

IMPLEMENTING PARTNERS

- i. National Rural Support Programme implementing the project in District Bahawalpur and Rahim Yar Khan.
- ii. Punjab Rural Support Programme implementing the project in District Jhang.



RURAL SUPPORT PROGRAMMES NETWORK (RSPN)

The Rural Support Programmes Network (RSPN) is the largest development network of Pakistan, with an outreach to over 38 million rural Pakistanis. It consists of 11 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, research, knowledge management support to them, and assists them in policy advocacy and donor linkages.



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**PROVISION OF
REPRODUCTIVE HEALTH
SERVICES THROUGH
SOCIAL MARKETING**

April 2015 - June 2016

OVERVIEW

RSPN entered into partnership with Population Services International (PSI) to provide reproductive health services to communities through social marketing in 03 districts of Punjab (Jhang, Bahawalpur and Rahim Yar Khan). Under this partnership 58 union councils will be covered through National Rural Support Programme (NRSP) and Punjab Rural Support Programme (PRSP). The purpose of the project is to improve the quality of life of women and children in Pakistan by creating new users of family planning methods with the help of District Technical Committee (DTC) chaired by Health Department.

OBJECTIVES

The overall objectives of the project are:

- i. Improved enabling environment for women, girls and men to avail healthy reproductive choices.
- ii. Increased availability of quality reproductive health products and services in rural areas.
- iii. Strengthen accountability at all levels with increased transparency and innovative approaches.

To achieve these objectives RSPN will implement proven model of social mobilization through Community Resource Person (CRPs). Demand for birth spacing will be created for reproductive health products which will be addressed through community outreach camps at the doorsteps of the community by involving community institutions (Village Health Committees). Collectively, these interventions will raise the contraceptive prevalence rate in the target areas, and will contribute directly in achieving the Millennium Development Goals 4 and 5, by decreasing the maternal mortality rate and infant mortality rate.

Population Services International (PSI) is financially supporting the partnership with the help of DFID. PSI is a global health organization founded in 1970 dedicated to improving the health of people in the developing countries by addressing the main issues like family planning, HIV/AIDS, barriers to maternal health, and malaria, diarrhea, pneumonia, malnutrition in children under five.

For further information see the link below:

<http://www.psi.org/country/pakistan/#about>

ACTIVITIES

There are some key activities proposed under the partnership:

- i. Selection of community resource persons through village health committees.
- ii. Capacity building of community resource persons for social mobilization activities.
- iii. Registration of target communities (married women of reproductive age and their spouses, extended family members, youth and religious leaders).
- iv. Developing and printing of information, education and communication material.
- v. Demand creation for birth spacing through group meetings and household visits.
- vi. Formation of community health committees and federation of Village Health Committees at union council level.
- vii. Procurement of contraceptives and equipment for the provision of birth spacing services.
- viii. 'Business in a Box' for CRP's sustainability and continuity of services.
- ix. Utilization of Greenstar Social Marketing Helpline for management of side effects and counseling on reproductive health.
- x. Engaging public sector (Department of Health & Population Welfare Department) at UC/District level.

EXPECTED OUTPUTS

The expected key outputs of the project activities will be:

- i. An uncovered population of 900,000 will be benefited through a group of trained cadre of community resource persons in 58 union councils of three districts with a special focus on married women of reproductive age.
- ii. Male involvement will be maximized in project activities to minimize the social barriers in accessing the birth spacing services.
- iii. The women, men and youth shall be sensitized on reproductive health related issues by creating a conducive environment.
- iv. To involve the communities and all segment of the society, village health committees will be formed at village level which will be further federated into Union Council Health Committees and district level health networks.
- v. The communities will be supported in accessing the birth spacing services through mobile camps at their doorsteps to increase the contraceptive prevalence rate in the project areas.

