

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



## PAKISTAN

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*In November 2016, the government of Pakistan shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).*

### POLICY & POLITICAL UPDATES

- The Government of Pakistan reaffirms its commitment to achieve universal access to RH till 2020. After the devolution of Health and Population Welfare Programmes to the provinces in the wake of 18th Constitutional Amendment the federal and provincial governments are taking focused steps to further the goals of FP 2020.
- The Country Engagement Working Group (CEWG) has been constituted by the Federal Government, which is holding quarterly meetings. The CEWG consists of representatives of the Planning Commission of Pakistan and representatives of Federal and Provincial Population and Health departments as well as CSOs, private sector and development partners.
- The Provincial Governments of Sindh, KP and Punjab have constituted broad based FP2020 Working Groups under the Chairpersonship of concerned Ministers and Secretaries. The Sindh working group has held three meetings and seven thematic sub-groups have been constituted. Sub Groups have also held meetings and presented report/progress during the FP2020 WG meeting held on Oct-14. Punjab, Sindh and Khyber Pakhtunkhwa (KP) have nominated focal persons.
- After the 18th Constitutional Amendment all the provinces have developed Health Sector Strategies. These strategies contain interventions for family planning and reproductive health and surveys to measure the outcomes including increase in CPR. Sindh and KP have approved their population policies whereas the Population Policies of Punjab and Baluchistan have been submitted for approval of the competent forums. Under the guidance of the FP2020 Working Group the province of Sindh is developing an FP monitoring system, including dashboard for mCPR. All provinces possess Contraceptive Logistics Management Information System (cLMIS) to give a snapshot of contraceptive requisitions, supplies, distribution, consumption and stock positions for measuring CYP. In addition, Pakistan Bureau of Statistics (PBS) collates the statistics of all the provinces and reports the service statistics.

### FINANCIAL UPDATES

- The Federal Government provided Rs.5.2 billion from Public Sector Development Programme (PSDP) for Provincial Population Welfare Programmes during 2015-16 and the amount increased to Rs.8.2 billion for the year 2016-17. In addition to that all provinces have also been arranging funds for FP with a yearly increasing trend since 2011-12. The annual public spending for FP services is showing an upward trend in all the provinces. Moreover, Sindh has developed a comprehensive Costed Implementation Plan (CIP) which is being implemented with a cost of Rs.890 million through PC 1 on "CIP Phase-I". Other provinces are working on their CIPs. Sindh and KP have substantially increased their current budget allocations in the last two years. Province specific development plans related to Family Planning are also being implemented in all the Provinces through Annual Development Programme (ADP)
- Pakistan's spending on family planning in the public sector has increased from \$0.27 per capita in 2015-16 to \$0.40 per capita in 2016-17.
- The CIP of Sindh entails an expenditure of \$3 per Married Woman of Reproductive Age (MWRA) annually.
- The Departments of Health in all four provinces have earmarked funds for family planning services/contraceptives.

## PROGRAM & SERVICE DELIVERY UPDATES

The Government of Pakistan committed to importing approximately \$35 million worth of contraceptives annually by 2020.

- US DELIVER provided contraceptives till December 2015 to all provinces. Now the provinces are making their own procurements.
- Population Welfare Department (PWD), Punjab has procured contraceptives during financial year 2014-15 about amounting to Rs. 284 million and during financial year 2015-16 about amounting to Rs. 296 million. Health Department procured contraceptives worth Rs.757 million in 2014-15. Health Department has allocated Rs.364 million for the year 2016-17.
- Government of Sindh allocated Rs.900 million for the year 2015-16 and Rs.900 million for the year 2016-17.
- Contraceptives worth Rs.247.954 million have been procured by KP government in 2015-16. Population Welfare Department has allocated Rs.200 million for procurement of contraceptives in 2016-17 whereas Health Department has allocated Rs.614 million for Lady Health Workers (LHW) Programme for medicines including contraceptives.
- Presently Baluchistan has allocated Rs.3.95 million for the procurement of contraceptives for the Departments of Health and Population Welfare for the year 2016-17.

The Government of Pakistan is facilitating the provinces to provide birth spacing services at static and outreach facilities of Health and Population Welfare Departments including Lady Health Workers and Maternal, New Born & Child Health Care Programmes through PSDP. Birth spacing services are provided free of cost at all public sector health outlets.

- Three out of four provinces have included contraceptive services in the essential service package.
- Lady Health Workers across Pakistan are providing three methods of birth spacing to the eligible couples. Refresher trainings for skill enhancement on Healthy Timing and Spacing of Pregnancy (HTSP) are conducted in which around 30,000 LHWs have already been trained with the assistance of UNFPA.
- In Punjab and Sindh, the catchment area population of LHWs has been increased from 1,000 to 1,500. In Sindh, 2,160 new LHWs are being recruited and under CIP, 6,500 Community Workers will be recruited for uncovered areas. Similarly, 1,200 Community Workers are being recruited in Punjab to increase the coverage. In KP, 2,850 new LHWs have been added to the existing strength.

The Government of Pakistan committed to strengthening LHW quality of care by regularizing employment status, providing training, and reinforcing referral links between LHWs, community midwives, and nearby facilities.

- The services of LHWs have been regularized in all provinces of Pakistan.
- Refresher trainings for skill enhancement on Healthy Timing and Spacing of Pregnancy (HTSP) are conducted in which around 30,000 LHWs have already been trained with the assistance of UNFPA.
- A joint referral system for outreach workers of Population Welfare and Health Departments (LHWs) has been developed.
- The CMW and LHW Programmes have been integrated in Punjab and KP.

The Government of Pakistan committed to strengthening supply chain management, training, and communication campaigns.

- Provincial Logistic Management & Information System Cells and District Logistic Management & Information System Cells are established and are fully functional and they are updating record till each facility level. The procured contraceptives are being stored in Central Warehouse & Supplies (CW&S), Karachi. Punjab has also hired a transportation company to distribute the contraceptives from CW&S to districts.
- UNFPA has conducted training on Reproductive Health Commodity and Security (RHCS) Procurement for provincial officials of Departments of Population Welfare and Health. Furthermore, an online course on procurement of RHCS has been institutionalized. USAID has also imparted the relevant trainings through the DELIVER Project.

- The provinces have launched focused and intensive communication campaigns related to family planning and birth spacing through mass media and outdoor activities. IEC material has also been developed and dissemination is in progress.

The Government of Pakistan committed to scaling up access through public-private partnerships and contracting-out mechanisms, and to scaling up work with religious and community leaders and men to promote the benefits of birth spacing.

- The first ever International Population Summit in Pakistan regarding FP2020 was held in November 2015 at Islamabad which was presided over by the President of the Islamic Republic of Pakistan. The summit reinforced the commitment of Federal and Provincial Governments to increase access of FP Services.
- Punjab Population Innovation Fund with an initial amount of Rs.200 million has been launched to support innovative FP projects by public and private sectors as well as CSOs. A scheme on “Franchising of Clinical Services (Pilot)” is being implemented in 5 low CPR districts of Punjab. In Sindh, FP services are provided under Public-Private Partnership through Peoples Primary Healthcare Initiative (PPHI) through provision of long acting methods. Population Welfare Department, Sindh has decided to provide contraceptives to NGOs free of cost under some conditional arrangements, MoU.
- A historic consensus of all religious schools of thought was developed regarding permissibility in Islam of all contraceptives (which ensures the health of mother, child and family). Punjab Ulema Advisory Board has been constituted. TV programmes by religious scholars have been aired. KP is hiring religious scholars to develop an environment conducive to birth spacing. Sindh is also engaging religious scholars in the districts. International Ulema (religious scholars) conferences and trainings have been held in KP and Punjab.
- The Social Mobilizers (Male) and Family Welfare Assistants (Male) are being strengthened for targeting the men to promote the benefits of birth spacing. In Sindh, 1,250 Social Mobilizers are being placed at Basic Health Units run by PPHI for counseling to male members.

The Government of Pakistan committed to increasing the focus on men in communications messages, mobilization activities, and services (through the increased availability of vasectomy services and condom distribution).

- Social mobilizers (male), family welfare assistants (male) and religious leaders are striving to actively involve men in the FP endeavors. The upcoming communication messages focused on the role of husbands, fathers, elders and community leaders for adopting FP norms by the families.
- As per Pakistan Demographic and Health Survey (PDHS), the share of condoms within CPR has increased from 6.8% (2006-07) to 9% in 2012-13.

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*The following text is the commitment made by the government of Pakistan at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/pakistan>.*

Pakistan commits to working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55% by 2020. Pakistan will take forward its 2011 commitment with the Provinces for all public and private health facilities to offer birth spacing services. The amount spent on family planning, estimated at US \$151 million in 2011/12 will be increased to nearly US \$200 million in 2012/13, and further in future years. The federal government assesses the contraceptive requirement as US \$186 million over the period 2013 to 2020, which will need to be provided for. Contraceptive services will be included in the essential service package of two provinces in 2012, with the others following in 2013. Supply chain management, training and communication campaigns will be strengthened. Family planning will be a priority for over 100,000 lady health workers, who cover 70 percent of rural areas. Public-private partnerships and contracting out mechanisms will help scale up access, and work with religious leaders and men to promote the benefit of birth spacing will continue.

## Objective

1. Achieve universal access to reproductive health by 2020.
2. Raise CPR to 55 percent by 2020.

## POLICY & POLITICAL COMMITMENTS

Pakistan commits to strengthening the National Task Force/National Population Commission on Population and Development to achieve policy consensus and program improvement for FP across provinces. The Task Force/Commission will also coordinate with the provinces to agree on specific service delivery targets that could be monitored periodically. Federal financing will be aligned with the achievement of these targets.

Post 18th Amendment provinces and Special Areas governments will develop health sector strategies for 2012-2020 containing interventions for promotion of FP, and will also regularly monitor the CPR. The National Population Policy 2010 will act as an umbrella as provinces develop their own population policies, prioritizing the centrality of population within their health and development plans.

In addition, cross party support for population issues will be ensured by the Parliamentary Group on Population and Development, to influence political party agendas before the next elections.

The MDG Parliamentary committee is currently ensuring accurate monitoring of MDG targets through independent data collected by Pakistan Bureau of Statistics.

## FINANCIAL COMMITMENTS

Annual public spending for FP services for 2011-2012 was US \$151 million. Pakistan will increase this to \$197.7 million in 2012-2013, with further increases annually to ensure universal access by 2020.

The private sector share is \$40.8 million. Greenstar social marketing, Family Planning Association Pakistan, and Marie Stopes International provide the main share of private sector FP services.

2011-2012 spending on FP was \$1.21 per capita (public sector share: \$0.84; private sector share: \$0.37). In 2012-2013, the public sector share will increase to \$1.07 per capital (total: \$1.55 per capita). The goal is to reach \$2.50 per capita by 2020.

Contraceptive requirements for both Government and Greenstar social marketing are covered by USAID until 2014. Subsequently, the government will need to import approximately \$13 million worth of contraceptives yearly. This number will increase to \$35 million annually by 2020, as we reach CPR 55 percent. The 2013-2020 resource gap for contraceptive commodities is \$186 million.

The provinces are currently developing medium term budgetary frameworks, aligned with health sector strategy, to ensure financing of programs including FP. The next step is to have a specified line item for FP in their health budgets. Provinces will raise additional resources to increase access to quality services by training staff in client centered services and ensuring the availability of contraceptive supplies.

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

Pakistan will engage with provinces to implement the Minister's directive to provide birth spacing services in health facilities at all levels. Contraceptive services will be included in the essential service package of two provinces in 2012, with the others following in 2013.

Pakistan commits to making FP a priority for over 100,000 LHWs, who cover 70 percent of rural areas. They will strengthen LHW quality of care by regularizing their employment status, providing training, and reinforcing referral links between LHWs, community midwives, and nearby facilities. Pakistan will strengthen supply chain management, training and communication campaigns. A modern state of the art storage tracking system at the Central Contraceptive Warehouse in Karachi has been installed.

Pakistan is working to scale up access through public-private partnerships and contracting-out mechanisms, and to scale up work with religious and community leaders and men to promote the benefits of birth spacing. There will also be efforts to increase the focus on men in communications messages, mobilization activities, and services (through the increased availability of vasectomy services and condom distribution).

The provinces are planning other initiatives, such as:

- Strengthening procurement and logistic systems for timely, regular and uninterrupted availability of contraceptives at all public service delivery points;
- Improving the technical and communication skills of service providers for better service quality; and
- Placing greater emphasis on communication for generating more demand, raising awareness, and changing behavior.