Original Article

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Naya Qadam: To increase Post pregnancy Family Planning services through the public and private sectors across Sindh and Punjab provinces of Pakistan

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Abstract

Background: Early and close-spaced pregnancies threaten the health and well-being of Pakistani women, including their newborns and families. Pakistan Demographic and Health Survey 2017-18 revealed that 34% of births occur within a birth interval of fewer than 24 months, and 64% of women have an unmet need for family planning during their first year postpartum period. Interpregnancy interval increases the risk of adverse maternal and child health outcomes, including maternal mortality, neonatal mortality, and undernutrition in children. To reduce the risk of adverse maternal and child health outcomes, the World Health Organization recommends a 24-month interval between birth and the next pregnancy.

Methodology: To improve health outcomes, Pathfinder implemented a 4-year-long Naya Qadam (A new step) project, funded by the Bill and Melinda Gates Foundation. The project aimed to increase access to high-quality postpartum family planning and post-abortion family planning with a focus on young women aged 15-24. The project operated in six districts across Sindh and Punjab.

Results: Pathfinder trained 1,890 healthcare providers, of which 1,283 were from the public sector, while 607 service providers were trained from the private sector. A total of 7,300 lady health workers were trained to counsel and refer married women for postpartum and post-abortion family planning services across 1,000 public and private health facilities that Pathfinder upgraded to enable them to provide quality care. During the intervention, 140,550 women received postpartum family planning services, and 51,183 accessed postabortion family services.

Conclusion: The project successfully improved health outcomes and established a sustainable model for postpartum family planning and postabortion family planning services. The project contributed to a significant increase in the uptake of postpartum and post-abortion family planning services. The project's success was built on a foundation of partnerships with national and international stakeholders, and its holistic approach to improving family planning service delivery ensured that women across the intervention districts had greater access to high-quality, person-centered family planning services.

Keywords: Postpartum; FP, Post-abortion; unmet need; contraception

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Introduction

Pakistan, the sixth most populous country globally, faces substantial challenges due to its high population growth rate of 2.55% annually, resulting in a population of 241.49 million (1). The latest Pakistan Demographic and Health Survey (PDHS) 2017-18 revealed alarming statistics, including a total fertility rate (TFR) of 3.6, a stagnant modern contraceptive prevalence rate (mCPR) of 25% since 2012, and 17% of married women with unmet contraceptive needs (2). These figures highlight the urgent need for effective family planning (FP) interventions to improve reproductive health (RH) outcomes and place Pakistan among countries with relatively high fertility rates, reflecting a substantial population growth trajectory. The unmet need for contraception represents the proportion of women who wish to avoid or delay pregnancy but are not using any contraceptive method.

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In Pakistan, 17% of married women are reported to have an unmet need for contraception (2). This unmet need reflects a gap in access to FP services, including the availability and affordability of contraceptive methods, as well as challenges in utilization, such as cultural barriers, lack of awareness, and limited decision-making autonomy. Similarly, Pakistan faces significant challenges related to early and closely spaced pregnancies, which pose serious risks to the health and well-being of women, newborns, and families. Thirty-four percent (34%) of births in the country occur within less than 24 months of a previous birth (2), and 64% of women experience an unmet need for family planning (FP) during the first year of the postpartum period. Interpregnancy interval increases the risk of adverse maternal and child health outcomes, including maternal mortality, neonatal mortality, and undernutrition in children (3). The World Health Organization (WHO) recommends at least 24-month intervals between births and the next pregnancy to allow sufficient time for maternal recovery and to reduce the risks associated with maternal and neonatal complications. Inadequate birth spacing can lead to poor maternal recovery, nutritional depletion, and heightened risks of complications in subsequent pregnancies. In newborns, it increases the likelihood of premature birth, lower birth weight, and stunted growth, all of which contribute to higher infant mortality rates (4). WHO emphasizes that women are informed about FP options and the health benefits of birth spacing during various stages: antenatal visits, immediately after delivery, and throughout the postpartum period (4). Healthcare providers play a key role in facilitating postpartum FP (PPFP) by offering timely counseling and services at each healthcare visit (5).

PPFP and post-abortion family planning (PAFP) are pivotal strategies for promoting birth spacing and preventing unintended pregnancies, particularly in low-resource settings like Pakistan. The postpartum period—the first 12 months after childbirth—presents a crucial window for FP interventions because it is a time when women are in frequent contact with healthcare providers. This period offers multiple opportunities to counsel and provide contraceptive options that enable women to manage their fertility and space their pregnancies effectively. However, despite the potential for impact, many healthcare providers in Pakistan do not fully leverage this opportunity to provide FP counseling, largely due to gaps in training, health system constraints, and limited availability of FP services during postpartum care (5). In addition to PPFP, PAFP is equally important in addressing the unmet need for contraception. Abortions, whether spontaneous or induced, represent moments when women are particularly vulnerable to unintended pregnancies if they do not receive timely counseling and access to contraceptive methods. Evidence shows that providing FP services immediately after an abortion can significantly reduce the likelihood of future unplanned pregnancies and help women achieve their desired family size (7).

The WHO advocates for the integration of FP counseling into antenatal care, delivery services, and postpartum care to help women understand the benefits of birth spacing and access to contraception early. Despite this, many women in Pakistan are not receiving adequate PPFP counseling, and healthcare providers often fail to capitalize on this critical window. Structural challenges, such as gaps in provider training, insufficient resources, systemic weaknesses in health facilities, and provider biases against specific groups of women, such as those who are young, nulliparous, or have low parity (two or fewer children), limit the integration of FP into maternal health services.

In response to address unmet needs for postpartum and post-abortion, Pathfinder International implemented the Naya Qadam[1] (NQ) project. This four-year initiative sought to expand access to high-quality FP services for women, with a specific focus on increasing service uptake among women aged 15-24. The project aimed to enhance both PPFP and PAFP services through a holistic, total-market approach that engaged both the public and private sectors to improve service availability and expand the range of contraceptive methods available. By addressing critical service gaps and integrating ng into routine maternal care, NQ worked to improve maternal and child health outcomes across Pakistan (8). NQ focused on expanding method choice for women in the postpartum and post-abortion periods, recognizing that a range of contraceptive options—including long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs) and implants, as well as short-term methods like oral contraceptive pills and condoms—are essential for meeting the diverse needs of women. The project's Social and Behaviour Change Communication (SBCC) campaign was implemented at the community , family, and individual levels to promote the importance of birth spacing, contraceptive options, and reproductive health services. The comprehensive approach of the NQ project underscored the critical importance of addressing both the supply- and demand-side barriers to PPFP and PAFP. On the supply side, the project worked to upgrade health facilities, ensure the availability of contraceptive commodities, and train providers on clinical skills for PPFP and PAFP service provision. On the demand side, community

[1] A new step in English

mobilization efforts engaged key stakeholders—such as community leaders, Lady Health Workers (LHWs), and Lady Health Supervisors (LHSs)—to promote awareness of the benefits of family planning and encourage women to utilize available services.

In summary, birth spacing through postpartum and post-abortion family planning is a critical public health intervention that directly impacts maternal and child health outcomes. Initiatives like NQ have demonstrated the importance of integrating FP services into routine maternal and post-abortion care, ensuring that women receive timely counseling and access to contraceptive methods that can help them achieve their reproductive goals. However, sustaining and scaling up these efforts requires ongoing investment in health systems, capacity building for providers, and community engagement to address the deep-rooted social and cultural factors that influence contraceptive use in Pakistan. Nevertheless, the NQ consortium remained dedicated to tackling challenges head-on and continued to seek and involve support from allies across Sindh and Punjab and has made remarkable progress during the tenure of the Foundation's investment.

Program intervention

The NQ project, implemented by Pathfinder International from November 2017 to November 2021, employed a holistic and integrated approach to address PPFP and PAFP needs in Pakistan, with a particular focus on young women aged 15-24. The project's strategy was guided by a total-market strategy, working across both public and private health sectors to ensure broad access to family planning services. Through a combination of demand generation, service delivery improvements, health systems strengthening, and policy advocacy, the initiative aimed to expand access to high-quality FP services. Key activities included upgrading public health facilities, training healthcare providers, and engaging community health workers to increase awareness and uptake. Additionally, the project strengthened health information systems and integrated FP indicators into national data systems, ensuring sustainability. NQ also influenced policy by integrating FP into maternal health strategies and advocating for improved guidelines and training curricula, ultimately creating a long-lasting impact on the country's family planning landscape. In summary, the approach taken by NQ was multi-faceted, addressing several layers of the health system and societal structures to ensure that interventions were sustainable and impactful.

Five development partners were part of NQ's journey and each of them has played an incremental role in ensuring NQ successfully meets its targets. Greenstar Social Marketing played a key role in ensuring PPFP and PAFP service provision through trained private providers and led community mobilization and demand generation through their Interpersonal Communication (IPC) intervention. The National Committee for Maternal and Neonatal Health (NCMNH) remained a technical partner that has contributed to the development of training resources on clinical skills for in-service and pre-service service providers. In addition to this, they also built the capacity of district lead trainers, midwifery tutors, and public providers. Aahung being an expert on Adolescent Youth Sexual and Reproductive Health and Rights (AYSRH) interventions provided technical leadership on the development of the AYSRH component of the integrated training manual, developed the ASYRH Strategy, and mobilized the youth champions and male allies through multi-sectoral youth engagements. Shirkat Gah is a champion of Gender and played an important role in contributing to the integrated training manual from a gender perspective and taking technical leadership on gender integration in training and resource materials for service providers and community groups, capacity building of CBOs for SRH advocacy, youth-led community mobilization, and multi-sectoral dialogues. They also developed the Gender Strategy under NQ. IPAS on the other hand with their extensive work on PAFP got the PAFP policy and implementation guidelines endorsed by the government of Sindh. Pathfinder was the consortium lead and built strong partnerships with government departments to increase coordination, ensure commodity security, develop a strong policy framework, strengthen data & information systems, pre-service institutionalizing PPFP in midwifery and public health schools, and institutionalization in tertiary care hospitals.

Methodology

The NQ project was implemented across six districts of Sindh and Punjab, targeting women aged 15-49 to improve the uptake of PPFP and PAFP services. To assess the project's impact, an independent third-party organization was tasked with conducting a comprehensive evaluation between August and October 2021. The evaluation aimed to determine how effectively the project interventions contributed to increased access to and use of FP services. Following the evaluation criteria set by the Organization for Economic Co-operation and Development (OECD), the assessment focused on key areas such as relevance, efficiency, effectiveness, long-term impact, and sustainability. A summative evaluation design was employed, combining both qualitative and quantitative methods to collect data, with a predominant emphasis on qualitative research. This approach allowed for an in-depth understanding of the project's outcomes and the extent to which it achieved its objectives, providing valuable insights into the effectiveness of the interventions in meeting the FP needs of the target population.

Pathfinder retrieved data from project-supported service delivery sites from the provincial government's District Health Information System (DHIS) to report on PPFP and PAFP service uptake. A total of 400 public and 600 private health facilities were included in the project.

Results

Overall, Pathfinder successfully built the capacity of 1,890 public and private sector service providers on PPFP and PAFP clinical skills, gender, and AYSRH. Of the total trained providers, 1,283 were from the public sector while 607 service providers were trained from the private sector (see Table 1).

Table 1: Number of Health Providers trained during the project life, by sector, and by cadre

S/ No	Cadre	Healthcare sector		
		Public sector	Private sector	Overall project
1	Lady Health Visitor (LHV)	444	177	621
2	Community Midwife (CMW)	309	270	579
3	Lady Health Supervisor (LHS)	362	0	362
4	Medical Officer (MO)	168	157	325
5	Homeopathy Doctor	0	3	3
	Total	**1,283**	**607**	**1,890**

In addition to strengthening the capacity of healthcare providers, a total of 7,300 lady health workers (LHWs) from the public sector were trained in community mobilization, referral linkages, and demand generation. From October 2019 to February 2020, LHWs conducted 70,500 community support group sessions where 939,000 married women of reproductive age (15-49) received counseling on PPFP and PAFP services (see Figure 1).

Figure 1: Number of LHW trained conducted community sessions and provided counseling on PPFP and PAFP services uptake

To expand method choice and increase uptake of PPFP and PAFP services, a total of 1,000 health facilities (600 private health facilities and 400 public health facilities) were upgraded to enable them to provide comprehensive person-centered quality PPFP and PAFP services (see Figure 2).

Figure 2: Number of Service Delivery Points that integrate PPFP and PAFP methods in antenatal care, delivery, and postnatal care by sector

Between May 2018 and November 2021, a total of 140,550 women received FP services within a year after their last delivery (PPFP services) and 51,183 women received FP services within six months of their last abortion (PAFP services). Of the total PPFP services, 19% (26,014) were youth aged 15-24 years, while 27% (13,582) of youth aged 15-24 received PAFP services from the project-supported health facilities. NQ's project data demonstrated that the project was able to surpass its targets, contributing to increases in PPFP and PAFP service uptake (see Table 2).

NQ expanded the method mix as indicated in Figure 3 below. During the project intervention, 20% of women received Long Active Reversible Contraceptive (LARC) services followed by injectables, condoms, and pills 29%, 28%, and 23% respectively, from NQ-supported health facilities. The proportion of LARC users in the private sector has remained higher compared to the public sector (25% vs 17% respectively).

As shown in Figure 4 below, NQ successfully reached out through the SBCC campaign to:

- 600,000 people through the SMS-based social marketing campaign
- 2,232,913 people through mass-media dissemination (TV Cable, social media and Newspaper Dissemination)
- 2,461,097 people through vehicle announcements
- 120,900 people through mosque announcements across six NQ districts

Table 2: Number of women who received PPFP and PAFP services, disaggregated by project year, age, and sector

S/No	Disaggregated by sector and age	Reporting Period				
		2018	2019	2020	2021	Overall
1	**Public Sector**					
1.1	PPFP– Youth (<25 years old)	0	1,131	8,001	6,601	15,733
	PPFP – 25+ years old	0	8,835	46,259	30,827	85,921
	Proportion of youth	**NA**	**11%**	**15%**	**18%**	**15%**
1.2	PAFP – Youth (<25 years old)	0	29	867	775	1,671
	PAFP – 25+ years old	0	353	2,209	2,535	5,097
	Proportion of youth	**NA**	**8%**	**28%**	**23%**	**25%**
2	**Private Sector**					
2.1	PPFP – Youth (<25 years old)	445	711	4,727	4,398	10,281
	PPFP – 25+ years old	2,196	2,015	14,018	10,386	28,615
	Proportion of youth	**17%**	**26%**	**25%**	**30%**	**26%**
2.2	PAFP – Youth (<25 years old)	216	1,525	5,705	4,465	11,911
	PAFP – 25+ years old	1,005	5,047	15,624	10,828	32,504
	Proportion of youth	**18%**	**23%**	**27%**	**29%**	**27%**
3	**Total Youth served**	**661**	**3,396**	**19,300**	**16,239**	**39,596**
	% of Youth Served	**17%**	**17%**	**20%**	**23%**	**21%**

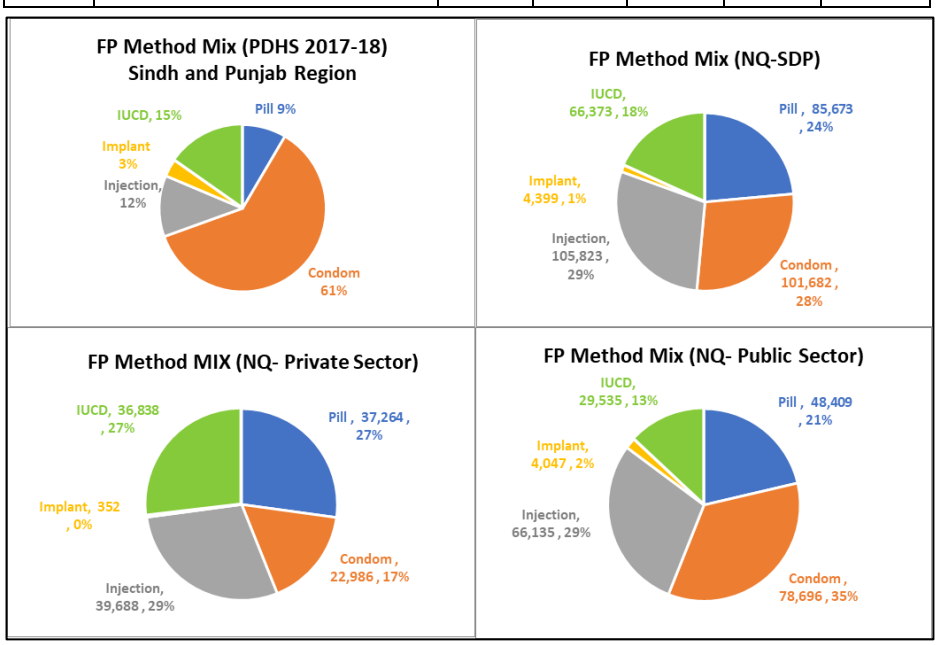

Figure 3: FP Method Mix Comparison between PDHS 2017 - 2018 and NQ Service Delivery Points (SDPs) from 2018-2021, by sector

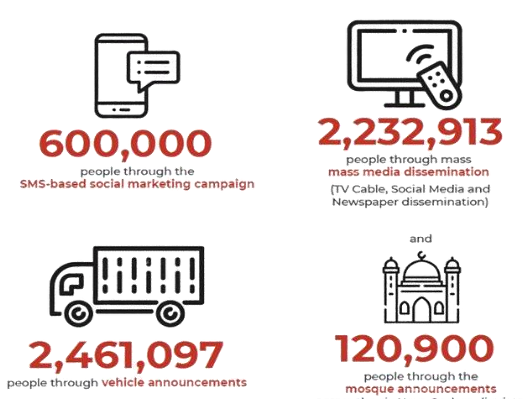

Figure 4: Number of people reached through the NQ SBCC Campaign

Discussion

NQ Legacy and Sustainable Impact

Based on the evaluation conducted by the third-party organization, several key achievements, footprints, and sustainable impacts of the NQ project were identified. The project successfully reached many women, with over 140,000 receiving PPFP services and more than 51,000 benefiting from PAFP services. Following are the specific key achievements, NQ's legacy, and the sustainable impact of the overall project interventions.

1) Holistic SBCC Campaign to Generate Demand for PPFP and PAFP Services

At the core of the NQ intervention was the focus on increasing awareness of the benefits of PPFP and PAFP services. The project employed a comprehensive SBCC strategy that targeted individuals, families, and communities, particularly those in rural and underserved areas. The SBCC campaign utilized various platforms such as mass media, interpersonal communication, community-based group sessions, and health facility interactions to promote the importance of birth spacing, contraceptive options, and reproductive health services. In addition, community mobilization efforts were led by LHWs and LHS, who conducted home visits, organized community support groups, and facilitated discussions on PPFP and PAFP.

The project's SBCC approach aimed not only to increase awareness but also to shift behaviors and attitudes toward FP. Engaging husbands, mothers-in-law, and other key household decision-makers was crucial in fostering an environment where young women could access FP services without resistance.

2) Improved Access and Quality of Services at Community and Facility Levels

NQ worked extensively to expand access to PPFP and PAFP services by upgrading healthcare facilities and enhancing the skills of healthcare providers. In the public sector, the project collaborated with district and provincial health departments to upgrade a total of 1,000 public and private health facilities to ensure they were equipped to provide comprehensive, person-centered FP services. These upgrades included the provision of essential equipment, contraceptive commodities, and infrastructure improvements.

At the same time, Pathfinder focused on strengthening the capacity of healthcare providers. A total of 1,890 service providers from both public and private sectors were trained on PPFP and PAFP clinical skills, as well as on gender-sensitive and AYSRH) counseling. Of these, 1,283 were from the public sector, while 607 providers were from private sector facilities. This training aimed to ensure that providers could offer high-quality, respectful, and non-judgmental care to all women, including young women, adolescents, and those seeking post-abortion services.

To further improve service quality, NQ provided ongoing mentorship to healthcare providers, offering in-service training to reinforce learning and ensure that providers remained up-to-date with the latest clinical protocols and best practices in FP. This hands-on mentorship helped healthcare workers address any gaps in their knowledge or skills, enhancing their ability to effectively counsel and serve women during the postpartum and post-abortion periods.

3) Strengthened Integration and Multisectoral Collaboration

NQ placed significant emphasis on strengthening the integration between the Departments of Health and Population Welfare at the district and provincial levels. This integration was critical in ensuring that FP services were aligned with other maternal and child health services, allowing for a more seamless continuum of care for women during the antenatal, delivery, and postpartum periods. By improving referral systems and enhancing coordination between these departments, the project ensured that women were able to access the full spectrum of reproductive health services regardless of whether they were engaging with health or population welfare facilities.

The project also fostered multisectoral collaboration, working with a broad range of stakeholders including non-governmental organizations (NGOs), private-sector healthcare providers, and international development agencies. This multisectoral approach ensured that NQ's interventions were informed by diverse perspectives and that resources were efficiently leveraged to maximize the project's impact. The project encouraged private sector engagement to complement public sector efforts, thus broadening the reach and sustainability of FP services.

4) Strengthened Health Management Information Systems

A key pillar of NQ's approach was the strengthening of health management information systems (HMIS) at the provincial level. The project supported the integration of PPFP and PAFP indicators into the District Health Information System (DHIS), a move that allowed provincial health departments to track service delivery more effectively and monitor progress toward FP targets. This integration of FP indicators into the DHIS ensured that FP data could be regularly reviewed and used to inform decision-making and resource allocation.

Furthermore, the project supported the capacity building of DHIS personnel and data analysts to improve data quality, analysis, and utilization. This investment in HMIS strengthening contributed to the sustainability of the project's impact, as it enabled health authorities to continue tracking progress in PPFP and PAFP service uptake even after the project concluded.

5) Policy Influence and Advocacy

At the national level, NQ played an influential role in shaping FP policies and guidelines. The project contributed to policy dialogues and worked with government counterparts to develop and revise key policies related to PPFP and PAFP. This included advocating for the institutionalization of PPFP and PAFP indicators in the provincial DHIS, as well as influencing the development of national guidelines and pre-service curricula for healthcare providers. These policy-level interventions were essential in ensuring that the project's gains could be sustained over the long term and scaled up across the country.

NQ's advocacy efforts were bolstered by the generation and dissemination of evidence on the effectiveness of PPFP and PAFP interventions. By sharing lessons learned and best practices with policymakers, the project helped to inform national strategies aimed at increasing FP coverage and improving maternal and child health outcomes.

6) Pre-Service Training and Capacity Building

To create a lasting impact, NQ worked with medical and nursing schools to integrate PPFP and PAFP content into pre-service curricula. This ensured that future generations of healthcare providers would enter the workforce with the knowledge and skills needed to offer high-quality FP services. The project developed standardized training modules and facilitated the adoption of these curricula in key medical institutions.

In addition to pre-service training, NQ supported in-service training for current healthcare providers, ensuring that they had access to continuous learning opportunities. This approach not only improved the skills of individual providers but also contributed to the overall strengthening of the health workforce, which is essential for the long-term sustainability of FP services in Pakistan.

7) Response to the COVID-19 Pandemic

To minimize the risks associated with project activities, NQ developed a comprehensive COVID-19 response strategy and framework. The strategy outlined the plan of action for NQ activities from April 1, 2020, onwards in response to the COVID-19 global pandemic and the emergence of the outbreak in Pakistan. The NQ team used the socio-ecological framework to identify risks to program strategies. Program responses were described for each level to ensure women-centered PPFP and PAFP services in the evolving emergency context. NQ adopted various strategies in response to the pandemic. It ensured policy relevance and support by supporting the public sector to develop a policy for PPFP and PAFP in the pandemic setting along with proposing integration of mitigation strategies into the policy document. Moreover, the continuity of PPFP and PAFP services amidst COVID-19 was ensured. The unforeseen circumstances led to supply chain disruptions of FP commodities, attributed to transportation restrictions during the lockdowns. NQ initiated a commodities assessment on an urgent basis in April 2020 to map the available supplies in nearby health facilities and ensure the inter-location of commodities to tackle stock-out challenges from April to July 2020. Moreover, the community-based provision of PPFP and PAFP services was strengthened by identifying and linking LHWs with CMWs and women medical officers of the respective catchment areas. This was primarily done for timely and effective referral and access to services. NQ also adopted strategies to ensure demand generation for PPFP and PAFP referrals by engaging youth champions and male allies. Previously, youth champions were trained on PPFP and PAFP, AYSRH, and Gender and subsequently were additionally trained on demand generation for referrals. Youth champions and male allies conducted joint sessions and went home-to-home and provided counseling on PPFP and PAFP, after which the clients were referred. In total, 1,040 clients were referred for PPFP and PAFP to the 37 Naya Qadam-supported public health facilities. Moreover, to ensure continuity of PPFP and PAFP services Naya Qadam introduced Digital Supportive Supervision for the service providers who have been trained under NQ. Digital supportive supervision aimed to improve the quality of PPFP and PAFP services of the providers/health facility. Apart from this, NQ built on the salience of the pandemic to promote PPFP and PAFP. This was done through launching a full-fledged communications campaign based on the Integrated Behavior Model (IBM) embedded within a social-ecological framework. NQ remained cognizant of systemic barriers to information that exist for women and girls, in our operating context. Using community-based, peer-led, and IPC has been the conventional practice for reaching women in communities but was no longer possible during the COVID-19 peaks. To ensure that messages reached the intended audience, the campaign used a top-down approach where mass media and a community-level campaign for community influencers and gatekeepers were implemented to influence community and household-level decision-makers. In addition to this, family health melas in intervention districts of Sindh and Punjab were planned, to increase awareness and strengthen knowledge of the communities regarding FP services through the COVID-19 pandemic lens.

Knowledge Contribution

Pathfinder introduced a counseling-centered, integrated approach to post-pregnancy service delivery — addressed the widening gap between service availability and unmet need by rapidly upgrading LHWs, community midwives, and lady health visitor's capacity to offer services through redesigning antenatal care as a lever for taking full advantage of the postpartum moment to offer FP. Through a comprehensive approach of pre-service capacity building, in-service mentorship, a comprehensive youth strategy, community mobilization, and demand generation, facility-based services strengthening, health systems strengthening, public-private interventions, and enabling social and policy environment. The evaluation concludes that the NQ project can be labeled as a successful project, considering the achievement of all planned intermediate outcomes by the project within the planned budget. Major achievements of the project contributing to sustainability include the development and approval of PPFP & PAFP policies, institutionalization of PPFP & PAFP indicators in the DHIS, development of curriculums & training modules, regularization of district technical committee meetings, upgradation of LHWs referral mechanism and capacity building of healthcare providers and community workers. Complete ownership of the government of NQ interventions was a milestone of the project which enabled the team to achieve all projected outcomes. Another key element was that the project was able to bring the community's voice in planning and implementation with extensive engagement of community workers including lady health workers and lady health supervisors.

Conclusion

The NQ project's holistic approach to PPFP and PAFP services demonstrated that meaningful change could be achieved through a combination of demand generation, service delivery improvements, health systems strengthening, and policy advocacy. By engaging both the public and private sectors, the project successfully expanded access to FP services and improved the quality of care provided to women during the postpartum and post-abortion periods. Its contributions to HMIS strengthening, provider capacity building, and policy development have laid the groundwork for the continued advancement of FP in Pakistan. The project's emphasis on multisectoral collaboration and government ownership has ensured that its interventions will have a lasting impact on the health and well-being of women, children, and families across the country.

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Ethical Approval:

Evaluations comprising of quantitative and qualitative methods do need ethical approval.

Data Availability: Data supporting the findings are available upon reasonable request.

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Conflict of interest: The authors declare that they have no conflicts of interest related to this project.

Authors' Contribution:

MI: Conceptualization, data collation and formal analysis, and writing original draft

TS: Lead in designing the project interventions, lead and supervise project implementation, validation of content, review & editing the manuscript.

MR: Program implementation lead, review & editing the manuscript.

AM: Advocacy implementation lead, review & editing the manuscript.

ML: Review & editing the manuscript.

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