

FP 2030



Ministry of National Health
Services Regulations & Coordination
GOVERNMENT OF PAKISTAN

NATIONAL COMMITMENTS



Country Name:

PAKISTAN

**FP
2030**

**NATIONAL
COMMITMENTS**

Email of Point of Contact:

Dr. Sabina Durrani,

DG Population Planning Wing,

Ministry of National Health Services, Regulations & Coordination

dg_ppw@yahoo.com



TABLE OF CONTENTS

PAKISTAN'S 2030 VISION STATEMENT	5
COMMITMENT OBJECTIVES	7
<i>POLICY/PROGRAMMATIC OBJECTIVES</i>	8
<i>Commitment Objective 1:</i> Adapt and implement evidence based progressive policy reforms with political will and enabling environment at all levels	8
<i>Commitment Objective 2:</i> Universal access to services to lower fertility rates and address unmet need for contraception	10
<i>Commitment Objective 3:</i> Addressing information and service needs specially to remote areas	13
<i>Commitment Objective 4:</i> Gearing for Uniform Understanding of National Narrative	15
<i>Commitment Objective 5:</i> Contraceptive commodity security and efficient supply mechanism	16
<i>Commitment Objective 6:</i> Legislative Support	17
<i>Commitment Objective 7:</i> Institutionalization of human development and system strengthening to sustain FP efforts	18
<i>Commitment Objective 8:</i> Monitoring and evaluation for results and effectiveness	20
<i>FINANCIAL OBJECTIVE:</i>	22
<i>Financial Commitment Objective:</i> Mobilizing Funds and Allocations for FP/RH activities	22
COMMITMENT CONSULTATION PROCESS	24
COMMITMENT ACCOUNTABILITY APPROACH	24

PAKISTAN'S 2030 VISION STATEMENT

Preamble

Pakistan has over the years consistently recognized the impact of high population growth rate on its socio-economic development and emphasized its linkages with rising poverty and disparity, to climate change, high urbanization and urban migration, all restraining investment in human development and improving lives of people. Lowering fertility rate remained the key goal through provision of family planning services and women focused initiatives in health, education, social development, and legal sectors. High population growth of Pakistan was considered unsustainable by the Chief Justice of Pakistan in a Suo Moto notice in 2018. The task force constituted to formulate a mechanism for addressing unbalanced population growth evolved a set of eight key recommendations to accelerate efforts to increase the contraceptive prevalence rate (CPR) and lower the total fertility rate (TFR). These recommendations were further reviewed and endorsed by the Council of Common Interest (CCI), inter-provincial highest level decision making body in November 2018 which made it legally binding as country's roadmap for accelerated FP for all stakeholders especially public sector entities to act together to achieve the objectives. The task force formulated an Action Plan (2019-30) in January 2019 for implementation of CCI approved recommendations.

In 2012, under FP2020 Summit on Family Planning in London, Pakistan was among the 67 countries committed to enhance CPR to lower fertility and augment the rights of women. Over the years, Pakistan made remarkable progress in maternal health by significant decline in maternal mortality ratio (276 to 186 during 2006-07 and 2019) and significant improvement in delivery at facility (37% to 71% 2006-07 to 2019).

Despite these remarkable progress, for Pakistan the dream of meeting CPR targets as pledged in FP2020 and later in ICPD25+ remained a distant vision as millions of women still express unmet need for contraception and resultant untimely or unintended pregnancies. Furthermore, continued female marrying in teen ages in presence of legislative approvals, and a large number remaining out of school inhibit promised progress towards overall woman development.

To continue consistent efforts to enable countries achieve their family planning goals, FP2030 launched focused approach to encourage governments to develop renewed commitments through an inclusive, equitable, and transparent process rooted in rights-based family planning principles. FP2030 encourages to make rights-based family planning commitments to support the vision of a future where women and girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception, and participate as equals in society and its development.

Pakistan has made its FP2030 Commitments inline with its national goals agreed under the CCI Recommendations and the targets set for the National Action Plan to strengthen family planning focus fully following the eight key CCI recommended areas.

Giving due consideration that Population is a cross-cutting issue, which has its linkages with most important issues relating to poverty, health, illiteracy, environment, climate change, economic instability, etc, the government of Pakistan has developed a New National Narrative with its theme to adopt the middle of the Course "Tawazun" and decide the family size according to the resources, enabling to fulfill the fundamental rights of all.

Furthermore, it was unanimously agreed to adopt the national narrative theme of 'Rights, Responsibilities and Balance' based family planning to reflect its commitments. Six strategic areas: functional integration, postpartum and post-abortion family planning, adolescents, youth and family planning, Advocacy and CSO engagement, emergency preparedness and response, and faith and family planning will remain cross-cutting for commitments under FP2030.

In pursuit of FP2020 Commitments over the years, Pakistan has witnessed several encouraging developments in the family planning and reproductive health arena. These developments include formation of Country Engagement Working Group (CEWG) headed by government organizations for a cohesive approach to address coverage, access and availability of services, steady increase in overall domestic allocation of funds for family planning, post-devolution strengthening of Population Departments especially in coordinating with Department of Health to expand FP services, approval of Task Shifting and Task Sharing strategies by provinces and competency-based training of paramedics and doctors in implant insertion, pilot testing of several innovative and best practices by development partners including Sayana Press in Sindh to improve method choice, vouchers for the poor to access FP services, pool procurement approved to address cost effectiveness and emerging challenges under COVID situation, use of innovative technology for record keeping and reporting, virtual training and e-health initiatives, etc.. More recently, foundation has been laid for functional integration of Departments (Population Welfare and Health) in Khyber Pakhtunkhwa, Sindh, AJK and Punjab. All these best practices and other strategies are brought together under the FP2030 Commitments for replication, scaling up and improving performance.

VISION 2030 STATEMENT

By the end of 2030, Pakistan envisions a society where women and girls are empowered and all couples enjoy basic rights to decide the number of their children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, make informed choices to achieve a prosperous, healthy, and educated society.



01



COMMITMENT OBJECTIVES

POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective

1

Adapt and implement evidence based progressive policy reforms with political will and enabling environment at all levels

OBJECTIVE STATEMENT



Commits to enabling Policy Reforms to achieve the FP goals for 2025 and 2030

RATIONALE



Population Task Force(s) at federal level chaired by the President of Pakistan with four provincial and regions Chief Ministers as members reflect high level of political commitment towards the population issue. Similar provincial and region level Population Task Forces also exist headed by respective Chief Ministers are designed to undertake performance review for implementation improvement and regular policy reforms with commitment. Unwavering support from Task Forces provides continuity to policy initiatives and brings various stakeholders closer to work together to achieve common goal. The approval of US \$ 600 million (Rs 100.9 billion) to implement the National Action Plan is not only reflection of political will but provides

a great opportunity to evolve a dynamic program to achieve ambitious targets set for 2025 and 2030. FTF also approved Pakistan Population Fund worth Rs. 1 billion to be utilized for procurement of contraceptives in 2021. Further, PC-I had been approved for the Population Program Wing, M/o NHR&C at a cost of PKR 1998.82 million for 2021-2025. According to the CCI recommendations, Provincial Population Welfare & Health budgets for FP/RH to be doubled over the next two years and protected from reallocation to other programs & departments while ensuring timely releases. Trend of allocations over the last two fiscal years shows the provincial budgets is gradually increasing.

STRATEGIES



- 1.1 Convene Task Force Meetings on regular basis to give oversight to implementation issues and reforms, overall financing, allocations, and expenditures incurred on FP especially focusing expansion of services, functional integration, procurement of contraceptives, scaling up best practices, and human development.
- 1.2 Pakistan affirms the gravity of the population issue and affirms political will and effective enabling environment of family planning by all stakeholders including the Health Departments as the main partner to steer reforms focusing functional/structural integration, promote post-pregnancy / post-abortion FP, support universal coverage, affordability, availability and accessibility to address equity, strengthen accountability and governance structure for efficacious results outlined for 2025 and 2030, and to meet various international and national commitments.
- 1.3 Task Forces to help transform the family planning service delivery transferred administrative and technically to Health Department
- 1.4 Provide support to coordinated advocacy and high level dialogue in provincial and national parliaments on balanced population growth and role of politicians and local leadership to support FP goals
- 1.5 Guide and facilitate health and population policy reformulation and necessary legislation and their implementation to achieve FP2030 Goals
- 1.6 Engage Finance Department for sufficient allocation and timely release of funds for family planning
- 1.7 Support public financial management for efficient budget forecasting and management and improving procurement processes.
- 1.8 Oversee strengthening of accountability process at provincial and district levels to enhance implementation efficiency and meeting quality of service needs identified by women and couples
- 1.9 Initiate multi-sectoral approach towards achieving FP goals by actively pursuing stakeholders including Women Development, Primary and Secondary Education, Youth Development and Sports, Social Welfare, Planning Commission / Planning and Development Board/ Department, Religious Affairs, Ministry/Department of Information, Chambers of Commerce for evolving their role and support to achieve FP Goals and link for support to gender and GBV issues
- 1.10 Promote integration of rights based FP services in GBV prevention and management programmes
- 1.11 Review all commitments using data to track progress for evidence-based policies as regular part of task force meetings.
- 1.12 Review regularly that RH/FP needs of women, men, and children from the most marginalized/ vulnerable communities (poverty, equity, youth, disability, minorities etc). are fully served and attended

Commitment Objective

2

Universal access to services to lower fertility rates and address unmet need for contraception

OBJECTIVE STATEMENT



Determined to achieve 'universal access to safe and quality reproductive health care and family planning services with increased and widely accessible method choices'.

RATIONALE



Commitments made by provinces and Regions to achieve CPR by 2025 & 2030:

Pakistan, Provinces and Regions	PDHS 2017 -18 (%)	Target 2025	Target 2030
Pakistan	34.2	50	60
Sindh	30.9	47	57
Punjab	38.3	54	64
Khyber Pakhtunkhwa	30.9	46	56
Balochistan	19.8	36	46
Islamabad Capital Territory	45.7	62	72
Gilgit-Baltistan	39.0	55	65

Available information reflects high unmet need for FP exists among all married women and esp women in postpartum period. Lowering unmet need for contraception by two-thirds by 2030 can be achieved by raising the total users to 23 million. Moving forward with functional integration and prioritizing strategies to address growing number of new users and unmet need of FP will contribute towards Pakistan's 2030 vision of enhancing access to voluntary modern contraception services and information and reducing maternal mortality. The set goals are about much higher than current trajectory, which will need a lot more effort and investment to achieve these ambitious goals.

Furthermore, the existing Sehat Sahulat Programme (national insurance Scheme) has almost 8 million families enrolled, thus reaching out to a population of almost 46 million. The government is planning to make substantial increase in the reach in the next few months by making the services in entire Punjab, GB, and AJK. Use of such platforms for UHC has tremendous value addition for FP/RH.

STRATEGIES



- 2.1 Make family planning counselling and services universally available at all public sector health facilities and private sector health facilities by 2025, especially where deliveries are conducted. Promote post-pregnancy family planning services. Strong ownership and partnership with Department of Health is recognized as means for universal access.
- 2.2 Ensure public and private sector from primary to tertiary healthcare level work effectively in promoting contraception including post-pregnancy methods
- 2.3 Affirmative action to transfer all population welfare facilities under Health Departments service delivery network to bring all service outlets under UHC and enhance access to services to women
- 2.4 Affirmative action to establish Plan to implement functional integration approach at provincial and district levels and train all LHVs, FWWs and community Midwives (CMWs) to provide a wider range of modern contraceptive products with a focus on LARCs.
- 2.5 Ensure Pediatrics, Gynecology & Obstetrics Departments of public facilities effectively promote counselling and contraception methods like IUCDs and implants, in the post-pregnancy period.
- 2.6 Ensure availability/preparedness for family planning counseling and services during antenatal, 24/7 during natal and postpartum care and in post-abortion care and routine immunization visits.
- 2.7 Ensure availability of contraceptives 24/7 in labour rooms and operation theaters (where childbirth take place)
- 2.8 Expand contraceptive choices through improved availability of contraceptive types, especially long acting reversible methods including building platforms and mechanism promoting new methods of self-care technologies, and improving opportunities in the health system
- 2.9 Ensure STDs/STIs are fully addressed as part of counseling and FP services in all service outlets
- 2.10 Prioritize family planning in the Universal Health Coverage DCP3 package and also explore/evolve close linkages with the Sehat Sahulat Programme.
- 2.11 All LHWs will providing Family Planning information and services in the community settings under part of UHC Package.
- 2.12 Ensure full implementation of provision of first dose of contraceptive injectables by Lady Health Workers (LHWs) in each province by 2025
- 2.13 Optimize the health workforce (facility and community based) by reinforcing task shifting, task sharing, and the integration of FP with other health services and sectors.
- 2.14 Ensure FP services are offered to women at routine child immunization visits, with a focus on training the providers (LHVs, Vaccinators, etc.) to serve needs of young mothers.
- 2.15 Ensure quality of care is the highlight of the service delivery and remains extremely important for continuity of use

2.16

Engage and strengthen Healthcare Commissions to include FP related clauses in registration and licensing and to ensure quality of FP services in private sector facilities

2.17

Actively pursue social marketing to serve rural and remote outreach areas (beyond urban and peri-urban areas) to improve availability of quality services in line with FP2030 priorities and needs, by deepening their reach in urban slums and rural communities.

2.18

Put in place a strong partnership with the private health sector (for profit & not for profit) for effective implementation and enhance availability of family planning services in private health facilities by 2022. Establish public-private partnership policies in provinces a priority. This includes training & accrediting providers to offer family planning services or equipping them with access to family planning commodities; increasing the availability of FP in drug stores or pharmacies; and establishing or strengthening contracting mechanisms for private providers.

2.19

Reach-out married adolescent girls (aged 15-19) to address their FP information and service needs to reduce their unmet need and provide life skills based education (LSBE) to unmarried youth meeting their reproductive health information gaps. Premarital/ immediate post marital counseling for registration of Nikah to be made mandatory.

2.20

Actively engage males in informed FP decision making and supportive partnership/ parenthood and promoting male methods

2.21

Strengthen and sustain telemedicine and e-health initiatives to cover family planning counseling, information, and services effectively and fully.

2.22

Develop Plan of Action to address Emergency Preparedness & response and expanding the humanitarian response capacity to better safeguard the lives of women, adolescents and youth by ensuring the continuity of established family planning services. Effectively link with the Minimum Initial Service Package (MISP) for SRH as the standard of care for SRH interventions in humanitarian settings

Commitment Objective

3

Addressing information and service needs specially to remote areas

OBJECTIVE STATEMENT



Resolute to increase information and services access to the most remote, peri-urban and slums and farthest areas by 2025

RATIONALE



Attitudinal and Behavioral change takes place when accurate information reaches to men and women (at work and outside) not using contraception. Even though electronic media has reached remote areas, but women and adolescent esp from poor and marginalized

segments are missed out who have poor access to needed information and facilitating where to access such services. Male engagement remained visibly missing while talking about role and responsibilities of parenting and services.

STRATEGIES



- 3.1 For equity in access for the public sector, proactively reach out to the vulnerable and poorest of the poor and marginalized population through its infrastructure.
- 3.2 Link family planning activities with Social Safety Net Program (such as providing vouchers to poor women) and introduce innovative schemes for adoption of FP service and institutionalized birth delivery.
- 3.3 Develop and implement a comprehensive Communication Strategy leaving no one behind and ensure availability of information and services to all
- 3.4 Focus, mobilize and encourage 'Young and low parity mothers' for early initiation of contraception for birth spacing
- 3.5 Engage actively and coordinate with NGOs and Civil Society organizations for social mobilization, linkage to nearest FP facility and extend FP/RH services to underserved and unserved areas, where needed
- 3.6 LHWs and male mobilizers especially in rural communities to proactively pursue social mobilization role to enable women to make informed choices for birth spacing and use of long acting reversible methods

- 3.7 Support income generation opportunities for community health workers in remote areas for sustainability and motivation.
- 3.8 Mobilize imams, Khateeb, Ulemas and Nikah Khawan, where appropriate, to support family planning activities at district and local levels.
- 3.9 Utilize/revitalize Mobile Service Unit (MSUs) to reach out the unserved and underserved population in hard to reach areas.
- 3.10 Use of contemporary technologies, such as tele-health and social media to reach out to women and couples in local languages.
- 3.11 Deploy innovative interpersonal communication channels to reach underserved communities with FP information and services
- 3.12 Engage minority groups to disseminate the right information in their communities and areas more effectively

*Commitment
Objective*

4

Gearing for Uniform Understanding of National Narrative

OBJECTIVE STATEMENT



Rallying national narrative for consensus development and gearing momentum rooted in 'Rights, Responsibilities and Balance' based principles

RATIONALE



National Narrative approved by the Federal Task Force needs to be shared with all stakeholders at the provincial, district and community levels.

STRATEGIES



- 4.1 Disseminate national narrative at all levels to build uniform strategies around the urgency for meeting unmet need for FP and achieve balanced population growth.
- 4.2 Launch campaign on electronic and print media to publicize the national narrative, and muster support from political leaders, intelligentsia, CSO, corporate sector, religious scholars and ulema, academics, professional associations, and youth to publicly speak to support national narrative
- 4.3 Adapt national narrative for local context and develop local appropriate messaging at provincial, district and community level
- 4.4 Highlight role and responsibilities of men in family planning and planned parenthood using BCC campaign

Commitment Objective

5

Contraceptive commodity security and efficient supply mechanism

OBJECTIVE STATEMENT



Ensure zero stock outs and secure availability of contraceptive supplies to the last mile for all Stakeholders (public and private)

RATIONALE



No Contraceptives No Program. Two major steps have recently been undertaken: Joint Procurement initiative has been formally approved for various provinces, and formal acceptance of the Essential Package of Health Service requires regular supplies and identifying need for local production. The development and approval of long term contraceptive forecasting now requires alignment of procurement process to meet the FP targets. Commodity forecasting up to 2025 for all

sectors based on the CCI recommendations (using both the consumption data as well as the demographic dynamics) suggest, that in order to achieve the CPR targets under CCI recommendations, Pakistan requires about USD 22 million by 2021 and gradually increase to USD 28.8 million by 2025. Private sector forecasting and quantification, which has been included in the new 5 years national forecast is a useful resource for planning and execution of pooled procurement.

STRATEGIES



- 5.1 Ensure contraceptive commodity security at all service outlets under EPHS by adequate budgetary support by federal and provincial Governments.
- 5.2 Strengthen Supply Chain Management System including forecasting, estimation and requisitioning and to ensure availability of all contraceptives to the last mile
- 5.3 Ensure inclusion of FP Commodities in the essential drug list of primary, secondary and tertiary drug list by 2022
- 5.4 Incentivize Local Production of Contraceptives: Federal and Provincial Governments to encourage / incentivize the pharmaceutical companies / investors to establish contraceptive production units, especially for IUCDs, Implants and condoms, in Pakistan on WHO/UNFPA standards
- 5.5 Ensure needed capacity building of Health and Population Welfare logistic officers for timely initiation of procurement process
- 5.6 Promote contraceptives dispensation using technology innovations
- 5.7 Urgently address Contraceptives Supply Mechanism barriers:
 - Allocation of financing for repairs and maintenance of CW&S, building in SITE area, Karachi
 - Explore the possibility of outsourcing of Transportation to ensure on time stock delivery for areas governments/ districts
 - Supply chain performance management, field monitoring and supportive supervision
 - Ensure optimal utilization of cLMIS for decision making at all levels

Commitment
Objective

6

Legislative
Support

OBJECTIVE STATEMENT

 **Rallying national narrative for consensus development and gearing momentum rooted in 'Rights, Responsibilities and Balance' based principles**

RATIONALE



Accelerated expansion of FP services should be augmented by supportive legislation and their effective implementation. Many supportive legislative work has

been undertaken in Pakistan but need to be supported by strict implementation systems.

STRATEGIES



- 6.1 Ensure full implementation of notifications mandating all Health facilities staff (MOs, WMOs/ FMOs, LHVs) to provide FP services and counselling
- 6.2 Develop cross-party and gate-keepers consensus for the passage of legislations and implementation Plan be prepared to steer ensuring mandatory FP/RH/ services by all general health care facilities in public and private sector under approved Family Planning & Reproductive Health (FP&RH) Rights Bill.
- 6.3 Implementation Plan of Early Child Marriage Restraint Act be prepared by Federal & Provincial Governments to monitor and steer progress.
- 6.4 Implementation Plan be prepared of pre-marital counseling on family planning mandatory for Nikkah registration; LHVs or appropriate service providers to provide the requisite counseling. Providing continuous refresher training to all service providers assigned the responsibility
- 6.5 Implementation Plan of "Right to promotive and primary health care for mother and child be made mandatory" be prepared as the right to education given in Article 25-A of the Constitution.
- 6.6 Provincial Departments to share implementation Plans and Progress with federal Government on all Bills and Acts

Commitment Objective

7

Institutionalization of human development and system strengthening to sustain FP efforts

OBJECTIVE STATEMENT



Efficient human development to build capacity leading to achievement of FP goals and targets

RATIONALE



For sustainable development and building professional skills to maintain long term administrative and organizational support requires continuous investment in human development efforts. Pakistan needs to sustain and guide long term planning and evidence based policy making including multi-sectoral approach that needs comprehensive skill development.

For sustainable development, continuous investment in human development from all aspects is essential to

build professional skills and urge administrative and organizational support to maintain long term efforts. Pakistan has urgent need for human development and trained staff to guide long term planning and evidence based policy making including integrating FP in health services and needs skill development. Federal Ministry will take lead and guide in coordinating and carrying forward these strategies.

STRATEGIES



- 7.1 Population Dynamics modules to be developed for uniformity and included in training at all Administrative Staff Colleges/Civil Services and Judicial Training Institutions
- 7.2 FP/RH modules included in MBBS, Nursing and Midwifery Degree Programs by PMC and PNC
- 7.3 Strengthen training institutions to ensure quality human development on family planning (technically and administration) especially benefit from virtual training platforms to reach out distant facility staff.
- 7.4 Regularly improve pre-service and in-service training materials using new technologies to train all public & private health care providers on all modern contraceptive methods. Federal Ministry and Departments to jointly work to facilitate institutionalizing these reforms under CEWG.

- 7.5 Build institutional capacity within government to contract out for delivery of FP services to hard-to-reach communities.
- 7.6 Launch and ensure inclusion of Population Dynamics courses in College and University level education and Health & hygiene at primary school level
- 7.7 Pursue training courses on family planning to be arranged at Provincial Judicial Academies and relevant institutes/Darul Aaloom for Ulemas and Khateebis
- 7.8 Give oversight and pursue Life Skills Based Education and Population Studies in Secondary and Higher Secondary schools.
- 7.9 Ensure the integration and implementation of LSBE into education curricula at appropriate levels and monitor implementation.
- 7.10 Partnering with young people will be critical to the success of many commitments. Young people will be engaged by various sectors/ ministries for their support to discuss their RH/FP needs and ways to address these, to be linked with innovative initiatives to promote FP among younger couples, implement legislations pertaining to youth, and others including capturing Youth Voices and Needs, especially early/child marriage and gender-based violence
- 7.11 Engage private sector with expertise in capacity building in the areas of supply chain, information technology, data analytics, and client service to improve FP service provision more efficiently, with greater impact, and on a more sustainable basis
- 7.12 Launch innovative initiatives with strong emphasis on the value clarification and attitude transformation training for public and private health care providers to reduce provider bias

Commitment Objective

8

Monitoring and evaluation for results and effectiveness

OBJECTIVE STATEMENT



Effective monitoring of inputs and process helps steer gains towards envisioned goals by identifying weaknesses and barriers to be addressed timely and effectively.

RATIONALE



All development decisions are increasingly becoming evidence-based because of emphasis on governance and effectiveness of implementation. Pakistan considers monitoring seriously at the heart of the commitment process encompassing programmatic, financial, and

behavioral/social aspects of the mechanism. National web-portal and dashboard are developed that will be linked with stakeholders to put their feedback directly into the web-portal and for improved visibility through a dashboard.

STRATEGIES



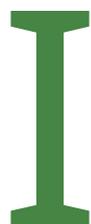
A number of strategies laid out include:

- 8.1 Support the development of Results-Based Monitoring and Evaluation systems at all levels to ensure efficient and real-time based monitoring of changes in dynamics of population and levels of human development backed by regular impact assessment studies including beneficiaries' feedback. Strengthen the Performance Monitoring for Action (PMA) surveys for continuous feedback for concerned Departments to undertake remedial actions.
- 8.2 Vigorously advance the use of technology for achieving FP goals and technological equity including use of Artificial intelligence and GIS to empower workforce
- 8.3 Ensure effective national and provincial/regional coordination through strengthened CEWG and FP2030 platforms
- 8.4 Establish a system to monitor quality of services, and evaluate facilities' preparedness to serve FP

- 8.5 Strengthen health information systems for FP at district level which is crucial for local decision-making, developing better quality interventions and targeting resources effectively, and to ensure the vulnerable are reached.
- 8.6 Strengthen the quality of data system and availability of accurate, reliable, and timely disaggregated data to ensure inclusiveness of all programs in both public and private sector.
- 8.7 Ensure public and private sector to use the same variables to report LMIS platform and use district and facility level performance data to identify barriers and improve FP uptake
- 8.8 Strengthen technical & supportive supervision at all levels
- 8.9 Strengthen monitoring of contraceptive performance and validation system to eliminate pilferage
- 8.10 Strengthen the capacities of national and provincial organizations and research institutions to collect, analyze and disseminate data at national, provincial and district levels
- 8.11 Strengthening research and academic institutions supporting evaluation to ensure long term achievement of goals and efficient feedback to managers. Establish close linkage with research institutions to improve the quality of FP services especially by incorporating evidence-based results
- 8.12 Incorporate indicators reflecting various strategies elaborated above, including post-pregnancy/partum FP indicators into the MIS, disaggregated by age.
- 8.13 Track progress to monitor the implementation of the legislations at the grassroots level highlighted in Commitment 6 above
- 8.14 Track progress of implementation on CCI recommendations in annual plans contributing towards FP2030 commitments
- 8.15 Ensure right-based, women centric, youth friendly services regular reviews by 3rd party as important monitoring measures.

FINANCIAL OBJECTIVES

*Financial
Commitment
Objective*



**Mobilizing Funds and
Allocations for FP/RH
activities**

OBJECTIVE STATEMENT



Mobilizing domestic financing and allocations to meet all development needs and emerging requirements to sustain gains – fundings for family planning will be i) increased, ii) efficiently used, and iii) sustained through the period of commitment.

RATIONALE



Pakistan maintains rights, access, and quality of FP services at the forefront of all commitments. Pakistan has been enhancing financial allocations over the years to meet growing needs but changed fiscal context resulting from the COVID-19 pandemic resulted in reallocation of funds and lowering total expenditures on FP activities especially related to procurement, communication programmes, monitoring and research, etc. It is critical for Pakistan to assess the country's financial capacities to meet its FP goals and to put in place a multi-year planning process to achieve them and to provide necessary protection against reallocations. Financial commitments need to be based on multi-year costed implementation plans. On June 23, 2021, the Federal task Force approved the costed National Population Action Plan (2021-2025) amounting to Rs. 100.9 billion (USD 632 Million). FP goal attainment is

closely related to financial commitments that should not be diverted to meet the expense of other program areas. Pakistan has mobilized domestic funds for FP and now needs to ensure its timely release and availability and its effective full utilization. Donor support to IPs need to be aligned with government priorities and requirements, and to be streamlined.

Pakistan has introduced and reinforced task shifting, task sharing, and the integration of FP initiatives with other health services, which need regular flow of funds to achieve the desired goals. It is important to note that Pakistan is moving fast with policies that link poor and vulnerable segments of population with family planning services and supplies and pursuing health insurance schemes, which too need additional continuous flow of resources to sustain the activities.

STRATEGIES



- I.I Actively pursue the commitment made earlier for raising per capita expenditure on Family Planning to \$2.50 by 2025 from under \$1.17 in 2020.
- I.II Protect Population Welfare & Health budgets for FP/RH from reallocation to other programs & departments while ensuring timely releases. All family planning budgets (Federal & Provincial) especially for non-salary items to be at least doubled by 2024
- I.III Meet 50% cost of increase in LHWs for 100% coverage for doorstep services in rural and peri-urban areas till 2027.
- I.IV Harmonization of multilateral and bilateral partners to streamline FP investment and minimize duplication and areas of focus
- I.V Establish donors effective coordination mechanism to align and streamline Annual Work Plans with federal and provincial governments priorities and targets and minimize regional duplication and focus on need based regions
- I.VI Donors to share detailed Work Plans for Government's concurrence
- I.VII Performance based on donor supported IPs will be aligned with government reporting system for uniformity and regular reporting.
- I.VIII Establish and streamline an effective coordination mechanism for donor financing to NGOs and private sector organizations involved in FP/RH
- I.IX Double the allocations by 2023 to train, supervise, and provide job aids to providers on integration of contraceptive services and counseling into facility-based childbirth care.
- I.X Monitor expenditure to ensure it aligns with cost-effective priorities outlined in the costed implementation plan and other strategic documents
- I.XI Ensuring timely release of already established five-year non-lapsable Population Fund at federal level with annual allocation of Rs.10 billion for expanding family planning services network.
- I.XII Improve budget spending (execution) to ensure all available funds for family planning are timely spent and used for their intended purpose.
- I.XIII Mobilize public sector and Development Partners funds to implement National Action Plan by all Task Forces
- I.XIV Organize funds for initiation and scaling up of innovative approaches of all Governments for reaching poor and marginalized population
- I.XV Mobilize resources for promotion of Public-Public partnership and strengthen public-private sector partnerships
- I.XVI Provision of Innovation Fund at provincial/region level for promoting best practices including voucher schemes for the poor, marginalized and displaced persons

02



**COMMITMENTS
CONSULTATION
PROCESS**

Pakistan initiated the process in a systematic manner by preparing a Roadmap to prepare FP2030 Commitments. The roadmap was shared with Country Engagement Working Group (CEWG), a major platform that brings together Federal Health Ministry, Provincial Population and Health Departments, INGOs, and Civil Society and private sector organizations working in family planning. Soon after the endorsement of the roadmap, Pakistan embarked on drafting FP2030 Commitments using the global template shared by the FP2030 Secretariate. After series of internal meetings to prepare draft commitments, these were shared with the members of the CEWG in its subsequent meeting. Members shared their immediate reactions and feedback on several aspects. The Director General, Population Programme Wing (PPW), Ministry of Health Services allowed two-

weeks for formal feedback on the draft. Civil Society Organizations along with Youth Organizations held one-day workshop to discuss and share their feedback on the draft Commitments. Furthermore, Development Partners - Family Planning Core-Group (donors and UN agencies) held a virtual meeting to give their feedback on various aspects of the FP2030 Commitments draft. Feedback and Comments received from all stakeholders were screened and incorporated to update the draft document. To give a final touch, PPW invited a small group of experts composing of 12 senior professionals to review and finalize the document. The technical assistance provided by UNFPA throughout the process provided persistence and close follow-up and bringing the stakeholders together to evolve uniformity and consensus around Commitments.

In summary, the consultative process followed by Pakistan was highly participatory, very interactive and inclusive, and covered almost sections of stakeholders across the country. Following stakeholders remained actively engaged in the process:

- Population Planning Wing, Ministry of Health Services, Coordination and Regulations
- Provincial Population and Health Departments – four provinces
- Regional Population and Health Departments of GB, and AJK
- Civil Society Organizations and INGOs including: NCMNH, RAHNUMA, Jhpiego, The Population Council, Pathfinder International, Population Services International, DKT, Marie Stopes Society, Ipas, PPIF, Chemonics International Inc., and several Youth organizations.
- Development Partners including AUSAid, BMGF, Canadian CIDA, FCDO, JICA, KfW, UNFPA, UNICEF, USAID, WB, WFP, and WHO.

03



**COMMITMENT
ACCOUNTABILITY
APPROACH**

Building on the lessons learnt in tracking the FP2020 commitments and implementation of the CCI recommendations, Pakistan will revamp the national and provincial coordination platforms that played instrumental role for bringing government and non-governmental stakeholders together to review performance, progress and harmonize efforts. The Country Engagement Working Group (CEWG) has been strengthened by establishing sub-groups for data/M&E, communication/ advocacy, and supply chain management. Under the leadership of the government and through consultative process led by the CEWG members, a national web based data portal has been developed and will be fully rolled out in 2021/2022. The purpose of the Web portal is to provide quarterly report on CCI Recommendations to CEWG as various stakeholders upload their feedback on respective Recommendations.

This important data source will be fully functional and available for monitoring and accountability by different leadership including Federal and Provincial Task Forces, CEWG, CSOs, Parliamentarians and the media as well as the Prime Minister's Annual Assessment Unit. In addition to the national web based database, Pakistan developed different tools to monitor progress which include accountability framework supported by district ranking for FP indicators and score card to track political party manifestos implementations. To support accelerated implementation at provincial and district levels, the coordination platforms will be supported by the recently established Parliamentary Forum, Media Coalition and CSO coalition. The web based platform will be further strengthened to support availability of data through mobile applications for ease of access by decision makers, CSOs and media. Pakistan FP2030 is aligned with national population/FP roadmap, the CCI recommendation, and the ICPD25 commitment.

Pakistan will pursue and steer an Accountability Mechanisms with other stakeholder partners including, health professional associations, media, civil society, and traditional institutions to monitor the performance and budget expenditures, and push for action where it is needed to effect change/improve performance. This mechanism promotes transparency and accountability around FP/health service delivery. Accountability process represents a shift to focus on rights based approach.

Within the Mechanism, performance based appraisal system for providers to recognize good work will help maintain performance and morale for achievement

Social accountability has inbuilt mechanisms to achieve these purposes: monitor public services, influence and monitor financing, or collaborate on planning and/or management. Social accountability mechanism using community feedback will prepare community score cards under Third-Party as a reflection of performance and Service satisfaction.

Process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

In addition to strengthening the routine information systems (e.g. DHIS, cLMIS, MIS...), the national web portal will be updated on a quarterly basis and will be made accessible to all stakeholders. The portal will be a reporting platform for government and non-governmental stakeholders for monitoring progress at national and provincial fora such as the quarterly CEWG and FP2030 group meetings. The updated data will be the basis for Federal and Provincial Task force meetings and decision making.

Remedial actions to be taken at the country level if there is lack of progress:

- Development of CIPs and annual implementation plan for FP2030 commitments tracking progress quarterly and annually and planning rectification plan in case of any gaps
- Progress related to policies, programmes and legislation will be reviewed Federal and Provincial through existing forum with timely corrective measures – CCI, FTF, PTFs, CEWG, FP2030 working groups etc.
- Nominating Supervisors at provincial levels to ensure FP2030 implementation
- Experience sharing/exchange visits between provinces/regions with successful implementation of best practices

Accountability approach will be funded:

By the Government of Pakistan with support from development partners.

Technical assistance needed to fully implement the above accountability approach:

None



**COMMITMENT
LAUNCH TIMELINE**

November 26, 2021

