

FAMILY PLANNING 2020

COUNTRY ACTION: OPPORTUNITIES, CHALLENGES, AND PRIORITIES



PAKISTAN

This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Pakistan in collaboration with the FP2020 Secretariat and other partners during the Asia Focal Point Workshop in Bali, Indonesia in January 2016. FP2020's focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country's family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- Post-devolution process underway and provinces are taking the lead on family planning (FP)
 - The vertical devolution of the Health Department and Population Welfare Departments (PWD) has made the role of the federal government a “coordination” role, whereas the provincial level is leading work on health and population issues, which includes policies, plans, programs and projects
- Pakistan is made up of: eight regions, four provinces, and four specialization regions
- In August 2014, the “FP Core Group of Health Development Partners” was established; the group meets every two months and the Secretariat sits at UNFPA and is closely managed by the Packard Foundation as well
- The Sindh Health Development Partners Forum has been established and the Secretariat sits at USAID and provinces are in the process or already have developed provincial-level coordination committees
- A costed implementation plan (CIP) has been developed and formally launched in Sindh Province and CIPs are being developed for Punjab and KP
- National: the modern contraceptive rate (mCPR) is 26%, CPR—35% (married women, DHS 2012-13)

OPPORTUNITIES

- Sindh, Baluchistan, KP, and Punjab have FP/population policies that have been approved
- Sindh procurement allocation—USD \$5million for 5 years (USD \$1 million for 2016)
- Census to start in March 2016 (national)
- Federally, there is political and bureaucratic will and ownership
- Islamabad Population Summit was an opportunity to share data, best practices, and discuss challenges
- National Finance Commission Board award (can ask for CIP assistance)—based on population
- Punjab: Strong communication channels with the Punjab Finance Department
- High donor presence, internal and vibrant NGO sector in Punjab and Sindh
- All contraceptive methods in basket of choices (Sayana Press soon to be added and Implanon NXT)
- Punjab: Facility delivery has increased in Punjab Health department
- Sindh: Training for post-partum IUD with Jhpiego underway
- Punjab/Sindh: Good staffing in PWD/health centers
- Sindh: Department of Health and PWD are showing great leadership (good oversight through Oversight Cell, HPP)—good government structure
- Strong government oversight and ownership in Punjab and Sindh

- National Trust for Population: Funding is defunct but could be good space to bring other NGOs/CBOs into the FP fold
- Punjab: 17 youth centers, but need them in all 37 districts
- Health financing scheme now in place
- Benazir Income support program provides women an opportunity to receive services and now would like to see how more FP information can be shared
- CPD +20—23 priorities for broader framework provides a larger FP framework, as do the SDGs and the Vision 2025 exercise by Federal Planning and Development Ministry.
- Technical sub-committees at provincial level are developed or being developed
- Punjab: 2016 was declared population and family planning year
- Punjab: Curriculum and training for nurses, Lady Health Workers (LHWs) and others on PPFP

CHALLENGES

- Need to strengthen capacity building among logistic officers (mid-level managers) and M&E follow-up
- Coordination mechanisms between departments is lacking
- Staff capacity in Department of Health and the PWD remains an issue
- LHWs need more training/information on FP
- No real-time data in country—need data units at provincial level to have their own too (need baseline)
- Varying levels of commodity procurement among provinces
- Government needs to make policy that allows NGOs to be supported through providing contraceptives at an appropriate price
- Serving the needs of young people
- Punjab: All public hospitals provide services and medicines are free, but worry about sustainability.
- Long-acting methods (LAMs) and administration training is lacking and inconsistent

PRIORITIES

- Ensuring strong and bureaucratic commitment with consistent policies with federal and provincial coordination committees
- CIP development and implementation in all provinces, with specific focus on Sindh, KP, Baluchistan, and Punjab
- Increase disaggregated data usage among decision-makers to inform policy at federal and provincial levels.
- Explore public-private partnerships and alternative funding sources at a provincial-level for contraceptive commodity security
- Increase advocacy programming, with a particular focus on youth outreach and inclusion
- Provide capacity building and training opportunities to FP service providers and to LHW cadres