



Research & Development
FORUM *for* 
Safe Motherhood Private Limited

**Women Voices 4 Better Choices
in Family Planning Programming in Sindh**

Report on Provincial Dialogue

October 20, 2020

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Introduction & Background

Pakistan became part of the global What Women Want (WWW) Campaign in 2018-19. This campaign gave women the opportunity to communicate their demands with regards to their needs for maternal and reproductive health, thus contributing directly to the strategy, preparation and implementation of maternal and reproductive health services. The initiative, which was carried out in 114 countries, asked about 1.2 million women and teenage girls of reproductive age for their key demand for maternal and reproductive healthcare. Nearly 250,000 women from Pakistan participated in this campaign, of which 100,000 were from Sindh alone. In Sindh, women from 12 provincial districts, including: Badin, Gothki, Jacobabad, Jamshoro, Karachi, Kashmore, Larkana, Qambar, Sajwal, Shikarpur, Sukkur, and Thatta, highlighted the areas in which they needed change, and Family Planning came out among the Top 10 demands communicated.

In view of this opportunity, Forum for Safe Motherhood (White Ribbon Alliance Pakistan Chapter), in collaboration with the Sindh Secretariat's Costed Implementation Plan (CIP), proceeded on a women's participation initiative in Family Planning (FP) policies and programming to inform policymakers of FP demands posed by Sindh's women and on ways and means of ensuring their engagement. This was a timely initiative since the Sindh Government is currently undertaking major measures to strengthen family planning in Sindh.

As a first phase, information already collected under the What Women Want Campaign (WWW) regarding women's health priorities and challenges in accessing FP services in Sindh was examined. Through a series of virtual consultative sessions, the main questions constructed from the categories of demands were shared with non-government FP experts and various departments and programmes of the Government of Sindh. Through these, crucial improvements in policy and practice that are needed to address women's FP demands were identified.

At the same time, Listening Sessions in 5 districts of Sindh – Qambar Shahdatkot, Tharparkar, Umerkot, Sanghar and Karachi were also planned and implemented by the Forum and CIP Secretariat as an approach to involve women in identifying solutions to the requirements they had posed during the WWW campaign. These meetings were also intended to provide them with an opportunity to have a discussion with the Department of Health and Population Welfare District Managers for resolving these demands.

Equipped with some interesting lessons from these and prepared with key insights into FP's 'inclusion of women voices' approach, it was decided to take these to the decision-makers at the provincial level to create collaborative action plans to regularly include women in the FP planning process.

In this context, a Provincial event titled; *'Dialogue on Women Voices 4 Better Choices in Family Planning Programming in Sindh'* was organized in Karachi on October 20, 2020 to raise awareness among policymakers about the benefits and need to include women's participation mechanisms in the delivery of FP services. It was a hybrid event attended by 10 people in person and around 30 through online platforms like Zoom & Facebook. This event was chaired by the Technical Advisor PWD Sindh whereas, Senior Advocacy Consultant from Gates Foundation and Vice President of National Committee for Maternal and Neonatal Health (NCMNH) Karachi, served as Speakers.

Purpose & Objectives

The ultimate goal of the dialogue was to educate decision-makers about the importance of enhancing the management and planning of FP services through the inclusion of women's voices and addressing their FP requirements.

More specifically, it focused on:

1. Informing policy makers of the demands of women and the solutions with respect to family planning; and
2. Proposing a model of women participation in family planning programming in Sindh and other provinces.

Proceedings

The basic driver behind this initiative was the realization that every woman's voice is important, especially since each one is hard won and unique and more often than not been spoken at great personal risks to the speaker. The obligation therefore is to ensure that No Voice is Left Unheard.

This dialogue was conducted in acknowledgement of all the women who dared to raise their voices for their better reproductive health and wellbeing. It therefore aimed to ensure that these voices continue to be heard by the decision makers for times to come.

The event titled; '*Women Voices 4 Better Choices in Family Planning Programing in Sindh*' started with a presentation by Forum's Technical Advisor Mr. Ihatesham Akram. He focused on sharing with the decision makers in Sindh Government the process adopted for including women's voices in Sindh FP policy and programming. In this regard, inclusion of women voices through Listening Sessions was particularly highlighted, and its process, benefits, challenges and way forward were elaborated upon, with the objective of obtaining decision makers' endorsement on incorporating the element of women's engagement in FP policy & programming, especially in the context of renewed commitment to the FP2030 goals.

After, Mr. Ihatesham Presentation the Chair and co-chairs, and participants of the event shared their feedbacks.

Dr. Yasmin Qazi, *Senior Advocacy Consultant, Bill & Melinda Gates Foundation* said that there are opportunities and spaces present in the system, but the system is not getting responses from the community. Women are not aware about their rights, especially right to health and quality healthcare services. Once that bridge is built to fulfill the gap, anybody from the community can raise their voices. This bridge is extremely necessary because most of the time we overlook those who are present at the receiving end. These people are the ones who can make the changes as they can tell us what they actually want. Appreciating the efforts of FSM, Dr. Qazi further said that the listening sessions organized under this project must be continued and practiced, because listening to women on the ground can tell us the reality.

Moreover, Dr. Qazi shared that she was struck by some of the findings of this project, like women do not see quality as a priority, it is maybe because of the fact that when nothing is available and accessible then quality takes a back seat, but quality should be the major determinant. Women do not really know what a quality service is. We first need to provide quality services from availability of health PR actioners, to the unbiased behavior of staff with the clients. Quality and rights go together and it is our right to demand for a quality services and what does it entail then automatically it is going to raise the voices of women. In this regard the management need to take a very strong position to ensure the availability and accessibility of equitable services. Moreover, men need to be counseled not because they are the decision makers but to support the wives and women especially if they want to use contraceptives. Likewise, inclusion of other relevant stakeholders in such project is also very important as the role of civil society, private sector, NGOs is very important and is way forward to achieve the overall goal of FP in Pakistan.

Being a health PR actioner **Dr. Azra Ahsan**, *Vice President, NCMNH* focused on the need of respectful maternal care. She said that "we lack privacy in our healthcare's and there is no organized referral mechanism in our hospitals. Emotional and psychological aspect of any problem including FP is very important for healing. We need to see this aspect of care as well". Adding to that **Dr. Mahwish**

Mubarak, Deputy Director Clinics, PWD Sindh focused on the importance of women empowerment. She said that “to elevate women voices, women empowerment is important, for that we first see who is at the back of women-males and mother in laws. We need to work with them, secondly, we must work for the quality of services”. She further said that, in the future PWD will hopefully work with the Forum and other stakeholders to improve the quality of services in Sindh.

Finally the chair of the session, **Dr. Talib Lashari**, Technical Advisor, PWD Sindh gave his remarks and said that “It was my long standing desire to have some sort of accountability of the providers, of the facilities, of the services provided by the government. Who else can do this accountability better than the community itself and within community the women as they are the direct recipient of the services”. The Forum through this project established some sort of accountability because without democratic control over the services, without ownership of the communities it is difficult for any initiative to succeed. Dr. Lashari further appreciated the listening sessions and said that through the listening sessions the District officers came to know about the situation in the field, which otherwise they due to their extremely busy schedule remain unaware of. Additionally, he also announced that the “CIP has already decided to include the Listening sessions in the revised PC1 of CIP, because this will increase not just the accountability but the voices of women as well”. Furthermore, the CIP will also go through the other recommendations and will include the important recommendations in the policies.

Moreover, Dr. Lashari, seconded Dr. Qazi’s point on considering the Performance based Incentives and need of young people in the policies. He said that, while revising the CIP, focus will be more on young people- boys and girls both and the CIP Secretariat is also developing a set of indicators on the determinants of FP. We have observed from our past experience that the focus has always been on supply side as it was an international commitment. Besides supply side we must focus on demand. Focusing on those determinants that creates sustained behavior for FP.

Major Take Away

Some major take away from the dialogues are:

- This project has reactivated the already available systems and ensured that the Management teams are listening to the communities.
- The CIP secretariat has decided to include the Listening sessions in the revised PC1 of CIP
- There is a great need to work on the respectful maternal care and to include not just the women in FP programming but the decision makers like males and mother-in-laws as well.
- A National dialogue will be organized in Islamabad to share the learning from Sindh with all other provinces.

Annex A – List of Participants

In Person Attendance

1. Dr. Talib Lashari, Technical Advisor CIP, PWD & Focal Person FP2020
2. Dr. Yasmeen Qazi, Senior Advocacy Consultant, Bill & Melinda Gates Foundation (BMGF)
3. Dr. Azra Ahsan, Vice President, NCMNH
4. Dr. Mahwish Mubarak, Deputy Director, Clinics, PWD Sindh
5. Dr. Masood Abbasi, Director, Forum for Safe Motherhood
6. Mr. Ihatesham Akram, Technical Advisor, Forum for Safe Motherhood
7. Dr. Haris Ahmed, Member Governing Body, Forum for Safe Motherhood
8. Dr. Farhana Shahid, Consultant, Forum for Safe Motherhood
9. Ms. Rafia Rauf, Project Director, Forum for Safe Motherhood
10. Ms. Navroza Sher Ali, National Coordinator, Forum for Safe Motherhood
11. Dr. Rajesh Kumar, Provincial Coordinator Sindh, Forum for Safe Motherhood
12. Mr. Muhammad Kashif, Admin & Finance Officer, Forum for Safe Motherhood
13. Mr. Shakeel Yasin, IT & Telecommunication Specialist, Forum for Safe Motherhood

Online Participation

14. Dr. Irshad Ahmed Memon, Director General Health Services, Sindh
15. Dr. Zulfiqar Dharejo, DDGHSS, Reproductive Health/MNCH, Director General Health Office
16. Mr. Jamil Ahmed Chaudhry, National Program Officer, UNFPA
17. Ms. Ayesha Laghari, Country Director, PSI
18. Dr. Tanveer Ahmed, CEO, Hands
19. Dr. Mustafa Halepota, Divisional Project Advisor, Ipas
20. Dr. Ashfaque Memon, Manger Advocacy, Pathfinder
21. Dr. Ayaz Soomro, Provincial Coordinator, UNICEF
22. Mr. Wahab Abbasi, CEO, People's Primary Health Care Initiative (PPHI)
23. Dr. Asma Bilal, Country Director, Maries topes Society (MSS)
24. Ms. Shazina, Country Director, AMAN Foundation
25. Dr. Shabir Chandio, Health Specialist, USAID
26. Dr. Haleema Yasmeen, Consultant Gynecologist, JPMC, Society of Obstetricians and Gynecologists of Pakistan (SOGP)

Annex B – Agenda

EVENT INFORMATION:

Date: Tuesday, October 20, 2020

Time: 11:30am to 01:00pm

Venue: Khorshed Mahal Hall, Avari Towers, Karachi

AGENDA	
Chair Mr. Zahid Abbasi <i>Secretary, PWD, Govt. of Sindh</i>	Co-Chair Dr. Talib Lashari <i>Technical Advisor, CIP Secretariat, PWD</i>
11:30 – 11:50 am	Registration
11:50 – 11:55 am	Recitation from the Holy Quran
11:55 – 12:00 pm	Welcome Remarks and Project Overview - Ms. Rafia Rauf, <i>Project Director, Forum for Safe Motherhood (FSM)</i>
12:00 – 12:05 pm	Curtain Raiser – What Women Want
12:05 – 12:20 pm	Including Women Voices in FP Programming – Overview of Policy Paper - Mr. Ihatsham Akram, <i>Technical Advisor, FSM</i>
12:20 – 12:25 pm	Women Voices for Better Choices – Recorded messages - Voices from Umerkot - Voices from Tharparkar
12:25 – 12:35 pm	Comments by: - Dr. Yasmeen Sabih Qazi, <i>Senior Advocacy Consultant, BMGF</i> - Dr. Azra Ahsan, <i>Vice President, NCMNH</i>
12:35 – 12:45 pm	Remarks by Co-Chair: - Dr. Talib Lashari, <i>Technical Adviser, CIP Secretariat, PWD</i>
12:45 – 12:55 pm	Remarks by Chair: - Mr. Zahid Abbasi, <i>Secretary, Population Welfare Department (PWD)</i>
12:55 – 01:00 pm	Vote of Thanks - Mr. Masood Abbasi, <i>Director, Forum for Safe Motherhood (FSM)</i>
01:00pm	Lunch

Annex C – Presentation



Women Voices for Better Choices

in Family Planning Programming



Lessons from Sindh Experience

What Women Want
How the Story Began...



A Global Campaign in 2018-19 directed on What Women Want with respect to their maternal & reproductive healthcare

REACH:

Worldwide:
1 Million+

Pakistan:
244,752

Sindh:
108,251

“What is your top request for your maternal & reproductive health care?”

PARTNERS

- ❖ Rural Support Programs Network
- ❖ Fire Communications
- ❖ Tameer Khalq Foundation
- ❖ SHADE Balochistan



Inclusive & Diverse

- Rural women & girls
- Urban women & girls
- Parliamentarians
- Political activists
- Social activists
- Working women
- Students





Geographical Reach



- **Khyber Pakhtunkhwa**
 - Mardan
 - Swabi
- **Punjab**
 - Bahawalpur
 - Toba Tek Singh
 - Jhang
 - Rahim Yar Khan
- **ICT**
 - Islamabad
- **Balochistan**
 - Quetta
 - Jaffarabad
- **Sindh**
 - Jacobabad
 - Jamshoro
 - Karachi
 - Qambar Shahdadkot
 - Shikarpur



The Key Asks...

- Increased, fully functional and closer health facilities **9.6%**;
- Antenatal information, personnel, services and supplies **9.3%**;
- Water, sanitation, and hygiene **7.5%**;
- Food and nutrition information, personnel, services and supplies **5.8%**;
- Medicines and supplies **5.5%**;
- Labor and delivery information, personnel, services and supplies **5.4%**;
- Increased, qualified, closer and better supported female providers **5.2%**;
- Transportation infrastructure **4.7%**;
- Family planning information, personnel, services & supplies **4.6%**;
- Free and affordable services and supplies **4.6%**;

What Women Want for Family Planning in Sindh

fsm.org.pk



Partnership with CIP Secretariat Sindh

For:

- Accelerating realization of Sindh FP2020 Working Group and Sindh Population Taskforce recommendations

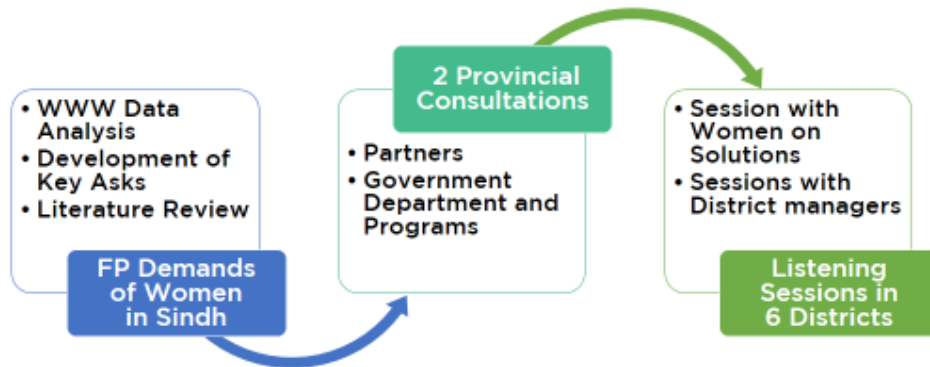


Through:

- Inclusion of Women Voices in Family Planning programming in Sindh



We approached our Goal

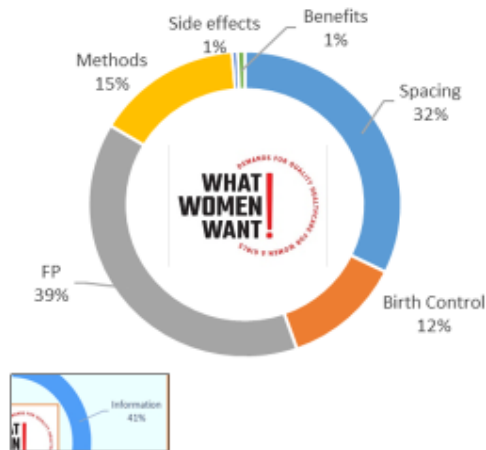


What Women Want for Family Planning in Sindh





Topics of Information Demanded for FP



Demands for awareness raising of:

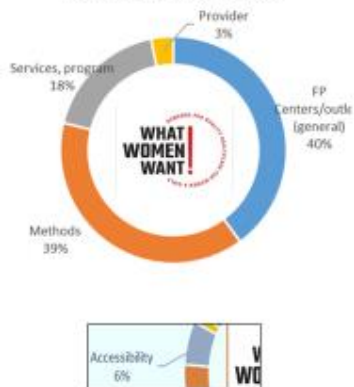
- ❖ Women and Mothers (59%),
- ❖ Village level (27%)
- ❖ Husbands and males (14%)

Demands of awareness raising through:

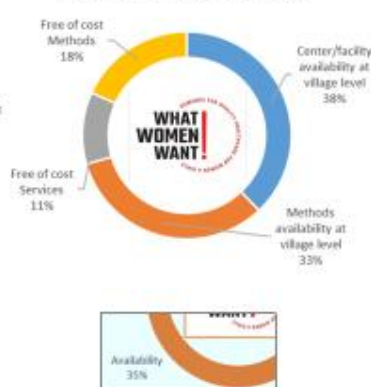
- ❖ Health Care Providers (67%),
- ❖ Awareness raising program (27%)
- ❖ Campaign (9%)



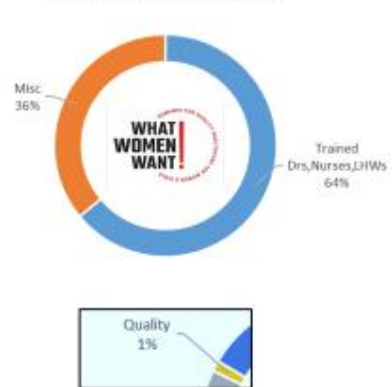
Demands for Availability



Accessibility related Demands



Demands related to Quality



Finding Solutions

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Provincial Consultations

- Effective BCC and counselling services including couple counselling at health facilities through male workers
- Use of all community health workers, introduction of male FP service providers and reaching men at doorsteps, linking male mobilizers with community support groups etc.
- Telemedicine and Helpline, Scaling Up of clients' transportation services and camps in LHW uncovered areas
- Increase in number and training of WMOs, LHVs and CMWs
- Ensuring commodity security in general and for hard to reach areas in particular
- Quality focus on: (i) counseling, (ii) access to chosen method, (iii) follow up and (iv) support.
- Introduction of Real time monitoring, improving quality of data and regular data analysis
- Adequate funding on FP services.
- Supportive supervision of the technical staff
- Introduce quarterly quality audits, Pay for performance (P4P), third party quality of FP care surveys
- Empowerment and innovation should be included as cross cutting



Listening Sessions - Including Women in Solutions

- ❖ Relatively new practice
- ❖ Embedded in citizen participation central to improving FP services delivery (FP2020)
- ❖ In line with SC enunciation of FP as a Human Right.
- ❖ Explores the viability of user's participation in FP Programming especially Women
- ❖ To engage women in identifying solutions for the demands they raised during the WWW campaign and provide them an opportunity for sharing their demands as well as solutions.



How

- Implemented in 5 districts of Sindh
- Each listening session was split into 2 sub-sessions.
 - ❑ The first sub session focused on prioritization of demands and identification of solutions by women themselves for addressing the demands
 - ❑ The second was conducted with district managers that included officials of DoH, PWD, National Program, PPHI, and HIS for their response.

Listening Sessions Outcomes

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Actions Taken - Demands Resolved

Women's Suggestion	Action Taken
Information demands 1. Make LHWs conduct sessions on FP with follow up for reinforcement and answering follow up questions. Currently, LHWs do not conduct sessions, even if they conduct some sessions they listen and go away and never come back. 2. Provide brochures with pictures of methods, in simple language.	LHWs and LHS trainings organized with a focus on FP by National Program. They have been instructed to conduct sessions regularly and the same is also being monitored. The DPWO Gambar assured that the pictorial brochures will be available for FP clients in the field.
Provision of FP Products Contraceptives are sometimes being sold to women.	DHOs and DPWOs ensured that clients are not charged for any FP services (These were being illegally charged at some places).
Trained and Skilled Providers 1. Provide Interpersonal Communication (IPC) trainings to providers so that they can properly address the information needs of the clients. 2. LHW needs to follow up with the new client at least within a week after giving contraceptives for any side effects management.	Trainings imparted to LHWs in Umerkot, LHSs trained in Tharparkar by LHWP. Camps arranged in Tharparkar, Umerkot and Sanghar to address the follow up issues.
Provide FP Services at Village Level Women have an acute transport issue. Contraceptives should be provided through Mobile Van/Camp.	Camps arranged in Tharparkar, Umerkot and Sanghar.
Provision of Methods Timely availability of contraceptives needs to be ensured.	Stocks are available now.



Improvement in Management Practices

- ❖ Managers' Awareness of Field Issues
- ❖ Improved Coordination at District Level
- ❖ Improved Coordination at Field Level
- ❖ Better Utilization of Resources
- ❖ Curbing Malpractices



What Does Existing Literature Tell

PDHS (2017-18) Highlighted Information Gaps

The PDHS 2017-18 indicators highlight gaps with respect to different aspects of information about FP that may underpin the high demand for FP information by women.

Nearly half of the women appear to not have even heard of implants.

A majority of women (nearly two thirds) using FP methods were not advised on selecting FP method; how to use, possible side effects, and what to do in case of side effects.

Health concerns/side effects have been reported as a major reason for discontinuation of IUD, injectable and Pills.

Only 10.9% of women were given information on family planning during postnatal checkup. This percentage was double for Sindh i.e. 20.9%.

*Majority of Women (76%) did **not** receive FP message through radio, TV, newspaper and mobile.*

Amongst those who got FP message through radio, TV, newspaper and mobile, only 17.9% received message on limiting family size.

Wife and husband jointly take decision of using or not using FP, however, husbands are more responsible for decisions of not using FP.

More than one fourth (26.6%) married men consider FP as women business and a significant 15.8% thinks FP makes women promiscuous

Supply-side barriers documented include:

- Poor access to FP services,
- Lack of counselling and technical knowledge of unmotivated providers
- Insufficient availability of affordable modern methods
- Quality effects satisfaction which in turn effects the continuity of using FP services
- Provider bias, lack of capability to manage side effects
- Low economic status - the users could not afford to choose any but the cheapest methods
- FP clients preferred private facilities over government's health facilities as the later were 'derided'



Community Participation – What We Know

- ❑ There is a growing consensus to include users in services delivery
- ❑ Central to International Covenants
 - ✓ The recognition of community participation as a key component in defining essential health care dates back to Alma - Ata declaration
 - ✓ Rights Paradigm of International Conference on Population and Development (ICPD) in 1994
 - ✓ WHO has included participation as one of the nine key principles of “Ensuring human rights in the provision of contraceptive information and services”
 - ✓ FP 2020
- ❑ Participation - recognized as a precondition for sustainable development and for ensuring good-quality care and increased use of services and is defined as active involvement of populations in decision making, implementation, management and evaluation of policies, programs and services



Participation – Known Benefits

- ❑ While health programs have witnessed participatory approaches, participation has not adequately been included in large scale family planning/contraceptives programs
- ❑ Benefits recorded include:
 - ✓ programme efficacy and sustainability may increase
 - ✓ empower healthcare providers to implement realistic changes that reflect the needs of the community
 - ✓ integrated services rather than FP/C only may also be better-suited when community structures are still weak or missing
 - ✓ greater awareness from both sides about the issues, barriers and needs leading to the identification of appropriate actions and solutions , bridging the gap between providers and their clients and finding as well as implementing solutions to barriers
- ❑ Be seen as a partnership approach to service provision and not a means to create self-sufficiency in the community



Key Takeaways

- ❖ Women demands and the need for their participation is corroborated by existing evidence and our experience
- ❖ Women participation - Strategic and Small investment for Big Returns
- ❖ Can come handy in implementation of the GoS recent strides in improving FP services delivery in province
- ❖ Will be giant leap towards overall vision of women empowerment of GoS
- ❖ Opportunities Exist - Need to Leverage



Thank you!

Annex D – Glimpses from the Event









HEALTHY WOMEN - HEALTHY WORLD

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