

POSITION PAPER

# Improving Budget Availability

FOR FAMILY PLANNING PROGRAMMING  
IN KHYBER PAKHTUNKHWA, PAKISTAN

JULY 2021



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## Acronyms & Abbreviations

ADP	Annual Development Program
ASFRs	Age-Specific Fertility Rates
BHUs	Basic Health Units
CCI	Council of Common Interest
CIP	Costed Implementation Plan
cLmis	Contraceptive Logistics Management Information System
CM	Chief Minister
CPR	Contraceptive Prevalence Rate
DAFPAK	Delivering Accelerated Family Planning Program in Pakistan
DHPMTs	District Health and Population Management Teams
DoH	Department of Health
DPWO	District Population Welfare Officer
FALAH	Family Advancement for Life and Health
FATA	Federally Administered Tribal Areas
FCDO	Foreign, Commonwealth and Development Office
FMOs	Female Medical Officer
FP	Family Planning
FP&RH	Family Planning & Reproductive Health
FPAP	Family Planning Association of Pakistan
FSM	Forum for Safe motherhood
FWCs	Family Welfare Centres
IHP	Integrated Health Project
IMR	Infant Mortality Rate
IRMNCH & N	Integrated Reproductive Maternal, Newborn and Child Health Program and Nutrition
KP	Khyber Pakhtunkhwa
LG&CD	Local Government & Community Development
LHWs	Lady Health Workers
LJCP	Law and Justice Commission of Pakistan
LMOs	Lady Medical Officer
LoU	Letter of Understanding

mCPR	Modern Methods Contraceptive Prevalence Rate
MMR	Maternal Mortality Ratio
MoNHSR&C	Ministry of National Health Services, Regulations and Coordination
MoU	Memorandum of Understanding
NIPS	National Institute of Population Studies
NMDs	Newly Merged Districts
P&D	Planning & Development
P&SHD	Primary & Secondary Healthcare Department
PBS	Pakistan Bureau of Statistics
PDHS	Pakistan Demographic and Health Survey
PPHI	Peoples' Primary Healthcare Initiative
PWD	Population Welfare Department
RH	Reproductive Health
RHCs	Rural Health Centers
RTI	Regional Training Institute
SDGs	Sustainable Development Goals
TFR	Total Fertility Rate
TWG	Technical Working Groups
UNFPA	United Nations Population Fund
WWW	What Women Want

## Executive Summary

The Forum for Safe Motherhood (White Ribbon Alliance Pakistan Chapter) delivered a short duration (6 months) budget advocacy project for Family Planning (FP) programming in one of the low performing provinces of Pakistan i.e. Khyber Pakhtunkhwa (KP) that exhibits a Total Fertility Rate (TFR) of 4 as compared to national TFR of 3.6.

The project targeted the increase in budget of Population Welfare Department (PWD) of KP for year 2021-22. The said budget was announced in June 2021. The allocations made by the Government of KP for the fiscal year 2021-22 reflected nearly 56.8% increase in the budget of Population Welfare Department. The successful advocacy was a function of several factors embedded in the project. *Firstly*, the project identification was done carefully. The Forum being an active actor on the provincial and national landscape was aware of the problem and was quick to hook with the opportunity provided by Population Action International (PAI). *Secondly*, the landscaping exercise conducted in the beginning of the project enabled development of a project pathway that was efficient and effective. Forum was able to find the right entry points both in terms of the actors and changes happening in the provincial landscape. *Thirdly*, relevant and focussed information on budget situation provided the required traction of the decision makers and influencers. *Last but not the least*, “women voices” for improving family planning services provided the required political legitimacy to the agenda.

Iterative improvement, continuous engagement and consensus development underpinned this short advocacy venture of Forum. Strategic partnership with the Health Services Academy (HSA) of Ministry of National Health Services Regulation and Coordination (MoNHSR&C) was helpful in bringing extra leveraging ability to the agenda. Multiple partners both in public and private sector were approached and engaged for amplifying the agenda. Media was strategically used to impart resonance to the agenda. Articles in the national daily newspapers with the widest reach were published on strategic occasions. These were also supplemented by blogs. One to One meetings and Consultations were handy in shaping the advocacy as well as keeping the agenda alive. This was helpful in creating supporting voices in major departments such as Population Welfare Department (PWD), Department of Health (DoH), Planning & Development (P&D) and Finance. Of these, PWD was very forthcoming in escalating the need for increased budget for FP.

An important outcome other than increase in budget was the development of a consensus based future advocacy plan. This was needed more for the reason that a) the budget allocations passes through several steps before utilization. There will be a need for continuous strategic advocacy inputs to transform the budget allocations into real outcomes of improved services delivery; and b) FP agenda may wither away like in past if it is not kept in the lime light and policy makers are not regularly reminded of its importance. The future advocacy pathway identifies key avenues of investments that have a potential to catalyze the utilization of funds allocated and turn the increase in budget allocation to desired outputs.



## Introduction and Background

Pakistan, the fifth most populous country in the world, continues to face the challenge of not reaching population stabilization. Compared to the desired Total Fertility Rate (TFR) of 2, Pakistan currently has a TFR of 3.6 and trends of decline have been slow in the last decade. The Khyber Pakhtunkhwa (KP) province of Pakistan exhibits even slower progress. The TFR of KP stands at 4 as compared to national TFR of 3.6 and some of the other provinces such as that of Sindh which has a TFR of 3.6, and Punjab which has a TFR of 3.4. Cognizant of the need to stabilize population growth, Pakistan has committed to increase its Contraceptive Prevalence Rate (CPR) to 55% by 2025 and has lately renewed its commitment at International Conference on Population & Development (ICPD) 2020 of achieving CPR of 60% by 2030. On national landscape, nearly 2 years have passed since the national and provincial governments agreed to the consensus-based recommendations put forward by the Council of Common Interest (CCI) on population control developed as a result of the Suo Moto notice of the apex court of the country. Besides, the Supreme Court of Pakistan also declared Family Planning (FP) as a human right.

An important factor in the efforts to achieve population stabilization and meet the national and international commitments is the availability of resources for family planning programmes that are aligned with the policy targets. Since FP services primarily are provided by the public sector, this will therefore require increase in the budget for family planning programming. Lately, in the beginning of 2020, Pakistan witnessed the first wave of COVID 19. This not only resulted in disruption of FP services, but moreover the efforts to control COVID affected the development funds of government as resources were diverted towards COVID response.

It is with this background that Forum for Safe motherhood (White Ribbon Alliance Pakistan Chapter) in collaboration with Health Services Academy (HSA) of Ministry of National Health Services Regulation and Coordination (MoNHSR&C) embarked upon advocacy efforts to engage with provincial stakeholders of KP province for improving the budgetary allocations for family planning program in the province. The advocacy focussed on improved budgetary allocation for the Population Welfare Department (PWD) of the Government of KP. The PWD is the primary entity in KP that is responsible for FP policy making, programming and services delivery in the province. Lately, the Reproductive Health Rights Act of Government of KP 2019, has also empowered PWD more than ever to undertake steps to improve FP service delivery in the province. It was therefore pertinent to work with PWD. Forum undertook its advocacy efforts at an opportune time i.e. March to June 2021, a time in which the public sector budgeting process is initiated for the next fiscal year (FY2021-22). The sections to follow provide the details of the project including and not limited to the objectives, key steps, successes, challenges and way forward.

## Objectives

The overall purpose of the project was an increase in the budget of Population Welfare Department of KP province of Pakistan. The strategic advocacy objectives of the project were:

- To create a buy in of the stakeholders that influence the budgetary planning and allocations for PWD for increasing budget for the department;
- To engage and convince the key decision makers in PWD for demanding increase in budget;
- To equip the primary and secondary stakeholders with the information on the budgetary needs for achieving FP2030 goals; and
- To develop a consensus based future advocacy pathway comprising the needs, and ways to address those needs for future budget advocacy for family planning in the province of KP.

## Process

A politically savvy and strategic advocacy process that was evidence based, iterative and reinforcing was employed for achieving the desired objectives. The need for increase in budget was hooked with the provincial performance on FP fronts, the national and provincial commitments, the What Women Want (WWW) campaign data findings and the past trends of budgetary allocations. Strategic partnership, continuous direct advocacy through individual meetings with key stakeholders, broadening support base and creating consensus through consultation, including consumer/women voices through Listening Sessions, and creating general support through media pieces shaped the advocacy. The key steps that informed and shaped the advocacy included:

- Partnership with Health Services Academy (HSA) of Ministry of National Health Services Regulation and Coordination, Government of Pakistan
- Desk Review
- Provincial Landscaping
- Campaign Launch
- Advocacy Meetings
- Budget Analysis
- KP Women's FP Demand Analysis
- Listening Sessions with KP Women
- Provincial Consultation

While a brief overview of each of the above stated steps answering the “how” part is given below, the details of the outcomes of each of these steps are presented in the next section.

### Partnership with Health Services Academy (HSA)

Health Services Academy (HSA) is a premier organization of the Government of Pakistan that not only delivers different public health courses but also serves as a policy advisory body for the federal and provincial governments. Recognizing the strategic needs of advocacy, Forum approached HSA for a partnership for undertaking the said advocacy. A couple of meetings were held with the Vice Chancellor of the Academy whereby the aim and objectives of the proposed advocacy agenda were discussed. After a round of exchange of ideas a Letter of Understanding (LoU) was signed between the two entities for taking forward the advocacy in line with project objectives. Partnership with HSA was helpful in several ways. Firstly, it was an advocacy win itself as the primary advisory body of the government was onboard and added the required weight to the agenda. Secondly, engaging HSA was instrumental in creating the broader support base as HSA is engaged with key organizations of all provinces that are involved in family planning services delivery. Thirdly, the partnership was handy in sustainability of the agenda beyond the project life as HSA would continue to advocate for FP in future as well.

### Desk Review

Desk review was the foundational activity. The primary aim of this review was to draw a provincial picture with respect to FP performance and its comparison with national performance. The review primarily focussed on collecting information on key FP indicators, Pakistan's key national and international commitments with respect to FP, formal FP services delivery structures and impact and costing needs. The primary sources of the information were Pakistan Demographic and Health Surveys, documents from the websites of key organizations such as FP 2020, UNFPA, Population Council etc.



## Provincial Landscaping

This was the second key activity of the project. The primary aim of the exercise was to determine the advocacy pathway for the project. Both primary and secondary information was used to conduct the exercise and included:

- A **rapid assessment** to analyze the relationship between key actors (organizational and individual) and their relative interests and influence in FP related financial decision-making;
- A **deeper analysis of the What Women Want (WWW) responses** as received from the province of KP to understand women needs for FP; and
- A **budgetary analysis** to predict future budget needs.

The provincial landscaping exercise was helpful in determining the key primary and secondary target audience of the advocacy, recent developments at the provincial level, key opportunities and positioning of the advocacy agenda. This exercise was helpful in improving both efficiency and effectiveness of the project. The advocacy approach was refined through identification of key decision makers, the brokers of change, the issues to inform the discourse and the opportunities on the KP landscape for pushing forward the resource agenda.

## Campaign Launch

In a meeting arranged at PWD Office in KP, Forum's team formally presented the results of the landscaping exercise to the entire senior management team of PWD, and created buy in for an increase in the department's budget. This occasion was used to inform them about the advocacy campaign, create interest in its proposed objective & envisaged outcome, and cultivate their willingness for active participation in its planned activities.

## Advocacy Meetings

During the course of the project a series of meetings were held with senior members of relevant government departments such as Population Welfare, Health, Planning & Development and Finance, as well as with senior experts from key leading organizations working on Family Planning in the province. Meetings with Parliamentarians working actively on women's reproductive health rights also formed part of the agenda.

These meetings were conducted with two objectives:

- To collect information about the key developments on the provincial landscape with respect to FP; and
- To create voices in the policy echelons for FP budget advocacy.

## Budget Analysis

This was carried out in 3 stages:

In the first stage i.e. towards the onset of the project, budget information was collected from secondary sources that included the budget books available at the website of KP's Finance Department. The information was analysed to develop preliminary budgetary trends of the Population Welfare Department

In the second stage at a somewhat later point in the project, budgetary information was collected from the Population Welfare Department on a specific format with detailed breakdown that was not available through secondary sources of information.

In the 3<sup>rd</sup> stage, the budget information was presented to the stakeholders in the provincial consultation for validation. The budget figures were shared in the form of different meaningful bar charts and graphs to the officials and any discrepancies identified were corrected.

### KP Women's FP Demands Analysis

In 2018, the White Ribbon Alliance (WRA) initiated a campaign titled What Women Want (WWW). Pakistan became a part of this global Campaign and collected responses from around 250,000 women from across the country. The WWW Campaign collected voices of women in the form of their response to one question posed to them i.e. *What is your one demand for your maternal and reproductive health?* The FP related demands were voiced by nearly 3,141 women from KP from 2 districts (Swabi and Mardan). The demands were further analyzed through the use of inductive reasoning approach<sup>1</sup>. The responses were recorded in excel sheets and iteratively searched applying filters for probable terms related to family planning in following steps:

**Step 1:** The responses pertaining to family planning were separated from rest of the responses using the words: family planning, spacing, birth control, contraceptives, methods.

**Step 2:** FP responses were waded through randomly to have a feel of key words used. Literature review was also conducted to know the key issues of family planning. Four categories of responses were arbitrarily arrived at for labelling women demands: information, availability, accessibility and quality.

**Step 3:** Within FP responses, the words such as “information”, “awareness”, “knowledge”, “counselling”, “communication” were searched for and labelled as “Information” demands.

**Step 4:** The words “services”, “methods”, “facility”, “staff”, “centre”, “program” were used to label the “Availability” demands.

**Step 5:** Responses containing the words “free”, “village”, “UC” were further filtered from availability demands and labelled as “Accessibility” demands.

**Step 6:** The expressions containing words “quality”, “follow up”, “trainings” were labelled as “Quality” demands.

**Step 7:** After having applied the filters and labelling the responses, any FP response that had not been labelled was checked and labelled accordingly after arriving at the sense that was implicit in the response.

**Step 8:** After having labelled the responses into 4 major categories, the responses were further analysed to develop subcategories provided in the findings.

### Listening Sessions

Listening Session is an approach developed by Forum in Pakistan. Under this approach women who had expressed their demands during WWW campaign were reached to identify their suggested solutions for the demands they had raised in the campaign. Two listening sessions were conducted, one each in District Swabi and Mardan. This approach helped in identifying the solutions that women considered as most appropriate for addressing their FP issues.

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<sup>1</sup> Inductive Reasoning Method was used to analyze the qualitative statements by women. Any demand about any FP related knowledge was grouped in “Information”, demands for availability of FP related outlets, services, methods, providers etc. was included in “Availability”, demands related to free availability and at doorsteps/village level were categorized in “Accessibility” and those related to trainings of providers, follow up & standard of services were grouped in “Quality”.

### **Provincial Consultation**

A virtual provincial consultation was organized with important stakeholders from Population Welfare Department, Department of Health and civil society actors in the province. The officials in possession of the programmatic and financial information were invited to this consultation. The consultation was organized with the purpose of validating the budgetary information and its interpretation, identifying the key barriers in improving the budgeting for FP programming and developing consensus on the recommendations. A preliminary set of recommendations developed earlier in the light of the desk review, budget analysis, landscaping exercise, advocacy meetings, and listening sessions were presented to the participants for further refinement & endorsement.

### **Consensus Building Event**

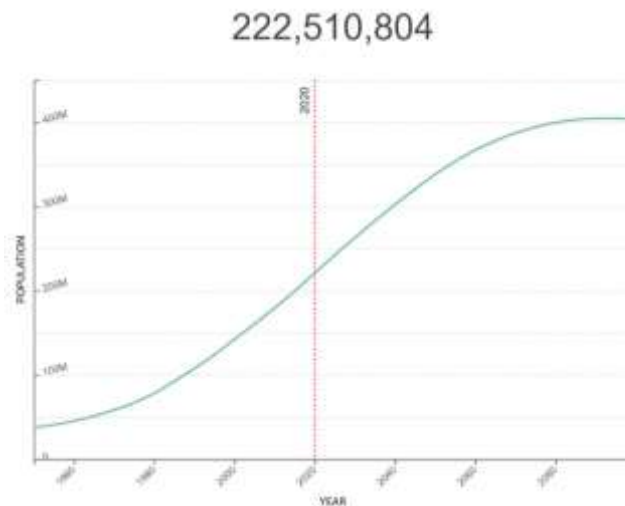
An in-person event was organized at the Health Services Academy in which the Position Paper developed by the Forum that argued for improved budget availability for Family Planning programming in Pakistan was presented. Attended by senior officials from the Population Welfare and Health Department as well as representatives from development partners, the event aimed at creating consensus on the need for increase in budget for FP programming in the province and developing an advocacy framework for keeping policy attention on FP with respect to resource availability.

The paper generated an informed discussion and debate on the planning and financial level decisions required for addressing the needs of FP users. All participants voiced their agreement on increasing domestic financial resources that will not only be the key to ensuring women, adolescent girls, and other FP users have access to quality FP information, services, and supplies, but will also ascertain that Pakistan's commitments are met at the national and international level.

## Population and Family Planning Situation in Pakistan

The last census conducted by the Government of Pakistan in 2017 estimated the population of Pakistan to be 207,774,000<sup>2</sup>. Currently the fifth most populous country in the world, Pakistan is adding nearly 5.28 million people to its population every year<sup>3</sup>. This rise in population has appropriately been termed the “ticking time bomb” by Pakistan’s Supreme Court<sup>4</sup>, since it essentially means intense pressure on the country’s water and sanitation systems, millions of people becoming unemployed, and the country’s health and education systems becoming overwhelmed.

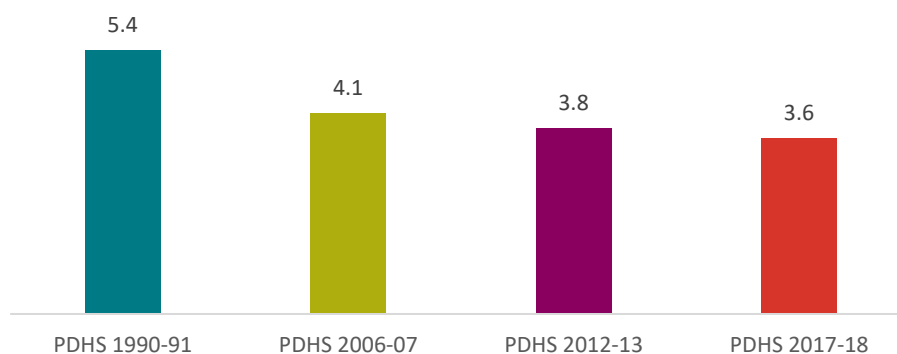
Figure 1: Pakistan’s Population 2020



### Total Fertility Rate

The Pakistan Demographic and Health Survey (PDHS 2017-18) has reported the Total Fertility Rate (TFR) of 3.6, which for urban women is 2.9 and for rural women is 3.9. In other words, a rural woman (during her reproductive years) will give birth to one child more than an urban woman. The fertility rate has steadily declined for about 2 births per woman over 3 decades from 5.4 births per woman as reported in the 1900-1991 PDHS. This decline, however, has been slow in the recent period i.e. 4.1 in the 2006-07 PDHS to 3.6 in the 2017-18 PDHS. With respect to age-specific fertility rates (ASFRs), the decline has been almost consistent among different age groups.

Figure 2: Births Per Woman

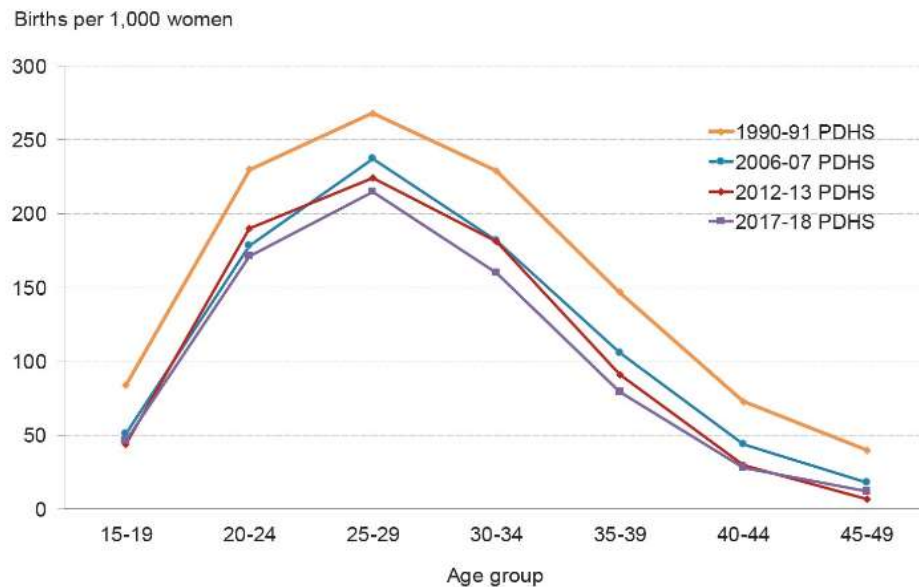


<sup>2</sup> <http://www.pbs.gov.pk/content/population-census>

<sup>3</sup> <http://www.pbs.gov.pk/content/population-census>

<sup>4</sup> <https://www.ndtv.com/world-news/ticking-time-bomb-pakistan-top-court-urges-population-control-measures-1978193>

Figure 3: ASFRs



Source: PDHS 2017-18

### Contraceptive Prevalence Rate (CPR)

Family planning (FP) is an approach to address the population growth and refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. The five years between the 2 last PDH Surveys witnessed a stagnancy in the use of contraceptive methods (34% in the 2017-18 PDHS, and 35% in the 2012-13 PDHS). An earlier rise noted in use of contraceptive methods, between the 2006-07 PDHS and the 2012-13 PDHS, was mostly attributed to an increase in the use of traditional methods from 4% to 9% (NIPS and ICF International, 2013).

### Unmet Need

An important parameter of need and demand for FP is unmet need. Unmet need refers to eligible women who wish to delay their next birth (spacing) or stop childbearing altogether (limiting) but are not using contraception. Unmet need is different from total demand for FP, which is the sum of unmet need and total contraceptive use. The 2017-18 PDHS reports that 17% of currently married women have an unmet need for FP services, while 34% of married women are currently using a contraceptive method. It follows that 52% of currently married women have a demand for FP. There has been a slight decline in unmet need for FP, from 20% in 2012-13 to 17% in 2017-18. However, the use of modern methods (26% in 2012-13 and 25% in 2017-18) and the percentage of women with demand satisfied with modern methods (47% in 2012-13 and 49% in 2017-18) have remained largely unchanged between the last two PDH surveys.

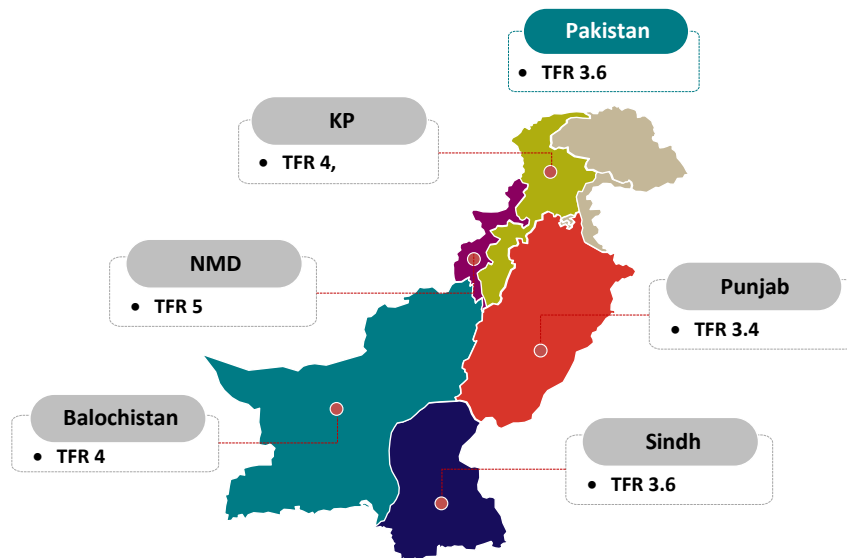
## Family Planning Situation in Khyber Pakhtunkhwa

According to 2017 Census, the population of KP has increased to 35.53 million, which is an almost 7 times increase from the population at the time of creation of Pakistan i.e. 4.5 million in 1947.

### Unmet Need and TFR

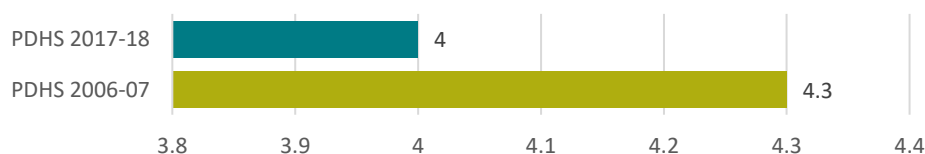
In KP, around half (51.4%) of married women of reproductive age (15–49-year-old) want to space or limit the number of children they have, yet less than a third (30.7%) are currently using a contraceptive method. Out of these, only around 23% use modern methods of contraception\*.

Figure 4: Total Fertility Rate



The low use of modern family planning methods has an impact on the Total Fertility Rate (TFR) of the province, estimated at 4 children per woman on average. The high number of pregnancies and births has considerable effects on the health of women and children, as well as on the health sector expenditures needed to pay for the required healthcare services. Over a decade i.e. between PDHS 2006-07 and PDHS 2017-18, the TFR in KP has decreased by only 0.3 points.

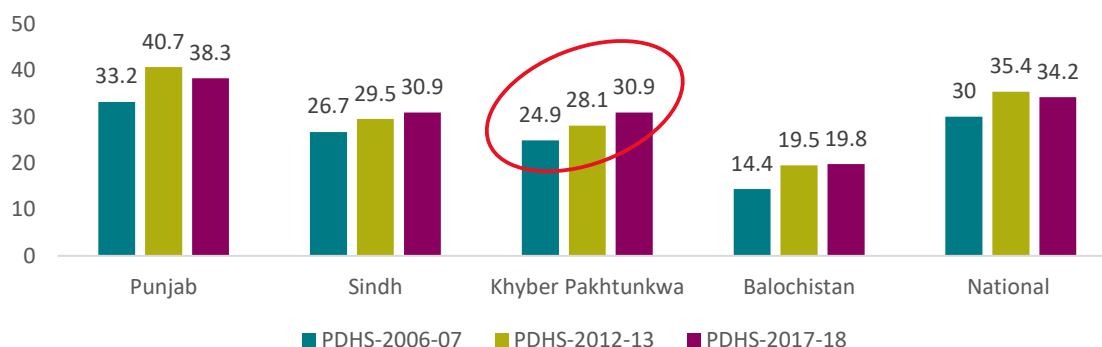
Figure 5: KP Total Fertility Rate



### Contraceptives Use

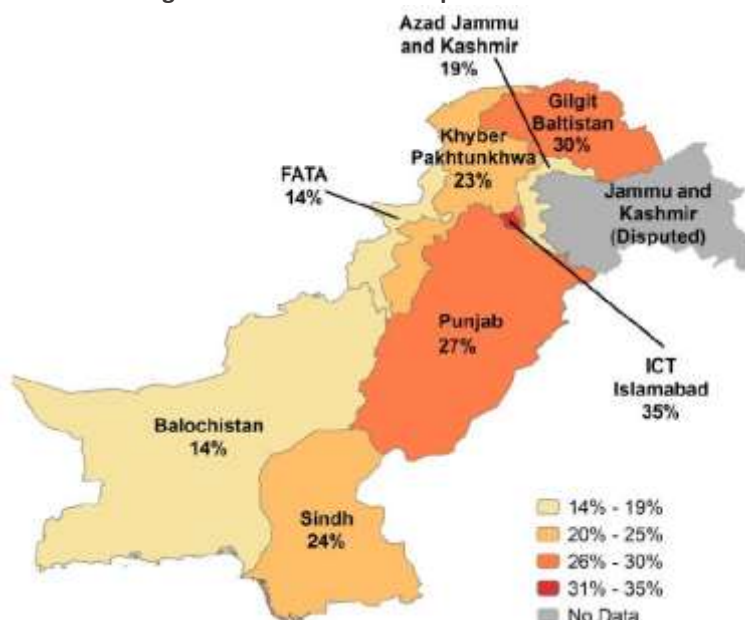
In KP, the CPR was found to have increased by only 2.8% percentage points in the last two surveys. This was slightly lower than the increase noted between PDHS 2006-7 & PDHS 2012-13 i.e. 3.2%. An earlier rise noted in use of contraceptive methods i.e. between 2006-07 PDHS and 2012-13 PDHS was mostly attributed to an increase in the use of traditional methods (NIPS and ICF International, 2013).

Figure 6: Contraceptive Prevalence Rate (Any method)



The use of modern FP method (mCPR) in KP increased from 18.7% to only 19.5% (i.e. 0.8% increase) from PDHS survey data 2006-07 and 2012-13 and then to 23.2% (i.e. 3.7%) in 2017-18 which was however lower than the national 25% as in every preceding survey and also lower to Punjab and Sindh.

Figure 7: Modern Contraceptive Prevalence



### Situation in Newly Merged Districts

The 25<sup>th</sup> Constitutional Amendment of Pakistan on May 28, 2018 resulted in the merger of previously known tribal districts of Khyber Pakhtunkhwa Province (Federally Administered Tribal Areas – FATA), with the neighbouring districts of KP province. Historically, FATA has been the victim of political instability, terrorism and mass internal and temporary displacements of its population. The merger has resulted in unprecedented extension of constitutional rights and governance structures to nearly 5 million underserved population of the country<sup>5</sup>. With the total fertility rate of 5, higher than national average of 3.8, the FP needs of the newly merged districts also need attention. More for the reason that the maternal and child health indicators also do not present any encouraging situation, with maternal mortality ratio at 380/100,000 as compared to 275/100,000 for KP, under 5 mortality rate at 104/1000 live births and infant mortality rate at 86/1000 live births.

<sup>5</sup> Supporting the Financial Integration of the Merged Areas of Khyber Pakhtunkhwa, UNDP 2019



## Family Planning Landscaping in the Province

While the detailed Landscaping Analysis Report is annexed, summary findings along with the implications that shaped the advocacy pathway of the project are presented here.

### Actors and Opportunities

The landscaping exercise was instrumental in defining the key contours of the advocacy for achieving the desired objective. First, the exercise informed the key primary and tertiary actors that were important for influencing the budgetary allocation for PWD. It was found that while PWD is the primary body for FP policy and services governance in the province, the department of health was the key service provider with respect to FP, but the FP services delivery through DoH was in tatters for last few years. Similarly, with respect to budget allocation the planning and development department and finance department were the key players apart from PWD and DoH. A few civil society organizations such as UK - Foreign, Commonwealth and Development Office (FCDO) funded Delivering Accelerated Family Planning in Pakistan (DAFPAK), Family Planning Association of Pakistan (FPAP), Sub National Governance Project and UNFPA were also operating in the province. However, apart from UNFPA, the rest of the organizations were having limited space to exercise their influence due to government by laws etc. Other key forums particularly working with respect to FP included the FP2020 provincial working group and the provincial task force founded under the CCI recommendations. Of the two groups, however, the provincial working group was holding its meetings, but provincial task force was not that active.

The landscaping exercise further found that Women Caucus in KP Assembly has lately been playing an active role in legislative developments on the FP front especially for implementation of legislative recommendations of CCI. The members of Women Caucus were therefore required to be engaged in furthering the FP budget advocacy not only during the life of the project but also beyond project life for the reasons that budget advocacy does not stop at increase in budget and is a continuous function for ensuring that budgets after allocation are not cut at will and are released timely and spent accordingly. A need to expand the FP advocates base in the KP Assembly was also identified.

Another key development noticed was that the merger of the primary health with PWD was on the cards in KP. This merger would only bring the best harvest if FP supplies were ensured, that further necessitated the FP budget advocacy especially in the products and supply heads. The Khyber Pakhtunkhwa Reproductive Health Care Rights Act, 2020 was identified as another important hook for the FP budget advocacy in KP. The Act comprehensively takes stock of the FP related services provision to the population and could serve as a pedestal for voicing budget needs for PWD as the Act focusses on PWD as the key responsible organization for ensuring FP and reproductive health services access to the communities of KP.

### Commodities Supply Issues

Another important aspect that was identified during the landscaping exercise was the availability of the commodities. Historically, USAID and UNFPA have been supporting the procurement of the commodities from the international market. The withdrawal of the donor support, lack of international procurement capacity and absence of pool procurement facility have resulted in lack of procurement of commodities for last couple of years. The FP commodities supply has almost been absent with the Department of Health especially the Integrated Health Project that manages the Lady Health Workers. As a result communities' access to commodities was severely suffering as LHWs are a key channel of contraceptives delivery to the women in far flung areas. The issues was compounded by the issue of LHWs coverage. In KP 60% area stands covered under LHW program, with no further expansion of the program since devolution. Considering that in LHW covered areas the use of mCPR is 37%, the need for increasing and strengthening coverage is of paramount importance.

## Service Delivery Structures

FP services and commodities are provided to communities through primarily 2 channels i.e. Public Sector and Private. In public sector, two departments of the government provide FP services i.e. Population Welfare Department and Department of Health. In Department of Health, the major channel of FP services and commodities is Lady Health Workers currently managed under the Public Sector Development Program (PSD) called Integrated Health Project (IHP) of the KP Government. The Population Welfare Department is however the main custodian of the family planning programming in the province of KP.

### Population Welfare Department KP

In 2010, devolution of power to provinces through 18th amendment to the Constitution of Pakistan resulted in dissolution of Federal Ministry of Population Welfare and transfer of the subject to the provinces. Thus, the Population Welfare Department in the provinces has been taking a lead role in population policy, plans, programs and projects and their implementation. The Population Welfare department provides Family Planning and Reproductive Health Services to married couples through static and out-reach services in the province. It mainly focuses on birth spacing & mother and child health care and for bringing balance between population increase and socio-economic well-being.

The organizational structure of the PWD primarily comprises of a directorate at provincial level led by Director General, a district population welfare office led by a District Population Welfare Officer who manages the services delivery units that include 682 Family Welfare Centers (FWCs) that include 40 in Newly Merged Districts, 41 Mobile Service Units (MSUs) in the province including 7 in the newly merged districts and 35 Reproductive Health Services Center-A type (RHSC-A) in Khyber Pakhtunkhwa including 4 in newly merged districts. Besides, there are 3 Regional Training Institutes (RTIs) in Khyber Pakhtunkhwa providing training services to various staff of PWD including Family Welfare Workers (FWWs), Field Technical Officers (FTOs), Medical Officers of Family Health Clinics and Mobile Service Unit (MSU) and doctors in the management hierarchy of the program.

### Khyber Pakhtunkhwa Reproductive Health Care Rights Act, 2020

Lately, the Khyber Pakhtunkhwa Reproductive Health Care Rights Act, 2020 has been promulgated in the province. The Act encompasses a revitalized look to the reproductive health services delivery in the province. The 7 pager Bill while addressing several issues of reproductive health services delivery including and not limited to methods and choices for family planning for the population of whole KP, reposit the responsibility of the implementation of the Act and its oversight to the PWD empowering it to take actions at policy, programming and implementation levels.

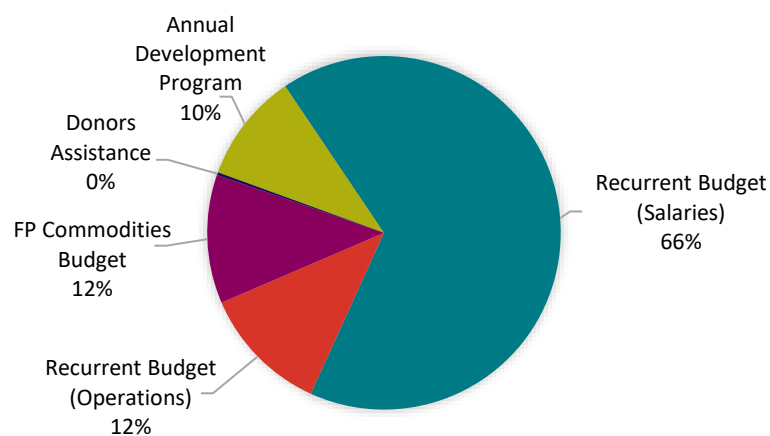
## Population Welfare Department Budget Situation

This section presents an overview of the budget items of PWD for year 2019-2020 and current fiscal year i.e. 2020-2021. The budget figures presented here have been obtained from the PWD.

### Total Budget

The total budget figures include Annual Development Budget, Recurrent Budget Salaries and Operations, FP Commodities Budget and Donor Assistance. The figures given below provide the budget composition in various items for the year 2019-2020 and 2020-2021. It is evident that the biggest chunk of the budget is used for salaries in both years i.e. 66% and 68% in 2019-2020 and 2020-2021. The recurrent budget percentage further increases to almost 80% when salaries budget is added to operations budget. The FP commodities budget in both years is nearly one fifth of the total budget and almost same proportion is for annual development budget.

**Figure 8: PWD Budget (Mill PKR) 2019-2020**



**Figure 9: PWD Budget (Mill PKR) 2020-2021**

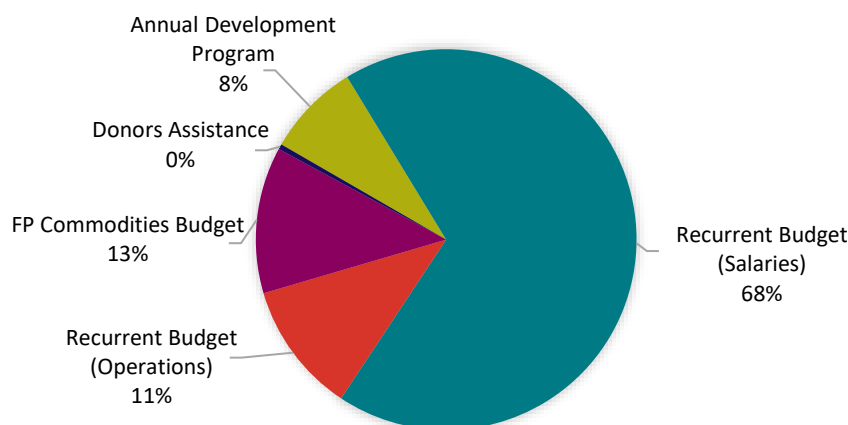
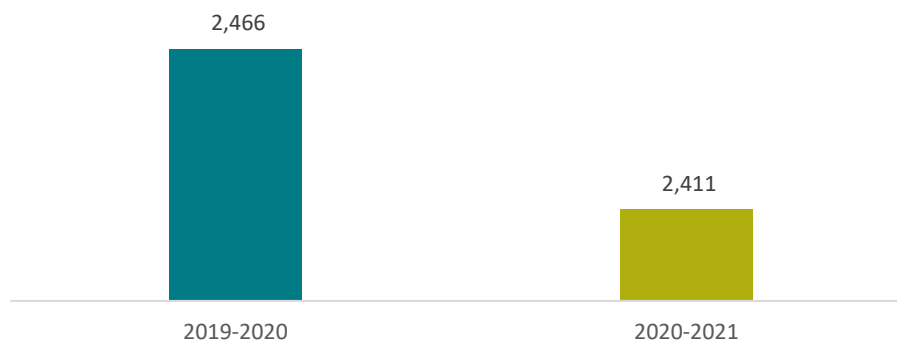
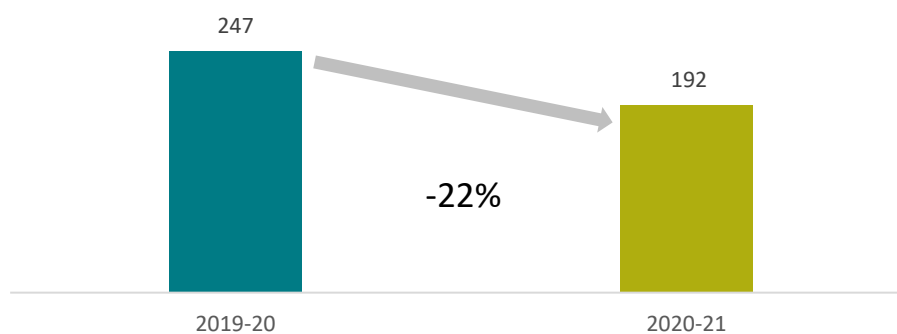


Fig 9 provides the situation with respect to trend in total budget of PWD in last and current fiscal year. It is evident that the total budget of PWD decreased by 55 million PKRs. Important to keep in view here is that the budget figures for 2020-2021 are allocations which may get revised to the lower side at the close of fiscal year.

**Figure 10: Total Budget (Mill PKR)**

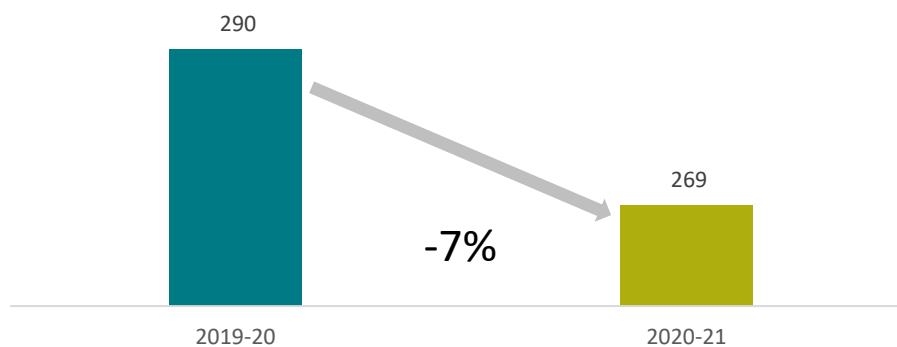
### Annual Development Budget

An important bifurcation of the budget is the split between Development and Other Budget. The Development Budget usually refers to the budget allocated for development schemes (both new and old) undertaken by the department. These may include the construction of new facilities, strengthening/upgradation of existing facilities etc. Fig 10 provides the information about Development Budget of the PWD in last and current year. The current year Development Budget appears to have decreased by 22% from the last year budget.

**Figure 11: Annual Development Program Budget (Mill PKR)**

### Recurrent Budget – Operations

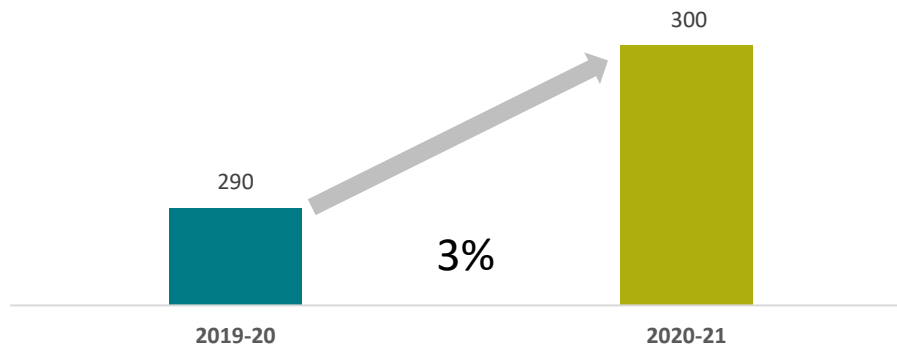
The recurrent budget category of operations also appear to have decreased by 7% in the two years being analysed.

**Figure 12: Recurrent Budget - Operations (Mill PKR)**

## Commodities Budget

Commodities are key to any successful family planning program. The budget for commodities seems to have slightly increased in the current year however, it needs to be kept in view that this allocation and actual numbers will be available at the end of the fiscal year and usual trend is that the budgets get revised to lower side due to lack of spending. This may be true in this case as well as the procurement of commodities in the KP province are witnessing a serious halt for some time due to international procurement needs that are still unaddressed as informed by the participants of online consultation.

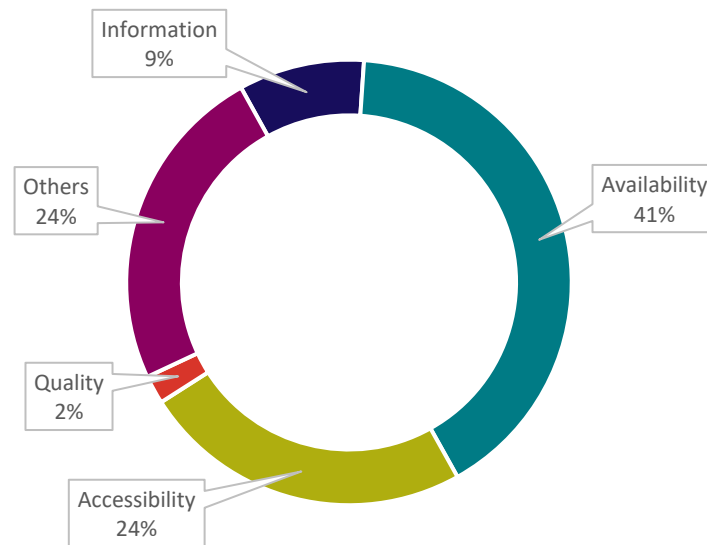
Figure 13: FP Commodities Budget (Mill PKR)



## FP Related Demands of Women – What Women Want KP Findings

The White Ribbon Alliance (WRA) initiated a campaign titled What Women Want in 2018. It was executed in Pakistan as well. The findings provide us an idea about FP wants of women in KP. What Women Want (WWW) Campaign started with a simple idea i.e. ask those who most use health services to tell us what they need the most. Pakistan became a part of the global What Women Want (WWW) Campaign in 2018-19. WWW campaign reached out to women from all walks of life and included urban, rural, young, old, working, household, parliamentarians, students etc. From the available information, it was found that FP related demands were voiced by nearly 3141 women from KP from 2 districts (Swabi and Mardan). The major categories of the demands were as follows:

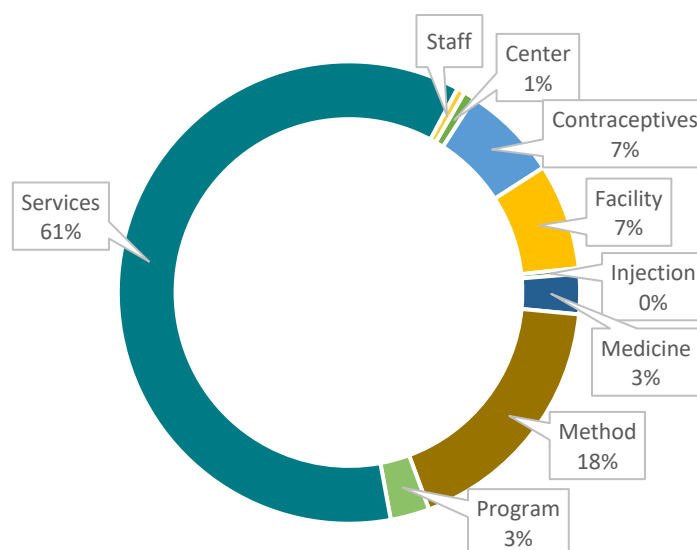
**Figure 14: FP Related Demands of Women in KP Province**



### Availability:

Availability of FP services was the highest raised demand of women i.e. by 41% of women who had participated in the survey from KP. Within availability, majority i.e. 61% of women mentioned about the general availability of FP services, 28% about the availability of methods and 8% about a facility (static service delivery point).

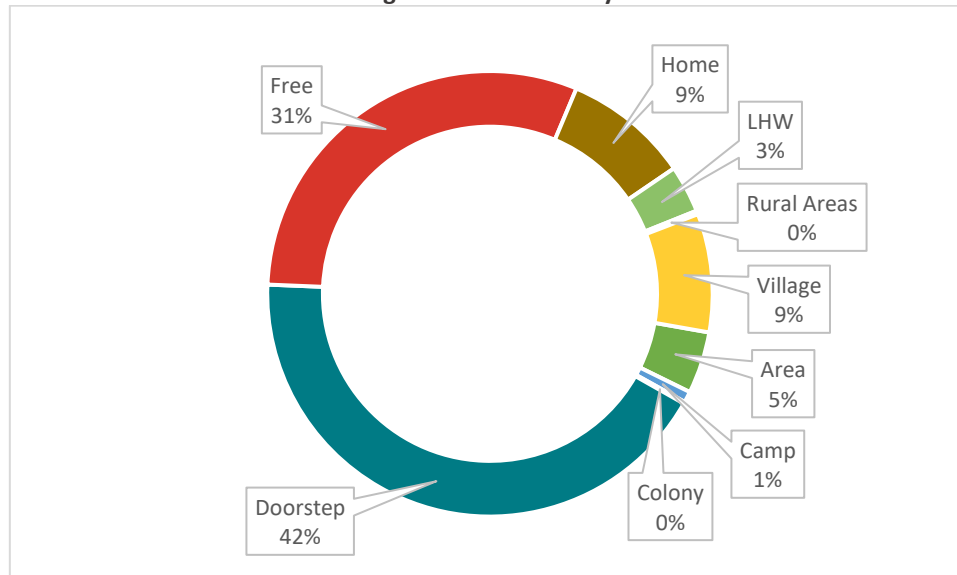
**Figure 15: Availability**



### Accessibility:

The second priority demand raised by women was about accessibility of FP services i.e. by 24%. Within accessibility, the demand for making services available at the doorsteps was raised by nearly half of the women (52%), followed by demand of free FP services delivery by 31%, in village and area combined by 14% and 3% by LHW.

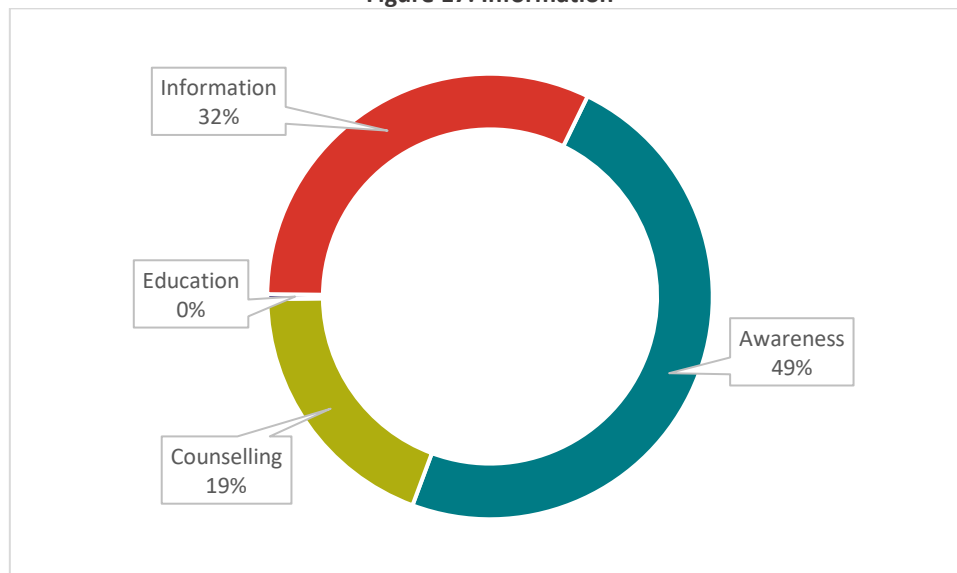
Figure 16: Accessibility



### Information:

FP information related demands were raised by 9% of the participating women. Within information related demands, the highest percentage of women i.e. 49% demanded general awareness, 32% used the word “information” and 19% demanded “counselling”.

Figure 17: Information





## Need for Development Activities & Supply – Listening Sessions

### Highlights

For the purpose of the project, Listening Sessions were conducted with women from Districts Swabi and Mardan of KP province. The participants of the listening sessions were the women who had participated in the WWW campaign in 2018. During the Listening Sessions women were asked about the status of their demands and the measures they would suggest to be undertaken for addressing their demands. The suggested measures provided key insights into what needs to be done by PWD for improving the FP program to address the issues of accessibility, accessibility and information.

The women reiterated the need for provision of contraceptives free of charge. The women highlighted the issue of lack of commodities provision for last couple of years. They informed that while they may be visited by LHWs, they never got any contraceptives from them. The women suggested to increase the LHWs coverage, the number of Family Welfare Centres (at least to village level) and FP camps to improve access of contraceptives. They suggested that LHWs may be used in the same way as for Polio campaigns to provide FP services to the women i.e. they target a limited area and cover it fully. With respect to awareness raising, the women suggested the use of mobile messages, radio and TV for relaying the key BCC messages. They also highlighted the need for improved counselling services provision especially for tackling the side effects and proper use of methods and overcoming the barrier of forgetfulness. In addition to FP, women requested for medicines for menstrual cramps, treatment of Leukorrhea and also for treating common ailments for themselves and especially for their children. The need for nutrition supplements, in particular Ready-to-Use Therapeutic Food (RUTF) was also voiced. The idea of incentivizing FP through provision of monetary package, food kit, hygiene kit and/or multi-vitamins was brought forward.

The above demands and measures suggested by women during the listening sessions highlighted the need for development activities in addition to routine services delivery by the PWD and DoH. These type of activities are undertaken with the development budget of the departments. As presented in the section on budget, we have seen that the development budget has usually been less than the recurrent budget of PWD and has also decreased lately. It may be due to this decreasing development budget that development side activities are not being undertaken and thus women raised these demands in the listening sessions.

## Galvanizing the Support for Budget Increase – Direct Advocacy Meetings

As mentioned in the section on the process, the project team undertook several individual meetings with relevant stakeholders in KP. These stakeholders were identified through landscaping exercise. Nearly 25 meetings were conducted in this regard (list attached). The categories of individuals met in this regard included:

- Officials of:
  - Population Welfare Department (PWD) from different units such as finance, medicine, administration, coordination and logistics, projects, etc.
  - Health Department
  - Planning & Development (P&D) Department
  - Finance Department
- Members of Women Caucus, KP Provincial Assembly
- Key FP Experts including officials from UNFPA, TA Project OPM/FCDO, Lady Reading Hospital, and Public Health Association

### Population Welfare Department (PWD)

Two rounds of meetings were held with senior officials at the department. In the first round, held at the onset of the project in February & March of 2021, the focus was on informing the primary decisionmakers in the department about the project, its objectives and to offer technical assistance in the form of budgetary review and analysis for improved financial planning for family planning services. In the said meetings a need for enhanced financial resources in view of both government's national and international commitments, as well as for meeting the FP needs of its population was stressed. Additionally the possibility of COVID response continuing to overshadow citizen's FP needs was also brought forward. This helped set the stage for the proposed intervention and created a buy in among the concerned decisionmakers for its intended aim.

The second round, held in April & May of 2021, focused exclusively on developing an understanding of the department's budgetary allocations over the past years. During these, awareness was also created about the What Women Want Campaign findings and the results of the Listening Sessions held in Swabi and Mardan. The officials were sensitized to take these into consideration when making allocations for the coming financial year.

### Health Department

In view of the department's considerable share in the provision of FP services, senior representatives were consulted with to understand the interplay between the two departments i.e. PWD & Health, in terms of provision of FP services. The potential merger of Primary Health Care (PHC) with Population Welfare Department (PWD) was also explored. Moreover, the challenges encountered by the department in the procurement of FP Commodities and in the provision of FP services through its various delivery channels such as the Lady Health Workers (LHW) Program also came under discussion.

### Planning & Development (P&D) Department

As a major player in the approval of PWD's proposed budget, and in particular the allocations for its annual development program, initial meetings aimed at gaining information about the development programs/schemes, both ongoing as well as planned. Whereas, subsequent meetings focused on stressing upon the critical importance of these in meeting the FP needs of KP's citizens. From this a case was built to impinge on the decisionmakers that government's shifting priorities due to the ongoing pandemic should not end up compromising the FP budget once again.

## **Finance Department**

With the department acting as the custodian of all funds, meetings with the senior officials aimed at getting a “general, overall feel” of the allocations being proposed for FP for the coming financial year i.e. FY2021-22. During these meetings the budgetary figures for previous fiscal years as shared by PWD were also cross checked and verified.

## **Members of Women Caucus, KP Provincial Assembly**

With the passage of KP’s Reproductive Health Rights Bill in the provincial assembly to their credit, the 8-member Women Caucus is a force to be reckoned with. With this in mind, meetings were held with two of their members. In this members were briefed about KP’s population dynamics and the worrying statistics regarding CPR and TFR was highlighted. The gap between FP services and financing was highlighted particularly with reference to the emergency resource management due to the pandemic which had resulted in diversion of funds from family planning towards addressing the ongoing public health crisis.

Increase in public sector spending on FP was advocated as essential for ensuring that all FP users have access to quality FP information, services, and supplies, and also that Pakistan’s commitments of increasing its CPR to 60% 2030 are met at the international level.

## **Key FP Experts**

A series of meetings were held with senior experts from key leading organizations working on FP in the province such as UNFPA, Oxford Policy Management, etc. These basically aimed at collecting information about the key developments in the FP landscape of the province, identifying from among them champions of FP budget increase agenda, and encouraging them to raise their voices for FP budget advocacy in relevant government quarters.

## Amplifying the Need – Use of Media

Besides, direct advocacy and creating one voice, Forum also strategically used media for amplifying the need of increase in budget for family planning programming in KP. To this end Forum supported the publishing of articles in newspapers that have wide circulation amongst the policy makers readership. The medium of blogs was also used, with the concerned post cross posted at different blogs having high visibility. In these, the need was highlighted, and the case was pleaded with an emphasis for meeting the national and international commitments in this regard. The huge population growth, commodity security issues, local manufacturing and fast track formation of pool procurement facility were the key points used to highlight the need of increased policy attention.

The following articles & blogs were published during the project life:

**a) A Train with a Ticking Bomb**

Published in The News on April 7, 2021

<https://www.thenews.com.pk/print/815826-ticking-bomb>

**b) Securing Commodities**

Published in The News on June 11, 2021

<https://www.thenews.com.pk/print/847579-commodity-security>

**c) FP: From Unmet Need to What Women Want in Pakistan**

Published on July 11, 2021 (World Population Day)

<https://fsm.org.pk/family-planning-from-unmet-need-to-what-women-want-in-pakistan/>

## Creating One Voice – KP Consultations

Forum for Safe Motherhood in collaboration with Health Services Academy (HSA) of Ministry of National Health Services Regulations & Coordination arranged a series of virtual and in-person Consultative Sessions. The overall objective of these session was to create consensus on the need for increase in budget for FP programming in the province and develop an advocacy framework for keeping policy attention on FP with respect to resource availability. The participants of the consultations included officials of finance and program departments of PWD, DoH, Public Health Association, UNFPA, HAS and other relevant civil society actors. In both sessions, the tone for discussion was set through a presentation on the FP situation with respect to different indicators and financial trends. A draft advocacy framework that had emerged through earlier exercise of the landscaping analysis and individual meetings was shared with the participants to seek their inputs and develop their consensus.

In these sessions participants expressed their concern on the slow progress of KP and underscored the need for FP budget advocacy in the province. While discussing the bottlenecks, the participants highlighted that in KP 60% area stands covered under LHW program, with no further expansion of the program currently foreseeable. Considering that in LHW covered areas the use of mCPR is 37%, the need for increasing and strengthening coverage was expressed to be of paramount importance. The other key issue highlighted by the participants was that from 2018 contraceptives were not available with LHW program. So while LHWs were trained in the use of different commodities such as injectable contraceptives or long-acting contraceptives, they did not have those commodities to implement their training. The procurement of commodities was reported to be besieged with different challenges including lack of capacity to undertake international procurements, withdrawal of donor support for commodities and lack of pool procurement facility. For addressing the procurement related challenges with regards to FP Commodities, pool procurement was now being considered by the Commodity Security Group of the Central Engagement Working Group (CEWG) which comprises the Secretaries & Director Generals (DGs) of the country, however, the progress was slow.

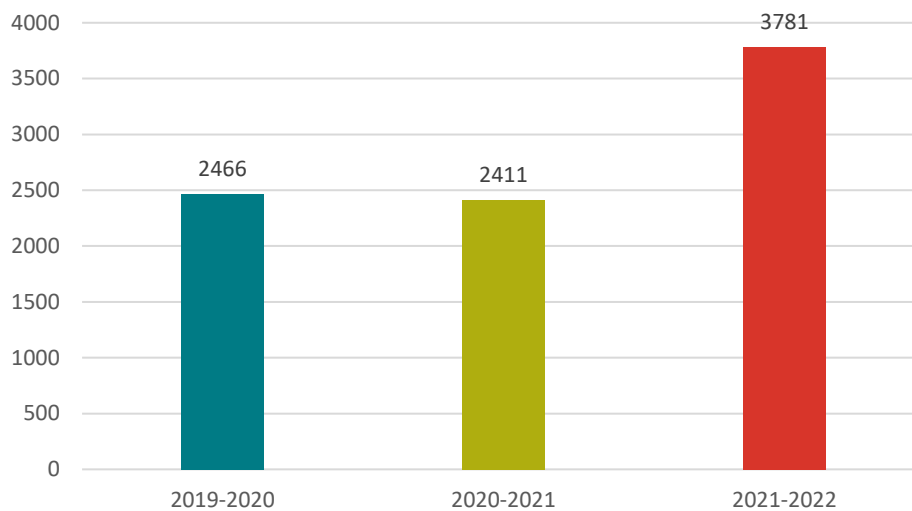
The consultations were handy in not only creating one voice for the increase in FP budget but also helped identify some key opportunities in the making. For instance, the DoH was planning on launching two schemes under its Annual Development Program (ADP) whereby till 2023 all Basic Health Units (BHUs) and Rural Health Centres (RHCs) would be upgraded to 24/7 facilities and FP services will be enhanced thereat. Moreover, in the coming 2 years, 750 LHWs would be hired to provide RH/FP services at the BHUs/RHCs. In the same vein, PWD was also planning on setting up 200 Family Welfare Centres (FWC) in the coming year.

## Key Success

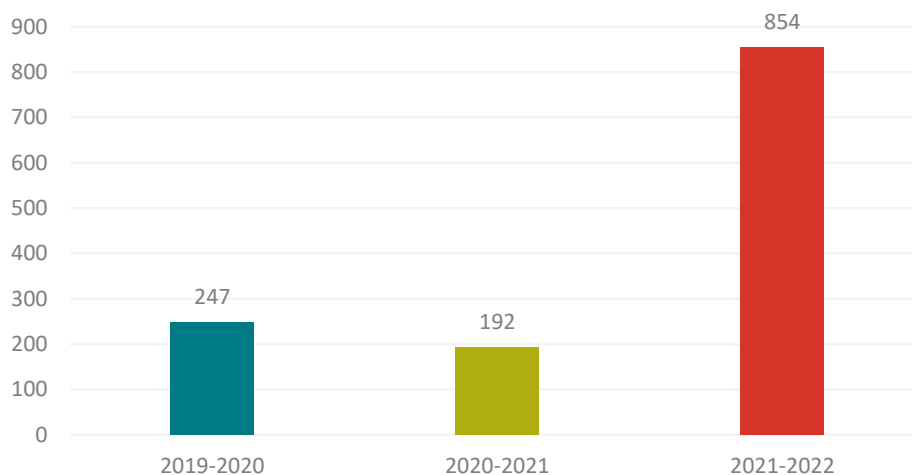
### Increase in Budget

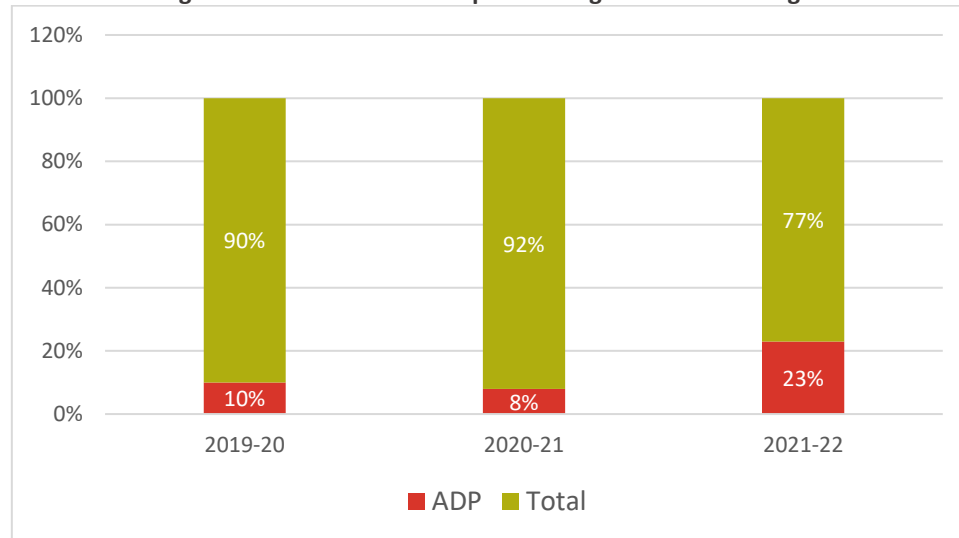
In the financial year 2021-2022, the total PWD budget has increased by 56.8% (Fig 14). The development budget amount has increased almost 4.4 times of the last year development budget (Fig 15) and contributes significantly to the overall increase of the budget. For year 2019-2020 and 2020-2021 the development budget has remained around 10 percent of the total budget and decreased from 10% in 2019-2020 to 8% in 2020-2021. It has however, increased to 23% in the current year which is more than double of the last year (Fig 16).

**Figure 18: KP PWD Total Budget (Rs in million)**



**Figure 19: KP Annual Development Program Budget (Rs in million)**



**Figure 20: KP Annual Development Program vs Total Budget**

### Broadening the Support for FP Agenda in the Province

While attribution may be difficult to claim due to a number of confounding factors, the advocacy efforts under the project have certainly paid off. Recently the PWD of KP Government has also initiated a province wide communication campaign. The project has been successful in creating the missing link i.e. attention towards increased budget availability for the family planning program in the province. The creation of the broader stakeholder's support in planning and development, finance department and health department along with greater mobilization of the PWD officials has resulted in the increase in the budget. Important in this regard has been the continuous engagement with the stakeholders at an opportune time i.e. budgetary process initiation time. The presentation of the figures was handy in creating the sensitization equipped with right information to facilitate the decisions.

### Framework for Future Efforts

The project succeeded not only in achieving the desired objectives but also resulted in the development of a framework that can guide the future efforts for keeping FP agenda alive on the provincial landscape and ensure the required resource availability.

### Escalation of Women Voices

While the main objective of the project was increase in budget for PWD and reversal of the trend of decrease in budget, one of the other benefits garnered by the project was raising the voices of the women with respect to family planning. During the different meetings with the stakeholders, the women demands were shared with them and they were apprised of the key demands of women with respect to FP.



## Challenges

A short yet meaningful advocacy venture, the project faced some challenges in implementation.

COVID implications like in many other initiatives also affected our project. The major implication had been on travel and interpersonal communication. Being cognizant of this, the team started very early interactions with the stakeholders and several meetings were conducted before the onset of the 3<sup>rd</sup> wave of COVID and travel restrictions. Later on we had to switch to the online and hybrid modes. The consultation with stakeholders was conducted online. The consultation was structured in a way so as to give ample opportunity to each participant to express him/herself. Keeping in view the negative effects of long duration on participation, only strategic audience were invited to the consultation. Besides, they were provided with formats prior to consultation for sharing the information. This strategy was useful in having critical inputs from the participants in an appropriate time.

Second big challenge which shall be kept in mind even in future budget advocacy project is availability of information on budget. While the budget information of the departments is available on Finance Department official website, the information needs to be checked with the relevant departments (in our case it was PWD). Besides, the breakdown of the spending is usually not available through secondary sources. Thirdly, the budget information keeps changing during a year due to allocations, releases, reappropriation aspects. One may end up having different figures for the same head from different sources. Given that, it is necessary that information is triangulated with the primary sources. In this project, we collected the budget information firstly from the budget books on Finance Department website, then from planning and development department and from PWD. The budget information was then presented in the consultation whereby participants provided further description of the budget figures.

## Way Forward

While the objectives of this time bound project have been met, going forward, the contribution of these objectives to the overall outcome of increased availability of quality FP services to the users needs to be kept in view. Talking specifically, the budget increase is a foundational step and does not warrant the use of resources. Budget allocation is followed by releases and utilization that are critical steps. As trends show, development subjects' budgets such as of FP are easy prey to cuts even after allocations. Even CCI recommendations are sensitive to this and include recommendations to cater to this issue. It will therefore be important that advocacy is sustained to take this effort to its logical end.

The project in hand was useful in highlighting the issue of resource availability for FP in KP province, triggered a debate, created consensus and contributed to increase in budget for PWD in KP. In the process an advocacy capital has been created for the FP agenda in general and resources/budget in particular. This capital exists in the form of the champions of FP budget advocacy in policy circles, the sensitization of the decision makers, broadened support base, consumer voices and the information availability for decision making.

Like many other developing countries policies are made but their implementation falls into cracks. Continuous advocacy with a tinge of accountability will therefore be handy. Accountability could be shaped around the national and international commitments, policies implementation and addressing citizen voices. The CCI recommendations and KP Reproductive Health Rights Bill 2020 are important ready instruments available, against which the government performance can be accounted for. Women Caucus, KP Assembly Floor, CM Secretariat Complaint Cell, Commissions on Right to Information and Right to Services, Media and Listening Sessions are different policies and services accountability forums available in KP. These forums can be strategically used for improving the implementation of the policies, including and not limited to proper budgets and resources utilization.

The initial champions created through the project such as women parliamentarians, civil society members, officials in different departments will require to be groomed into avid, vocal and effective advocates. This will be a function of continuous engagement with them, creating opportunities for them to exercise their advocacy, cloning them for their support and building their capacity with right information and information presentation competencies. New champions in media, religious leaders and academia will need to be created for amplifying the agenda and creating allies. This will require not only increasing their capacities but also building networks of likeminded stakeholders. The small networks can then contribute to the bigger formal or informal network of champions of FP in the province.

An advocacy framework has also been developed in the project through consensus that provides a pathway for further strengthening the efforts. Going forward, contributions should be made in implementing the framework.

## Advocacy Framework for Improved Financial Planning & Budget Availability

The improved financial planning and budget availability that translates into real outputs in the form of improved availability and accessibility of communities to FP commodities and services, will be a function of strategic, focussed and continuous advocacy. A consensus-based advocacy framework has been developed to address this need. A draft framework was developed in the light of findings of the landscaping exercise and further informed through different meetings with the stakeholders. As a last step the draft framework was shared with the participants of the provincial consultation and the participants were invited to share their inputs and feedback on the framework. The framework rests on primarily four pillars for keeping policy attention on FP in the province. These include:

- A. Improving Policy Makers Engagement for Better Policies, Planning And Management
- B. Engaging Citizens Especially Women and Youth for Accountability

- C. Engaging Influencers
- D. Improving Development & Management

### A: Improving Policy Makers Engagement for Better Policies, Planning and Management

FP like any other development agenda is vulnerable to get to back burner in the absence of continuous advocacy. This inevitably results in lack of resources availability for FP programs especially when it comes to other competing priorities. Keeping FP agenda alive and ensuring resources availability for it therefore requires continuous engagement of the policy makers for better policies, planning and management.

What should be used to attract policy makers attention? The CCI recommendations and KP RH Bill are two important entry points that can be used to create policy ripples. There will be a need to remind the policy makers of their duty to fast track the implementation of CCI recommendation and work for the implementation of the RH Bill implementation that has recently been passed by the KP Provincial Assembly. Besides, it will be important that budget information is made regularly available to the decision makers to have them know the real time situation. This needs to be presented to them along with key performance indicators.

The mechanisms to engage policy makers can include regular meetings of the provincial task force, FP2020 Working Group, Women Caucus of the KP Assembly, development of a budget dashboard and involving Independent Monitoring Unit of KP Government. The regular population sensitization activities such as seminars on population days, annual population conference, health day etc should be celebrated.

The Table below presents the list of actions and the suggested mode of delivery to improve policy makers engagement.

What	How
Fast track implementation of CCI Recommendations	<ul style="list-style-type: none"> <li>Regular meetings of the Provincial Task Force,</li> <li>Regular meetings of FP2020 Working Group</li> <li>Improve the procurement capacity and fast track the procurement of contraceptives</li> </ul>
Implementation of the KP Reproductive Health Rights Bill Fast Track implementation of integration of primary health and population welfare program	<ul style="list-style-type: none"> <li>Engage Women Caucus and Standing Committee on Health for monitoring the implementation of the Bill</li> <li>Include FP services in the Right to Services Act</li> <li>FP services may be covered under Sehat Card to improve access</li> </ul>
Improve budget information availability to decision makers including TWGs, provincial task forces, department heads	<ul style="list-style-type: none"> <li>Develop a dashboard of budget information that shows updated status of budget allocations, spending, needs, projections and benefits</li> <li>Involvement of Independent Monitoring Unit to present FP situation</li> <li>Organize population day seminars, annual population conference etc.</li> </ul>

### B: Engaging Citizens Especially Women and Youth for Accountability

It is proposed that besides engaging the policy makers directly, it may be helpful to engage citizens especially women and youth for reminding the duty bearers of their responsibility to deliver the human right of family planning.

Engaging citizens for budget advocacy will require improving their access to budget information and building their capacity to raise their voices. Citizen journalism, social media platforms use, initiating

citizen-based accountability projects, dissemination of citizen budget, conducting listening sessions were suggested as some of the key activities in this regard.

Forum has successfully piloted an initiative of listening sessions in Sindh province of Pakistan and Government of Sindh has made it part of their family planning programming (See Annex on Listening Sessions). This can be replicated in the KP province as well. The KP Right to Information Commission and KP Right to Services Commission empowers citizens to access information and services. These two institutions along with other citizen complaints portal in the Chief Minister Secretariat can be used for strengthening citizens engagement in improving FP services.

The Table below presents a summary of the key ways and methods to engage citizens in FP budget advocacy.

What	How
Introduce citizen-based advocacy and accountability	<ul style="list-style-type: none"> <li>Strengthen social media platforms, engage donors to include citizen-based advocacy.</li> </ul>
Increase budget information availability for citizens	<ul style="list-style-type: none"> <li>Develop and disseminate citizen budgets.</li> <li>Provincial and District level budgets should be available to public under the Pro-Active Disclosure section of The Right to Information Act</li> </ul>
Increase participation of youth	<ul style="list-style-type: none"> <li>Introduce population sensitization seminars and activities in universities</li> </ul>
Increase participation of women voices	<ul style="list-style-type: none"> <li>Introduce Listening Sessions for bringing in women voices (Women engagement with the decision makers)</li> </ul>

### C: Engaging Influencers

Influencers are brokers of change and play an important role in reaching the key decision makers. Media, religious leaders and academia are key influencers proposed to be engaged in the advocacy for FP budget. With every passing moment media in its various forms, be it social media or mass media is getting more powerful in influencing a range of audience including and not limited to policy makers, managers, planners and consumers. Anchor persons of leading current media talk shows have attained status of celebrities in society. Media personnel therefore need to be engaged for highlighting the population issues and need for resources on regular intervals.

While entertainment media is more useful in creating behaviour changes, current/news media is a powerful influencer for policies and resource allocation. This will require sensitization of reporters, editors, anchor persons, producers and news channels owners. They will require to be equipped with relevant information. Besides, they need to be imparted with the capacity to demand information and use it for their professional work.

The religious leaders support has been created through several earlier interventions, however, they will need to be engaged more for providing support by convincing the communities and dispelling the myths and misconceptions. They will therefore be needed to be made part of the advocacy activities.

Academia is an important stakeholder that has indirect influence on policies and planning. Academia can undertake research and evidence generation that can help policy makers understand the needs and make informed policy choices and decisions.

The Table below presents the list of actions and the suggested mode of delivery to engage influencers for FP advocacy.

What	How
Engage media opinion makers	<ul style="list-style-type: none"> <li>Organize special editions in newspapers, conduct media briefings and round tables, engage anchor persons and equip them with needs, budget and benefits, write in media highlighting the needs and budgets, position FP as an investment case.</li> <li>Conduct Data Demand and Information Use Trainings.</li> </ul>
Engage religious leaders	<ul style="list-style-type: none"> <li>Religious leaders' voices inclusion in advocacy seminars</li> </ul>
Engage academia	<ul style="list-style-type: none"> <li>Conduct research</li> </ul>

## D: Improving Financial Management Capacity

Financial management includes improved budget making processes, budget spending and reporting. It is important that financial management capacity is enhanced for improved budgetary planning that is in line with the needs. It will be important that bottom-up budgeting rather than conventional increment method, is used for budgetary planning. Besides, procurement capacity needs to be enhanced for improving budget spending capacity within the stipulated time. This requires capacity building of the staff involved in budgeting.

The Table below presents the list of actions and the suggested mode of delivery to improve financial management capacity for FP.

What	How
Improve budgetary processes	Introduce bottom-up budget making processes.
Strengthen the capacity of the managers on spending and reporting	Organize trainings, improve procurement processes





## FORUM FOR SAFE MOTHERHOOD

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