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# CITIZENS' VOICE TO ACTION: WHAT WILL IT TAKE FOR POLITICAL MANIFESTOS TO BECOME A REALITY?

## Background

With a rapidly expanding population of 180 million, Pakistan ranks as the 6th most populous country in the world and may soon become the 5th populous country. This rapid population growth has serious economic and social implications since two-thirds of the population already lives below the poverty line[1] and infrastructure, energy, education, health and employment services are already being strained.

In this challenging scenario it is fortunate that the country has undergone a peaceful and civil transition from one democratic government to another. More importantly, all of the major political parties that have formed Federal or Provincial governments have identified the need to reduce population growth in their Manifestos. This policy brief looks at the exact language of their manifestos and helps to identify the precise steps they will need to take or issues they will have to address to reach stated goals. This would entail serious commitment to population stabilization, developing social capital[2] and devising policies and programs that build economic, political and social stability and well-being for Pakistan.

## Methodology

Expanding on our last brief[3], we now explore ways of translating party manifestos into action, what will it take and how would it be done, and what role can civil society advocates and donors play in ensuring that Population stabilization is implemented as a national priority.

## Discussion

While there is no doubt that population stabilization and planning have become a mainstream political topic, the concern still remains whether the elected leadership is ready to seriously tackle supply-side determinants that hinder the uptake of family planning (FP). The national Contraceptive Prevalence Rate (CPR) is around 35% and has increased by <1% per annum in the past decade despite a heavy investment of over PKR 40 billion (USD 652 million). The average cost of FP services in the government are PKR 2800 (USD 47) per woman served per year or roughly 4 times the cost for NGOs[4]. Most (96%) public sector funding actually goes for personnel and overheads rather than commodities and many facilities remain open despite not being used4. The public sector currently accounts for around 45% of FP services nationwide. Even within the public sector, employees of Health and Population Welfare Departments rarely refer clients to facilities or services offered by the other department or to the private sector.

**RECOMMENDATIONS**

- **Focus should be on accountability rather than additional funding**
- **Demand creation for Family Planning, particularly among newly married and soon to be married women to delay first birth, space latter births and for post partum family planning**
- **Consider contracting out of demand creation and services delivery to NGOs and private sector**

Recently international donors invested over USD 20 million in FP commodities and a similar amount in tracking and managing their logistics. Existing evidence does not show any improvement in FP use due to this.

The current stagnation in the CPR and the shifting of service provision from public to private sector demands a strategic re-thinking of the family planning policy and programmatic approach. Merely supplying funds, supplies, human resources or capacity building have not worked and it is necessary to understand why. Any new political leadership (or civil servants or donors) must take bold measures (if any meaningful progress is to be achieved) - why are the costs so high, where are the inefficiencies/ bottlenecks and how can we maximize every contact with a married woman to encourage uptake of FP counseling and services.

Many of these problems stem from the lack of accountability within the public sector where employees are not held responsible for delivering on their duties, and services are not the primary responsibility of public sector departments. These will have to be addressed if population stabilization is to be achieved from the government side.

## Recommendations

- Re-shift the debate to **Accountability of Resources and Performance** from Under-Funding of FP- The existing resources and people in the public sector alone (and excluding the contribution of donors) are sufficient to increase CPR to nearly 80% if efficiency and accountability can be implemented through five transparent actions such as:
  - Merit based hiring,
  - Paying for performance of government employees
  - Right sizing according to utilization needs
  - Closing of non-functional or underperforming facilities
  - Devolving financial and HR planning to district or even facility level management
- **Demand creation for FP**, particularly targeted at newly married women for delaying first births, spacing latter births and for post partum FP
- Consider **contracting out** demand creation and services delivery to private sector or NGOs with the role of government in setting policy, funding and oversight

[1] World Bank Pakistan Report 2011 i.e. less <$2 (Pak Rupee's 200) per day

[2] Can Pakistan Reap its Demographic Dividend? Policy Brief # 16, www.resdev.org (August 2012)

[3] Political Party Manifestos: Does Population Growth and Stabilization Matter in Politics (www.resdev.org 2013 Policy Brief 30)

[4] Abbas, Khan et al. Costs and Utilization of Public Sector FP Services in Pakistan. JPMA. Vol. 63, No. 4 (Suppl. 3), April 2013

| Stated Position | Implications | Key Actions Required and Issues to Address |
|---|---|---|
| **PML – N (Federal and Punjab)** | | |
| **Reduce population growth from 2.05% to 1.5%**<br>- Reduce unmet need from 25%. PML – N recognizing that every PKR 100 invested in FP reduces economic burden of PKR 400 invested in services of health, education and potable water | Reduce birth cohort of 4 million by 27% or 1.08 million births each year (at the overall national level)<br>This would require providing FP services to an additional 2 million MWRA - nearly **doubling** the current coverage from the existing 3.4 million women[5] availing FP services in a year. It has been extremely difficult to increase the quantum of services in the public sector despite considerable funding and human resource development. | **Additional PKR 4-5 billion (USD 40-50 million) will be needed in FP** (public and private sector) on top of existing investments of PKR 9 billion (USD 90 million) that the GoP and donors spend on FP currently.<br>Public sector coverage - reaches only 5% (1.3 million) of all MWRA, NGOs reach an addition 6% for a combined 11% of MWRA. How will expansion be done?<br>Experience shows that **additional funding has not led increased CPR** in the last decade. How will efficiency be achieved going forward? The key concern is that without accountability in the public sector, additional funds will be wasted. |
| Bring back the focus to Pakistan's runaway population growth through affordable access, client centered FP services and political leadership plus financial resource allocations.<br>- Trained CMW at the UC level<br>- Involvement of men<br>- Ownership of population program from LHW/BHU to teaching hospital levels | **There is limited demand for FP.** The actual number of MWRA/ couples that avail FP services in a year has remained relatively unchanged around 4-4.5 million despite large investments by donors. What additional funding has done is to shift self-paying customers to government sponsored services without actually increasing the number of users.<br>**Services, referrals and coordination between the two public sector departments and between the public and private sector has been sub-optimal** - Fixed population welfare clinics see on average 1 client per week for IUDs or sterilizations. LHWs serve around 4 women with FP a year and almost never refer anyone for IUDs or sterilization[6] | **Create demand for FP** via targeted campaigns aimed at pre-marital girls, their parents and newly married women. These should promote later marriage, delaying first pregnancy, spacing subsequent pregnancies and for post partum FP.<br>**Meet this demand through outreach and referrals –** promote FP proactively in the ante-natal and post-natal period through LHW/CMW visits, identify unmet need for spacing/limiting and refer for long term methods (IUDs, sterilization and injections)<br>**Mandate functional collaboration between Health and Population Departments** – to complement each other's strengths and to refer to private sector NGOs (ongoing large initiatives through USAID and DFID funding) and private sector where there aren't public sector providers<br>**Review lessons of existing CMWs** and their outcomes – how many births they conduct, are they sustainable, functioning and cost-effective? |
| - Contraceptive supply chain security and distribution | USAID Deliver has set up a USD 20 million supply chain system (2011-2014).<br>The program is still evolving and shows a slightly improvement over existing government reporting system, but without capacity of producing an overall picture | **Assess its Actual Impact/ Value on reducing wastage** and enhanced accuracy of FP commodities estimations<br>**Is there Government ownership, capacity and funds to continue the existing donor supported system** - Which institution will be responsible for continuity and funding support? |
| **PTI (Khyber Pakhtunkhwa)** | | |
| - Decentralization of healthcare services with greater role of management and monitoring by local councils over BHUs particularly mother and child services | In 2011, health was de-centralized to provinces.<br>Decision making in provinces remains centralized at provincial level rather than at districts where actual services are provided | What institutional and administrative mechanisms are needed to share decision making, financial planning and HR management at local districts/ union council level? |
| - Launch a national awareness campaign to reduce population growth from 2.2 to 1.6% | This would be welcome. However, once demand is created, there should be services available to meet this demand | Targeted and focused FP demand creation as discussed above.<br>Target newly married women with messages about delayed first and spaced latter pregnancies |
| - Introduce integrated comprehensive population welfare programs to improve the impact, coverage and management of existing projects | Integration has been repeatedly tried for the last 3 decades with little success or results.<br>Population Welfare includes human capital development including education and employment generation | Clarify what "integrated programs" for Population refers to – how would it change the current service delivery structure, and what results are envisioned?<br>What will be done to improve education, employment opportunities |
| - Introduce modern FP methods that allow women increased options on FP services | **Pakistan already has a good selection** of short and long term FP methods | Enhance the capacity of LHWs and other providers to advocate, provide and/or refer for longer term methods at every opportunity |
| **PPP (Sindh)** | | |
| - Bring down the population growth rate from 2% to 1.6% by 2018<br>- Expand access to FP as a right through both the | Good initiative but will require significant efforts/resources as discussed above since the growth rate in Sindh is higher at 2.8%[7] and the public sector service delivery footprint has been affected by governance | How will governance and accountability issues be addressed that have limited the efficacy of government programs<br>Are there formal mechanisms to ensure close public-private collaborations between donor |

[5] Estimations based on Contraceptive Performance Report 2012 - service users per year

[6] JPMA April 2013 ISSN 0030-9982 Volume 63, No. 4 www.jpma.org.pk

[7] Sindh Department of Population Welfare Website

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| public and private sector | issues, natural disasters and security situation | funded initiatives (MCHIP-USAID and DFID funded initiative) and the targets set by the new leadership |
| ▪ Ensure that all health outlets provide mandatory FP services to increase CPR to 45% by 2018, and 55% by 2020<br>▪ Provide a comprehensive nationwide training program for public sector providers to offer FP proactively | Current CPR is estimated to be 35% and the general trend has been <1% increase/year.<br>What specific steps will Sindh Health and Population Welfare departments undertake to nearly double the rate of rise in CPR in the next 5 years | One suggestion is to focus Government to the role of custodian. This would mean that the government would contract out demand creation and service delivery to the private sector/ NGOs and the government mainly provides funding, direction and oversight |
| ▪ Use the incentives-based MCSP to reach out to young mothers to promote FP through birth spacing and delayed first birth.<br>▪ Incentives for an expectant mother to register her pregnancy and to appear for ANC consultation.<br>▪ The mother will receive a cash or voucher incentive for each of 3 ANC visits, and/or delivery follow-up post-natal visits, FP advice, and the entire cycle of immunization for the child until age 5. | Incentives have shown to work for demand-side FP and preventive health services. However, most successes are in the private sector with more modest results in the public sector where employees generally don't appreciate the additional work load | Incentives will not succeed if the central issue of public sector governance and accountability is not addressed<br>Incentives would be a good initiative if they can be sustained and if incentivized women receive services from a private facility or an NGO. |
| **MQM (Sindh)** | | |
| ▪ Targeting population planning as this is the most important issue within health<br>▪ Establish institutions for training nurses, lady health-visitors, midwives etc. in every district. | Acknowledge of population growth as a important health issue is important. More specific guidance of the steps that will be taken will be useful | There is no evidence that mere training of providers will improve FP usage. In fact experience shows that this is unlikely to succeed<br>Questionable benefit of establishing training institutes at every district |

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