major focus of service delivery teams was to capture

follow up clients of condoms, oral pills and injectable and encouraged current users for long term methods through counselling.



Service Provider is providing FP services to newlywed MWRA in district Shikarpur

During January – March, 2024, PSI/RSPN also implemented an initiative on Menstrual Hygiene Management (MHM) in DAFPAK intervention districts. The objective of this intervention was to aware the adolescent and young girls and married women of Reproductive Age (MWRAs) about management of menstrual hygiene. District teams conducted 537 MHM sessions and 9,950 participants attended these sessions which includes 4,411 youth participants (15-24) and 288 participants with disability. During these MHM sessions, 4,200 MHM kits were distributed among

the session participants. There were 172 participants with disability whom MHM kits were provided.

It's known reality that Birth Spacing improves the maternal health, child survival and reduces the number of abortions. The interventions of DAFPAK during reporting quarter resulted in contributing the aversion of 5,199 unintended pregnancies, 03 maternal deaths, 1,293 abortions including 1,824 unsafe abortions and 3,352 Disability-Adjusted Life Years (DALYs) in the overall endeavors being made in Pakistan.



Ms. Ayesha Lagari, Country Director PSI conducting session on MHM in district Bahawalpur

1. Health Impact (January – March 2024)

Unintended pregnancies averted	5,199
Live births averted	1,456
Abortions averted	3,161
Maternal deaths averted	03
Child deaths averted	37
Unsafe abortions averted	1,824
Total DALYs averted	3,352

2. Married Woman of Reproductive Age (MWRAs) Referred by CRPs 4,811

3. Additional users Created 4,454

Balanced Energy Protein (BEP) Pakistan Rural Market Test



RSPN's BEP Pakistan Rural Market Test is a three-year project funded by Bill and Melinda Gates Foundation (BMGF) and implemented by RSPN in partnership with NRSP and SRSO. The other partners are Hystra, BoP Inc., Hudson Pharma, Centre for Economic Research in Pakistan (CERP) and Mathematica. The project is currently being implemented in three districts: Bahawalpur in Punjab and Kambar Shahdadkot, Jacobabad in Sindh.

Under this project, 100 Community Resource Persons in each target district were engaged in the project. They were tasked with carrying out the registration of MWRAs and PLWs; conducting group meetings to raise awareness regarding health and nutrition products along with debunking myths and misconceptions attached with nutritional products for (prevalence

of acute malnutrition (PLWs). They are also responsible for conducting household visits to sell multiple items in the basket of goods.

The purpose of the project was to increase availability of nutritious, high-protein supplements to Pakistan's poorest populations, targeting pregnant and lactating women, improving their nutritional status and subsequently reducing stunting amongst children.

After the success of the rural model in reaching PLWs and creating demand for Wellma, RSPN is now focusing on sustainability by moving away from a development mindset towards commercialisation. The programme has now morphed into a women-led last mile distribution model where CRPs are selling health, nutrition, hygiene and homecare products during their door-to-door visits within their catchment areas.

Activities (January - March 2024)

In the reporting period, CRPs in Bahawalpur, Kamber Shahdadkot and Jacobabad sold a total of 14,166 Wellma sachets, 89,600 MMS tablets, 30,385 Sanitary Napkins, 3,288 Qalsium-D bottles, 2,053 bottles of Zinc syrup, 3,139 bottles of cough syrup and 4,199 hair removing creams.

Moreover, in March, CRPs' sale amounted to Rs. 3.78 million, more than double the average sale of the previous quarter.

Of the 300 CRPs, 127 women have established static shops in their homes and earned an average profit of Rs. 1500 in the reporting period.

COMMUNITY MOBILISATION AND REFERRALS FOR STRENGTHENING FAMILY PLANNING SERVICES AT HEALTH FACILITIES IN UNDERSERVED RURAL AREAS

Each year around 186 women per 100,000 live births lose their lives in Pakistan due to pregnancy and childbirth related complications. One of the key contributors to maternal mortality is the lack of appropriate birth spacing and family planning, resulting in repeated pregnancies. While several programmes have traditionally targeted women, in countries like Pakistan, where men typically serve as household heads, decision-makers, and providers, their involvement has been largely overlooked. Given that men often make decisions on behalf of the affectee (women), their active engagement in family planning is crucial.

Under the UNFPA-funded IARB-FP project, RSPN is implementing a transformative initiative titled "Community Mobilisation and Referrals for Strengthening Family Planning Services" in underserved rural areas across three districts in Punjab (Rawalpindi, Muzaffargarh, Rahim Yar Khan). Central to this effort is the innovative Husband School Model, designed to educate married men and enhance their involvement in sexual and reproductive health (SRH), thereby improving healthcare outcomes for women in these districts.

The project aims to break down social and gender barriers to family planning services by expanding access through health facilities, social mobilisers, and husband school coaches. Key community awareness topics include sexual and reproductive health rights, the pivotal role of husbands, family planning and birth spacing, prenatal care, early breastfeeding, and immunization. RSPN implements it via its partner RSP: NRSP. Through the social mobilisation approach, married men and women are educated



about the critical importance of family planning for maternal and child health. They are then referred to 26 public health facilities where they can access comprehensive family planning services. This initiative also strives to create a supportive and inclusive environment by including community-based organisations, religious leaders and people with disabilities.

Key Achievements (Jan-March 2024)



78

Husband schools established and operational



14,005

Married male outreach on key FP messages



6,080

Married female outreach on key FP messages



4,258

Number of FP clients referred to Public health facilities and MSUs for FP services



2,431

Total FP services availed from public health facilities and MSU camps

¹<https://pakistan.unfpa.org/en/news/maternal-mortality-decreased-186-deaths-100000-live-births>

COMMUNITY ENGAGEMENT FOR PROMOTION OF REPRODUCTIVE HEALTH RIGHTS (RHR) IN YOUTH AND IMPROVE THEIR REPRODUCTIVE HEALTH (RH) ACCESS

The lack of awareness about sexual and reproductive health among youth has hindered community advancement. In the face of this challenge, the community is making concerted efforts to bring about change through the UNFPA-funded Sehatmand Khandaan-Reproductive Health Rights (SMK-RHR) project. This initiative serves as a beacon of hope for the rural youth of Supported by the National Rural Support Programme (NRSP) and Sindh Rural Support Organization (SRSO), its impact spans 28 Union Councils across the two districts-Matiari and Kambar Shahdadkot.

At the core of this transformation are community institutions that play a pivotal role in empowering youth aged 15-24. Topics such as early marriages, contraception, gender-based violence, puberty, and reproductive health rights are now being

openly discussed, fostering awareness and driving progress within these communities.

From January to March, Sehatmand Khandaan, focused on policy advocacy and programme closure. NRSP and SRSO engaged in bilateral meetings with district government and non-government organisations, while RSPN held meetings with provincial-level departments in Karachi. These efforts successfully garnered substantial support from government organizations, including the Sindh Youth Affairs Department, PPRP, the Women Development Department, and the Social Development Department, among others. As a result, these departments committed to sustaining the youth initiatives and the adolescent and youth-friendly spaces in Kambar Shahdadkot and Matiari.

Sanober, 17 years old, youth champion in Matiari

Before joining SMK project, my future seemed set on a path that did not include further education. I was engaged and preparing for marriage, with no plans to pursue my dreams. Everything changed when I became part of the SMK project. Through the program, I learned about the importance of education and the adverse effects of early marriage on both physical and mental health. This newfound knowledge ignited a passion in me to pursue a career in medicine. I decided I wanted to become a doctor, a goal that once seemed out of reach.

Sharing what I learned with my family was a significant step. I explained the demerits of early marriage and its potential impact on my well-being and future. Initially, it was challenging, but my family began to understand and

appreciate my perspective. They saw the value in my education and decided to support my dreams. With their support, my parents spoke to my fiancé's family, and together they agreed to delay the marriage.

Being part of the SMK project has empowered me in ways I never imagined. It has given me a voice and the confidence to advocate for my rights and the rights of others.



WOMEN'S SOCIO-ECONOMIC RESILIENCE IN PAKISTAN (IMPROVING ACCESS OF WOMEN TO ESSENTIAL SERVICES IN NINE FLOOD- DISTRICTS OF THREE PROVINCES)

Rural Support Programme Network (RSPN) and UN Women developed partnership to empower women and girls affected from floods by enhancing their participation and capacity to become leaders in their communities and enabling them to take the initiative in raising awareness about rights and local development needs. They are encouraged to assert their rights and accessing services that address gender-based violence, aiming to improve their overall voice and empowerment.

About 33 million people have been affected by

floods in Pakistan, as a result of the devastating monsoon rains that have engulfed one third of the country. Rural women, like men, are reliant on the agriculture sector for their livelihoods. The flood has not only taken away their lands, but also livestock and has pushed women into unemployment and poverty. The lack of decision-making power, limited access to economic resources, the lack of recognition of women in the labour force, compounded by the floods situation has impacted women severely.

Achievements

- 20** Sessions conducted to mobilise and training Women for Active Engagement in Community Decision-Making

- 78** Sessions conducted in WCCs women affected by flood/survivors of GBV provided with psycho-social support and referral services

- 10** Sessions in WCCs conducted to mobilize community to build alliances for prevention of violence and protection of survivors and vulnerable women

- 15** 15 UC level level alliances built for the prevention of violence and protection of survivors and vulnerable women

- 24** Sessions conducted to engaged men and community leaders as agents of change in combating violence against women through sessions

- 01** Two-day Lesson Learnt workshop conducted successfully in which management and project implementation teams from the three RSPs (BRSP,SRSP and SRSO) participated and shared their learning.

- 06** Sustained production of low-cost reusable sanitary pad and hygiene soap production activities in the six production units established across 3 provinces (2 per province).

- 90** Income generating activities, especially stitching and embroidery work sustained in the 90 established Women Community Centers where women and girls utilized the facilities during the overall project period.

- 20,200** women linked with civic registration service. So far, 8,709 acquired CNICs, 7,202 women acquired other civic documents and remaining women are in process of acquiring civic documents during the overall project period.

- 2,000** Noren Curtains distributed among public and private organization in the 3 districts of Balochistan during the overall project period.

PROJECT IMPACT

Evident expressions of delight radiate from women and girls beneficiaries, reflecting profound appreciation for the establishment of Women Community Centers (WCCs) in flood hit areas meticulously designed to cater for their unique needs. These WCCs stand as vibrant hubs, hosting enriching activities that not only foster learning but also create avenues for meaningful economic empowerment.

Registered women have not only formed cohesive groups but have also actively engaged with appointed group leaders. These leaders demonstrate a profound understanding of their roles and exhibit awareness concerning women's rights, including a keen recognition of prevalent gender-based violence within the community.

The absence of schools in many villages has spurred increased enthusiasm among girls, prompting regular visits to the centers. In the WCC Manjipur of district Sohbatpur, Balochistan, for instance, two girls—one from class 3 and another from class 4—showcased remarkable dress designing and stitching skills, creating shirts from repurposed cloth.

Participants were actively involved in awareness sessions facilitated by project staff and CRPs within the Women's Community Centers (WCCs). Through direct interactions with women and girls, it became evident that they possess a heightened awareness and sensitivity towards Gender-Based Violence (GBV). Notably, they demonstrated the courage to engage in open discussions about critical issues such as domestic violence and its detrimental effects, prevailing gender roles, the fundamental right to education and health, the prevention of underage marriages, and the importance of obtaining essential civic documents, including CNICs, birth Form-B certificates, and marriage certificates (Nikka Nama). This underscores the significance of fostering a safe environment that encourages

dialogue on sensitive topics, promoting awareness and empowerment among women and girls.

Women and girls actively engage in transformative initiatives facilitated by Women and Community Centers (WCCs), where they unite to challenge societal stereotypes by organizing themselves as Empowered Businesswomen. These resilient groups are strategically pursuing opportunities, such as securing orders for uniform stitching from private schools and actively seeking collaboration with marriage events within the community. Through their entrepreneurial endeavors, these women are not only breaking stereotypes but also contributing to economic empowerment and community development, fostering a positive ripple effect for societal progress. Under the patronages of the WSERP project, accomplished businesswomen associated with WCCs were provided with opportunities to underscore their entrepreneurial endeavors at national-level trade fair held on December 11, 2023, at the convention center Islamabad under UN Women. Four dynamic businesswomen proudly exhibited their diverse array of products ranging from traditional clothing to products made from date leaves of daily use on stalls and earned money.

The mobilisation efforts have yielded multifaceted impacts, notably in facilitating women's access to essential documents, such as Computerised National Identity Cards (CNICs), thereby enabling them to actively participate in community decision-making processes. In four months of short span, the project resources mobilised 20,200 women linked with civic registration services in nine districts of which 12,404 acquired civic documents including CNICs. Concurrently, the support extends to empowering women in enrolling their children in schools, marking a significant stride towards enhancing educational

opportunities and fostering sustainable livelihoods within the community.

The provision of essential materials such as family and baby kits, sanitary pads, Surbex Z, and Folic Acid plays a crucial role in addressing vitamin B, C, and zinc deficiencies, significantly impacting the health and personal hygiene of women and girls. Positive feedback from women highlights the effectiveness of Surbex Z and Folic Acid in improving hunger, food intake, and mental well-being. These provisions not only meet immediate health needs but also contribute to the overall empowerment and positive experiences of beneficiary women.

The implementation of Gender-Based Violence

(GBV) activities within established platforms like LSOs exemplifies the significance of adopting an integrated approach. This approach not only ensures the continuity of services but also underscores the collaborative and interconnected nature of community initiatives.

The journey of empowering women and combating GBV through WCCs has been marked by significant achievements and valuable lessons. By addressing challenges, incorporating lesson learned during implementation phase can foster community empowerment, and strategically planning for sustainability, the project can continue to make a lasting impact on the lives of women and communities.

Case Study:

Empowering Women in Crisis: Innovating Menstrual Hygiene Solutions through the WSERP Project in Sindh

The Women Socio-Economic Resilience in Pakistan (WSERP) project has created a transformative platform for women to access economic opportunities and develop innovative solutions for menstrual hygiene issues in flood-affected rural areas, particularly in three provinces of Pakistan. This initiative, supported by UN WOMEN and generously funded by The People of Japan and implemented by the Rural Support Programmes Network (RSPN) along three RSPs partners (SRSP, BRSP and SRSO) targets nine districts across Sindh, Balochistan, and Khyber Pakhtunkhwa (KPK).

Through partnerships with the Sindh Rural Support Organization (SRSO), the WSERP project has established two production units in the villages of Loung Bhatti in Rohri, Sukkur, and Vistra in Kingri, Khairpur, Sindh. These units focus on creating economic opportunities for women by producing hygienic soap and low-cost reusable sanitary pads, addressing both economic



empowerment and menstrual hygiene needs in regions where these ventures are uncommon. For the first time, women in these areas are receiving training in small-scale production, managing all aspects from raw material procurement to packaging and marketing.

This groundbreaking initiative not only empowers women economically but also addresses crucial hygiene needs in flood-affected areas,

demonstrating the profound impact of the WSERP project in fostering resilience and innovation among rural women in Pakistan.

To mitigate the challenges posed by frequent power outages, the production units have been fully solarised with sufficient backup to ensure an uninterrupted electricity supply throughout the day and all seasons. Initial support grants facilitated the purchase of raw materials, production machinery, and high-load JUKI stitching machines for the sanitary pad units.

In the initial phase, eight women workers from each production unit were thoroughly trained by two different external organisations, specializing in soap production and sanitary pad manufacturing. These workers underwent hands-on trials to master the standardised mixing of raw materials and production techniques.



The WSERP project has been a game-changer for us. We've never experienced this level of recognition within our community before. Now, not only are other organisations inviting us to share our story in TED talks, but they're also asking us to train their community leaders on small-scale business planning. We're thrilled to be part of this effort and grateful for the opportunity to soar like never before," expressed Raheela.

The entrepreneur women from Loung Bhatti and Vistra successfully finalised the production processes for both soap and sanitary pads. To further support sales and awareness, two scooters were provided to female sales agents. These agents travel to villages and nearby markets to promote the products and take orders, greatly enhancing the reach and impact of the initiative.

The scooters have proven to be particularly beneficial for Community Resource Persons (CRPs), who now have a reliable means of distributing products to local vendors and collecting orders.

This groundbreaking initiative not only empowers women economically but also addresses crucial hygiene needs in flood-affected areas, demonstrating the profound impact of the WSERP project in fostering resilience and innovation among rural women in Pakistan.

"Being part of the WSERP project has been incredible. It's given us a platform to showcase our abilities and contribute meaningfully to our community. We appreciate the support and encouragement from organisations that are helping us expand our horizons and make a real difference in people's lives", Shamshad added.

The women-led production units initiative is a significant achievement in rural Sindh, showcasing the capacity of women to manage all aspects of the business despite social, economic, and technological challenges. Led by Ms. Shamshad in Vistra, Khairpur, the production units have already produced 383 soap bars and generated sales worth 30,600 PKR. This success has sparked a demand for skill development among women in procurement, production, marketing, sales, and financial management.



COMMUNITY MOBILISATION, FACILITATION, DEMAND CREATION AND SUPPORTING THE PROVINCIAL TB CONTROL PROGRAMME IN SINDH, PAKISTAN

Rural Support Program’s Network (RSPN), in collaboration with IHSS – SD JSI Supported TB Control Project in 15 districts of Sindh is implementing a project through its implementing partners Sindh-Sindh Rural Support Programme (SRSO), National Rural Support Programme (NRSP) and Thardeep Rural Development Programme (TRDP). The project is supported by JSI. The main project goal is to enhance case detection and treatment completion rates for drug-resistant tuberculosis (DR-TB) and drug-sensitive TB (DS- TB) in the province of Sindh. The project aims to improve TB case detection rate and treatment compliance through social mobilisation approach in target communities. The social mobilisation activities are devised to track index cases and contact tracing and assist the project field teams to ensure referrals from communities to nearest BMU and PMDT sites accordingly. The role of RSPN is to create community awareness, trace contacts of TB-positive cases, ensure adherence to standard operating procedures (SOPs), and facilitate referrals to the relevant health facilities (BMU & PMDT).

Contact screening for active case finding in TB is a critical component of TB control efforts, as it helps to identify and treat cases early, interrupt transmission chains, and prevent the spread of TB within communities. In accordance with the approved work plan, social mobilisation teams across the project districts visited the TB index households (HHs) in the catchment areas of



different BMUs. The purpose of these visits was to brief them about the importance of IHSS SD activities, specifically screening TB index HH contacts. During these visits and meetings, the teams mobilised them for screening and collected information about the HH contacts to arrange proper pick-up and drop-off facility. Additionally, verbal screening was conducted during the visits and meetings with TB index HH contacts to identify asymptomatic and presumptive contacts, facilitating the decision-making process for screening.

On the scheduled date, the teams revisited the respective TB index HH contacts and transported them to the respective BMUs where the index is registered. After the completion of screening, all HH contacts were safely transported back to their homes. Over the past three months, a total of 1683 households/families of the index patients were reached, screened and TB cases were identified by our social mobilisers across 15 districts in Sindh.

1,683

Index Patient
Reached

11,513

HH Contacts
reached and
screened

136

TB Patients
identified and
registered

INITIATION OF TB PREVENTIVE TREATMENT

Tuberculosis (TB) preventive treatment (TPT) stands as a critical pillar in the fight against this infectious disease. First time in Pakistan, TPT is being initiated the screened and eligible HH contacts. With a high burden of TB cases, particularly in densely populated areas, preventive treatment initiatives play a vital role in curbing the spread of TB and reducing the incidence of active cases. Through contact screening and community outreach efforts, HH contacts are identified as being at high risk of developing TB are provided with preventive treatment. These efforts are supported by CDC, Contech International, healthcare providers and Social Mobilisation teams, who work tirelessly to

ensure access to preventive treatment services even in remote and underserved areas.

Additionally, community engagement and awareness campaigns through Social Mobilisation Teams are integral components of TB preventive treatment programmes, empowering individuals with knowledge about TB prevention, early detection, and the importance of completing treatment courses. In this connection an orientation training was carried out in all 15 districts for social mobilisers to equip them with knowledge and skills on screening high risk population, household contacts tracing & PMTPT.

USAID MISSION VISIT OF PROJECT

Mr. Bradly Cronk, Director of Health, Population and Nutrition, and Dr. Shabir Ahmed Chandio, Deputy Director of Health USAID visited the BMU of District Head quarter hospital, and the DHO office Tando Allahyar on January 17, 2024, and SGH-Qatar Hospital Karachi West on 19th January 2024. The RSPN team briefed the delegates about contact screening and active case detection among the B+ve household contacts. The DHO and MS district Tando Allahyar welcomed the delegates and the district focal persons (DFPs) of both the programmes IDSR and TB presented the current situation, support, and identifications of gaps. While during the visit of Qatar hospital, mission visited the Out-patient department, radiology department and the lab section whereby they met with the BMU in-charge and other allied healthcare staff. The TB Basic Management unit (BMU) provides DS-TB, TB-HIV screening, Xpert testing and microscopy services. Mission met with USAID Project beneficiaries of Contact Screening and those initiated on PMTPT services.



COMMUNITY HEALTH WORKERS VS. PHONECAST FOR CHILD GROWTH MONITORING

The Child Growth Monitoring Research Project is currently being implemented in Tando Muhammad Khan, Sindh. Launched in March 2023 and funded by the Global Development Incubator Solution, the project is a collaboration between the Rural Support Programmes Network (RSPN) and the National Rural Support Programme (NRSP). The project is led by a team of experts, including Dr. Abu Shonchoy, Dr. Agha Ali, Dr. Uzma Afzal, Dr. Takashi Kurosaki, and Akib Khan.

This research project introduces an innovative approach to Home-Based Growth Monitoring (HBGM) that involves installing a growth poster inside the home, allowing caregivers and parents to measure their children's height and weight and track their linear growth over time in 1800



households of Tando Mohammad Khan. The growth standards of the World Health Organization (WHO), 2007 are used to compare children's development with healthy norms.

Progress

- The Child Growth Monitoring project has made a significant impact with its baseline findings presented at a conference hosted by Lahore University of Management Studies (LUMS) in December 2023. Conducted in January 2023, the baseline study marks a crucial milestone in the ongoing efforts to advance child health research across Pakistan.
- The principal investigator Dr Takashi Kurosaki provided a comprehensive overview of the baseline data collected, emphasizing the importance of early monitoring in promoting healthy childhood development. The presentation outlined the demographics of the children enrolled in the project, including age range, socioeconomic background, and any existing health concerns.
- The Home-Based Child Growth Monitoring project in Tando Muhammad Khan (TMK), Sindh, has demonstrated significant potential in improving child health outcomes in the region. By empowering care-givers with the tools and knowledge necessary for regular growth monitoring, the project has fostered a greater awareness of child development milestones and nutritional needs. The integration Community Resource Person-CRP as a support system has further enhanced the effectiveness of the initiative, ensuring timely interventions and referrals in cases of stunting.
- The project has not only contributed to early detection and management of malnutrition but has also strengthened the overall health infrastructure at the grassroots level. The engagement of local communities in the process has been key to its success, leading to better health-seeking behaviors and sustained participation in child health activities.

OUR SOCIAL MOBILISATION OUTREACH

533,481

COMMUNITY ORGANISATIONS (56% WOMEN ONLY COs)

8,692,003

ORGANISED RURAL HOUSEHOLDS

58.2 Million

POPULATION COVERED (BASED ON AVERAGE HOUSEHOLD SIZE)

152/158

DISTRICTS WITH RSP PRESENCE

4,923

RURAL UNION COUNCILS WITH RSP PRESENCE

44,269

VILLAGE ORGANISATIONS (67% WOMEN ONLY VOs)

2,465

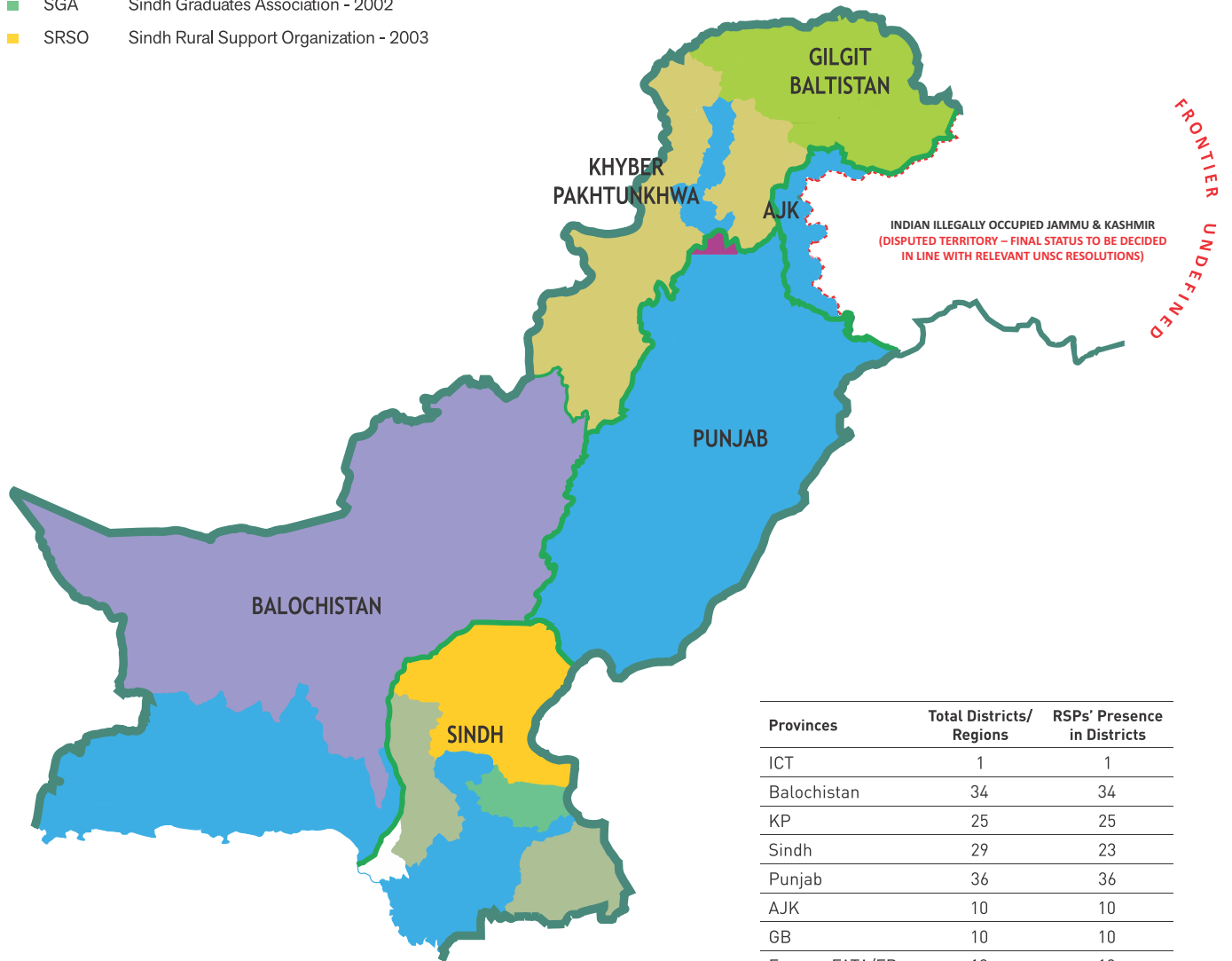
LOCAL SUPPORT ORGANISATIONS (45% WOMEN ONLY LSOs)

Summary of Local Support Organisations (LSOs) as of March 2024

		Province/Administrative Units					Total	
		AJ&K	Balochistan	GB	KP/ FR/ FATA	Punjab (Incl. ICT)		Sindh
1	Aga Khan RSP	-	-	63	20	-	-	83
2	Balochistan RSP	-	222	-	-	-	-	222
7	Ghazi Barotha Taraqiyati Idara	-	-	-	6	10	-	16
3	National RSP	159	109	-	63	415	170	916
4	Punjab RSP	-	-	-	-	305	-	305
9	Sindh Graduate Association	-	-	-	-	-	1	1
8	Sindh Rural Support Organisation	-	-	-	-	-	589	589
5	Sarhad RSP	-	-	-	190	-	-	190
6	Thardeep Rural Development Programme	-	-	-	-	-	143	143
	Total	159	331	63	279	730	903	2,465

The Outreach of the Rural Support Programmes Across Pakistan

- AKRSP Aga Khan Rural Support Programme - 1982
- SRSP Sarhad Rural Support Programme - 1989
- NRSP National Rural Support Programme - 1992
- IRM Institute of Rural Management - 1993
- GBTI Ghazi Barotha Taraqati Idara - 1995
- TRDP Thardeep Rural Development Programme - 1997
- BRSP Balochistan Rural Support Programme - 2001
- SGA Sindh Graduates Association - 2002
- SRSO Sindh Rural Support Organization - 2003



RSPs are present in 152 districts.



Rural Support Programmes (RSPs) in Pakistan, Cumulative Progress as of March 2024

Indicators	AJKRSP+	AKRSP	BRSP	GBTI	NRSP	PRSP	SGA	SRSO	SRSF	TRDP	Total	
# of RSP working districts/areas**	8	11	29	4	61	21	1	14	37	4	152	
# of rural union councils with RSP presence*	136	130	311	49		806	13		887	260	4,923	
# of organised households	102,320	120,829	345,819	49,300	3,637,992	1,539,614	16,500	1,416,806	1,066,539	396,284	8,692,003	
# of Local Support Organisations (LSOs)	-	83	222	16	916	305	1	589	190	143	2,465	
# of Village Organisations (VOs)	-	2,833	8,025	109	10,521	3,745	-	13,922	2,727	2,387	44,269	
# of Community Organisations (COs) formed	Women COs	1,577	2,211	14,123	2,086	110,854	41,714	410	76,610	14,519	16,623	280,727
	Men COs	2,138	3,024	24,184	1,436	108,496	54,872	450	2,383	30,563	5,775	233,321
	Mix COs	1,035	-	84	-	16,511	-	-	40		1,763	19,433
	Total	4,750	5,235	38,391	3,522	235,861	96,586	860	79,033	45,082	24,161	533,481
# of CO members	Women	44,063	87,174	211,018	34,725	2,046,302	662,001	10,845	1,377,547	327,674	318,243	5,119,592
	Men	58,257	128,625	380,230	26,560	1,591,690	903,191	11,348	38,662	739,043	118,920	3,996,526
	Total	102,320	215,799	591,248	61,285	3,637,992	1,565,192	22,193	1,416,209	1,066,717	437,163	9,116,118
Amount of savings of COs (Rs. Million)	Women	24	146		9	237	70	-	236	481	-	1,203
	Men	12	390		6	1,308	67	1	7	112	-	1,902
	Total	36	536	-	15	1,544	137	1	243	593	-	3,105
# of community members trained in managerial skills (CMST/LMST/etc.)	Women	10,954	20,322	21,453	4,954	2,521,155	226,610	4,830	369,904	60,200	188,165	3,428,547
	Men	6,385	16,049	42,684	5,172	1,436,084	267,337	4,830	35,738	106,840	71,715	1,992,834
	Total	17,339	36,371	64,137	10,126	3,957,239	493,947	9,660	405,642	167,040	259,880	5,421,381
# of community members trained in vocational & technical skills	Women	-	55,457	55,987	17,577	687,661	45,971	-	104,603	63,414	22,837	1,053,507
	Men	-	27,345	28,130	4,315	632,788	58,324	-	3,855	88,542	4,403	847,702
	Total	-	82,802	84,117	21,892	1,320,449	104,295	-	108,458	151,956	27,240	1,901,209
Community Investment Fund (CIF)	# of LSOs managing CIF	6	16	151	8	502	2	-	216		100	1,001
	# of VOs managing CIF	-	-		7	69	34	-	4,532	368	740	5,750
	CIF Men Borrowers	547	1,533	5,245	7	28,533	872	-		658	-	37,395
	CIF Women Borrowers	-	2,558	3,832	1,305	210,464	5,290	-	463,646	62,730	62,854	812,679
	# of CIF borrowers	547	4,091	9,077	1,312	238,997	6,162	-	463,646	63,388	62,854	850,074
	Total amount of CIF disbursed (Rs. million)	16	20	197	28	5,311	115	-	8,024	877	1,279	15,867
Amount of micro-credit disbursement (Rs. Million)	Women	79	195		4,789	261,647	10,120.99	-	24,667	1,916	5,488	308,903
	Men	59	834		519	120,799	12,297	-	2,330	123	5,494	142,455
	Total	138	1,030	-	5,308	382,446	22,418	-	26,998	2,039	10,982	451,358
# of loans	Women	4,764	74,827		178,757	7,959,095	545,204	-	926,398	84,859	370,088	10,143,992
	Men	3,217	546,334		18,902	4,272,335	687,341	-	88,787	10,701	290,896	5,918,513
	Total	7,981	621,161	-	197,659	12,231,430	1,232,545	-	1,015,185	95,560	660,984	16,062,505
# of health micro insurance schemes	Women	-	74,813		149,625	4,706,853	-	-	1,138,129	5,834	251,205	6,326,459
	Men	-	546,311		14,415	3,127,928	-	-	50,314	21,566	139,671	3,900,205
	Total	-	621,124	-	164,040	7,834,781	-	-	1,188,443	27,400	390,876	10,226,664

Indicators		AJKRSP+	AKRSP	BRSP	GBTI	NRSP	PRSP	SGA	SRSO	SRSP	TRDP	Total
# of population insured	Women	-	74,813		149,625	6,308,877	-	-	1,138,129	35,004	399,735	8,106,183
	Men	-	546,311		14,415	6,523,979	-	-	50,314	129,396	358,327	7,622,742
	Total	-	621,124	-	164,040	12,832,856	-	-	1,188,443	164,400	758,062	15,728,925
# of PPI/CPI schemes initiated		1,637	7,164	2,652	804	42,402	6,360	16	27,480	12,485	65,252	166,252
# of PPI/CPI schemes completed		1,637	6,783	2,602	802	41,188	6,360	16	27,480	12,469	65,069	164,406
# of beneficiary households of initiated CPIs		100,347	434,000	335,113	30,346	2,011,916	674,798	6,500	334,482	2,661,557	408,989	6,998,048
# of beneficiary households of completed CPIs		100,347	432,631	333,897	30,096	1,951,516	674,798	-	334,482	2,654,402	390,692	6,902,861
Total cost of initiated CPIs (Rs. Million)		636	5,000	2,425	435	16,869	1,639	20	1,716	14,191	2,222	45,152
Total cost of completed CPIs (Rs. Million)		636	4,996	2,356	435	14,804	1,639	20	1,716	13,817	2,087	42,506
# of community schools established		355	867	165	34	545	80	25	19	116	114	2,320
# of students enrolled	Girls	11,370	2,900	4,900	1,529	459,371	1,946	3,526	1,932	2,646	2,917	493,037
	Boys	9,922	7,375	9,490	1,447	494,788	1,752	5,110	4,678	3,262	957	538,781
	Total	21,292	10,275	14,390	2,976	954,159	3,698	8,636	6,610	5,908	3,874	1,031,818
# of adults graduated in adult literacy	Women	-	20,000	9,810	540	41,782	-	-	-	6,636	19,444	98,212
	Men	-	-	-	405	5,172	-	-	-	722	198	6,497
	Total	-	20,000	9,810	945	46,954	-	-	-	7,358	19,642	104,709
# of traditional birth attendants / health workers trained	Women	31	1,243	2,929	95	3,153	8,442	410	4,807	1,099	982	23,191
	Men	-	-	1,335	-	-	1,770	-	-	606	675	4,386
	Total	31	1,243	4,264	95	3,153	10,212	410	4,807	1,705	1,657	27,577
# of offices	Head Offices	-	1	1	1	1	1	1	1	1	1	9
	Regional Offices	-	3		1	10	3	4	1	1	1	24
	District Offices	-	3	14	5	47	18	1	15	7	4	114
	Sub District/Field Units	-	2		29	180	65	-	63	2	6	347
	Special Project Offices	-	1		-	-	3	1		1	-	6
	Total	-	10	15	34	238	90	7	80	12	12	500
# of management and professional staff members	Male	-	132	414	89	4,994	191	30	1,783	360	361	8,354
	Female	-	28	58	39	1,081	77	-	432	198	44	1,957
	Total	-	160	472	128	6,075	268	30	2,215	558	391	10,311

Note: * This RSP quarterly SM outreach is fully aligned with the population and household census of 2017 where all districts' 1998 and PSC census data replaced with the latest rural household numbers in all districts except districts of AJK and GB as PBS still not released the census results.

Note: ** The 152 districts include all Newly Merged Districts (NMDs) of KP province were previously known as FATA agencies and FR areas. These newly merged districts will be integrated in to the KP province once the UC and district level PBS census 2017 is available.

* The total figure for districts/areas and union councils excludes 37 overlapping districts (presence of multiple RSP) and 960 overlapping union councils.

+ Data pertaining to AJKRSP updated as at March 2013 and AKRSP updated SM outreach data of newly formed districts of Shigar, Kharmang and Nagar after separating numbers reported in previously affiliated districts.

Overall 46 UCs coverage increased during reporting period ie June-Sept 2023. SRSO aligned its SM outreach with the GoS-PPRP and EU-SUCCESS Programmes where over-reporting of UCs and households has been resolved in former reporting period.

- Source: correspondence with Programme Manager, Gender & Development, AKRSP on reporting 20,000 women have gained literacy under AKRSP's adult literacy programme.



OUR IMPACT

RSP Progress on
Cross-cutting Social
Sector Indicators

*As of March 2024

HEALTH



60,833

Community
Health Workers
Trained



1,479

Public Health
Facilities
Upgraded



**11.2
MILLION**

Children
Immunised



**3.7
MILLION**

Children Vaccinated
against Poliovirus



**4.7
MILLION**

Pregnant Women
Vaccinated for Tetanus
Toxoid (TT)



**4.25
MILLION**

Married Women of
Reproductive Age (MWRA)
Provided Family Planning
Services in Un-served/
Non-LHWs Rural Areas

EDUCATION



121,967

Parent Teacher
Associations
Organised/ Revitalised
in Government Schools



199,583

Capacity building of
number of SMCs/PTA/
PTSMC/PTCs organised/
revitalised



35,114

Government Schools
Provided Missing
Facilities



**2.07
MILLION**

Children Enrolled
in Government Schools

WASH



50,017

Community
Facilitators Trained
on WASH



9,802

Villages with
Open Defecation
Free Status



49,417

Community
Drinking Water
Supply Schemes

AGRICULTURE, ENVIRONMENT AND CLIMATE CHANGE



403,732

Housing Units
Constructed



811

Micro-hydro
Schemes
Constructed



46,094

Number of households
provided with home based
solar solutions



1,113

Small Dams
& Water Reservoirs
Built



10,725

Irrigation
Channels Built



**54.3
MILLION**

Trees
Planted



28,725

Community Based
Nurseries Established



141,407

Community Agriculture
Extension Workers Trained



130,378

Community Livestock
Extension Workers Trained



WHO WE ARE

The Rural Support Programmes Network is the largest development network of Pakistan, with an outreach of over 58.2 million rural Pakistanis. It consists of 9 member Rural Support Programmes (RSPs) that espouse a common approach to rural development: social mobilisation. Social mobilisation centres around the belief that poor people have an innate potential to help themselves, that they can better manage their limited resources if they organise and are provided technical and financial support. The RSPs provide social guidance, and technical and financial assistance to the rural poor. RSPN is the strategic platform for the RSPs: it provides capacity building support to them, and assists them in policy advocacy and donor linkages.



More information about Rural Support Programmes Network is available on:
Web: <https://www.rspn.org>
Twitter: RSPN_PK
Facebook: RSPNPakistan

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