IGNIT3 | Increase Gains in Nutrition by Integration, Education, Evaluation & Empowerment

SUMMARY REPORT | PAKISTAN

Gender and human rights analysis

SickKids® | Centre for Global Child Health

NUTRITION INTERNATIONAL
Nourish Life

WaterAid

In partnership with Canada

Photo credit: The Institute for Global Health and Development, Aga Khan University

BACKGROUND AND RATIONALE

Almost half of women and children in Pakistan are undernourished. Data shows that among children under five years of age, 17.7% are affected by wasting, with 40.2% stunted and 28.9% underweight. Women also face significant challenges, including undernourishment, anaemia and vitamin D deficiency.[1] Pakistan's statistics also reveal that 4% of girls are married by 15 years of age and 18% are married by 18 years.[2] The World Economic Forum's Global Gender Gap Report 2023 paints a concerning picture for Pakistan, with the country's ranking 145 out of 146 countries surveyed with respect to gender equality.[3]

Pakistan has made notable strides in improving access to sanitation, yet 25 million people still practice open defecation. Approximately 70% of households continue to consume water contaminated with bacteria, and as a result, 53,000 children under the age of five die each year from diarrhoea linked to poor water and sanitation conditions.[4] The data underscores the urgent need for an integrated, intersectoral approach to effectively address the interconnected challenges of malnutrition, health and water, sanitation and hygiene (WASH).

Increase Gains in Nutrition by Integration, Education, Evaluation & Empowerment (IGNIT3) is a five-year project funded by the Government of Canada that aims to address nutritional challenges to improve nutrition for underserved and marginalized populations, including women, adolescent girls and children in Pakistan. To inform IGNIT3's gender strategy, a gender and human rights analysis (GHRA) was undertaken. This analysis assessed the capacity of the healthcare system and healthcare providers to address gender-related barriers affecting the delivery and uptake of positive nutrition, health and WASH practices, as well as access to healthcare for women, adolescent girls and caregivers of children.

The GHRA was coordinated and conducted by a lead analyst recruited internationally, with support from a local consultant to conduct field work in the Matiari district of Sindh Province and Swabi district of Khyber Pakhtunkhwa (KP). The GHRA collected data through eight key informant interviews (KII) with male and female officials from non-profits, the public sector and community leaders, and four focus group discussions (FGD) with Lady Health Workers (LHWs) and non-governmental organization (NGO) staff. Data collection occurred between December 2023 and February 2024. The limited sample size was intentional to align with project catchment and to complement further planned research. Based on the challenges and enabling factors highlighted by various key informants and FGD participants, some of the recommendations derived from the GHRA can be generalized to the wider Pakistan context while others are specifically tailored for IGNIT3. These recommendations not only seek to guide IGNIT3 project efforts but also to serve as a blueprint for other interventions, highlighting strategies to empower marginalized communities, challenge discriminatory practices and ensure equitable access to essential services. Using these insights, IGNIT3 aims to support efforts that will enable a positive shift in gender dynamics, socio-economic norms and systemic barriers that impact the uptake of nutrition, health and WASH practices among women and adolescent girls in Pakistan.

1 Pakistan Nutrition Humanitarian Overview 2022
2 Child Marriage Atlas – Girls Not Brides. (Accessed on 24 April 2024)
3 WEF Global Gender Gap Report 2024
4 WASH: Water, sanitation and hygiene | UNICEF Pakistan

KEY FINDINGS

Gender roles and inequities in access to healthcare, nutrition and WASH services

Barriers

In Pakistan, women and married adolescent girls face barriers in accessing and utilizing essential nutrition, health and WASH services. These barriers are rooted in deeply ingrained traditional gender roles, reinforced by cultural and religious norms. Women and married adolescent girls are often regarded as caretakers and household managers, but they lack the decision-making power to access health services. During KIIs, officials from the non-profit sector emphasized that discrimination and exclusion persists, even for women actively involved in income-generating activities and particularly in rural areas. The necessity for women and married adolescent girls to seek permission from their husband or mother-in-law to access healthcare — along with the requirement that they be accompanied — further restricts their autonomy and access to services. Furthermore, the opinions of family influencers like mothers-in-law and grandmothers take precedence.

Educational gaps between men and women along with taboos surrounding reproductive health exacerbate these challenges. Additionally, lack of awareness among women and adolescent pregnant girls about their dietary needs leaves them unprepared to make informed decisions about their health, nutrition and hygiene. However, even in cases where they may have knowledge, poverty remains a significant barrier to nutrition. This highlights the complex interplay of knowledge, economic constraints and social roles that contribute to the ongoing malnutrition crisis in the region.

> “The major issue is that pregnant women are burdened with responsibilities for their other children and family, and despite knowing what to eat and what not to eat, poverty remains a significant reason for malnutrition in pregnant women and newborns.
>
> **– A district health official, Matiari**

Limited access to quality antenatal care and other essential health services, safe water and sanitation facilities, combined with financial constraints and lack of community or family support pose significant health risks for pregnant women and adolescent girls. For example, the burden of water collection falls disproportionately on women, negatively impacting their health, nutrition and autonomy.

Enablers

Discussions with various stakeholders revealed that husbands and mothers-in-law play a significant role in decision-making about heath, antenatal care and nutrition. However, an international non-governmental organization (INGO) representative shared that their research findings suggest that community health workers have more influence on women’s health decisions than the women themselves. This insight highlights an opportunity to engage husbands and mothers-in-law through community health workers, building on best practices established by the government, local NGOs and INGOs.

Khalilullah, 23, village hand pump technician, Abdul Karim Leghari village, UC Malkani, Taluka Tando Bago, District Badin, Pakistan. September 2023.

Photo credit: WaterAid/Khaula Jamil

Gender-based violence and uptake of nutrition, health and WASH services

Barriers

The minimum legal age for marriage for girls In Pakistan is 16 years, except in Sindh province where it is 18 for both girls and boys.

> Underage marriages are still occurring, with girls as young as 14, 15 and 16 getting married. Families often agree to these marriages due to societal pressures, poverty and inflation.
>
> **— A healthcare professional, Matiari**

Stakeholders pointed to economic motives, educational gaps and cultural justifications for child marriage, with weak enforcement and socio-economic factors often outweighing legal restrictions. An official from Sindh emphasized the long-term effects of early marriage on nutrition and health, which continue into motherhood. In KP province, though child marriages are decreasing, they are still justified culturally once a girl reaches puberty.

Access to gender-based violence (GBV)-related services for women and girls is hampered by societal norms, economic dependence on perpetrators, and systemic challenges such as inadequate response mechanisms and a shortage of trained personnel.

> Currently referral services are available but limited in scope. Women survivors of GBV also hardly report such incidents, mainly due to women's desire to protect her marital status as cultural norms do not value a divorced woman.
>
> **— A female NGO worker, Matiari**

Stakeholders also emphasized the lack of awareness about GBV and lack of empowerment among women and adolescent girls. Moreover, KIIs and FGDs revealed that not all districts offer support systems to protect women survivors of GBV.

Enablers

Religious leaders from Matiari and Swabi reported a significant reduction in underage marriages, attributing this change to legal measures and shifting societal values towards education. In this context, moderate community and religious leaders who acknowledge issues pertaining to child marriage, intimate partner violence (IPV) and GBV can be engaged as key influencers to promote positive social norms among men and boys.

Photo credit: Nutrition International

> Despite receiving training on antenatal care and gender-based issues, we find it difficult to apply our knowledge in practice. The annual training sessions are not adequate, and the curriculum falls short, particularly in areas like referral processes and immediate support for survivors of GBV.
>
> **— A healthcare professional, Matiari**

Stakeholders noted that advocacy tools and legislation are already in place, which can be leveraged to develop educational outreach programs addressing IPV and GBV. Healthcare workers—who are already informally supporting victims—could play a key role in outreach programs across all districts, potentially yielding positive results. Additionally, INGOs have established community health committees and peer groups to lead health initiatives that can be mobilized to support IPV and GBV survivors and raise awareness. An important enabling factor and entry point is the promotion of men's participation in parenting. Parent engagement sessions that systematically involve all caregivers could be explored to promote positive parenting, challenge harmful cultural practices and address the impact of GBV on the psychological well-being of families. These sessions could also help caregivers build capacity among their children — particularly adolescent girls — to have more agency in the future.

Intersectionality and access to nutrition, health and WASH services

Barriers

Stakeholders emphasized the importance of using an intersectional lens to ensure equitable access to nutrition, health and WASH interventions. Respondents highlighted that ethnicity significantly affects access to these services among marginalized communities. In Pakistan's Matiari district, the Muslim population includes castes like Syed, Quereshi and Baloch, while minority Hindu communities consist of Bagheri, Bheel, Kolhi and the more affluent Deewans. Similarly, in Swabi, where the population is predominantly Muslim, individuals of Afghan origin are the most vulnerable. Insights from both districts illustrate how poverty and ethnicity intersect to increase the vulnerability of the marginalized communities, such as the most economically disadvantaged communities in Matiari and Afghan refugees in Swabi.

Women and married adolescent girls from these communities face exclusion from essential services due to cultural, financial and structural barriers. Age is another critical element, as adolescent girls and boys have specific needs that differ from those of older women and men.

In regions like the Pashtun Belt, Baloch areas and parts of South Punjab conservative gender norms further limit women's and girls' access to nutrition, health and WASH services. While older women may experience a slight decrease of societal restrictions and gain more decision-making power and respect, younger women and girls face greater barriers, particularly in areas with limited education and traditional learning environments, which exacerbate gender disparities.

> "It's crucial to consider the experiences of women and girls in these regions, as the accessibility and utilization of these essential services are influenced by a variety of factors, including age, education, and societal norms.
>
> **— A government official**

Financial status further complicates access to essential services, with poverty being a significant obstacle, particularly in rural areas. Families in these areas struggle to afford nutritious food, leading to substandard diets and long-term health implications.

During emergencies such as floods, women and girls are disproportionately affected, facing greater challenges in accessing health services and increased risks such as child marriage. While men and boys also face exclusion, the dynamics differ from those affecting women.

Boys face unique challenges — such as provider expectations — and are often excluded from WASH services due to misconceptions that only women and girls need these services. Government and non-governmental programs working with vulnerable communities, including minorities and refugees, provide essential services. However, stakeholders have highlighted the need to close the gap between raising awareness — among service providers, community members and policymakers—and the actual implementation of inclusive strategies across all programs.

Enablers

Discussions revealed that policymakers, NGOs and healthcare providers in Pakistan recognize the importance of applying an intersectional lens. Additionally, health professionals and educators expressed a willingness to receive training to better address these complexities, ensuring that services are equitable, especially for the most marginalized people.

Existing government and non-governmental programs are working with the vulnerable communities, including minorities and refugees, to provide essential services. When effectively implemented, these programs can serve as a foundation for further improvement. In this context, health workers familiar with local cultural norms and economic conditions can be engaged and trained to provide more inclusive nutrition, health and WASH services.

Regarding adolescents, there is a commitment among healthcare workers to provide non-judgmental and confidential sexual and reproductive health (SRH) services.

> "We ensure equal access to healthcare services for all. Irrespective of customs and traditions, our commitment is to provide services without any form of discrimination.
>
> **— A healthcare worker, Matiari district**

This shared dedication to offering confidential SRH services to adolescents is an encouraging step in continuing to build on an existing multifaceted approach that combines training, counselling and the creation of safe spaces.

Photo credit: Nutrition International

Serving hard-to-reach populations

Barriers

The provision of essential services is hindered by inadequate infrastructure, inconsistent government support, and insufficient training and resources for community health workers — especially in hard-to-reach areas far from urban centres with less infrastructure. A recurring theme across responses is the urgent need for infrastructure development to facilitate access to essential services. Additionally, access to essential and quality nutrition, health and WASH services is limited by availability, societal norms and restrictive practices in these hard-to-reach populations.

The challenge of providing adequate resources to healthcare workers in remote areas is a widespread issue in many countries. Respondents from Swabi and Matiari emphasized that resource allocation and logistics are major barriers to delivering health services in these regions. Stakeholders are calling for stronger policy implementation and greater support from government officials, highlighting the gap between policy formulation and on-the-ground implementation, which requires more collaborative efforts.

> We can implement the government's primary healthcare policy more effectively by assigning responsibilities to LHWs in under covered areas. We should involve LHWs in door-to-door campaigns for menstrual hygiene, nutrition, healthcare, and more through community awareness and training.
>
> **— NGO worker, Matiari**

Enablers

Engaging with existing community structures and collaborating with a wide variety of stakeholders were identified as critical to ensuring service uptake among hard-to-reach populations.

While LHWs and Lady Health Visitors (LHVs) play a vital role, it is important to recognized that they are often overburdened by multiple responsibilities, inadequate support, and insufficient compensation, which can lead to burnout and reduced effectiveness. Financial incentives can sometimes divert attention from core duties, undermining health interventions. Addressing these issues requires balanced policies that value and adequately support these essential workers.

> Religious leaders who primarily deliver sermons in mosques are also engaged in promoting vital health interventions, such as polio vaccination, family planning, and the fight against iodine deficiency. It was noted that the efforts of religious leaders significantly contributed to changing negative public perceptions about these health concerns. The endorsement by these religious leaders has enhanced the community's acceptance and engagement with these health services, effectively decreasing resistance among the populace.
>
> **— Government official**

Women's meaningful participation in leadership roles

Barriers

Stakeholders reported a mix of progress and ongoing challenges in promoting women's leadership. Initiatives range from community-level education and policy advocacy to leveraging traditional structures and focusing on long-term educational strategies. Cultural barriers and male resistance remain significant challenges, with each region adopting tailored strategies based on its unique socio-cultural context. While some areas have achieved notable successes, the journey toward gender equality in leadership is complex and requires a multifaceted, culturally sensitive approach that engages both men and women in the process of change.

Enablers

In Pakistan, NGOs have taken proactive steps to advocate for women's rights, nutrition, health services and gender equality. The establishment of women's organizations has created a platform for women to voice their concerns and needs. Quarterly meetings, held exclusively for women, provide opportunities to share challenges and experiences, facilitating advocacy at district and divisional levels for tailored solutions and support.

Skills development centres for women have also contributed to their economic independence. In Matiari District, NGOs have responded to the specific needs of women and girls during natural disasters. These initiatives include investment in water and sanitation infrastructure, and hygiene behaviour change initiatives, demonstrating a multifaceted approach to empowering women by improving their living conditions.

> "An effective approach that has been applied involves educating and engaging the whole community, involving women, young people, and children, in health and hygiene projects.
>
> **– A development sector professional**

World Health Organization staff emphasize the promotion of gender equality and women's leadership through comprehensive policies that integrate gender equality and human rights across all aspects of their work, particularly in reproductive, maternal, newborn, child and adolescent health, and nutrition. These initiatives have fostered meaningful participation and empowerment for women, offering valuable practices to build upon.

Capacity assessment of healthcare workers and health training systems

Barriers

Health and government officials have noted the lack of detailed guidelines on gender inclusiveness and adolescent responsiveness. In addition to missing content on gender inclusivity, stakeholders highlighted that training should:

- Address poverty
- Embed gender responsiveness, adolescent-friendliness, community engagement strategies, human rights and intersectionality
- Ensure medication and contraceptive availability
- Respect the roles of LHWs.

Stakeholders emphasized the importance of privacy and respect for female patients.

> "To our knowledge, our manual lacks sufficient content on gender inclusivity.
>
> **– Lady Health Workers, Swabi**

There is a broad recognition of gaps in systematic evaluation. Stakeholders have called for clearer, more integrated and consistently applied performance indicators to better evaluate and enhance service delivery. Moreover, the responses reveal an overarching need for stronger systems that not only collect sex -disaggregated data but also interpret and use this data to inform policy and practice.

Enablers

In Pakistan there is the recognized need to enhance capacity building into the health professional training curriculum to improve gender-responsiveness, adolescent-friendly service provision and diversity. Stakeholders also acknowledge the importance of aligning educational practices with the evolving needs of healthcare services. This is a timely opportunity to work with healthcare providers and the government to improve training programs that emphasize non-discriminatory care and build strong data collection and analysis systems to inform policy and practice.

Photo credit: Shiraz Nasim, Aga Khan University

SELECTED RECOMMENDATIONS FOR THE IGNIT3 PROJECT

- Develop and enhance training modules for healthcare professionals that address gender equality, human rights, trauma-informed care and cultural competence. Provide practical tools to support gender-responsive and adolescent-friendly health, nutrition and WASH services.
- Advocate for the continuous evaluation and adaptation of training programs. Engaging curriculum champions and community leaders is crucial to bridge existing gaps and ensure training remains relevant.
- Apply lessons from established male engagement strategies by integrating culturally sensitive and empathetic communication techniques into training and service delivery.
- Conduct scoping studies and formative research to understand pregnant adolescent girls' knowledge, attitude, practices and experiences related to antenatal care, WASH and nutrition services, making healthcare services more equitable and inclusive.
- Promote the integration of health, nutrition and WASH services within communities, creating a collaborative, multisector approach that informs and strengthens policy implementation. Collaborate with government and the private sector to bridge the implementation gap, ensuring that policies and guidelines actively shape day-to-day healthcare practices, making services more equitable and accessible to marginalized groups.
- Work with local community and religious leaders to champion the uptake of health, nutrition and WASH services, leveraging their influence to drive behaviour change and increase service utilization.
- Partner with local NGOs and women's rights organizations to tailor health, nutrition and WASH programs to address the specific needs and barriers within each community.
- Launch comprehensive education and awareness campaigns for men and women that emphasize the importance of women's participation in community decision-making, while also creating and supporting platforms that actively foster women's involvement in leadership roles.

OVERALL RECOMMENDATIONS FOR OTHER STAKEHOLDERS IN PAKISTAN

- Advocate with policymakers to prioritize establishing safe, accessible channels for reporting GBV, ensuring survivors have necessary resources and support.
- Implement digital campaigns in Pakistan to broaden the reach of awareness-raising campaigns on gender, nutrition and WASH—engaging youth as key messengers.
- Initiate long-term educational initiatives involving young people and children to promote gender-sensitive healthcare, nutrition and WASH services, and transform family dynamics at the community level.
- Leverage Pakistan's network of LHWs to foster gender-sensitive healthcare, nutrition and WASH services, and promote education on GBV and the engagement of both wives and husbands in SRH services at the community level.
- Address human resource challenges in hard-to-reach areas by building on innovative solutions such as medicine delivery by drone and providing incentives such as financial benefits, professional development opportunities, and improved working conditions.

Hajani, 70, a WaterAid WASH committee member, teaches children how to maintain their hygiene using soap and water to clean themselves in a village in Badin, Sindh, Pakistan. November 2023.

Photo credit: WaterAid/ Khaula Jamil