

PPIF Strategic Framework 2017-2022



Punjab Population
Innovation Fund



Strategic Planning Process

The Background Paper for the PPIF was developed by the Population Council which made the case for a strategic focus on meeting unmet demand by addressing supply and demand side barriers to uptake of family planning services. These included limited information pathways, fear of side effects, cost and time and poor quality of care as the main demand side barriers. Whereas, policy restrictions for non-physician cadres, poor supply of contraceptives, lack of financial incentive for providers, provider competence and perceived cultural unacceptability of male providers were listed as supply side barriers. The first cycle of project funding was launched based on the recommendations of the Background Paper in which 8 districts with the highest number of couples with unmet need were focused for implementation.

In order to develop a deeper insight on the current situation and stakeholder perspective, consultations were held with local and international players, sector specialists including PPIF's Board of Directors and non-traditional players to draw experiences from a wide range of sources and be more inclusive in generating locally responsive ideas. Series of workshops were organized with potential local partners followed by consultative sessions with participation from pharmaceuticals, NGOs & INGOs, Tech Sector, Youth Focused Organizations, Outreach Programs, Media, Academia, Microfinance Institutions, Research and Public-Sector Organizations. Further, secondary research based on academic documents, periodicals and national and provincial survey reports was conducted for evidence based programming. This mainly included High Impact Family Planning (HIP)¹ practices consolidated by USAID, UNFPA, WHO, IPPF and FP2020.

The family planning research community in Pakistan still only has a handful of high impact practices with evidence behind them. This is because many interventions are not tested using an experimental study design. It is critical to invest in designing rigorous impact evaluations to understand whether an intervention truly works and how to successfully adapt and scale it in different settings. A detailed technical session was also held to develop a better insight into local evidence based approaches for integrating family planning within health and development programs in order to inform the strategy for large scale interventions. This entire process identified what *has and has not* worked in family planning programming and *vis-a-vis* the strategic positioning of PPIF, the five-year strategic framework for the organization has been drafted.

¹ High-Impact Practices (HIPs) are evidence-based practices that when scaled-up and institutionalized can support family planning programs and maximize investments and efforts to improve reproductive health. Identified by a group of international experts in family planning, HIPs are primarily designed to assist current evidence and learning in their planning and implementation processes.

The HIPs have been endorsed by Abt Associates, Bill & Melinda Gates Foundation, Chemonics, EngenderHealth, FHI 360, Futures Group, Institute for Reproductive Health, IntraHealth International, International Planned Parenthood Federation, Jhpiego, John Snow, International, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Management Sciences for Health, Marie Stopes International, Pathfinder International, Plan, USA, Population Council, Population Reference Bureau, Population Services International, PostAbortion Care Consortium, Save the Children, UNFPA, USAID, University Research Co., and Venture Strategies Innovations.

The Context

High birth rates accompanied with high infant and maternal mortality rates means that many children and mothers perish during the process of childbirth. Since every third pregnancy in Pakistan is unplanned, many people continue having children without giving much thought to the requirements of raising another child that can become a healthy and productive adult. Even couples who want to have fewer children lack access to family planning services. This unmet need (18% for Punjab) also results in unplanned pregnancies, many of which end in unsafe abortions and maternal deaths. PDHS 2012-13 data states that desired fertility is at 2.9 compared to the existing TFR of 3.8. The high rate of abortion among married women (51 in every 1000) and the estimated 1.2 million unwanted births each year also makes a strong case for a prevailing desire to limit fertility which is not translating into a corresponding increase in CPR (currently at 40% for Punjab, according to MICS 2014, about half the level of other SAARC countries). Further, in light of the alarming Census 2017 results, Pakistan has one of the worst population indicators in the region. With the growth rate of 2.4% as compared to 1.2% and 1.1% of India and Bangladesh respectively, it is inevitable to suggest that population programs need utmost programmatic and political priority. There is a dire need to go beyond the traditional frameworks of family planning programming.²

The PPIF envisions to be a market maker with the immediate goal of accelerating a rise in contraceptive prevalence and reduction in unmet need for family planning services to meet targets and country level

commitments highlighted in FP2020, Sustainable Development Goals 2030 and Punjab Population Policy Goals. Its fundamental role is to test the impact of innovations that spark off a significant increase in consumer market for family planning through greater determination and information availability, enhanced provider motivation, and wider provision of quality family planning services. Recognizing the need for increasing both acceptability and availability simultaneously, the Fund will support interventions in areas of high poverty and high unmet need for family planning. Also, with regard to whether demand should be funded or supply subsidized, it will be desirable to test both approaches as separate options as well as together as complementary approaches. Interventions will ensure that consumers are able to make fully informed method choices that fit their reproductive intentions, health condition, and cultural, socioeconomic, and other constraints and advantages.

PPIF, in its 5-year strategy, aims to develop innovative solutions that are actionable and measurable, harness technology, inclusive, reach unserved poor and marginalized, create effective synergies and collaborations, value for money, leverage on untapped and under-utilized private health service providers and most importantly, are sustainable and scalable. These solutions will eventually contribute to the short and long term goals of the Punjab Population Policy.

² Background Paper, PPIF

PPIF Strategic Framework 2017-2022

To incubate and scale up innovations to help achieve family planning goals.

To act as a catalyst for innovative, sustainable and scalable approaches to developing family planning services, especially targeting poor and underserved communities, contributing to the achievement of family planning goals.

Novelty Cost-effectiveness Sustainability Measurability Scalability

VISION
MISSION
PRINCIPLES

STRATEGIC OBJECTIVES

Increase
Accessibility of
Family Planning
Services

Reduce Cost
Related Barriers

Strengthen Male
Engagement

Promote Youth
Centered
Information &
Services

Behavior Change
Communication

Cross Cutting
Strategies

Quality Assurance

Electronic and Mobile
Health

OUTCOMES

- **3000** more providers (by type) offering wide range of quality FP services
- **10%** increase in CPR in intervention area
- **100,000** additional new Users
- **400,000** couples provided with FP services
- **1.4 million** quality FP services provided
- **10%** decrease in discontinuation of contraceptive use in the intervention area
- **5 million** population Reached with FP messages
- **20%** FP knowledge increased in intervention area
- **Commitment solicited** for FP policy and practice improvements

Punjab Population Policy Goals

2020

- Lower wanted family size to 2.5 through an effective communication and education programme
- Achieve a fertility level of 3.3 births
- Enhance CPR from 41% to 55

2030

- Strive to attain replacement level fertility of 2.1 births.
- Raise CPR to 60%
- Ensure Universal Coverage to safe and quality FP and RH services to the most remote and far flung areas of the Province by 2025

Strategic Objectives

Building on the recommendations of the background paper and the strategic directions drawn from technical consultations and secondary research, the following strategic objectives have been identified for PPIF supported interventions;

1. Increase Accessibility of Family Planning Services

Expanding access to family planning (FP) at the community level is a priority strategy for accelerating progress towards achieving Millennium Development Goals (MDGs), particularly goal 5b, which emphasizes upon the universal access to reproductive health (RH), including FP services. However, the achievement of universal access to FP and RH services remains a major challenge because most segments of the population in Pakistan, particularly Punjab (64%) are rural communities, where the demographic determinants including health infrastructure, human resource, and financial support for health are very poor and availability of family planning products and services is currently far from universal. Findings of the Population Council's recent landscape study (2016) indicate that there are not enough health facilities to begin with, especially in the public sector. The public service delivery for provision of contraception in these far-flung areas is limited to only 31% of married women of reproductive ages (MWRAs) by family health clinics and 12% MWRAs by lady health workers.³ Of those available, large proportions, especially in the private

sector, are not providing any family planning services in both rural and urban areas. 82% of private static facilities are not providing wide range of FP services.⁴

PPIF will develop new formal partnerships with public and private providers and invest in bringing family planning services to where people live and work through door-step delivery models such as social franchising and marketing of private providers, social entrepreneurship and mobile services to improve the accessibility for family planning services. It will implement interventions which provide a wide range of FP services through an aggregated network of pharmacies/drug hops and private health service providers and explore the opportunity of integrating with other development programs specifically immunization, post partum & post abortion.

2. Reduce Cost Related Barriers for the non-affording

Globally, unwanted fertility is more common among poor, rural, and uneducated women than among their well-off, urban, and educated counterparts, although this disparity is much smaller in countries with strong family planning programs.⁵ Evidence suggests that dependency ratio and household size have a statistically significant affect on poverty status while contraceptive use has the greatest impact on fertility and dependency ratio in Pakistan.⁶ According to the Punjab MICS survey, wealth is directly related to fertility rate; fertility for the lowest wealth quintile is 4.5 births per woman as compared to 2.7 for the highest while the unmet need figures for the lowest and

³ PDHS 2012-13

⁴ Landscape Analysis, Population Council, 2016 (Page 64)

⁵ Bongaarts, 2015

⁶ FP2020 goals, Age Structural Changes and Poverty Reduction Strategies in Pakistan, 2014

highest wealth quintile stand at 22% and 14.3% respectively.⁷ Moreover, poor and rural residents with unmet need are faced with lack of local providers who have sufficient contraceptive information and choices. For instance, despite the existence of affordable government family planning facilities, it is difficult to ensure that quality services are affordable and people can choose, obtain, and use contraceptives whenever they want them.

PPIF will ensure that family planning services are accessible especially for the poor and the marginalized. It will implement interventions that focus on clients' financial decision-making for e.g. vouchers that can be redeemed at trained private health service providers and/or family planning included in health insurance. It will further explore the opportunity of integrating with poverty alleviation and other social development programs for enhanced service provision while also reinforcing the message that family planning can be an effective approach contributing to broad development goals of poverty reduction.

3. Strengthen Male Engagement

Despite husbands predominantly being the decision makers of the household and their understanding of family planning significantly affecting women's use of contraception, most family planning programs in Pakistan are still largely directed at women with limited opportunities for men to acquire information, counselling, and services. The fertility preference of men is increasing and currently stands at 3.8 births per woman as compared to that of women

which is 2.8.⁸ Additionally, male attitudes towards FP can affect contraceptive use indirectly. In the absence of explicit communication, women often incorrectly perceive that their partners are opposed to FP and therefore use contraception without telling their partners or don't use contraception at all. Research demonstrates that working with men and boys as well as women and girls to promote gender equality contributes to achieving health and development outcomes.⁹ Hence, engaging men in family planning programming is critical to address the socio-cultural barriers, which can severely limit their capacity to support their wives' adoption of family planning methods.

In lieu of the current situation and the increasing trend in men's fertility preference for birth spacing and limiting family size in Punjab, PPIF will focus on engaging men where they live, work and recreate and enhancing couple communication. It will also work closely with the private and public sector to develop and test innovative business solutions for expanding method choice and creating accessibility for client centered family planning services by integrating family planning into women empowerment and/or male focused programs.

4. Promote Youth Centered Information & Services

Youth have not been the focus of reproductive health information and communication campaigns in Pakistan. Young people who are able to exercise their sexual rights, including by accessing services, have the potential to be agents of change by challenging prejudices and

⁷ MICS Survey Punjab 2014 (http://bos.gop.pk/system/files/7.Reproductive_Health.pdf)
⁸ Pakistan Demographic Health Survey, 2012-13

⁹ Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned, January 2013

contributing to social cohesion and public health. Low levels of information combined with an early age of marriage and low CPR (13% in Punjab) has led to a high incidence of pregnancy among married women of reproductive age (15 to 19 years)¹⁰. There is a dearth of effective strategies and programs to reach distinct groups of adolescents such as married and unmarried, rural and urban, and younger and older youth.

PPIF envisions a world in which young people are empowered, included, and supported in the family planning community for years to come. This includes providing young people with the tools they need to effect change. PPIF is committed to working with young people by expanding access to quality information through increased channels, integration with education programs, knowledge generation on changing youth needs and most importantly creating structures to ensure meaningful and sustainable youth engagement on family planning at all levels.

5. Social & Behavior Change Communication

Social and cultural barriers limit the acceptability and uptake of FP services. Community norms about gender roles and inequitable power dynamics may limit women's ability to make autonomous decisions about their fertility. Community norms around ideal family size may also affect the ability of couples to delay and space births and limit the number of children they have. Interrelated social norms concerning gender, tradition/modernity, religion, social status, age, education and employment status, etc. are important factors influencing

¹⁰ MICS Survey Punjab 2014 (http://bos.gop.pk/system/files/7.Reproductive_Health.pdf)

¹¹ Landscape Analysis, Population Council, 2016

family planning and contraception use. In the Landscape study conducted by Population Council it was found out that 38 percent of urban pharmacies, 22 percent of rural pharmacies, and 21 percent of shops surveyed in Lahore were not selling contraceptives because it was perceived as impermissible in Islam.¹¹

Recognizing this gap, the PPIF will design future programs with effective SBCC components, paying particular attention to important demographic variables to ensure the appropriateness of SBCC messages. PPIF will strengthen the knowledge base through multiple information channels about FP in communities by identifying and demystifying FP misconceptions, addressing social barriers and increasing channels of access to correct information at all levels for the youth, men and women. PPIF will further advocate by targeting key institutions, engaging parliamentarians and community and religious networks. Leading collaborations within civil society, PPIF will generate new political commitments and ensure that they are effectively implemented.

Cross Cutting Strategies

6. Quality Assurance

Over the last few decades, the landscape of FP has evolved dramatically, driven by growing attention to client-centered care, client rights, and the value of complete information and client engagement. Studies of contraceptive discontinuation rates have indicated that - with the exception of the desire to become pregnant - the principal reason for discontinuation is dissatisfaction with the quality of services.¹² Findings

¹² Blanc AK, Curtis SL, Croft TN: Monitoring contraceptive continuation: links to fertility outcomes and quality of care. *Stud Fam Plann.* 2002, 33 (2): 127-140. 10.1111/j.1728-4465.2002.00127.x.

indicate that past users with unmet need are deterred by their experience of poor quality of health services in Punjab, which has convinced them they will not find adequate support from the health system should they experience side effects again.¹³ The discontinuation rates in Punjab especially for long acting reversible contraceptives (LARC) are alarming i.e. 37%.¹⁴ Moreover, the private sector in most of the cases does not provide a wide range of contraceptive services and are not trained to provide adequate information and counselling. Even a significant proportion of pharmacies do not sell contraceptives and those that do sell usually offer a very narrow range of options.¹⁵

Therefore, a greater focus on improving access to quality family planning services would be a more effective and practicable strategy for increasing contraceptive prevalence in the province. PPIF will emphasize on quality of service provision through respectful and client-friendly services, adequate counseling and information facilities and greater contraceptive choice by its service providers.

7. Electronic and Mobile Health

With the extensive penetration of mobile technology and growing digital literacy (1 Million users are being added to the 3G/4G network monthly¹⁶), the need for information so frequently voiced by women, men and youth can be harnessed. For wider coverage, the information needs to be disseminated through multiple

networks and channels that are both accessible and provide some measure of privacy. In unserved communities in particular, mobile applications can be valuable sources of both information and advisory services.

PPIF will utilize social media, mobile apps, and other routes of communicating that could form the basis of solutions that are easy to implement and upscale. The apps or communications platforms could become the “go to” for improving knowledge of individual contraceptive methods and linked with pharmacies, helpline and service delivery points.

Expected Outcomes¹⁷

- **3000** more providers (by type) offering wide range of quality FP services
- **10%** increase in CPR in intervention area
- **100,000** additional new users
- **400,000** couples provided with FP services
- **1.4 million** quality FP services provided
- **10%** decrease in discontinuation of contraceptive use in the intervention area
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- **20%** family planning knowledge increased in intervention area
- **Commitment** solicited for family planning policy and practice improvements

¹³ Landscape Analysis, Population Council 2016

¹⁴ Pakistan Demographic Health Survey 2012-13

¹⁵ Landscape Analysis, Population Council, 2016 (Page 56)

¹⁶ Pakistan Telecommunication Authority Annual Report 2017

¹⁷ The expected outcomes (if required) will be revised annually subject to availability of funding and impact evaluation.

Geographic Location

While the unmet need for family planning has been reported in both urban and rural areas and across all districts of Punjab with considerable diversity across the province, geographic locations with; low CPR, high unmet need and that are underserved by public and private sector will be prioritized. The selection among the 36 districts of Punjab will also be based on a rigorous beneficiary segmentation and evaluation through secondary and, if needed, primary research.

Scale

PPIF has adopted a two pronged strategy;

1) Innovation to Scale: In its earlier phase, PPIF will focus interventions on relatively smaller and clearly demarcated areas for closer monitoring and to demonstrate impact within a shorter time frame of up to 18 months. A new idea, model or approach is embodied in a pilot project with limited

impact. By learning from its pilot interventions, knowledge about what does and does not work will be harnessed and disseminated by PPIF. The knowledge sharing process will be used to scale up field tested innovations through expansion, replication and adaptation with multiple impacts.

2) Scaling Up Best Practices: Simultaneously, evidence based approaches will be applied whilst integrating with health and other development initiatives, leveraging on high outreach programs and replicating best practices. Global, national and provincial level public and private, traditional and emerging partners will be engaged in innovative integration opportunities. Going forward, the PPIF would include resource mobilization as part of its strategy for achieving scale. It will enable the organisation to better harness the knowledge that exists throughout the sector in terms of technical knowledge and contacts with funding partners to generate resources for the set priority objectives.

