

FP2020 Commitment Update Questionnaire 2018-2019 PAKISTAN



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Pakistan. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage - <http://www.familyplanning2020.org/pakistan> - so in-country and global stakeholders alike can follow Pakistan's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth representative(s), and family planning stakeholders in country to jointly review progress.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Pakistan's original commitment that still stand, and 2) 6 standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made** and **key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

Following the 18th Constitutional amendment and devolution of responsibility for FP financing and programme implementation, this commitment package represents the revitalized focus and ownership of the federation and the provinces and regions of Pakistan, to the pledges made in the 2012 Summit, and to additional commitments made jointly by the provinces for adding direction and transparency to achieving FP2020 goals.

The Government of Pakistan acknowledges that all citizens are entitled to high quality FP information and services. Therefore, all Provincial Chief Ministers pledge to personally monitor and oversee their respective provincial FP2020 goals through regular stock takes. This will ensure that services are optimally provided by all public and private population & health sector facilities to meet the reproductive health needs of both men and women and also reach out to the marginalized, so that no one is left behind.

1. **COMMITMENT:** Raise the CPR to 50 percent by 2020, by ensuring the optimal involvement of the public and private population and health sectors in family planning and move towards universal coverage of reproductive health services meeting the SDG target 3.7 by 2030.

- ✓ CPR for the year 2019 is estimated to be 36 % which is far lower than the actual benchmark of 48% for the same year. Nonetheless, country has gained momentum and a sense of realization that population issue needs to be addressed and family planning services should be widely available at all facilities.
- ✓ Provinces have prepared multi-sectoral plans and have allocated huge funds for engaging other sectors including private sector, Provincial line Departments, etc. All such efforts aim to enhance the quality and coverage of services and ensure commodity security.
- ✓ Meetings of the Provincial Population Task Forces (PTF) (constituted in pursuance of the Recommendations approved by the Council of Common Interest (CCI)) are being held under the respective Chief Ministers to carry forward the agenda.

Most of the provinces have included Family Planning commodities in their essential drugs list.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Quarterly stock takes on family planning by chief ministers in all four provinces to monitor and oversee progress to achieve FP2020 goals*
 - ✓ In most of the provinces FP2020 Working Group holds their quarterly meetings to discuss the quarterly progress focusing all aspects.
 - ✓ In Provinces, Chief Ministers chair Provincial Taskforces on Population Growth, Meetings are being held regularly.

Raise the current national CPR from 35% to 50% by 2020

- ✓ CPR estimated for 2019 is 36 %.

Proposed Actions:

- *Enhance collaboration between health and population welfare departments to increase access to FP services*
 - ✓ FP has been mainstreamed in the Department of Health and its programs i.e. Lady Health Workers; Maternal, Neonatal and Child Health (MNCH) and its partners like PPHI-Sindh.
 - ✓ Departments of Population and Health are working under functional integration at sub-district level for provision of FP services

- ✓ Post Pregnancy Family Planning Strategy has been approved by the Department of Health. As per Strategy, all maternity based health facilities provide PPFP; the Population Welfare Department provides contraceptives, besides, counseling to motivating clients at the time of delivery apart from counseling at the time of ANC and PNC. To ensure the PPFP services in all DoH facilities across the province, a crash training program was started for DoH WMOs initially 64 master trainers trained by PWDs. 68 Women Medical Officers from DoH trained in PPFP, their clinical training and certification is in process and then trickle-down training will start.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- ✓ Contraceptive procurement is challenge for some provinces, because taking part in International Competitive bidding with small quantity is a challenge.
- ✓ Integration of family planning services at facilities of Department of Health and involvement of Lady Health Workers in family planning program in some provinces.
- ✓ Access, quality of services, religious, cultural and social norms are also some of the challenges facing by FP program.
- ✓ Challenges of financing, lack of field staff due to long term ban on recruitments by the Courts in Sindh and Balochistan.

2. **COMMITMENT:** Offer greater contraceptive choices through an improved method mix, by better counselling and expanding the use of long acting reversible methods, availing all possible opportunities in the health system (especially antenatal and post-delivery consultations) and training 33 percent of all LHVs, FWWs and community-based workers (LHWs and CMWs) to provide a wider range of contraceptive products.

- ✓ Pakistan has shown progress by introducing new contraceptive methods in its existing method mix Since 2012-13. Implants initially introduced in Sindh, currently available across whole country in almost in all provinces.
- ✓ Initially Sayana press was rolled out in two provinces; however, trainings of service providers are completed in almost all provinces.
- ✓ Almost all provinces have initiated series of training for service providers. Mid-level service providers both from public and private are being trained on IUCD and implant insertion in most of the provinces.

- ✓ Family Welfare Assistants initially recruited for mobilization and distribution of pills and condoms are now being trained on first dose of Injectable.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- Sayana Press® total roll out from registration to delivery through community-based workers
 - ✓ More than 900 sayana press/DMPA SC administered through trained staff in three Roll Out districts in Sindh.
 - ✓ 37 Self injecting clients also administered DMPA SC
 - ✓ 285,000 units of DMPA SC procured in Sindh
 - ✓ Scale Up initiated in rest of 26 districts by trained providers, where commodity has been supplied in Sindh
- 33,000 community based LHWs trained in providing an expanded range of contraceptive products

Proposed Actions:

- Develop a training strategy for LHV/FWWs in improved counseling and inserting implants
 - ✓ Screening Guidelines developed for LHWs in some provinces.
 - ✓ Training Strategy for all cadres already in place in Sindh
- Develop a training strategy and roll out plan for training LHWs/CMWs in offering LARCs
- 48 WMO's/MOs of KP trained in Long Acting Reversible Contraceptives (LARC)

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On -Track () / In-Progress OR Off-Track (X)

a) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- ✓ Insufficient funds allocation due to changing priorities and shifting funds by UNFPA from Task sharing/Shifting activity to technical support Unit (TSU) in KP.
- ✓ Contraceptive Commodity Security Issues in KP, AJK and GB.
- ✓ Condoms, IUCDs and Implants are not indigenously manufactured. International procurement of the imported items takes lengthy lead time of twelve (12) to eighteen (18) months. Thus KP, Balochistan facing issues with process.

3. **COMMITMENT:** Expand the program focus by providing services and information to men and gatekeepers to reduce unmet need among those women who cite husbands/social/religious opposition as reasons for non-use.

- ✓ Almost all provinces have launched a program to involve religious scholars, Community Based Organizations, community volunteers, Male Assistants and social mobilizers of Population Welfare Departments at grassroot level to focus more on involving men in family planning.
- ✓ To tackle religious opposition, Provinces have initiated and planned training courses for religious scholars/leaders on Islamic concepts on Family Planning.
- ✓ TV Commercials, Radio spots and media print insertions are regularly being used to focus men and gate keepers to remove barriers in contraceptive use in the country. Moreover village / street theatres are been planned particularly in rural and in low CPR rural areas to provide awareness to the masses regarding healthy families and benefits of birth spacing.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Halving of unmet need among women and girls by 2020 and elimination by 2030*
- *50% of all married men know where birth spacing services can be obtained*

Proposed Actions:

- *Establish male counseling booths in all health facilities*
- *Involve religious leaders to engage with men in providing information on the permissibility of birth spacing in Islam*

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- ✓ Limited space for establishing male counseling booths in public sector hospitals especially in tertiary care hospitals.
- ✓ Shortage of available Human Resource for establishing counters in all healthcare facilities in public sector.
- ✓ There are challenges of financing, lack of field staff due to long term ban on recruitments. in Sindh and Balochistan.

4. **COMMITMENT:** Focus on addressing the information and FP service needs of nearly 100,000 married adolescent girls aged 15-19 thereby reducing their unmet need and meeting the reproductive health informational gaps of unmarried youth by providing life skills-based education.
- ✓ To address young and adolescents, all those facilities of Population Welfare Department attached with teaching Hospitals have been equipped and their staff was trained on counselling and service delivery for young couples.
 - ✓ A chapter on nutrition, communication skills, interpersonal relationships, emergency safety, decision making, puberty, protection against violence and abuse are incorporated in school health education curriculum.
 - ✓ A web site on social media www.adolescenthealtheducation.com has been established by PWD, Punjab.
 - ✓ The focus is more on addressing the youth issues and providing them counselling and services at most of the facilities of population welfare Department.
 - ✓ Separate adolescent centers are established in some parts of the country, and the rest are planned for current financial year in Sindh and KP.
 - ✓ Youth Seminars have been organized in different universities in the Provinces. Youth clubs for Life skills have been set up in some universities in Sindh province.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Meet the needs of 100,000 married girls aged 15-19 who have unmet need for family planning*

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- ✓ Funding issues in replicating ASRH initiatives in some districts of Khyber Pakhtunkhwa

5. **COMMITMENT:** Provincial Ministers of Finance assure an increase in financing, moving towards the 2020 goal of \$2.50 per capita that includes both private and public funding for family planning, (especially new initiatives) with support from the Federal government

5.1 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.

5.2 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.

- ✓ All provinces allocated sufficient funds from their current and Annual Development Programs for family planning. Each province has funds to procure contraceptives not only for their need but also for private sector as well.
- ✓ Provinces like Punjab developed medium term budgetary framework aligned with health sector strategy to ensure financing of program including Family planning.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- Provincial and Federal budget for family planning increase by at least 50%

Proposed Actions:

- Provincial Finance Minister Earmark enhanced financial outlay for FP services in the 2018-19 Budgets

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

6. **COMMITMENT:** 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

- ✓ Majority of political parties have shown their concern over issues of over population in Pakistan and have reflected this issue in their party manifestos.

- ✓ Chief Ministers of all four provinces including Gilgit Baltistan, were given briefing on Family planning taskforce recommendations and later taskforce committees were formed in all regions.
- ✓ National and provincial Assembly members were given briefing on issues of overpopulation in all Provinces.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

7. **COMMITMENT:** The provinces are planning to strengthen procurement and logistic systems for timely, regular and uninterrupted availability of contraceptives at all public service delivery points

- ✓ Almost all provinces have not only allocated funds for purchase of contraceptive commodities but also procured except KP which had procured locally manufactured contraceptives but faced issues with procurement of imported contraceptives. Sindh and Punjab have uninterrupted supply of contraceptives from central warehouse to their SDPs. Both Punjab and Sindh are supplying contraceptives to the private sector as well.
- ✓ cLMIS (Contraceptive Logistics Management Information system) is fully functional in the country and is very helpful for monitoring of contraceptive stock positions at all levels.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 6 questions:

1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?

a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

- ✓ Through Family planning Health Days, poorest of the poor clients are transported to the facilities, where FHDs are being held. Similarly, free contraceptive camps are being held in the remote areas where people have no access to the services.
- ✓ The issue of representation to youth representatives is under active consideration of country engagement working group.
- ✓ Youth forum are being established in most of the provinces. Special sessions with young people/students are being held.
- ✓ Reproductive Health and Family Planning has already been a part of Provincial Youth Policy. Youths have been the cornerstone of district level advocacy plans and are engaged through trainings/workshops/shows/dialogues at District, Tehsil and community level.
- ✓ Activities are in pipeline and engagement/liaison will be developed with youth parliamentarians and marginalized segments of the community including persons with disabilities (PWDs).

b. If not, what challenges have you faced in working with these groups? (Please give examples)

- ✓ Marginalized women do not have enough information and access to services.
- ✓ Young people need community and parents' support besides programmatic support.
- ✓ Civil society organizations have limited reach to the community due to their project specific geographic spread.

Following are some challenges faced:

- Reports verification
- Issues of sustainability of projects / initiatives
- Duplication and overlaps

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

- ✓ Government is mainly supporting task sharing between Population Welfare Department and Health Department and shifting to lower technical cadres of the departments for universal health coverage.
- ✓ All focus is on community-based solutions for ensuring family planning reproductive health services at grassroot levels.
- ✓ Government is focused on initiating special interventions in high TFR and low CPR districts in order to plug the gaps in public service delivery.
- ✓ Contraceptives are included in the essential drug list and services have been notified as compulsory in all public health facilities

3. Has your Government organized the 2019 Data Consensus Workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 Data Consensus Workshop? If so, what insights were gained?

Government conducts pre-consensus workshops with data experts facilitated by Track20. All data experts both from Provincial and Federal Departments attend this workshop and estimate FP2020 core indicators. Later these indicators are presented in Country Engagement Working Group which is the country's largest forum for endorsement.

- b. Were domestic expenditure data reviewed as part of the Data Consensus Workshop? If so, please share insights and challenges you had in reviewing and validating these data.

UNFPA/NIDI supports data collection on FP expenditure both public and private Organizations in the country. The expenditure data is presented in the CEWG and share with each partner for reviewing and validation.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

In some provinces, Population Welfare Departments have developed liaison with Provincial Disaster Management Authority (PDMA) for improving resilience and emergency preparedness of Family Planning in disaster hit areas.

Women and Children are the main sufferers in any disaster and department has well responded in natural disasters and internally displaced people crisis.

5. Have you worked to improve quality of care/rights based family planning in your programs?

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Family planning program are Rights Based and comprehensive on informed choices. This approach is the cornerstone of Manual of Standards on Family Planning Services, which was revised in 2017, and is being practiced in all public health facilities.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Family Planning and Reproductive Health (FP/RH) Rights Bill has been framed by PWD Khyber Pakhtunkhwa and vetted by Law Department is being placed before the provincial cabinet.

In most of the provinces, it is part of the regular monitoring system to conduct exit interviews from clients to take their views about the services they received.

- c. Are your clinics open to improve accessibility and availability of services?

Public sector clinics are open as per government working hour policy. Public sector health facilities are continuously improving their services through regular monitoring and capacity building initiatives.

- 6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

Recently FP2020 and Track20 team visited Pakistan and held meetings with Federal Minister for National Health Services, Federal Secretary, DG Population Program Wing and later attended the meeting of Country Engagement Working Group, in Lahore. The Delegation also visited Karachi and consulted all stakeholders.

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