

POPULATION POLICY

ABBREVIATIONS

CPR	Contraceptive Prevalence Rate
FP/RH	Family Planning/ Reproductive Health
MIS	Management Information System
MMR	Maternal Mortality Rate
M&E	Monitoring and Evaluation
NCPW	National Commission for Population Welfare
NGO	Non-Governmental Organization
PDHS	Pakistan Demographic and Health Survey
NIPS	National Institute of Population Studies
PGR	Population Growth Rate
PWD	Population Welfare Department
TFR	Total Fertility Rate
IPC	Inter-personal Communication
FWC	Family Welfare Center
FWW	Family Welfare Worker
MSU	Mobile Service Unit

OVERVIEW

Pakistan is the sixth most populous country in the world with an estimated Population of 184.35 million in 2012-13 and is expected to attain 5th position by 2050. The Population Growth Rate in Pakistan during the fiscal year is estimated as 2.0 percent in the Economic Survey of 2012-13.

Prior to 18th Constitutional Amendment, the policy and planning of Population Welfare Program rested with the Federal Government. The Government of Pakistan, as a policy, recognizes the need to have a stabilized population. A variety of factors impeded the smooth decline in fertility which included fluctuating political support, low literacy particularly among women, socio-cultural, religious factor, and prevalence of high poverty and sense of insecurity. The positive signal of fertility decline is overtaken by devolution scenario demands new dynamic policies and strategies to address population stabilization.

Balochistan has a population of over 8.5 million and this population is scattered in nature where major cities like Quetta are over populated with regard to its infrastructure. The rise in absolute population size during 1990s and 2000s is the outcome of previous high growth rate and has neutralized most of the past developmental investments. The contraceptive prevalence rate showed modest increase from 14.5 percent (PDHS 2006-07) to 19.5 percent (PDHS 2012-13). Though 92 percent of the population is aware of at least one method of family planning, the unmet need in Balochistan remained at 31.2% (PDHS 2012-13), which is highest in the country. This is largely on account of lack of universal availability and accessibility of Family Planning/Reproductive Health Services. PDHS 2012-13 reveals that there is a strong desire to regulate fertility and not availing contraceptive services at the same time, leads to unwanted pregnancies resulting in recourse to induced abortions. This phenomenon when observed in relation with high unmet need , demonstrates the need for improving access to quality family Planning/reproductive health services.

VISION

A prosperous, healthy, educated, and knowledge-based society for Balochistan where every pregnancy is planned, every child is nurtured and cared for that enjoy quality of life.

GOAL

The Population welfare programme of Balochistan seeks to achieve population stabilization and sustainable human development in the province by the year 2025.

MISSION

The Population Welfare Programme in Balochistan strives to provide high quality and voluntary family planning and reproductive Health Services at accessible and affordable terms to all segments of the society on the one hand and creates awareness among the masses of the province about hazards of overpopulation through print and electronic media on the other hand

OBJECTIVES

The policy has both short term and long term objectives.

Short term objectives(targeted year 2020):

- Achieve universal access to safe and quality Reproductive Health/Family Planning Services.
- Increase Contraceptives Prevalence Rate from 20% to 25%.
- Decrease total fertility rate from 4.2 to 4.0 births per woman.
- Reduce Population Growth Rate from 2.05% to 1.8% per annum.
- Reduce early marriages, promote breastfeeding, and avoid later age pregnancies.

(Source: Pakistan Demographic & Health Survey (PDHS 2012-13))

Long Term Objectives (Targeted year 2025):

- Raise contraceptive prevalence rate from 20% to 30%
- Attain replacement level fertility by 2040.
- Reduce annual Population Growth Rate from 2.05% to 1.8%
- Reduction in reproductive morbidities and mortalities
- To achieve 100% registration of births/deaths, marriages and pregnancy by 2040.
- To achieve stable population in the province by 2025/2050.

ASSUMPTIONS

The policy is based on following assumptions:

Sustained political commitment and ownership for FP, RH and Population issues
Resource availability for the population program

Broad based support by all sectors(public/private)

A legal framework and institutional arrangements for the Population Welfare Programme in the province.

GUIDING PRINCIPLES

The policy 2015 shall be implemented in collaboration with the private sector and civil society, and in such a way that conforms to the national development priorities. Considering the crosscutting nature of the population issue, participation of all the public sector stakeholders in implementation of the Policy 2015 would be encouraged and supported in addition, necessary mechanisms would be evolved to see the support of elected representatives and communities for efficient and effective implementation of the Policy 2015. Furthermore, academic and research institutions would be involved in monitoring the progress made by the Policy 2015. The guiding principles to be adopted for achieving the goals of the Policy 2015 include the following:

Enhancing access to and improving Quality of FP/RH services

Contraceptives commodity security

Advocacy and Demand Generation

Human Resource and Programme Management

Research and Evaluation

Public-Private Partnership

Mainstreaming Population in Development Planning

Monitoring

ENHANCING ACCESS TO AND IMPROVING QUALITY OF FP/RH SERVICES

The policy 2015 aims at filling the critical gap in access to family planning/reproductive health services through upgrading, expanding and integrating service outlets managed by different stakeholders. This would help bring the services closer to the target population. The would help bring the services closer to the target population. The major stakeholders include the Provincial Departments of Health, Provincial line departments, social marketing companies, private sector health professionals, population experts and civil society organizations.

CONTRACEPTIVE COMMODITY SECURITY

Ensuring commodity security to cater to national needs for at least five years and uninterrupted availability of a complete range of contraceptives at affordable prices at all facilities is the lifeline of family planning services. In view of the projected increase in contraceptive uptake, additional contraceptive requirements are anticipated in coming years. The present commodity security and supply chain management system would be improved further and sustained to avoid overstocking and stock outs at any level and any time.

ADVOCACY AND DEMAND GENERATION

The programme has achieved a universal level of awareness, but there still exists a wide gap in the knowledge (of at least one method) and practice of family planning. The communication approach has to take this into consideration, and develop evidence-based, audience-specific and vibrant campaign to bring about necessary changes in attitudes and behavior. The media with its fast growing role in disseminating information, building public opinion and shaping societal behavior would be used to play a vital role in projecting and promoting voluntary adoption of small family norms and responsible parenthood. The promotion of pregnancy spacing requires special communication initiatives that emphasize its positive impact on maternal and child health. Pregnancy spacing is also in line with religious precepts and, thus, it provides a strong framework to solicit support of the religious community. A strategy would also be devised to bring about positive changes in attitudes and behavior towards the use of male contraceptives.

HUMAN RESOURCE AND PROGRAMME ANAGEMENT

Effective and efficient management with well-defined responsibilities and commensurate financial and administrative authority at all levels, linked with performance-based assessment and accountability, is vital to the success of the Programme. Being a social change activity, the Programme requires professional human resource to carry out a wide range of specialized function. Therefore, it would focus on human resource management in line with the emerging role of Provincial Department of Population welfare. This has become even more necessary post 18th amendment.

RESEARCH AND EVALUATION

drawing upon research on different aspects of reproductive health, family planning and fertility transition, the Policy 2015 recommends an evidence-based approach for the Programme. It also encourages institutionalizing research on reproductive health and family planning to enhance the knowledge base for improved policies and programmes. Future research would focus on how fertility transition could be accelerated in the shortest possible timeframe. Research on improving access to services and addressing socio-cultural barriers would also be carried out to improve implementation of the Programme. Similarly, clinical and biomedical research would also be conducted to introduce new family planning methods. Furthermore, research on social mobilization, male involvement and innovative communications would be promoted.

PUBLIC-PRIVATE PARTNERSHIP

Extending support to public-private partnerships is critical to expand reproductive health, including family planning services rapidly. The existing focus of the Programme on the private sector would be replaced with an innovative approach, so that collaboration could be enhanced in those areas where reproductive health services are required. The partnership would focus on extending outreach to rural areas and deepening efforts in urban slums. The approach would bring into its fold public sector organizations, corporate bodies, industrial concerns, private medical practitioners, and civil society and NGO networks. Furthermore the community-based service delivery model partnering with the community for setting up village-based service facilities would be adopted. Efforts would also be made to enlarge the social marketing network so as to encourage healthy competition. The vast social network of RSPs (Rural Support Programmes) and other CSOs/NGOs would also be involved for social mobilization.

MAINSTREAMING POPULATION IN DEVELOPMENT PLANNING

A population policy impacts all spheres of economic and social life. It is evident from the inter-linkages between population and development that demographic trends are, on the one hand, determinants of socioeconomic development and, on the other, are determined by it. Providing support to the social sector is, thus, critical to realizing the goals of the Policy 2015. This includes building strong linkages between population and other social sector areas. Female education, in particular, is vital for achieving fertility transition. This is evident from the fact that the lack of emphasis on female education in Pakistan in the past has adversely affected the pace of fertility transition. Similarly, limited female employment has not allowed the country to accrue the benefits of women's positive association with fertility transition. Investing in young people so that they could develop marketable skills has also remained an unattended area in Pakistan, limiting their productive involvement in the society. In addition, rapid urbanization is putting an unprecedented pressure on the policymakers to cater to the growing need for services and amenities. The projected urbanization growth over the next two decades encompasses massive internal migration patterns and necessitates innovative population redistribution policies, such as building new towns and industrial zones. To address these issues, the institutions of the Programme would be strengthened, and all the stakeholders be brought on one platform reviewing the Programme and monitoring the progress made on goals and objectives. This would help evolve an integrated service delivery strategy to achieve synergy and facilitate reaping of the demographic dividend.

MONITORING

The programme would adopt the results-based monitoring mechanism, to ensure that processes and outputs contribute to the achievement of clearly stated programmatic objectives. This approach would shift the focus of monitoring from outputs (number of contraceptives distributed, number of clients contacted and recruited, etc.) to outcomes (increase in the CPR, etc.). Putting emphasis on outcomes is also important to engage stakeholders and build partnerships to achieve shared objectives. The monitoring framework would specify the indicators of input, service delivery process and output, which would be observed and followed up regularly at the tehsil, district and division levels. The monitoring process, in order to be result-oriented, would also institutionalize the capacity to track and concurrently follow up the progress made in important aspects of the Programme.

CHALLENGES

The population programme Balochistan is confronted with multidimensional challenges viz-viz in social, political and economic arenas. The prevalence of high level illiteracy in the province, particularly in the rural areas largely impeded the progress of the programme in the province. The tribal set up of the society, and the hurdles by the religious elements also decelerated the expansion of the programme. The lack of political will to the programme is another major challenge to its implementation throughout the province.

IMPLEMENTATION STRATEGIES

The implementation strategies identify following areas for implementation and immediate action:

- Effective and efficient inter-department coordination
- Focus on community level interventions for IPC and service delivery for access to quality of services to restructure and reposition the facilities of population welfare department
- Ensure contraceptive commodity security
- Continue with demand generation and advocacy campaign
- Accelerate training and capacity building programme
- Mainstream population in development planning of the province

INTER-DEPARTMENTAL COORDINATION

Coordination committees will be established at provincial and district levels and made functional to foresee mapping exercise of service delivery points and identification of under-served or un-served communities provide guidance for elimination of duplication, linking of communities (under or un-served) with FP services by adjusting location of FWCs enhancing the scope and role of FWCs to cover essential maternal and infant health care along with FP services, revitalizing the role of LHWs toward FP services by promoting HTSP (healthy timing space in pregnancies) counseling, and close supportive supervision of all service facilities. Some important measures include:

Establishing a forum to bring the stakeholders together to review programme and share goals/ objectives for evolving an integrated service delivery enhance synergy. Both the departments to take lead role and encourage and support activities areas where initiatives are needed'

- Revisit and revise SOP's/TORs service delivery provision in line with integrated service delivery action plan for initial acceptance, follow-up care for continuation and to maintain longitudinal record of clients once registered as acceptors.
- Establish effective in the district both in the public and private sector by type of facility, extent and nature of service facility staff and for geographical coverage/access.
- Review and assess the role of social marketing, private sector and civil society to ascertain their contribution, geographical coverage. Institutionalize a system for experience sharing and how further enhance their support for the programme.

(Stakeholders include departments of population welfare, health, Social welfare, finance; BRSP, social marketing companies, local and I-NGOs implementing in province, private sector companies, and civil society members)

Monitoring and Evaluation

Population programme will adopt result based monitoring (RBM) mechanism, to ensure that processes and output contribute towards the achievement of clearly stated programmatic objectives and integrate lessons learnt into decision making.

Each Programme component will clearly spell out its desired results which will be assessed against outcomes. This approach will shift the focus of monitoring from outputs (number of contraceptives distributed, number of clients contacted and recruited) to outcomes (proportion of clients contacted, contraceptive prevalence rate, etc.) Putting emphasis on outcomes is important for the department to engage stakeholders and build partnership to achieve shared objective. The approach facilitates the department's role to oversee the nature and quality of population sector activities of all stakeholders and its adds to investment efficiency and effectiveness.

Focus will be on compiling district profiles, collate and analyze data for programme review and local decision making. The data compilation will include community needs assessments, sample studies and client satisfaction surveys and rapid assessment exercise for regular and provide independent information, in addition to data from programme management information system. Two-way flow of information based on these measures would be adopted to improve services and care.

Evaluation of the Population Department through credible independent third party research organization is envisioned at regular intervals.

The Population Welfare Department will establish regular annual forum to identify research agenda and to review research findings regarding RH and FP care in order to understand the ground situation and translate relevant findings for programme improvement. The forum will bring together researchers and planners specially from the field to build their interest and analytical capacities for understanding and interpreting research findings to link with implementation process. Higher education and training in research methodology and data analysis, and interaction among researchers will be encouraged to promote understanding of the policy makers, academicians, researchers and programme managers. Education in demography will be actively encouraged among young professionals

Enhancing access and Quality of Service Delivery

The policy attaches special priority to enhancing access to family planning information and services by all stakeholders to achieve fertility transition as a collective responsibility. Efforts will be directed to evolve consensus among all stakeholder for commitment and support to achieve stated goals and objective.

Department of health and PPHI will

- ❖ Make available birth spacing/FP services where antenatal and postnatal care and child immunization are administered.
- ❖ Include contraceptives in the essential drug list.
- ❖ Dispense contraceptive services as part of primary health care.
- ❖ Provide FP services as per requirements and adhere to standard protocols.
- ❖ make necessary space available for FWCs to be fully functional within health facilities

Recognize the need for devotion of time to motivation and counseling as a linchpin to acceptance of birth spacing.

all stockholders will ensure availability of quality family planning services and commodities including emergency contraception at their facilities both in the public and private sectors.

- i. Promote post-partum family planning services in public and private sector facilities where deliveries are conducted.
- ii. Enhance public-private partnerships to extend out-reach to rural areas and deepen efforts in urban slums, with focus on involving private providers, private organization and industrial concerns.
- iii. Contract-out to facilities of FWCs/MSUs to enhance coverage and performance through innovative models.
- iv. Shift thrust of expansion of service delivery outlets from urban to peri-urban and rural areas, with a focus on outreach/ community based service delivery, with equal emphasis for urban slums.
- v. Mobilize corporate sector Organizations, Private sector and civil society organization to provide FP/RH services along with information especially in the under and un-served areas.
- vi. Develop partnership with rural support programmes for community mobilization for information and service provision workout a joint monitoring mechanism to assess performance regularly for adjustment and improvement.
- vii. Include provision for post Abortion care in policies guidelines, protocols and standards for health facilities at all levels.
- viii. Encouraging innovative initiatives to enhance easy access to family planning services especially me

IMPROVING QUALITY OF SERVICES

All stakeholders to ensure adherence to national standers and protocols.

- a) Regular monitoring and reporting of client satisfaction.
- b) Strengthen Training Institutions to improve management training.
- c) Reinforce community and social mobilization role in training and its application by front line workers.
- d) Focus on quality of service and Client Centered training
- e) Decrease barriers to access to family planning.
- f) Persuade Department of health to include family planning in policies, guidelines protocols and standards related to care for miscarriages/post abortion care.

RESTRUCTURE REPOSITION POPULATION WELFARE DEPARTMENT FACILITIES

To enhance the image and utilization, population welfare department will re-orient FWCs towards fulfilling RH package especially the maternal and child needs in addition to establishing direct close links with communities they serve. The focus of these centers will be on family well-being new protocols and requirements for these centers will be developed for guidance and practice. The recent experience of shifting FWCs to BHUs/RHCs shows that LHV not only fulfilled their family planning responsibilities but lead to serious duplication of services. Dept of Health will provide all necessary support to ensure FWCs fully operational and complement LHVs role towards antenatal and post-natal tasks. LHVs will refer all cases of FP to FWCs. Revitalized FWCs will be relocated in un-served neighborhoods based mapping exercise. FWCs staff will be provided specific refresher on maternal and infant health matters, social mobilization, working with community, and effective client counseling. Post-partum FP will be promoted by FWWs. Enriching the FWCs scope of work (social mobilization, counseling, etc) requires additional support and close supportive supervision to aid and the real work situation.

Population welfare program has invested heavily in establishing reproductive health services centers across the province. To-date 11 such centers exist at DHQ hospitals. In addition, such centers are also managed by NGOs and para-statal organization. These facilities will work closely with the Gynea-ob department to promote family planning especially post-partum methods like IUCDs. Protocol of working relationship between RHS-A centers will be rationalized according to need and in view existing financial situation.

The policy encourages all stakeholders to enhance access to family planning services through consolidation, up-gradation and adjustment of service outlets closer to the target. The focus will include.

ESTIMATED COST OF THE POLICY

The Population policy of Balochistan for the period 2015-2025 is an integrated part of National Population Policy and work in the ambit of national target set for the Contraceptive Prevalence Rate, Birth Rate, Death Rate, and Fertility Rate. The ultimate goal/objective of the Policy to achieve a manageable healthy, prosperous and educated population of the province of Balochistan thus achieve the quality of life of the people of Balochistan in line with the Sustainable Development Goals. This shall be done through provision of Quality of FP/RH services through improved Service Delivery Infrastructure and trained and qualified technical and non-technical staff.

Communication Strategy be revitalize and efforts shall be made to access the target population. Human Resources shall be utilized effectively and their capability shall be improved through continuous capacity development programme.

Evaluation and Research component of the programme be strengthened and be made effective.

Inter departmental coordination shall be strengthened and Health out lets of all department including Health Department shall be utilized and involved. Their staff shall be trained and integrated services shall be provided. Political commitment shall be sought and population welfare Programme shall be restructured and facilities shall be relocated as per need. These all efforts result in lowering fertility rate, increase in CPR and reaching population at the replacement level b 2030. the implementation of Balochistan Population policy require sufficient resource which is Rs. 17097.1 million during the whole period of implementation of policy 2015-2025.