Family Planning Compliance Monitoring
Pakistan Technical Brief

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Introduction

Pakistan's population has grown since the 1990s. It is now the world's fifth most populous country, but its health indicators have exhibited negligible improvement. Although Pakistan was the first country in the region to initiate a family planning (FP) program in the 1950s, with a goal to reduce the birth rate from 50 to 40 births per 1,000 people per year by 1970, it lags behind its neighboring countries in birth rate reduction. The contraceptive prevalence rate (CPR), or percentage of married women or men of reproductive age using FP methods at a particular point in time, is 34%; the rate has increased at a slow rate of 0.5% annually. The *Pakistan Demographic and Health Survey 2017-18* reported a 52% demand for FP and a 17% unmet need.[1] An increase in access to high-quality services and focused counseling—particularly for couples intending to space their pregnancies—can accelerate the CPR.

During the London Summit in 2012, Pakistan pledged to achieve universal access to reproductive health services and to increase the CPR from 35% to 50% by 2020. With donor support, the country accelerated the provision of voluntary FP services, and introduced new effective interval and postpartum FP methods, namely subcutaneous depot medroxyprogesterone acetate (a type of injectable contraception) and long-acting reversible contraceptives (implants and intrauterine devices). In addition, task-sharing initiatives were piloted among FP service providers to enhance provider efficiency and client access to services. However, in an effort to achieve Family Planning 2020 commitments, the government projected CPR targets for the provincial and district levels.

The push to achieve these projections posed the potential for vulnerabilities in maintaining the FP principles set by the US Government of voluntarism and informed choice (V&IC)[2] at the time of service provision. These principles are fundamental to all FP programs. They include respecting an individual's right to make decisions about the number and spacing of children, whether to obtain or decline treatment services, and what treatment services to select, with access to high-quality FP information and services, and without facing discrimination, coercion, or inequality. The informed choice process occurs when people have access to client-centered information, counseling, and services to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, and change. Ensuring V&IC in FP services and counseling protects client rights and increases clients' confidence and continuity of FP methods.

In Pakistan, the US Agency for International Development (USAID)'s flagship Maternal and Child Survival Program (MCSP) worked in Sindh, Balochistan, and Punjab provinces to improve accessibility, availability,

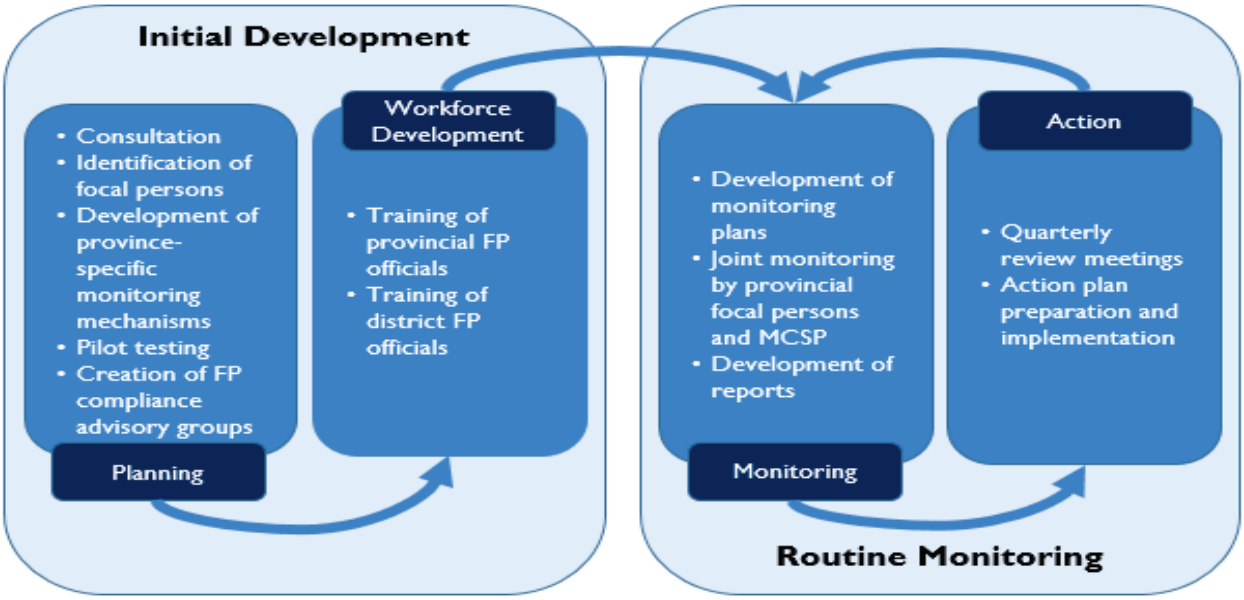
[1] Pakistan National Institute of Population Studies (NIPS), ICF. 2019. *Pakistan Demographic and Health Survey 2017-18*. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.
[2] US Agency for International Development (USAID). 2019. Voluntarism and Informed Choice. USAID website. https://www.usaid.gov/global-health/health-areas/family-planning/voluntarism-and-informed-choice. [June 2.]

and use of FP services, especially in underserved communities. MCSP implemented innovative approaches to strengthen the capacity of provincial departments of health (DOHs) and population welfare departments (PWDs) in providing FP services and enforcing the principles of V&IC in FP service provision. As the government acknowledged potential for challenges in maintaining the V&IC principles, MCSP took the lead in developing a robust FP compliance monitoring mechanism that ensured every client was able to make voluntary and informed reproductive health choices.

Methodology

In collaboration with the provincial DOHs and PWDs in Sindh, Balochistan, and Punjab, MCSP developed the FP compliance model and its tools, implementation mechanism, and reporting system, as well as learning resource materials and job aids for monitoring FP compliance. The dynamic compliance monitoring model follows two steps: initial development and routine monitoring. The model is shown in Figure 1, and each step is explained in further detail below.

Figure 1. MCSP family planning compliance monitoring model



Initial Development

In 2016, PERFORM, USAID's largest monitoring, evaluation, and learning project covering its entire portfolio, monitored FP compliance at select facilities within the DOHs and PWDs across the country and evaluated the level of FP compliance at the facility level. Based on PERFORM's 2016 report findings, MCSP assessed 50 select facilities across two provinces (Punjab and Sindh) on their level of adherence to the principles of V&IC in FP service delivery. The assessment findings and analysis helped MCSP conceptualize and devise an effective and efficient compliance monitoring model comprising the following steps.

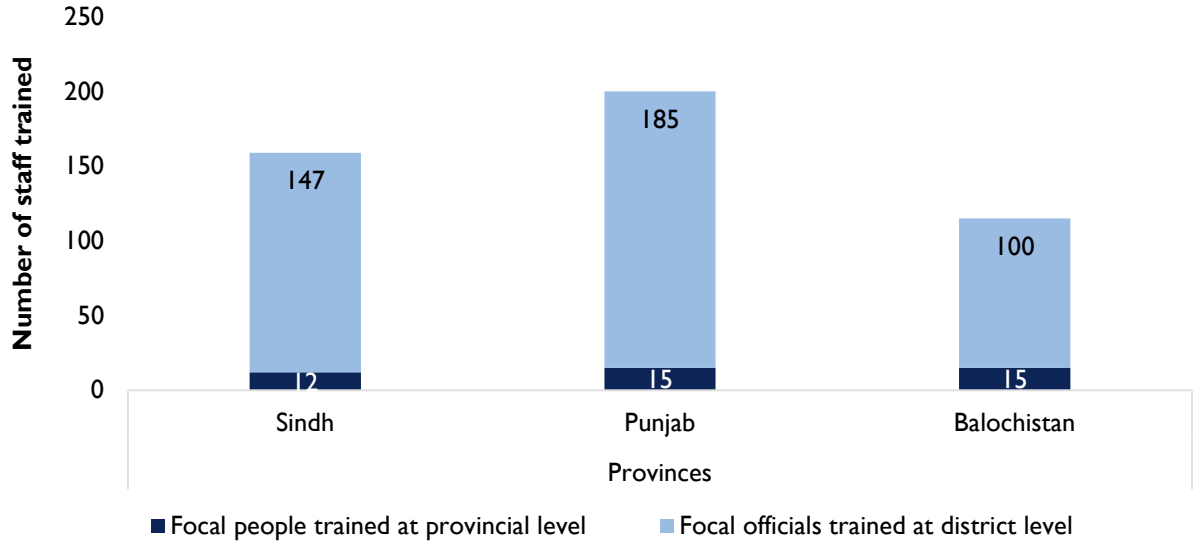
Planning

As the concept of regular, standardized monitoring of compliance to FP principles was a new idea in the public sector, MCSP held extensive consultations with both departments (DOH and PWD) to develop the monitoring mechanism. Each province designated provincial FP compliance focal people and district FP compliance monitors, whom MCSP oriented on principles of FP compliance. Together, MCSP and the provincial FP compliance focal people finalized province-specific monitoring mechanisms, including a checklist, reporting tools, and follow-up processes. All checklists and tools were tested before implementation. Furthermore, the director generals of both of the departments created an FP compliance advisory group at the provincial level, with the mandate to provide technical assistance to improve and strengthen FP service delivery (see Figure 2).

Workforce development

After finalizing the monitoring mechanism, with the support of MCSP, provincial FP compliance focal people were engaged in building the capacity of district FP compliance monitors in both departments (DOH and PWD) to enhance their understanding of FP principles of V&IC. These district FP compliance monitors involved in overall monitoring functions in their department gained an in-depth understanding of FP compliance principles. They also learned how to use monitoring tools and mechanisms, and how to develop an action plan based on the monitoring findings. With MCSP's technical support, all district FP compliance monitors incorporated specific FP compliance monitoring indicators and visits into their routine monitoring plans and schedules. Figure 3 shows the number of government officials, at provincial and district levels, trained in three provinces.

Figure 3. Number of staff trained at provincial and district levels



Routine Monitoring

Members of the advisory groups developed detailed provincial routine monitoring plans in consultation with relevant departments. Plan implementation includes the following two steps (also reference Figure 1 above).

Monitoring

Provincial FP compliance focal people and MCSP team members conducted joint monitoring visits at the facilities (see Figure 4).[3] Monitoring visits included in-depth interviews with facility-based service providers, group discussions with lady health workers, direct observations of client-provider interactions, exit interviews with clients, and debriefing meetings with relevant district officers. All visited health facilities were found compliant with the FP principles of V&IC during these visits. The monitoring team developed and shared detailed reports, laying out a road map to address identified needs, such as trainings/refreshers for service providers; information, education, and communication (IEC) materials; and sufficient levels of stocks at health facilities.

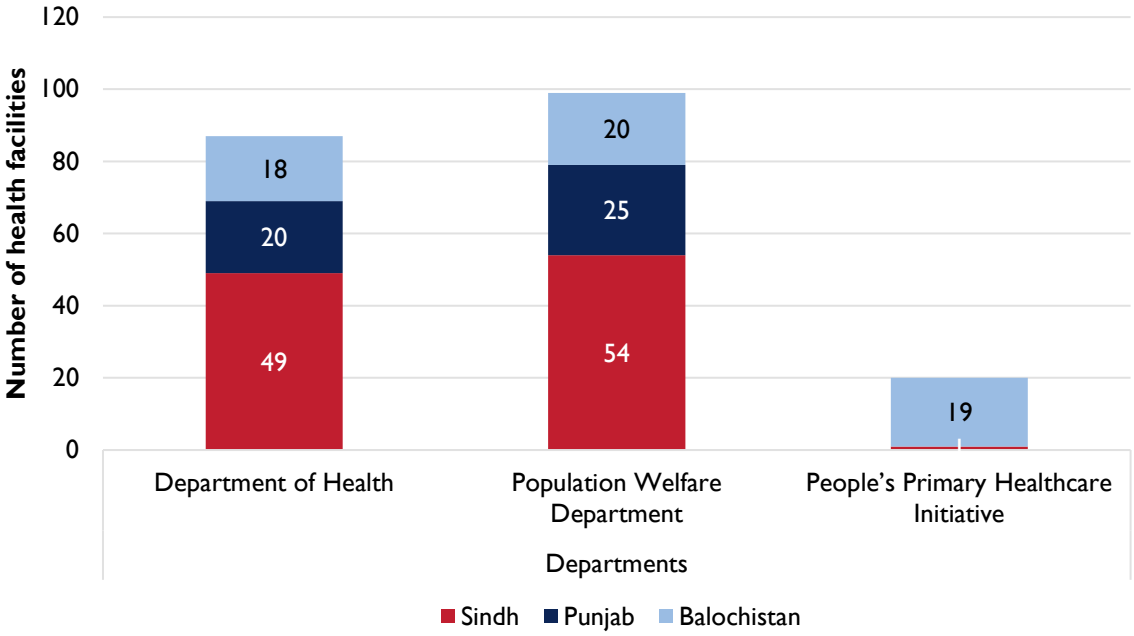
Action

The detailed monitoring reports were shared with relevant higher officials (i.e., director generals of the DOHs and PWDs) during quarterly FP compliance advisory group meetings, conducted with MCSP support. The advisory group proposed action plans to the relevant departments to address identified needs and established follow-up mechanisms to track progress in ensuing quarterly meetings. The groups were able to address some

[3] MCSP worked with the People's Primary Healthcare Initiative, an autonomous body assigned by the provincial government to manage primary care facilities. Basic health units managed by the initiative are included in the DOH numbers for Balochistan and Sindh.

needs, such as availability of IEC materials and job aids, during these meetings. For concerns such as frequent stock-outs and transfers/postings of skilled providers to facilities in need, action-oriented proposals were submitted to higher authorities for consideration and approvals. Commodity security and continuation of trained providers help compliance with V&IC principles.

Figure 4. Health facilities visited in the three provinces stratified by departments



Results

Implementation of MCSP's FP compliance monitoring model resulted in the following:

- All interviewed service providers demonstrated an in-depth understanding of the principles of V&IC.
- Repeated discourse on the FP principles of V&IC increased policymakers' understanding, resulting in FP compliance monitoring being included in DOHs' and PWDs' existing monitoring systems in Sindh and Balochistan.
- The DOHs and PWDs in Sindh and Balochistan issued notifications to reinforce the adherence to FP principles in service provision, resulting in improved compliance to FP principles at facility level.
- Quarterly meetings resulted in strengthened coordination between both departments that is important to improve stock sufficiency at the facility level.

Recommendations

To maintain FP compliance monitoring and adherence after MCSP's closeout, the project recommends the following:

- The government should develop a comprehensive FP compliance toolkit containing learning resource packages, monitoring and reporting tools with guidelines, job aids for facility- and community-based providers and health managers, and IEC materials to further support health systems.

- Official notifications should be issued by the government for inclusion of principles of FP compliance as a mandatory module of all FP trainings of service providers, community workers, and health managers so that they thoroughly understand the importance of the subject and ensure provision of client-centered, voluntary FP services.
- FP programs should ensure availability of IEC materials at facilities to facilitate clients' V&IC in uptake of FP services.
- The government should undertake all necessary actions to empower clients with knowledge of their rights to strengthen choice, agency, and decision-making for service utilization and continuation.
- The DOHs and PWDs must ensure that FP service providers are skilled in the provision of all available contraceptive methods to prevent providers from delivering only those services with which they feel competent.
- The DOH must undertake all necessary actions to address frequent stock-outs of FP commodities across all three provinces to ensure availability of expanded method mix and to protect women's contraceptive preferences during different stages of their lives. Facility in-charges and providers who are engaged in stock management should be trained in supply chain management, which includes completing Contraceptive Logistics Management Information System entries/reports and forecasting needs.

Conclusion

Every woman should be able to enjoy her fundamental right to choose her preferred method of FP. Clients should not be a passive recipient of FP services; instead, they should be empowered to practice their will and rights with respect and dignity. FP compliance monitoring ensures clients' preference is valued and that FP service targets, coercion, and incentives are abolished. All current and prospective FP programs should ensure that clients' rights, choice, and agency are valued through strict implementation and monitoring of FP principles of V&IC.

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