

FP2020 COMMITMENT

2018 UPDATE QUESTIONNAIRE



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

FP2020 COMMITMENT

2018 UPDATE QUESTIONNAIRE



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Pakistan's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

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.

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

Pakistan is making all its efforts to meet the target of FP2020. In this context a number of initiatives were taken both at federal and provincial level to involve public and private population &

health sector in family planning program. The purpose of such efforts is to reach women with unmet need.

All four provinces have drafted their CIPs (Costed Implementation Plans) in addition to their regular programs. In view to implement CIPs more effectively, all provinces have setup FP2020 family planning task force comprising various stakeholders (public and private). Additionally, PWD-Sindh has signed MOUs with NGOs for improved collaboration with NGOs.

CEWG (Country Engagement Working Group), the country's largest forum at national level, is meeting quarterly to review progress and sharing best practices.

All provinces have procured contraceptives through domestic financing to ensure contraceptive security and ensure regular flow of contraceptive to facilities.

Punjab, Balochistan and Gilgit-Baltistan have submitted new projects (PC-I) for funding to the Federal Government for the year 2017-2020 with multiple initiatives to accelerate the progress.

Punjab has piloted franchising of Clinical Services in 5 Districts of the province to expand service delivery network. Punjab has also established Adolescent Reproductive Health Education Cells at Family Health Clinics attached with nine teaching hospitals in Punjab to provide awareness to the youth and young couples.

Punjab has initiated consultation meetings with Gynecologists to involve them for Family Planning Service to prevent Missed Opportunities. Training sessions are regularly being arranged on FP counseling for the staff of OBS/GYN department, final year medical students, OBS/GYN, house surgeons and post graduate trainees of OBS/GYN, at all FHC Master Training and Training Centers of PWD in Punjab.

Balochistan Government has approved an additional amount of Rupees 875 Million for a family planning project for the year 2017-20 through Annual Development Program (ADP) to expand service delivery and work on quality of care.

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

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

LARC (Long Acting Reversible Contraceptive) is the special focus of family planning program in Pakistan. Punjab has proposed budget in the new PSDP plan for the year 2017-2020 for introduction of the new method like Sayana Press as addition to the existing contraceptive basket.

Under task shifting/sharing, Sindh Government has trained mid-level service providers of both public and private sector on IUCD and Implant Insertion.

A series of trainings were started across the provinces to train Master trainers at District level on LARC. Government of Balochistan has already trained 84 Master trainers on implant insertions

who would further train service providers at District level to ensure the access of implant insertion at each service delivery point.

Lady Health Workers in Punjab were provided refresher training on HTSP (Healthy Timing and spacing) and are being encouraged to provide Injectables in addition to condom and pills.

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

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

In all provinces, trainings are planned for male social mobilizers to provide counselling and services to eligible male population. Additionally, in the proposed plan (2017-20) male will be approached with information and advice through mid-level providers, pharmacists, family physicians, religious leaders and through educational institutes and social mobilizers.

Sindh has trained Male Mobilizers in counseling techniques to address the socio-cultural barriers. Sindh has hired 21 CBOs in 11 districts, through 210 community volunteers called "SukhiGhar Counselors (SGC)" (Prosperous House Counselors) who are placed at grassroots level for motivation and referral purpose to address male segment to reduce unmet need.

Punjab has set up Family Health ("Khandani Sehat") kiosks at railway stations, bus stands, waiting lounges of airports etc. to provide advice and IEC materials to masses specifically addressing male.

KP has started motivational sessions with Local influential and elected representatives to involve them on family planning program.

KP and Balochistan have planned to employ religious leaders at Union Council level through upcoming federally funded project (PSDP PC-1) for mobilization and involvement of male in Family Planning.

Media messages are also playing key role for promoting the message on responsible parenthood, birth spacing, and guiding masses about available services.

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

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

Punjab has established 17 Adolescent Health Centers and 09 Adolescent Health Education Cells and a helpline in Lahore and Multan provides information regarding family planning. A website specifically addressing the youth was launched (www.adolescenthealtheducation.com) by Punjab Government.

Initially Sindh and KP have established one Adolescent Centre in each province which are providing information to young boys and girls to address their issues. However, KP has planned three centres during 2018-19. KP has also proposed a plan for establishment of 20 youth

advocacy centers in each district. Punjab has proposed to establish at least one Adolescent Center in each district during fiscal year 2018-19.

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.

The government of Pakistan has setup a taskforce to, inter alia, propose a mechanism for adopting an integrated approach between population, health, education, nutrition and women empowerment at both Federal and Provincial levels, for prioritizing and protecting financial allocations and for periodic review of implementation outcomes.

Provincial family planning programs have been receiving additional financial budget from provincial Government treasury. Besides federally funded programs, Punjab Government has allocated Rs.5380.18 million for the year 2017-18, while Sindh has allocated Rs. 4859.416 million for FP program. Similarly, Governments of KP and Balochistan allocated Rs. 1770 million and Rs. 872 million for the year 2017-18, respectively. In addition to the regular budget, Balochistan has approved PC-1 for 875 Million for the year 2017-20. Balochistan has submitted a PC-1 of Rs. 3.4 Billion to the Federal Government. After the closure of USAID|DELIVER PROJECT in 2015 provinces allocated their own funds for procurement contraceptives. Government of Sindh and KP have allocated Rs.900.0 million and 350 million respectively for procurement of contraceptives. In Sindh under revised PC 1 of CIP, Rs. 2.1 Billion has been allocated for the years 2018-19 and 2019-20.

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

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

The taskforce constituted by the federal government will come up with strategies for engaging policy makers and other stakeholders for increasing ownership and investment in family planning and reproductive health.

Two briefing sessions regarding family planning for the Members of provincial assembly were held during 2017 and 2018. Members belonging to ruling and opposition parties attended the sessions. The members were briefed about P2020 and the CIP. The CIP also contributed towards setting FP as part of manifesto, 2018 of the ruling party in Sindh for the forthcoming elections. In Balochistan. In KP the Standing Committee on SDGs in the Provincial Assembly has been regularly taking stock of various commitments of SDGs including SDG no 3.7.

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

An update on activities undertaken in 2017-2018 in support of these elements of the commitment:

The provincial departments have strengthened their logistic system which provides central, district and sub-district level consumption, storage and distribution data of family planning products to feed contraceptive supply chain policy, procurement, financing, inventory management & stock monitoring.

In most of the provinces Logistic and procurement cell has been established for joint procurement of contraceptives for all stakeholders that ensure its timely, regular and uninterrupted availability of contraceptives at all public service delivery points. Furthermore, Public Health Supply Chain Strategy (2017-22) is in process of its implementation.

Government of Gilgit Baltistan was provided budget for procurement of contraceptives for their 3-Years Plan (2017-20) PC-I.

-
1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

CEWG (Country Engagement Working Group), the country's largest forum at national level, is meeting quarterly to review progress and sharing best practices. Its members are federal and provincial government population & health departments, CSOs and donors. The Ministry of National Health Services, Regulations & Coordination, with the support of UNFPA is developing a framework for further strengthening the involvement CSOs in family planning / reproductive health programs.

All provinces have initiated various programs / projects for engaging civil society organizations, young people and marginalized women and girls

- a. What challenges have you faced in working with these groups?
- Most of the NGOs/ INGOs are working in urban areas and are not willing to work in far flung areas.
 - Socio-cultural sensitivities
 - Resource constraints
- b. How has this engagement supported reaching your FP2020 commitment?
- Reaching out to youth and women of reproductive age would render great support in creating awareness regarding population and development and promotion of small family norm through voluntary adoption of contraception.
 - CSOs are important stakeholder and their contribution has an effect in the increase in CPR.
 - Since Youth (15-29) constitutes 31% of total population entering into reproductive age, engagement of this cohort will contribute in reducing the unmet need for FP.

- Ensuring FP/RH services to marginalized women has supplemented achieving the target CPR of FP2020 by reaching Additional users.
2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?
- Family planning program in Pakistan has largely focused on adopting Multi Sectoral Approach while the major focus was on quality of care to improve and expand FP Services through strengthened Public-Sector Health System to deliver FP service.
 - Department of Health has integrated Post Pregnancy Family Planning into its routine services through PPFP Strategy.
 - Lady Health Workers are fully engaged provided with contraceptives and necessary trainings to cover outreach.
 - Private Sector is engaged in most of the provinces to improve access in uncovered areas and among populations with high unmet need.
 - All provinces have procured contraceptives thus commodity security is ensured at all Service Delivery Outlets.
 - Provinces have focused their program on Targeted Behavior Change Communication strategies
 - Promoting use of evidence and research in service delivery and decision making
3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

In Pakistan Track20 supports both national and provincial level to the concern Departments regarding family planning data, Data use and analysis. In the CEWG meeting held in Skardu in June, 21 2018 annual FP estimates for the country were shared for reporting of FP2020 Secretariat.

- a. If so, what insights were gained?

During the meeting the major focus was on data quality for accurate reporting of family planning estimations, importance of reporting annual Family planning expenditure data both from public and private sector.

- b. Were domestic expenditures data reviewed as part of the data consensus meeting? **If so, please share insights and challenges you had in reviewing and validating these data.**

Detail presentation on family planning expenditure was given during Country Engagement working Group meeting held in Skardu and discussed various aspects of data collection.

Please provide the following information on the Government's point of contact for this update:

- ☐ Name: Abdul Ghaffar Khan
- ☐ Title: Director General
- ☐ Department: Population Program Wing, M/o National Health Services, Regulations & Coordination
- ☐ E-mail: abdulghaffarkhan19@gmail.com
- ☐ Phone: +92-51-9216280
- ☐ Address: 10th Floor, Shaheed-e-Millat Secretariat, Blue Area, Islamabad
- ☐ Date: 5th September, 2018