

FP2020 Commitment

2020 Update Questionnaire

PAKISTAN



The questionnaire includes 1) Pakistan's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

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

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

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.

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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

Proposed Actions:

- Enhance collaboration between health and population welfare departments to increase access to FP services

- The Task Forces on Population have been constituted to review and steer the efforts of the Federal, Provincial & Regional Governments and CSOs to achieve universal coverage of family planning & reproductive health under the SDG target 3.7 by 2030:
- Federal Task force under the chair of President of Pakistan
- Provincial Population Task Forces – Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan under the chair of respective chief Ministers.
- Regional Task Forces – Gilgit-Baltistan and Azad Jammu & Kashmir under the chair of Chief Minister and Prime Minister respectively.
- The meetings of the Task Forces held: Federal Task Force: 03, Punjab: 01, Sindh: 03, Khyber Pakhtunkhwa: 02, Balochistan: 02, GB: 00 and AJ&K: 01.
- Refocusing LHWs towards FP; mapping for un-served areas and advocated successfully for recruiting additional LHWs in all provinces and regions.
- As notified FWW cadre is now allowed to provide Janelle Implant in Sindh.
- Ensuring FP services at all public sector facilities by provision of commodities, trainings, and conducting monitoring in all provinces.
- Mobile phone application for real-time data collection and monitoring in Punjab and Khyber Pakhtunkhwa. In Khyber Pakhtunkhwa an android based mobile application has been developed and implemented throughout the province. In Sindh, an Android based mobile application with a dashboard developed; its pilot conducted successfully in Karachi, now trainings under way to scale up real time data collection. In Balochistan, AJ&K and GB development of mobile phone application is in progress. E-registration of eligible couples through mobile / android application started in Punjab.
- Reproductive Health Rights Act has been passed in Sindh and Khyber Pakhtunkhwa. In other provinces and regions, the Bill is under process (drafting / submission).
- Based on learning from Islamic Republic of Iran, after series of consultation MoNHSR&C with the assistance of UNFPA developed Premarital Counselling modules and framework for further roll out in the field. Marital/Pre-Marital Counseling module is being piloted in selected districts of Punjab and Khyber Pakhtunkhwa. In Sindh Marital Counseling and Nikah Registration Bill, 2020 has been sent to the Provincial Assembly for approval. In Balochistan and Regions, working on the module/bill is in progress.

- FP/RH has been included Essential Services in Punjab and Khyber Pakhtunkhwa. In addition, Khyber Pakhtunkhwa has also notified FP/RH during COVID-19. Moreover, In Sindh a Bill is being drafted in this regard, FP/RH services will be declared as Essential Services. The process is expected to complete in Balochistan and Regions.
- Telehealth, Telemedicine Bill 2020 in Sindh has been drafted and submitted to Law Department for vetting. A RH helpline was developed during COVID 19 Pandemic and made functional for providing online consultation and advice to women for SRH and FP issues with the assistance of SOGP, AMAN, Population Council and UNFPA.
- Scale up of Sayana press completed in the entire province of Sindh. it is being piloted in selected districts of Punjab & Khyber Pakhtunkhwa. NGO has utilized over 100000 Sayana press across Pakistan during the reporting period (received by FPAP through UNFPA).
- FPRH Guidelines during COVID 19 issued on March 21, 2020. It has been further revised in response to revised Advisories by the Government of Sindh. In Punjab & Khyber Pakhtunkhwa, SOPs have been issued and field trained accordingly. In GB, PPE kits have been supplied to the field staff. However, Guidelines in this regard in other Provinces & Regions are being issued to the field staff. Service delivery CSOs/NGOs/INGOs have been using WHO guidelines regarding COVID 19 and PPEs in all their SDPs. Minimum Essential Service Package for RMNCAH during COVID 19 was developed with the assistance of United Nations H5 partner organizations.
- LHWs, MNCH and Nutrition programs integrated into a single program under the title of “Reproductive Maternal Neonatal and Child Health (RMNCH) Program in all provinces and regions.
- CMWs career structure: 2052 CMWs to be hired by the Department of Health, Sindh. The hiring process initiated.
- Dahili Model (District Tharparkar): successful implementation of 24/7 Govt. Dispensaries (GD) for delivery, ANC, PNC and FP – scaling up as a next step in Sindh.
- Human Capital Formation: A 1000 Days Plus program – Life Cycle Approach through continuum of care to implement universal healthcare – The program will be launched in 5 districts during first year (2020-21) and later to scale up to entire province In Sindh.
- Population Welfare Department Sindh has registered more than 300 private hospitals / clinics as RHS-B Centers for provision of FP Services department provides them free of contraceptives.
- Mapping of FP services under public and private sector service delivery outlets was conducted in Khyber Pakhtunkhwa, GB & AJ&K with the support of UNFPA.
- Merger of DPWO and DHO office, Islamabad has been completed. A high-level committee has been constituted to review and recommend the level of functional integration between health and population departments in AJ&K aimed at improving the service delivery. Constitution of ministerial committee to process functional integration of RH & FP activities of Health and Population Welfare departments in Khyber Pakhtunkhwa is under

process.

- A new 3-year plan (2017-20) PC-I had been approved by the Federal Government, to be financed out of federal PSDP. The PC-I envisages expansion in service delivery network by adding 73 new Family Welfare Centres (FWCs), 7 new Mobile Service Units (MSUs) and 3 additional Reproductive Health Service Centres (RHSCs) to provide universal coverage of family planning services across Gilgit Baltistan to plug the gap of 26% between total demand for family planning (65%) and demand satisfied 39% with a special focus on districts with high unmet demand, low CPR and high TFR.
- MOUs have been signed with provincial Population Welfare Departments for provision of free contraceptives to NGOs, under public private partnership.
- CSOs / NGOs / INGOs have been included in Federal, Provincial and Regional Task Forces on Population.
- CSOs/ NGOS/ INGOs have been associated by all provincial and regional governments for development of LSBE manual developments.
- Federal government has taken the initiative to facilitate private sector challenges related to commodities related to DRAP and other regulatory agencies.
- To cater to facilitation of private sector based 24/7 helplines bridging is being done with Telecoms and PTA.
- For airing of public and private sector public services messages related to FP bridging is being done with PEMRA.
- NGOs/ INGOs service statistics are being collected and reported in Pakistan Bureau of Statistics public sector reports and also reported to provincial PWD concerned.
- Task shifting and task sharing initiated by the public sector. Later on, strategy documents for all provinces and regions were developed and rolled out through public private partnership supported through UNFPA.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- COVID-19 Pandemic
- Lack of adequate human resource
- Availability of LARC is a serious issue

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- Sayana Press® total roll out from registration to delivery through community-based workers
- 33,000 community based LHWs trained in providing an expanded range of contraceptive products

Proposed Actions:

- Develop a training strategy for LHVs/FWWs in improved counseling and inserting implants
- Develop a training strategy and roll out plan for training LHWs/CMWs in offering LARCs
- 48 WMO's/MOs of Khyber Pakhtunkhwa trained in Long Acting Reversible Contraceptives (LARC)

Sayana press:

- Sayana Press is being piloted in four districts of Punjab. Task sharing/shifting strategy for LARC has been developed with the Technical assistance of UNFPA.
- The Government of Sindh has enhanced access to method mix by adding a new method of DMPA SC (Sayana press) besides provision of short acting, long acting and permanent method. LHWs allowed to provide First Dose of Injection (FDI) with Sayana press; FWW allowed to provide Jadelle; Self injection of Sayana press being promoted in Sindh.
- Five Thousand (5000) units of Sayana Press were donated to Khyber Pakhtunkhwa by UNFPA. This new method is being piloted in District Charsadda through 12 trained Service Providers.
- 200000 Sayan press received by NGO through UNFPA for utilization across Pakistan through FPAP own SDPs

Trainings:

- Punjab: The Training Plan strategy and roll out plan for training has been developed. Total officials trained are 129 (86 of Health Department and 43 of PWD). In addition to that, LHVs are being trained by Department of Health. Lady Health Workers and Lady health Supervisors have been trained with support of UNFPA on Invention Prevention and Control (IPC)

and Family Planning Services. Under task shifting and task sharing initiative NGOs/INGOs with assistance of UNFPA trained public sector midlevel service providers on LARC in District Chakwal.

- Sindh: Training of LHWs on Sayana press, counseling, Self-care (self-assessment for Breast Cancer) in different districts. The number of such training is 944 in Sindh. The counseling techniques also being improved by regular trainings and supportive supervision visits in Sindh. In addition, Department of Health (DoH) Sindh has enhanced services through Post Pregnancy Family Planning (PPFP) which now consists of 13.2% in the method mix. Moreover, 9,850 WMOs/FWCs/FWWs/LHWs/LHVs/LHSs have been trained in Sindh so far on various aspects of family planning. Under task shifting and task sharing initiative NGOs/INGOs with assistance of UNFPA trained public sector midlevel service providers on LARC in District Tharparkar.
- Khyber Pakhtunkhwa: A Three (3) years Training Plan (2018-2021) has been developed in the province of Khyber Pakhtunkhwa for step down training of seven hundred (700) service providers including Field Technical Officers, Family Welfare Counselors and Family Welfare Workers in LARCs. In Khyber Pakhtunkhwa, Training Plan also includes trainings for Six hundred and Sixty-Six (666) Family Welfare Assistants (Female) in first dose of Injectable contraceptives. Furthermore, 345 WMOs/FWWs/FWCs/FTOs trained on contraceptive techniques including long-acting reversible methods by Population Welfare Department, Khyber Pakhtunkhwa. Likewise, 116 FWAs (F) trained in counseling techniques and 1st dose of contraceptive injection at LRH master training center. Similarly, 462 LHWs trained in counseling techniques and 1st dose of contraceptive injection by DoH. Similarly, 97 WMOs/LHVs/FMTs/FWWs of district Mardan and 10 WMOs of district Haripur were trained in implant insertion by FPAP. 40 WMOs/LHVs trained in post-partum Family Planning by Green Star. 61 CMWs trained in PPIUCD and FP techniques by DKt. 25 LHVs/13 Nurses trained on Healthy Timing and Spacing in Pregnancy by Department of Health under UNFPA, AWP 2019. 55 CMWs/ Nurses/ LHVs/ RTI Instructors/Sister Tutors/ FW Counselors trained on Human Right Based Approach in family planning by DOH under UNFPA, AWP 2019. Under task shifting and task sharing initiative NGOs/INGOs with assistance of UNFPA trained public sector midlevel service providers on LARC in District Haripur.
- In Balochistan, on the concept of task shifting, 208 master trainer were trained on Long Acting Reversible Contraceptives (LARCs) from Population Welfare and health Department while 45 LHWs were also trained on Sayana press. The total number of LHW are more than 7000 in Balochistan while the number of CMW is about 1500 which needs to be trained to achieve the commitment made by Pakistan. Under task shifting and task sharing initiative NGOs/INGOs with assistance of UNFPA trained public sector midlevel service providers on LARC in District Sibbi.
- In Gilgit-Baltistan, Service providers of Health, Population Welfare and other service providers in private sectors have been imparted training in Long

Acting Reversible Contraceptives (LARC) over the last two years with support of UNFPA and NGOs/INGOs.

- In Azad Jammu and Kashmir (AJ&K), Contraceptive commodities (Condoms, Injections and Oral pills) procured. A comprehensive training program for 2019-20 was proposed for 250 service providers including FMOs, FWWs, LHWs and LHV's was proposed on modern contraceptive techniques including long acting reversible methods (LARC). Under task shifting and task sharing initiative NGOs/INGOs with assistance of UNFPA trained public sector midlevel service providers on LARC in District Muzafarabad.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- In Balochistan, financial resources are required to train the service providers on sayana press and Jadelle.
- Commodity (contraceptives) sayana press and Jadelle is not available with the population Welfare Department Balochistan, and there is no financial support from any sector to get the commodities.
- Lockdowns due to Pandemic COVID-19

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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

Male Counselling:

- Punjab: 08 Men Advisory centers have been established in Lahore, Rawalpindi, Multan, Sargodha, Faisalabad, Sialkot, Dera Gazi Khan, Gujranwala. To make male mobilizers active and accountable, job descriptions and Key Performance indicators of male mobilizers have been

revised in May, 2019.

- In Sindh, the cadre of Social Male Mobilizers (SMM) have been regularized. Out of 1250 SMM, 900 have been regularized. The SMM are engaged for male involvement. They are trained in counseling techniques and are posted at closest Family Welfare Centers. The job description of Social Male Mobilizers is being reviewed. Besides dissemination of short acting methods, they are given targets to refer clients of implant and minilap to SDPs. In addition, under CIP, a total of 210 Sukhi Ghar Counselors were engaged through CBOs as male motivators at Union Council level. Couple counseling is also being focused. A process has been initiated to develop a Male Engagement Strategy in Sindh.
- In Khyber Pakhtunkhwa, 109,996 motivational visits conducted by Family Welfare Assistants (Male) for motivating men towards family planning and birth spacing. Presently thirty-eight (38) male counters are providing FP/RH services to males at public sector hospitals including Tehsil Head Quarters (THQs), District Head Quarters (DHQs) and Tertiary Care Hospitals. Under the PC-1 "Involvement of 200 Religious scholars as a Social Mobiliser at Village Council level in Khyber Pakhtunkhwa" approved at a cost of Rs.88.184 million Training of Master trainers through Judicial Academy, Khyber Pakhtunkhwa has been completed and step down trainings at district level have been started.
- In Balochistan, 113 positions of social mobilizer have been filled against 450. In GB, Information, Education and Communication (IEC) activities for religious scholars, media personnel, academia, social activists and other potential stakeholders, with special focus on males in catchment area of each Family Welfare Centre (FWC) have been provided in newly approved PC-I.
- In AJ&K, services and information to men and gatekeepers are being provided by 120 Social Mobilizers and FWAs (Male). IEC material was distributed during the satellite camps. Group meeting were held with notables of respective Union Councils by Social Mobilizers.

Involvement of Religious Leaders:

- Punjab: Imam and Khateeb are involved to promote Family Planning. Joint declaration of Ulama is widely disseminated through District Khateeb. Renowned Ulama are being taken on board for awareness at district level. The training of trainers of Khateeb of Auqaf Department has been completed. The seminars with religious leaders / Ulama are being organized at provincial and district level
- In Khyber Pakhtunkhwa, A total of 24,000 advocacy meetings have been held with religious scholars, public representatives and Opinion leaders. 630 Ulama/Religious Leaders were sensitized on Family Planning under UNFPA AWP 2019. 108 Khateeb/Pesh Imams from District Peshawar, Nowshera, Charsadda, Bannu, Mansehra, Abbottabad, Lakki Marwat and Tank trained. Training of 200 Religious Scholars as Master Trainers has been completed and step-down trainings have been started at district level.

- In GB capacity training session were arranged for male mobilizers and Family Welfare Assistants on family planning information and counselling by FPAP and UNFPA.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- COVID-19 Pandemic
- Limited space and human resource for establishing male counseling booths in public sector hospitals especially in tertiary care hospitals.
- Resources are required to engage religious leaders.
- Thinly scattered population with a harsh geo-climatic environment and vast mountainous terrain limiting accessibility.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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

- In Punjab, 17 Adolescent Health Centres have been established. Life Skills Based Education module has been developed by Population Welfare Department Punjab. Life Skills Based Education is included in teachers' training module. Curriculum and teachers training modules of "Population Dynamics in Pakistan" has been reviewed by PWD. They are submitted to Higher Education Department for inclusion in curriculum. Booklet on Pre-Marital Counseling for adolescents have been developed. Proposal for Mandatory Pre-marital counseling on family planning for Nikkah has been initiated by Local Government & Community Department. The module is being tested in Lahore. Amendment in Early Child Marriage Restraint Act is being finalized by Local Government & Community Department. Marriage age for female is being increased from 16 to 18
- In Sindh, services were provided to adolescent girls (15-19) 4% (27,602 in numbers). LSBE has been included in the courses for primary classes (1-6) by the Sindh Education and Literacy Department (SELD). Under CIP, youth

and adolescent Seminars were held in major universities of Sindh in which Youth Clubs for Life Skills (YCLS) were established. Approximately 4000 to 5000 youth attended the said seminars

- In Khyber Pakhtunkhwa, Establishment of 4 ASRH Centres at DI Khan, Kohat, Peshawar and Swat is part of ongoing scheme (Innovative Scheme) of ADP. PC-1 at a total cost of Rs.93.550 million for establishment 10 more ASRH Centres has been approved under ADP 2019-20. Recruitment and procurement for all the 14 ASRH centers are under process. 54,797 clients below and the age of nineteen (19) years were provided FP/RH services. 20,954 adolescents (age 15-19) were given exclusive RH services i.e. counseling. 900 Health Hygiene sessions held in schools and colleges by Population Welfare Department.
- Module on pre-marital counselling has been developed. Trainings on pre-marital module have been started for Counselors nominated by different stakeholders in districts of Kohat and Haripur in order to improve the module. Spade work on Life Skills Based Education to be included in the curriculum of Secondary and Higher Secondary Schools has been completed in consultation with Elementary and Secondary education department.
- In other Provinces and Regions, married girls aged 15-19 are being focused on in the services of FP/RH.
- The Situation Analysis of Sexual and Reproductive Health of Adolescents and Youth in Pakistan was launched in Islamabad on February 26, 2020. Over 70 participants joined the launch.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- Various activities in establishment of ASRH centers were affected due to COVID-19 which have been resumed.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 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

- Punjab: Provincial Finance Department increased the development budget of PWD from Rs 1.0 billion to Rs 2.0 billion & non-development budget from Rs.4.87 billion to Rs.5.3 billion (2019-20).
- In Sindh, Population Department has an annual allocation of Rs.900.000 million for procurement of Contraceptives. There is as such no stock-out in Sindh except for those related to occasional discrepancies in distribution that are rectified through inter-district rationalization at any stage after distribution. Sindh approved a comprehensive Family planning plan called Costed Implementation Plan (CIP) and funds were allocated by Government of Sindh for its implementation. Government is spending 3\$ per Capita. There is no resource gap, since required funds are allocated to PWD Sindh for procurement of contraceptives for all public sector i.e. DoH, PPHI and selected NGOs that get free of cost commodities from PWD.
- Government of Khyber Pakhtunkhwa has allocated Rs. 2236.759 million for Population Welfare programme which also includes Rs. 290.000 million for procurement of contraceptives during 2019-20 which is 13.7% higher than financial allocation of Rs. 1930.977 million during 2018-19.
- Budgetary outlays by the Provincial Finance department of Gilgit-Baltistan has been brought on sustained footing with effect from July, 2019 with enhanced budgetary allocations.
- For the financial year 2019-20 Rs. 242.595 million have been allocated by Government of AJ&K while operational cost Rs. 145.758 million was provided by Federal Government against approved PC-1. An Amount of Rs. 39.00 million was allocated for purchase of contraceptives for FY 2019-20. Costed Action Plan amounting PKR3055.280 million against non-lapsable has been approved in principle for FY 2021-25 by AJ&K Task Force on Population in its 1st meeting held on October 07, 2020.
- NIDI survey estimating Family Planning (FP) expenditures for 2019–2020 in Pakistan has been completed. Five consultants visited public and private organizations based in Islamabad, Punjab, Sindh, Balochistan, KP, AJK, and GB for data collection. More than 80 organizations were contacted to obtain the required information. In total, 75 organizations responded. 66

organizations provided data on FP while others reported no FP expenditure
drat report is ready.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- Due to COVID-19, most of the resources were drained to fight against the pandemic.

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- A Political Party Report Cards to track progress of FP commitments by political parties in their manifestos were completed by Population Council with the support of UNFPA. The federal and four provincial report cards look at the progress by the incumbent political parties that assumed power after the 2018 general elections, based on their manifesto commitments and in achieving CCI recommendations, both federally and provincially. The Report Cards were presented to federal and provincial parliamentarians from major political parties during the second meeting of the Parliamentary Forum on Population. Legislators were apprised of the political parties' performance at federal and provincial levels. They expressed their support in improving FP service delivery to accelerate fertility transition in Pakistan.
- A consultative meeting was held with members of the Senate of Pakistan titled "Meeting Pakistan's Population Challenges" on Jan. 22, 2020, in Islamabad. Nine senators participated and were briefed on Pakistan's population challenge and the role legislators can play in the successful implementation of the CCI recommendations.
- Following the unanimous resolution passed by the Senate on January 20, Population Council and UNFPA collaborated with the Senate of Pakistan to lead the formation of a parliamentary forum on population. The resolution was moved on January 20, based on the New National Population Narrative of TAWAZAN.
- The Launch of the Parliamentary Forum on Population was formed on March 11 in Islamabad. The President of Islamic Republic of Pakistan, H.E. Dr. Arif Alvi, was the honorable chief guest. The launch was attended by over 80 members, including members from the Senate, National, and Provincial Assemblies, dignitaries, donor agencies, civil society representatives, and religious scholars.
- Punjab: Seminars for Parliamentarians were arranged in Multan and Lahore. Cross party support for population issues is being ensured by the

Parliamentary Group on Population and Development.

- Sindh: Meetings with parliamentary members of Sindh Assembly in which MPAs from different parties attended and assured their support towards FPRH agenda.
- Khyber Pakhtunkhwa: Provincial Taskforce headed by Chief Minister Khyber Pakhtunkhwa was constituted under recommendations of the Supreme Court of Pakistan approved by Council of Common Interests (CCI). Two meetings of the Task Force held. Standing Committee of Provincial Assembly on Population Welfare is notified. All main national political parties are extended their support for Population and Development issues which has been reflected in their party manifestos. Seminars for parliamentarians have been held to sensitize about population and development.
- Gilgit-Baltistan: Sensitization sessions have been held across Gilgit-Baltistan for the prospective candidates contesting elections held on 15th November, 2020 with UNFPA support on Population and Development and Council of Common Interest (CCI) approved recommendations.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- FP/RH has been an unpopular agenda in Pakistan. Resultantly, the political leadership has been reluctant to talk to the masses openly on FP/RH.
- FP/RH could not find place among the top priorities in policy making.

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- Punjab: Procurement and Logistic cell has been created to strengthened the Supply Chain of Contraceptives. Pooled procurement model prepared by the federal government is under review to achieve economies of scale. Contraceptive Logistic Management Information System (CLMIS) is in place for all stakeholders. FP commodities have been included in the essential drug list. Specialized Procurement Process is in place
- Sindh: There is advanced mechanism of Procurement of contraceptives. Contraceptives are being provided to all public sector stakeholders after

raising CLR 6. Likewise, some NGOs under MoU are provided commodities as per CLR 6.

- Khyber Pakhtunkhwa: The Government of Khyber Pakhtunkhwa has constituted a joint committee for the procurement of contraceptives for Population and Health Department. Contraceptive Logistic Management Information System (cLMIS) is in place which has been updated from time to time. Population Welfare Department, Government of Khyber Pakhtunkhwa has allocated Rs 290 million for Contraceptive Procurement during the Financial Year 2020-21.
- Balochistan: PWD Balochistan has procured Rs. 30.00 million of contraceptives.
- GB: Contraceptive commodities have been procured during 2019-20 through adopting pooled procurement model under aegis of the Population Program Wing Ministry of National Health Services, Regulations and Coordination to attain economy of scale and ensuring maximum participation of the prospective suppliers / bidders.
- AJ&K: Contraceptive Logistic Management Information System (cLMIS) is in place which has been updated from time to time. An amount of Rs. 39.000 million was allocated in PC-1 for purchase of Contraceptives. Procurement was successfully completed done at Federal Level through pooled procurement model.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- Problems of insufficient funds in some provinces and regions
- Length procurement procedure and problems in getting some kind of contraceptives from the international market.

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.

Challenges:

- Mobility of woman during COVID-19 pandemic has been decreased.
- Providers also faced difficulties, at initial stage, due to safety issues
- Although PPEs and materials for infection prevention were provided to staff using the locally available funds, the service providers are still deficient in PPEs.
- Manufacturing, Procurements/ purchases and transportation of essential supplies was severely interrupted.
- Delays in procurement and deliveries of contraceptive supplies worldwide have led to stock out of supplies, severely impacting contraceptive access
- Clients are refraining from visiting health facilities due to fears about COVID-19 exposure or due to movement restrictions

Strategies in COVID-19

- Punjab: PWD-Punjab has reopened all its facilities phase-wise. SOPs have been developed for reopening of Service Delivery outlets. Equipping facilities to deal with COVID – 19 – PPE, social distancing, sanitizing, displays, etiquette of counseling. Re-Defining Scope of Work of all FP workers (that includes awareness and prevention measures); Promotion of Infection Prevention at facilities. PWD is providing virtual training to service providers (RTIs, FHCs and PWTI). PWD is also assessing requirement and process for contraceptive procurement to avoid supply chain disruption. PWD is actively engaging NGOs to complement public sector facilities and strengthen door- step delivery. Engagement of Department of Health especially LHW Program (IRMNCH) for restarting FP services. Preparation and promotion of telehealth for FP Counseling. PWD aims to provide easy and timely access to family planning and reproductive health counselling over the phone.
- Sindh: Sindh FPRH guidelines during COVID-19 were developed and issued on March 21, 2020 at the early stage of pandemic the guidelines were reviewed as per revised Advisory of the Government of Sindh. The latest and 3rd edition of guidelines have been issued on 14th September 2020. Chief Minister Taskforce on Population Growth held on 16th July 2020. The family planning & reproductive health services have been declared as essential services during COVID-19 and Natural disaster in Sindh. A process of introducing a Bill has been initiated. Government of Sindh is promoting DMPA-SC (Sayana press)

and its self-use by the woman. In addition, Emergency Contraceptive Pill (ECP) is also being promoted during COVID-19.

- Khyber Pakhtunkhwa: Based on international experiences and provincial legal frameworks, the Government of Khyber Pakhtunkhwa issued guidelines on FP/RH service provision during COVID-19 situation dated 15th April 2020. The guidelines contained directions for service providers engaged in provision of Family Planning and Reproductive Health (FPRH) services keeping in view of the safety of providers, clients and ensuring the continuity of FP services in the province. All Family Welfare Centers (FWCs) remained open with essential human resource only to provide family planning services with-in the community except in the COVID-19 vulnerable /reported areas while observing all the WHO safety guidelines for COVID-19. Only Family Planning clients and that too without any family member were allowed to enter the facility. Corona Virus Prevention measures were displayed at the entrance of each facility.
- In Gilgit-Baltistan, PPE kits have been provided to service providers to ensure their availability at service delivery points. Though, accessibility of FP client has been severely affected due to lockdowns and restrictions on mobility.
- All CSOs/NGOs/INGOs in partnership with their donors have incorporated COVID 19 Sops including use of PPEs in all their service delivery points. UNFPA and some INGOs/NGOs also donated PPEs to public sector.

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision making bodies? Below please check all groups that have been engaged

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adolescents and Youth | <input checked="" type="checkbox"/> Minority groups |
| <input checked="" type="checkbox"/> People with disabilities | <input checked="" type="checkbox"/> Remote or displaced populations |
| <input type="checkbox"/> Out of School Youth | |

a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

- Sindh: Youth clubs for Life Skills have been launched. CIP and forum for Safe Motherhood have jointly conducted "Listening Sessions" on "What Women Want" to seek the needs of women living in marginalized, remote, displaced minority communities. Recommendations from "What Women Want" are being incorporated

into Midterm Five Year Plan of Sindh Government called Costed Implementation Plan (CIP)

- Khyber Pakhtunkhwa: Reproductive Health and Family Planning has already been a part of Provincial Youth Policy. Youths have been the cornerstone of district level advocacy plan and are engaged through trainings/workshops/shows/ dialogues at District, Tehsil and community level. More activities are in pipeline and engagement/liaison will be developed with youth parliamentarians and marginalized segments of the community including persons with disabilities (PWDs). Remote and displaced population are also covered by the public sector programs through government functionaries therefore issues related to such areas are addressed through the forums highlighted above.

b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

- There are resource constraints to widely engage such groups.

c. Have any of these groups engaged or participated in completing this questionnaire?

- These groups have not been engaged due to highly technical information required in this document which is mainly available within public sector. However, reflections are made in the document based on these groups' needs and expectations. However, CSOs/NGOs/INGOs associated in meetings for filling of the questioner did share their feedback based on their experiences working with all such groups during finalization of the questioner.

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?

a. Reduction in out of pocket costs for FP services

- Punjab: Private Sector is being encouraged in provision of FP services on those areas where these were required. Contraceptives are also provided to NGOs free of cost under signed MOUs. The concerned NGOs are providing the same to clients free of cost.
- Sindh: FP services in Sindh are made available free of cost by the public sector i.e. PWD, DoH, PPHI, LHWs, CMWs etc. for all methods either short acting, long acting or permeant. During special FP camps/Family Health Days held twice a week one by mainly PWD and other under CIP financing, the clients are provided transportation or its cost to reduce expenditure by poor clients. Contraceptives are

provided to NGOs under MoUs free of cost. The concerned NGOs are asked to provide those to clients free of cost though, the NGOs may charge nominal fee for services.

- Khyber Pakhtunkhwa: All the contraceptives and FP/RH services at public sector outlets are being provided free of cost.
- Balochistan: FP/RH included in UHC package which is ready to be piloted in all over Pakistan including Balochistan. Under signed MOU the contraceptives are provided to NGOs on highly subsidized rate, the NGOs are to provide the same to their clients at subsidized rates.

b. Expansion of FP services covered

- Punjab: 600 new FWCs and 900 village-based Family Planning Workers are in addition to existing SDOs in low CPR districts
- Sindh: A range of services and commodities has been enhanced in Sindh that includes Post Pregnancy Family Planning Services. A total of 55,599 PPFP clients were served during past one year. A career structure of Community Midwives (CMWs) have been decided and hiring process of 2052 CMWs have been initiated. They are already providing FP services. To expand a geographical scope of services, under 1000 Days Plus program on Continuum of Care for Universal Healthcare is being initiated through World Bank support. During first year, desert, arid, riverine, delta, hilly and peri-urban areas of the province will be covered to provide access to marginalized and poor communities. As a first step 7 Government Dispensaries in Taluka Dahili of District Tharparkar have been refurbished and 24/7 services have been started by posting of CMWs. Post abortion care services and family planning are provided through support from Ipas. Last year a total of 3,339 clients received PAFP services. As part of increasing Method Mix, Sayana press is offered to clients. As of now, a total of 79,200 Sayana press have been administered
- Khyber Pakhtunkhwa: Government is doing efforts to provide services at the doorstep through Task sharing/ shifting, training of LHWs/ FWA (Female) in provision of 1st dose of Injectable Contraceptives and also expansion of Service Delivery outlets. FP/RH has been included in the essential drug list and services have been notified as compulsory in all public health facilities. The Government of Khyber Pakhtunkhwa has approved a project titled “Establishment of 200 Family Welfare Centers in Khyber Pakhtunkhwa” at a cost of Rs.858.431 million during 2020-23.
- Balochistan: A concept of collaborating with private sector was developed and in this regard, contraceptives were provided to PPHI and FPAP.
- GB: Service delivery network is being expanded especially focusing on marginalized segments with low CPR, unmet demand for demand generation and high fertility rates.

- Sayana Press also included in the basket of choice by NGOs with assistance of UNFPA.

c. Extension of population covered

- Sindh: Population covered through Family Health Days where population of remote area are getting Family Planning services.
- Khyber Pakhtunkhwa: All focus is on community-based solutions for ensuring FP/RH services at grassroots levels. Satellite Camps of FWCs and IUCD Camps of MSUs are being conducted as regular activity to extend population coverage.
- Balochistan: PPHI and FPFP are engaged with PWD. The larger population group is covered for provision of services of FP/RH

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

- Punjab: The Minimum Initial Service Package prepared. Capacity building of government organizations, health, Rescue 1122, Pak army, Population and community organization has been made. The door-to-door FP services provided during COVID-19 by FPAP.
- Sindh: Sindh FP2020 Guidelines were issued on March 21st, 2020. At initial stage of the Pandemic in February 2020, all RHS A centers and FWCs situated in Hospitals were directed to remain open during COVID-19 pandemic. PPEs were provided to staff of Reproductive Health Centers (RHS A) and FWCs. From July 2020, rest of FWCs in communities were also directed to remain open. Crash trainings on Infection Prevention, PPEs and Family planning services was conducted. A total of 1,817 providers were trained during Covid-19 pandemic. Providers have been asked to promote ECPs and Sayana press self-injection during COVID.
- Khyber Pakhtunkhwa: SOPs regarding provision of FP Services in PWD facilities were developed and were followed in the service delivery outlets. It was also instructed that in order to avoid crowding of people, the Mobile Service Units to provide services alternately in BHUs/RHCs instead of private premises in their districts observing the Standard operating Procedure/Guidelines. During the lockdown Contact number of FWC staff were displayed on the Center's gates for clients seeking FP services. Regular meeting by DPWOs with the field staff being held on WhatsApp and Zoom. 34 Master Trainers and 700 service providers were trained in "Infection Prevention and Standard Precautions for COVID 19".
- Balochistan: PPHI and FPFP are engaged with PWD. The larger population group is covered for provision of services of FP/RH

- GB: Provision of PPE kits for family planning service providers improve resilience and emergency preparedness so to ensure uninterrupted availability of FP services.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

- Punjab: Postpartum and Post Abortions strategies have been developed and capacity building of Service provides is made
- Sindh: Post Pregnancy Family Planning (PPFP) strategy has been developed. PPFP committee formed at five tertiary care hospitals in Karachi. Post Abortion Family Planning (PAFP) a separate strategy/policy has been formed in collaboration with Ipas. PAFP services are being provided in two districts which will be scaled up through support from Ipas.
- Khyber Pakhtunkhwa: 100 WMOs/LHVs/ CMWs trained in post-partum Family Planning.

6. Has your country worked to improve quality of care and rights based family planning into programs?

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

- Punjab: The long range of contraceptives, short and Long term, is being provided. The Clients are properly counselled before adopting any method. The information of risk and side effect is also elaborated.
- Sindh: All methods are provided across the province i.e. short acting, long acting, permanent. Counseling is being provided to the clients. There is also a dedicated cadre of Family Welfare Counselors in PWD. They deputed at various hospitals and PWD facilities for counseling.
- Khyber Pakhtunkhwa: Khyber Pakhtunkhwa Reproductive Healthcare Right Act 2020 approved by Provincial Assembly and notified as Law. Public sector facilities have been provided with equipment and required facilities. Rights Based approach is the cornerstone of Manual of Standards on Family Planning Services, which 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?

- Punjab: The short studies are being conducted on KAP GAP periodically. However, the feedback of a client, if any, is received, due attention and care is provided.
- Exit Interviews are conducted at Family Health Days after a client gets services in Sindh.
- Proper follow up is being made with the clients by the service providers. Eligible clients' registration record is well maintained at every service delivery outlet.
- Citizen can also give their feedback through citizen portal and departmental web page in case of any complaint about public service delivery.
- Result Based Management has been introduced in all districts of Khyber Pakhtunkhwa pertaining to FP/RH where among others, client satisfaction is also evaluated.

c. After collecting client feedback, how is the data collected being used to improve quality of care?

- Punjab: The family Health Clinics are regularly organizing trainings for service providers. Moreover, on job training is also provided during the regular Monitoring visit of WMOs
- The data is analyzed at CIP Secretariat, PWD and later, the report is submitted to chair FP2020 that is Minister for Health and Population Welfare for guidance and necessary action, in the province of Sindh.
- The data is also utilized during monitoring and supportive supervision visits as feedback to District Officer and providers
- Refresher trainings to service providers to improve quality of care
- Ensuring uninterrupted supply and availability of contraceptive commodities at last delivery point.
- In Khyber Pakhtunkhwa, proper follow up of FP/RH clients is being made by the service providers. Eligible clients' registration record is well maintained at every service delivery outlet. Citizen can also give their feedback through citizen portal and departmental web page in case of any complaint about FP/RH service delivery. Result Based Management has been introduced in all districts of Khyber Pakhtunkhwa pertaining to FP/RH where among others, client satisfaction is also evaluated.
- Data shared on regular basis by service delivery NGOs/INGOs with PWD of the provinces which are analyzed by the concerned PWD and feedback solicited from the NGOs/INGOs. The same are duly reported by the Departments in their reports/presentations.

- NGOs/INGOs also share their data with Pakistan Bureau of Statistics which are analyzed and reflects as NGOs/INGOs performance in quarterly Contraceptive utilization reports along with Public sector performance.

7. If applicable, has your country allocated Global Financing Facility (GFF) investment case resources to the family planning programs?

If yes, which elements of the program have been financed?

What were the challenges in prioritizing FP within GFF?

- Not applicable

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