



Research & Development
FORUM for 
Safe Motherhood Private Limited



Family Planning to Achieve What Women Want

LISTENING SESSIONS REPORT

Forum for Safe Motherhood



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Introduction and Background

Forum for Safe motherhood (FSM) is working with Costed Implementation Plan (CIP) Secretariat of Government of Sindh to strengthen the demand side of family planning service delivery in Sindh province. The key driver of the project are the demands raised by women of Sindh during the What Women Want (WWW) Campaign implemented by the Forum. The CIP Secretariat is keen to consider FP demands raised by women for formulating its upcoming FP 2030 Plan with a focus on strengthening the demand side of FP services delivery.

To this end, two provincial consultations were conducted in the first stage of the project. The first consultation was conducted with donors, partners, and social marketing organizations, while the second consultation was conducted with the government departments and programmes. During these consultations, the demands of women were presented before the stakeholders and a thorough discussion was held on the ways and means to address them. Of the various recommendations put forward by the stakeholders one was to seek inputs from the district level stakeholders for both demand and supply side of FP services delivery (For details, see the Provincial Consultations Report given at Annex-A). The districts to be reached out to in this regard were also identified during these consultations. The CIP secretariat notified the district authorities about organization of these sessions by the Forum.

The sections to follow present the process, proceedings and outcomes of the Listening Sessions conducted in five districts – Qambar Shahdadkot, Tharparkar, Umerkot, Sanghar and Karachi of Sindh province.

Purpose and Objectives

The overall purpose of these sessions was to inform the Government of Sindh's upcoming FP 2030 Plan for strengthening the demand side of FP services delivery. The specific objectives of these session were:

- To seek women's suggestions for addressing their FP demands as raised by them during the WWW campaign;
- To share the progress with participating women about their FP demands; and
- To ascertain district level managers' inputs on demands and solutions proposed by women with regards to FP.

Methodology

The COVID-19 SOPs were the primary consideration in determining the format of the Listening Sessions. To hold sessions while observing compliance with social distancing protocols required that these be held with a small number of participants. Consequently, in consultation with CIP secretariat it was decided to split the sessions into two sub-sessions – with the first sub-session conducted with community women, and the second with the district managers.

Sub Session 1:

The participants of the first sub-session were the women who had participated in the WWW Campaign. The women who were well versed with the FP related demands and possessed the ability to express themselves were identified through Forum's partner organization – Rural Support Program Network (RSPN) that had collected demands for WWW campaign. The partner organization possessed information about these women and had been in continuous engagement with them for their organization's activities. In line with this, RSPN's Social Organizer was involved in the identification of participants as per above criteria. An average of 15 women were invited to the first sub-session. A list

of Top 7 demands raised by women was developed through WWW data analysis. These demands were shared one by one with the participants and their suggestions were sought for their effective resolution.

Sub Session 2:

The second sub-session was conducted with the district managers. An average of 5 duty-bearers were invited to the session through CIP secretariat's letter. During this session, the demands, and suggestions of women from the first sub session were presented to the district managers for their feedback and suggestions.

Characteristics of Women Participants in 5 Listening Sessions in Sindh									
District	No. of Women	Distribution			Age Range			Status	
		Rural	Urban	Peri-Urban	20-30	31-40	41-50	Users	Non-Users
Qambar	15	8	7	0	5	8	2	15	0
Tharparkar	16	12	4	0	10	6	0	16	0
Umerkot	15	10	5	0	0	6	9	15	0
Sanghar	16	8	8	0	3	9	4	16	0
Karachi	15	7	0	8	5	5	5	12	3

Proceedings and Outcomes

A: Key Advocacy Asks of Women and Key Solutions Suggested by Women

Sub Session 1 focused on informing the participants of the WWW campaign about the status of the demands raised by them during the campaign. In the introductory session the participants were apprised about the progress made so far in this regard. They were informed that their demands have been shared with the CIP Secretariat Sindh, which was the focal body for FP services delivery management in the province. They were also informed that two consultations were held at provincial level with key stakeholders about their FP demands and it was in this context that they have been invited to this session for deliberating on the solutions that may deem suitable in their eyes. They were further apprised that the solutions suggested by them would be shared with the district managers in a follow up session and also with the provincial stakeholders at a later stage for formulation and calibration of FP policies and programs to make those more responsive to women's needs and demands. Having informed the participants about the objectives and context of the session, the demands of women identified during the WWW campaign were shared and their consolidated response on how to address these was recorded. Following are the key suggestions by women vis-à-vis each demand:

Demand 1: *Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.*

Suggested Women Solutions:

The most suggested solution provided by women was the use of FM, Mobile Messages, and WhatsApp Videos, for educating the masses. Following that the women also suggested to ensure door to door visits by Lady Health Workers (LHWs) especially in far flung/remote/desert areas.

The provision of pictorial brochures of FP methods in simple language; and the establishment of Information Desk/Corner/Dedicated Space for counselling where privacy is ensured and focused discussion can take place for providing clients with answers to their questions, was also proposed. The need for LHWs conducting sessions on FP, with follow up for reinforcement and answering follow up questions was also stressed.

Other suggested measures pertained to the increase in number of female staff and holding of Community Health Education Sessions and Awareness Sessions at village level as they are currently almost non-existent. Involvement of other health workers for providing FP services and spreading awareness was also highlighted. During one of the Listening Sessions, the need to showcase the stories of women who have been using various FP methods successful was also underlined for creating motivation among the masses.

Lastly, a few women also talked about the inclusion of separate FP packages/services in 'Sehat Card' and 'Income Support Program' and using the venues of these Sehat Cards/Income Support Program/Ration Cards for providing information to women about FP.

Demand 2: *Provide different contraceptive methods for childbirth spacing or family planning.*

Suggested Women Solutions:

The top suggestion that came forward regarding the provision of contraceptives methods was about the increase in the number of FP camps, in particular for IUCD and Jadelle. Another suggestion that came forward in this respect was about the provision of injection (2 months' duration) which is not available for past one and a half year.

Some women complained that contraceptives are needed but the medical staff and doctors do not pay enough attention to FP clients at the facilities especially during rush hours. The fact that LHWs/service providers do not visits the clients regarding FP, and do not ensure timely provision of contraceptives to them was also brought forward. These women suggested that contraceptives must be made available through LHWs and at health facilities, and that LHWs must also provide women medicines for side effects management. Likewise, Provision of Emergency Contraceptives (ECs) was also stressed.

In one of the sessions, a Lady Health Worker presented another side of the story when she highlighted the acute shortage of contraceptives both before and during COVID-19, and pointed out that workers are hesitant about going to the field during COVID 19 due to non- availability of PPEs.

Demand 3: *At Village level (a) Establish a centre for family planning or birth spacing; (b) Provide information about family planning or birth spacing; and (c) Provide different medicines for birth spacing or family planning;*

Suggested Women Solutions:

Against this demand the most suggested solution throughout all the sessions was the provision of FP Centres at UC level or at least in LHW uncovered areas. Following this woman also suggested that Mobile Units/Mobile Van or Camps must be available to provide contraceptives at village level.

Some women focused on the need to develop infrastructure (roads, health facilities) at village level. Increasing the number of health facilities where FP counsellors and providers are available was also proposed. Involving women who are doing vocational work such as female tailors in the provision of FP services was suggested. Additionally, providing short courses regarding FP methods to local women also came up during discussion.

Another issue raised was the inadequate supply of medicines at the centres. Regarding this a LHW highlighted the shortage of methods and medicines and stressed on increasing the quota of pills for each client during COVID.

Demand 4: *Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.*

Suggested Women Solutions:

The main suggestion against this demand was the need to mobilize men, and for this engaging male influentials such as Counsellors for mobilizing/educating/influencing community at ward level, was proposed.

The second important suggestion was meeting of the LHW with the mother in law and husband. For the purpose, improving the skills of workers such as Trained Birth Attendants (TBAs) and Skilled Birth Attendants (SBAs) of engaging with the family prior to counselling the client was emphasized.

Demand 5: *Provide free family planning medicines and services.*

Suggested Women Solutions:

Ensuring the easy availability of Jadelle was discussed, both in camps as well as in health facilities. Also, provision of Jadelle free of cost was demanded.

Demand 6: *Family planning services must be provided through trained and skilled health providers.*

Suggested Women Solutions:

The women stressed that FP services must be provided through skilled trainers, as untrained and uneducated service providers are dangerous especially in cases like bleeding and vertigo. They proposed training of staff like CMWs and LHWs in the handling of such cases.

Women also suggested that LHWs should be trained to measure Blood Pressure. Whereas the staff at health facilities should be adapt in side effects management and follow up, especially for IUCD, Tubal ligation and infertility issues.

Improvement in providers' interpersonal communication was also demanded for appropriately addressing the information needs of clients.

Demand 7: *Women who practice Family Planning should (a) Be provided with required nutrition; and (b) Be provided with facilities to treat their infertility.*

Suggested Women Solutions:

The most suggested solution by women during the sessions was that the IUD/TL insertion be supplemented by ambulance availability. Likewise, some women emphasized on the availability of oxygen facility at the health facility.

The need for supportive medicines (Folic Acid, Multi Vitamin) was stressed whereas, the provision of pain killers, Multivitamin, IFA, FIFAN tablets – which used to be provided earlier along with contraceptives, and had been discontinued for the last 6 months due to COVID – was demanded.

Another prime focus of women was on Respectful FP care i.e. treating clients following up for FP on priority and in a respectful manner.

B: District Decision Makers/Managers' Feedback and Suggestions

Sub Session 2 focused upon seeking district level decision makers' feedback and suggestions on the demands of women and the solutions suggested by them. This session was attended by district managers of relevant government departments and government contractors involved in health and population services delivery.

The session started with an overall introduction of the background, purpose, and objectives of the session. The district managers were apprised of the WWW campaign and the progress made under it. Following this, the FP related demands and solutions as put forward by the women in first sub session

were shared with them for their deliberation and feedback. The responses of these district stakeholders are as follows:

Demand 1: *Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.*

District Managers' Responses

The top women suggestion that the duty bearers endorsed was the use of FM Radio, Mobile Messages, conducting LHW sessions, and arranging Van on Wheels to educate masses. Another point that came forwards in this regard was the need to focus on uncovered areas through NGOs and District Population Welfare. The Managers also agreed to the use of pictorial messages which were available with PWD for use by field workers only and not for distribution to clients.

The second important suggestion that was focused on by the duty bearers was the need of counselling and training of LHWs because they are not counselling clients properly. They agreed that a Refresher training for LHWs is required after every 3 months at Taluka/Tehsil level.

The duty bearers were also of the opinion that that with support of province, FP information desks can be established at Health facility level.

Demand 2: *Provide different contraceptive methods for childbirth spacing or family planning.*

District Managers' Responses

The top response from the duty bearers was that there was no supply from the province of the injections (2 months' duration) due to which it was not reaching the FP clients. Moreover, it was explained by the managers that the issue was occurring due to absence of any standard formula for distribution of methods. DM IHS, DM PPHI and DHO suggested to put in place a standard formula and/or protocol for FP methods distribution. The DHO agreed that without a uniform protocol there may be a wastage of FP methods. Adding to that the DM PPHI confirmed that there is enough stock of the FP methods available, but the need is to focus on the distribution of the methods.

All the participants agreed that at district level there should be a dashboard and all stakeholders and partners should generate one report at district level so that managers can analyze the data. The district decision makers were not sure of the monthly CPR due to separate reporting mechanism at each level, hence there should be one mechanism for analyzing FP data.

Demand 3: *At Village level: (a) Establish a centre for family planning or birth spacing, (b) Provide information about family planning or birth spacing, and (c) Provide different medicines for birth spacing or family planning.*

District Managers' Responses

All managers agreed that there should be at least one FP Centre at UC level to reduce access and transportation issues for female clients. It was further agreed to focus on proper rationalization of workers of PWD and LHWs to cover maximum areas. Appointment of a female in uncovered LHWs areas to provide motivational sessions and refresher trainings was also agreed.

Demand 4: *Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.*

District Managers' Responses

The Managers agreed that the LHWs visit protocol should be revised so that they counsel the mother in-law first before counselling the women herself for FP. The need to motivate male members of the

family so that women are not pressurized in any way was also agreed upon. Motivating the community and spreading awareness by adding FP content in school curriculum was also discussed.

Demand 5: *Provide free family planning medicines and services.*

District Managers' Responses

The duty bearers shared that they have not received any complaint from local community regarding provision of services on payment.

Demand 6: *Family planning services must be provided through trained and skilled health providers.*

District Managers' Responses

The duty bearers highlighted that while weekly follow up of each client is not possible however those facing problems can always access camps for their resolution. Moreover, it was agreed by everyone that refresher training is required for all field staff especially on new methods of FP and doing follow up with clients.

Demand 7: *Women who practice Family Planning should: (a) Be provided with required nutrition, and (b) Be provided with facilities to treat their infertility*

District Managers' Responses

It was informed that as per existing SOPs medicines cannot be provided with contraceptives. Some medicines like pain killer, FA or multi Vit etc. can be given to patients for certain medical conditions only but not as a standard practice. The non-regular supply of medicines like FIFAN from the provincial government was also highlighted. In addition to that, the duty bearers also highlighted that 98% Ambulance backup is given to TL camps, however, there are no ambulances for IUCD camps.

The duty bearers also agreed that there should be staff at RHC level for treatment of FP method users/ complications, and that there should be a lady doctor at district level for TL and Jadelle.

C: Key Commitments by District Managers:

An important outcome of the Listening Session were the commitments by district managers for addressing some of the FP demands of women that were in their mandate and could be done at district level. These included:

- Providing refresher trainings to LHWs on frequent basis.
- Ensuring the availability of pictorial brochures to FP clients in the field.
- Conducting more camps for women, especially in the non-LHW covered areas during COVID-19, so that women can share their issues and complains about FP methods.
- Ensuring free of cost delivery of methods especially Jadelle.
- Organizing monthly meetings with all stake holders to reduce communication gap – something that has not been happening since COVID 19.
- Bringing improvement in coordination among all stakeholders in post COVID time.
- Providing Jadelle while at the same time looking into the reasons behind its removal by women and addressing them.

D: Actions Taken-Demand Resolved

The duty bearers who took part in the Listening Sessions ensured that they fulfil their commitments and improve their practices. Following are some of the actions taken so far by the District Managers to ensure that women's voiced demands are addressed:

Women's Suggestions	Actions Taken by District Managers
<i>Meeting Information Requirements</i>	
<ul style="list-style-type: none"> 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. Provide brochures with pictures of methods, in simple language 	<ul style="list-style-type: none"> LHWs and LHS trainings organized with a focus on FP by Sindh LHW Program. They have been instructed to conduct sessions regularly and the same is also being monitored. DPWO Qambar assured that pictorial brochures will be available for FP clients in the field.
<i>Training Providers</i>	
<ul style="list-style-type: none"> Provide Interpersonal Communication (IPC) trainings to providers so that they can properly address the information needs of clients. LHW needs to follow up with the new clients at least within a week after giving contraceptives for any side effects management. 	<ul style="list-style-type: none"> 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.
<i>Providing FP Services at Village Level</i>	
<ul style="list-style-type: none"> Women have an acute transport issue. Contraceptives should be provided through Mobile Van/Camp. 	<ul style="list-style-type: none"> Camps arranged in Tharparkar, Umerkot and Sanghar.
<i>Providing Methods</i>	
<ul style="list-style-type: none"> Timely availability of contraceptives needs to be ensured. 	<ul style="list-style-type: none"> Stocks are available now.

E: Improvement in District Management Practices

The most evident effect of Listening Sessions was the improvement in management practices at the district level, which would impart efficiency to the system and lay foundation for addressing other demands of women as well. These included:

- Managers' Awareness of Field Issues:**
 Managers attending the sessions shared that these gave them the opportunity to know clients' issues which otherwise were not known to them. Having knowledge of the real issues, they committed to do better planning and execution of their responsibilities.
- Improved Coordination at District Level:**
 It was interesting to observe that some of the managers came to know each other for the first time in the district. The coordination between stakeholders especially for family planning services delivery has been a long-standing issue. The Listening Sessions helped address this issue which can come handy in addressing the FP needs of communities in instances where coordinated efforts are required.
- Improved Coordination at Field Level:**
 Functional integration has been a priority for FP services delivery. The Listening Sessions appeared to be useful in this regard as well. The managers took actions for the joint planning and delivery of FP services in the field. For example, organization of PPHI camps for Jadhvi involved the DoH and Sindh LHW Program for coordinating these camps, for instance, the dates were communicated, managers were kept copied in the notifications, etc.

- **Improved Resource Utilization:**

The Listening Sessions resulted in better coordination of the resources available to each district through DoH, PWD and other stakeholders. The managers have started using the resources in complementarities to address the needs of population.

Conclusions and Way Forward

The district Listening Sessions have brought forward some concrete recommendations for addressing the FP demands of women. These recommendations relate to both provincial and district levels of FP services governance and reflect both community voices and district managers' inputs and buy in. The recommendations for improving the management of services at district level included ensuring the use of existing IEC materials by the field workers and improving coordination between health and population welfare offices for enhanced coverage of FP services delivery.

A major set of recommendations, however, appear to be relating to provincial level both in policies as well as in governance domains. These include: providing a FP centre at least at UC level, setting up of a FP dashboard at district level, incentivization and capacity building of LHWs, setting up FP information desks in health facilities, providing short FP courses to local women, sharing FP client's successful stories, provision of free FP services and necessary medicines and supplements required for women, coordination with Nutrition Program, coordination among stakeholders especially during and post COVID scenario when the FP services are greatly affected, revisiting the LHWs household protocols, identifying volunteer women in LHW non-covered areas who could be trained and incentivized for providing methods in uncovered areas, using FM for FP messages delivery, printing and distribution of pictorial messages for the clients, inclusion of FP related content in school curriculum, and provision of FP counselling to FP clients and their in laws.

The district Listening Sessions were instrumental in identifying the solutions that were women driven, reflected ground realities and opportunities and have the buy in of both communities and district level implementers. This will come handy in undertaking policies and practices reforms that accurately address women needs and also have implementation viability. In the next stage the findings from the district Listening Sessions will be triangulated with the recommendations from the previous provincial consultations and a consolidated set of recommendations will be developed and presented to the provincial stakeholders for taking decisions to improve FP services delivery in Sindh province in line with the demands of women.

Annex-1: Women Demands, Suggestions and Government Responses

1. Qambar Shahdadkot

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.	<ul style="list-style-type: none"> • Use FM Radio Channel for educating masses. • Provide brochures with pictures of methods, in simple language. • Establish an Information desk/corner/dedicated space for counselling where privacy is ensured, focused discussion can take place, and clients can get answers to their questions. • Make LHWs conduct sessions on FP with follow up for reinforcement and answering questions/concerns. Currently, LHWs do not conduct sessions, even if they conduct some sessions they listen and go away and never come back. 	<ul style="list-style-type: none"> • It will be helpful if a clear message of FP can be aired through FM Radio Channel. • Pictorial brochures are available but LHWs do not take them in the field. This needs to be ensued. DPW • DCO, Sindh LHW Program: There is need of counselling and training of LHWs because they are not counselling clients properly. • DCO: A Refresher training for LHWs is required after every 3 months at Taluka/Tehsil level. • DCO and DHO: An attractive package that includes travel costs will enable LHWs to go to remote areas.
Provide different contraceptive methods for birth spacing or family planning.	We never get contraceptives on time. Ensure their availability through LHWs and at health facilities. Also ensure provision of medicines for complication/side effects thereat.	DPW, DCO : There is no shortage of methods and stock is enough, but distribution needs to be according to some standard formula/mechanism/method.
At Village level <ul style="list-style-type: none"> • Establish a centre for family planning or birth spacing • Provide information about family planning or birth spacing. • Provide different medicines for birth spacing or family planning. 	<ul style="list-style-type: none"> • We have an acute transport issue. At least provide FP Centers at UC level. • Provide FP Centers at least in LHW uncovered areas. • Engage the women such as those involved in vocations like tailoring for providing contraceptives. • Provide contraceptives through Mobile Van/Camp. • 5. Increase the quota of pills for each client during the pandemic. 	<p>DPW: There should be one FP center at UC level for reducing access and transportation issues.</p> <p>DPW-IHS: There is a need to focus on proper rationalization of workers of PWD and LHWs to cover maximum areas.</p>

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.	<ul style="list-style-type: none"> Health workers should give counselling sessions to husbands and Mother in Laws. TBAs/SBAs should also be given counselling sessions for FP. Male influential such as Counsellors should be engaged for mobilizing/educating/influencing community at ward level. 	<p>IHS, PPHI: It will be very helpful if we add FP subject in school curriculum.</p> <p>DCO, Sindh LHW Program: LHWs must visit Mother In laws first and help them get satisfied.</p>
5Family planning services must be provided through trained and skilled health providers.	<ul style="list-style-type: none"> Provide Interpersonal Communication (IPC) trainings to providers so that they can properly address information needs of the clients. LHWs needs to follow up with the new clients at least within a week after giving contraceptives for any side effect management. 	DPW: Weekly follow up of each client is not possible but if any client has complaints than she can visit the camps for follow up.
<p>Women who practice Family Planning should:</p> <ul style="list-style-type: none"> Be provided with required nutrition Be provided with facilities to treat their infertility. 	<ul style="list-style-type: none"> Pain Killers, Multi Vitamins, IFA should be provided along with contraceptives. IUCD/TL insertion should be supplemented by ambulance availability. 	<p>DPW: It will be helpful if province team engages Nutrition Program. Nutrition assistant at each HF are trained and they can support clients in terms of any complain of weakness or others.</p> <p>-98% Ambulance backup is given to TL camps. However, there are no ambulances for IUCD camps.</p>
7Provide free family planning medicines and services.	-	

2. Tharparkar

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.	<ul style="list-style-type: none"> • Use Mobile Messages for educating masses • Use FM Radio Channel for educating masses • Door to Door visit by health workers/LHWs especially in far flung/remote/desert areas should be ensured • Increase the number of female staff • Increase the number of Community Health Education Sessions, as they are currently almost non-existent • Involve Marvi Workers for FP services 	<ul style="list-style-type: none"> • DCO, Sindh LHW Program: The idea of Mobile messages, LHW Sessions, Van on Wheels, and FM messages for villages, was endorsed. • DPW Officer agreed that female staff is lacking. This was endorsed by DHO as well. • Members agreed to the need of awareness session by LHWs especially for household women because they are not independent. • DPW: Marvi workers program has finished. However, when it re-starts this will be considered.
Provide different contraceptive methods for birth spacing or family planning.	<ul style="list-style-type: none"> • Provide Emergency Contraceptives (ECPs) • Provide Injection (2 months duration) since it is not available for past one and a half year • Increase the number of FP camps 	<ul style="list-style-type: none"> • DHO: Improve utilization of available resources. • DCO, Sindh LHW Program: ECP can only be provided on medical advice. • DPW: No supply from the province of the injections (2 months duration)
At Village level <ul style="list-style-type: none"> • Establish a centre for family planning or birth spacing • Provide information about family planning or birth spacing. • Provide different medicines for birth spacing or family planning. 	<ul style="list-style-type: none"> • Provide FP Counselling in Health Facilities • There should be provider for administering Jadelle in Health Facilities. • Increase the number of Health Facilities 	<ul style="list-style-type: none"> • DHO: Identify the neediest areas through consultation • DPW, DHO: Improve coordination among different departments and programs • DPW: Only one staff available to provide Jadelle per Taluka/Tehsil. • DPW Officer agreed to the increase of centers.
Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.	<ul style="list-style-type: none"> • Improve the skills of workers to engage with the family prior to engaging with the client 	<ul style="list-style-type: none"> • DMK-HIS: Health care providers should create demands (inconsistency of messages and lack of coordination b/w workers of health and PWD.

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Family planning services must be provided through trained and skilled health providers.	<ul style="list-style-type: none"> LHWs should be trained to measure Blood Pressure (the clients are hesitant about FP services due to BP related issues) Train the staff on side effects management and follow up, especially for IUCD and Tubal ligation by Lady Doctors 	<ul style="list-style-type: none"> DCO, Sindh LHW Program: Improve the knowledge of workers on FP. DPW: Trained staff available only at THQ Hospital.
Women who practice Family Planning should: <ul style="list-style-type: none"> Be provided with required nutrition Be provided with facilities to treat their infertility. 	<ul style="list-style-type: none"> Provide FIFAN tablets (these used to be provided earlier) Respectful FP care (treat the client following up for FP on priority) Provide ambulance backup along with camps 	<ul style="list-style-type: none"> DCO: There is no supply of FIFAN from province. DHO, DPW: There is lack of female staff and transportation facilities (4*4vehicle) required for adequate coverage of desert area.
Provide free family planning medicines and services.	<ul style="list-style-type: none"> Provide Jadelle free of cost 	<ul style="list-style-type: none"> Address poverty and education

3. Umerkot

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.	<ul style="list-style-type: none"> LHWs should pay house to house visit to provide FP services. DPW Staff should support LHWs and coordinate with them for service delivery FP messages should be conveyed via Community sessions. Disseminate messages through FM, Radio and Television Separate FP packages/services should be introduced in 'Sehat Card' and 'Income Support Program'. The venues for giving Sehat Cards/Income Support Program/Ration Cards may be used to provide information to women about FP 	<ul style="list-style-type: none"> All participants agreed on messaging via FM/Radio DM-PPHHI- The long-term methods of FP can be used instead of short-term methods which are provided by the LHWs. For this purpose, counselling must be provided. DHO- Counselling is needed for the LHWs through proper training with the support of DPW. DPW- To disseminate strong message in the community, there must be communication within various departments of health and with other partners. DM, PPHI- There is a need to focus on uncovered areas through NGOs and DPW.
Provide different contraceptive methods for birth spacing or family planning.	<ul style="list-style-type: none"> Response from LHWs - Acute shortage of supply of contraceptives both before and during COVID. There is no proper record of the release of contraceptives or stock. No LHW/service provider visits the clients regarding FP. LHWs do not go to the field due to non-availability of PPEs during COVID. Contraceptives are needed but the medical staff and doctors do not pay enough attention to FP clients at the facilities. TL and IUCD campaigns are needed but not conducted 	<ul style="list-style-type: none"> DCO, Sindh LHW Program- LHWs may be supported by DPW for arranging the TL. DHO- Supply of methods should be through DHO and DPW office. Through the establishment of FP clinics in uncovered areas, the FP methods can be given. DM, PPHI and DHO- We have a target, but we lack the analysis of the data regarding the provided methods. DCO, Sindh LHW Program - We are facing issues like FP client's registration issue with MIS and DHIS, and the shortage of FP supplies.

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
<p>At Village level</p> <ul style="list-style-type: none"> Establish a centre for family planning or birth spacing Provide information about family planning or birth spacing. Provide different medicines for birth spacing or family planning. 	<ul style="list-style-type: none"> Centers should be at village level, in densely populated areas and at UC level. Lady doctors and labor rooms must be available at the FP centers and health facilities. FP counsellor should also be available in health facilities for counselling. LHW comment: We have shortage of methods and medicines. For 1000 population, we have 5 syrup of Zinc, ORS etc. given to us in a month. The quantity must be increased. No adequate supply of medicines at the centers. 	<ul style="list-style-type: none"> DPW: Agreed that the provincial government can support the establishment of FP centers at village/UC level. DM, PPHI: In the identified uncovered area, the centers can be opened, or the GD's can be functionalized. DHO: In every 5km we have a GD and can be functionalized for FP services with the support of provincial government. DCO, Sindh LHW Program: We have uncovered area of 48% and due to the non-availability of staff, there is a lack in the provision of services. DCO, Sindh LHW Program: The CHWs of Shifa Foundation maybe involved in the FP services. DM, HIS: There is a need of strong coordination between all stakeholders at community level
<p>Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.</p>	<ul style="list-style-type: none"> There should be meeting with mother in law and husband by the LHW It varies from case to case, sometimes there are confidential clients - who prefer contraceptives, but they hide this from their husbands and in laws. 	<ul style="list-style-type: none"> DHO: LHWS should meet with household members and training is needed for these LHWS.
<p>Family planning services must be provided through trained and skilled health providers.</p>	<ul style="list-style-type: none"> Untrained and uneducated service provider is dangerous for health especially in cases like bleeding and vertigo. The staff like CMWs and LHWs should be trained in handling such cases. 	<ul style="list-style-type: none"> DHO and DPW Refresher training is required for all field staff especially on new methods of FP. DCO, Sindh LHW Program: Need 100% LHW training on Syana Plus (medicine) as partial staff is trained on this.

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
<p>Women who practice Family Planning should:</p> <ul style="list-style-type: none"> • Be provided with required nutrition • Be provided with facilities to treat their infertility. 	<ul style="list-style-type: none"> • The supportive medicine (Folic Acid, Multi Vitamin) is only available with methods, not available to women when she visits for the follow up. • There should be oxygen facility at the health facility. • Hospital staff do not focus or prioritize the FP clients, and do not keep the follow up record due to which poor families suffer too much. • Ambulance should be available in the facilities and also for backup during camps • No staff is available at RHS Centre for medicine and Jadelle to address complications faced by women. 	<ul style="list-style-type: none"> • DPW: There is no regular supply of medicines from the provincial government. • DHO: There should be staff at RHC level for treatment of the FP method users/ complications. • DPW: Need of lady doctor at district level of TL and Jadelle. • No resources for ambulance and we require resources to get an ambulance service. • DHO: There is a need of planning at district level for ensuring the required services. • DCO, Sindh LHW Program: Asked for the assurance of availability of rooms for LHWS at health facilities.
<p>Provide free family planning medicines and services.</p>	<ul style="list-style-type: none"> • Methods are free of cost but Jadelle is not available easily. Jadelle is only available in camps, but it must be made available in facilities as well. • In the recent past, no Jadelle camp has been conducted. 	<ul style="list-style-type: none"> • DM, PPHI: All methods are free but there is shortage of Jadelle. • DPW: Due to COVID-19, clear cut policies and guidelines are needed by the province for arranging the required camps.

4. Sanghar

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.	<ul style="list-style-type: none"> 1. Message should be spread through health workers, WhatsApp videos, FM, and polio workers 2. Awareness messages should also be given at village level events 	<ul style="list-style-type: none"> DCO, Sindh LHW Program: Messages will be delivered via LHWs DM-IHS: There is a need to work on myths and misconceptions among people DPW: There is need to improve the message delivery services.
Provide different contraceptive methods for birth spacing or family planning.	<ul style="list-style-type: none"> There is a shortage of Two months' injections IUCD and Jadelle camps must be increased 	<ul style="list-style-type: none"> PPHI: we are working on providing injections and increasing Jadelle camps DPW: there is a shortage of staff due to which we cannot provide proper services
At Village level <ul style="list-style-type: none"> Establish a centre for family planning or birth spacing Provide information about family planning or birth spacing. Provide different medicines for birth spacing or family planning. 	<ul style="list-style-type: none"> 1. FP centers should be available at village level 2. Mobile units must be available at village level 3. There is a need to develop the infrastructure (roads, health facilities) at village level 4. NGOs can be involved in the provision of FP services 	<ul style="list-style-type: none"> DPW: <ol style="list-style-type: none"> centre per 1 lac population, there is need to increase that for which the province should get involved FP centers are actually not located in areas where required ADHO: Seconded DPW's point and also said there is a shortage of staff for the provision of services
Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.	<ul style="list-style-type: none"> Male needs to be mobilized Husband and mother in laws must be motivated to stop early marriages Local influential actors can be motivated and involved 	<ul style="list-style-type: none"> DPW: There is a need to motivate the male member of the family so that the women are not pressurized to remove Jadelle for the sake of getting food which is provided to kids by some NGOs. ADHO: seconded DPW's point.
Family planning services must be provided through trained and skilled health providers.	<ul style="list-style-type: none"> Services must be provided through skilled trainers Follow up of clients is important by the skilled workers 	<ul style="list-style-type: none"> DCO, Sindh LHW Program: Agreed on the improvement of services and follow up ADHO: There is need to train the LHWs to follow up of clients

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
<p>Women who practice Family Planning should:</p> <ul style="list-style-type: none"> • Be provided with required nutrition • Be provided with facilities to treat their infertility. 	<ul style="list-style-type: none"> • No multi-vitamins or folic acids are available and given to women since last 5 -6 months due to COVID 	<ul style="list-style-type: none"> • DCO, Sindh LHW Program and DPW: We now have the stock of essential medicines and multi-vitamins and we can now provide the required medicines to the clients
<ul style="list-style-type: none"> • Provide free family planning medicines and services. 	<ul style="list-style-type: none"> • FP methods are usually free of cost, but some private FP centers charge money against their services 	<ul style="list-style-type: none"> • ADHO and DPW: are not aware of the private centers that are charging money against the FP services. • PPHI: We conduct free of cost camps, but we have shortage of Jadelle.

5. Karachi

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
Provide information about family planning or birth spacing particularly about the best contraceptive methods, their effectiveness duration, and the ability of women to get pregnant again after leaving the use of contraceptives.	<ul style="list-style-type: none"> 1.Messages through health workers, 2.Media messages 3.Provision of IPC to Women from a female 4.Provide counselling cards of FP methods 5.Community groups meetings 6.Sharing of successful stories to motivate women to use FP methods 	<ul style="list-style-type: none"> DHO- Account Officer and DPW: We have IPC material
Provide different contraceptive methods for birth spacing or family planning.	<ul style="list-style-type: none"> 1.Preferences to the choices of women in choosing the FP methods 2.Proper registration of FP clients 3.LHWs should focus on FP clients especially during rush hours at health facilities 	<ul style="list-style-type: none"> DPW: We have close coordination with health departments DHO- Account Officer: We do conduct meeting with LHW for FP services at District Program Implement Unit (DPIU).
At Village level <ul style="list-style-type: none"> Establish a centre for family planning or birth spacing Provide information about family planning or birth spacing. Provide different medicines for birth spacing or family planning. 	<ul style="list-style-type: none"> There is a need of centre at village level AT least 10 small villages must have a FP centres LHW must facilitate in the fields and centres should have full staff. Establishment of Mobile centres at village level Educate the local women through short courses of FP 	<ul style="list-style-type: none"> DPW: Depends on provincial for increasing centre sat village level
Provide awareness to husbands, mother in laws, members of the family about spacing and family planning so that they allow mothers to practice family planning.	<ul style="list-style-type: none"> Husbands should be oriented Meetings with all household members especially mother in law In Pashtoon areas depends on clients as some women do not prefer involving their husband or mother in laws in their FP decision making FP client should have the right to decided Husband can be motivated to support the women of using FP methods 	<ul style="list-style-type: none"> DPW: Counselling meeting with LHWs and services providers should be conducted to counsel the family members of women

Women's Demands from WWW Data	Women's Suggested Measures	Government's Response
	<ul style="list-style-type: none"> • Birth space should be provided based on the needs of FP clients 	
Family planning services must be provided through trained and skilled health providers	<ul style="list-style-type: none"> • Due to COVID-19 the short-term methods quantity can be increased • Follow up on Jadelle should be through skilled person • Every centre should be with trained person • Jadelle insertion should be skilled and trained person to reduce the removal rate 	<ul style="list-style-type: none"> • DPW: Staff at village level must be increase • We have skilled and trained staff available
Women who practice Family Planning should: <ul style="list-style-type: none"> • Be provided with required nutrition • Be provided with facilities to treat their infertility. 	<ul style="list-style-type: none"> • There is a Shortage of Multivitamin • No supply of calcium • LHW/ service provider should be trained for infertility counselling 	<ul style="list-style-type: none"> • DPW: He was not aware of the shortage of multivitamin and assured that he will check the shortage of multivitamin • -Look into the reasons behind removal of Jadelle by women.
Provide free family planning medicines and services.	<ul style="list-style-type: none"> • Methods are free at government centre but costly at private centres • No ambulance backup services is available • FP clients are not being respected at health facilities • No facility of vehicle for referring the clients 	<ul style="list-style-type: none"> • DPW: All method available are free

Annex-2: Glimpses from Listening Sessions



QAMBER SHAHDADKOT: Participants in Listening Session being briefed about the project.



QAMBER SHAHDADKOT: Women's demands and suggestions regarding Family Planning being communicated to District Managers.



THARPARKAR: Venue for the listening session is being disinfected before the arrival of participants. Disinfectant spray is also being used on the participants' attire.



THARPARKAR: Participants are listening to the moderator and giving feedback in response to her questions.



THARPARKAR: District Managers not only gave feedback on the suggestions put forward but also noted them down for consideration & record.



UMERKOT: Participants in the Listening Session.



UMERKOT: District Managers are being given a presentation on women's Family Planning demands.



SANGHAR: Participants are giving suggestions for improving Family Planning services in their area.



SANGHAR: District Managers are being informed about the What Women Want campaign.



KARACHI: Participants are actively engaged in a discussion on Family Planning services in their area.



KARACHI: Interactive discussion between District Managers on suggestions proposed by the women.



HEALTHY WOMEN - HEALTHY WORLD

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