Boosting Family Planning within the Sustainable Development Goals Framework: A Way Forward for Sindh, Pakistan

HP+ POLICY *Brief*

November 2016

Introduction

Investing in family planning (FP) is critical, not only for improving maternal and child health, but also for achieving broader development goals and objectives. When couples choose voluntary family planning to space or limit births, it allows them to better utilize limited resources, thereby increasing household wealth and improving nutrition, health, and food security. Family planning also contributes to gender equality, by helping girls prevent early pregnancies and extend their education, and by empowering them to make important life choices. Family planning can also enhance environmental sustainability and alleviate the pressures of rapid population growth on economic and social resources (Cates, 2010; Petruney et al., 2014).

These links between family planning and development are increasingly gaining recognition, particularly in light of the recently adopted Sustainable Development Goals (SDGs)—an ambitious set of 17 goals and 169 associated targets to be met by 2030. The SDGs establish priorities related to poverty eradication, health, education, and food security, and to tackle a holistic set of economic, social, and environmental objectives.

Investment in family planning is a necessary step for achieving virtually all of the SDGs (Starbird et al., 2016). Notably, Goal 3 on health and Goal 5 on gender include targets on reproductive health and directly incorporate family planning as a key indicator. The added commitment to family planning and reproductive health is a welcome shift from the previous Millennium Development

SDG GOAL 3 GOOD HEALTH AND WELL-BEING

Target 3.7

Universal access to

- Sexual and reproductive healthcare services: family planning, information, education, and integration of reproductive health into national strategies and programs

Indicator 3.7.1.

Proportion of women (aged 15-49 years) who have their family planning needs satisfied with modern methods

SDG GOAL 5 GENDER EQUALITY

Target 5.6

Universal access to

- Sexual and reproductive health and reproductive rights

Indicator 5.6.1

Proportion of women (aged 15-49 years) who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare

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Goals (MDGs), in which they were not explicitly included. One key challenge, however, is ensuring that national and subnational decisionmakers are equipped to translate these lofty global aims into the development and implementation of effective policies and programs at the country level.

Key Actions to Boost Family Planning

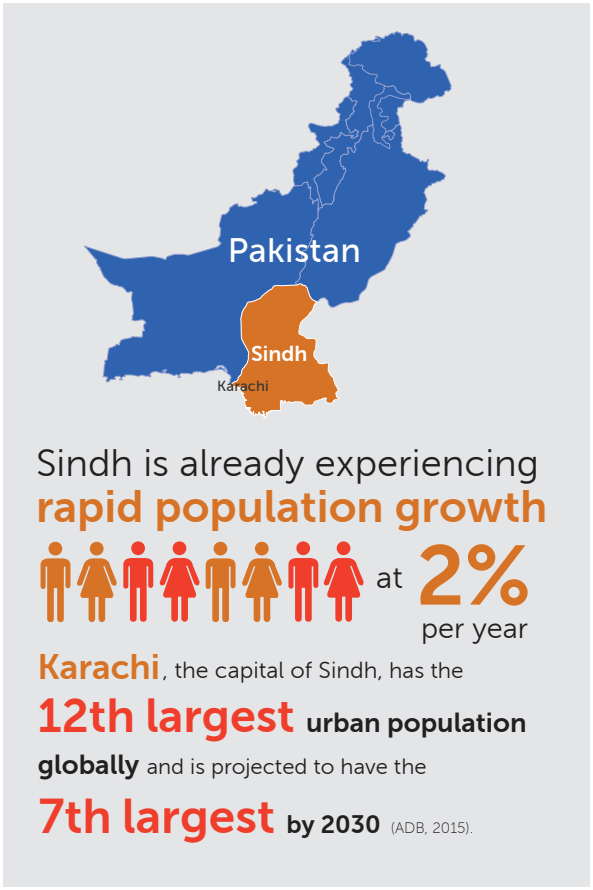
This policy brief highlights key actions that high-level decisionmakers and other stakeholders in Sindh province, Pakistan can take to help achieve the family planning goals and targets set forth under the SDGs framework. Sindh is currently experiencing rapid population growth (see Figure 1); therefore investments in family planning, particularly in light of the SDGs, are critical.

Key actions include:

1. Take ownership of the SDGs
2. Draw attention to the broader health, economic, and development benefits of family planning
3. Translate existing policies into action

Underlying each of these actions are lessons learned from the experience of working toward the MDGs, in an attempt to avoid similar challenges and anticipate potential bottlenecks. To inform this brief, the USAID-funded Health Policy Plus (HP+) project synthesized information drawn from a review of national and subnational policies and a series of semi-structured interviews, conducted by HP+, with a small set of key stakeholders representing government, civil society, and the private sector in Sindh.

Figure 1. Population Growth in Sindh



Take ownership of the SDGs

The SDGs are gaining attention in Pakistan; however, solid political and financial commitment is lacking. On paper, Vision 2025—a roadmap guiding the country's development approach—recognizes the SDGs and links them directly to national priorities (Khalid, 2015) by identifying and aligning a series of pillars with the SDGs. The first pillar, "People First: Developing Social and Human Capital and Empowering Women," is directly linked to health and gender goals. Vision 2025 also emphasizes the importance of family planning for health, economic prosperity, and national development (Government of Pakistan, 2014).

Yet, the reality on-the-ground is that both nationally and in Sindh, the SDGs are only tentatively beginning to take hold in policy and programmatic discussions. This push is largely driven by external donors and development partners; however, marked progress

can only occur if decisionmakers in Sindh are fully invested in and take ownership of their role in achieving the SDGs for Pakistan. A first step is to draw from the SDG linkages outlined in Vision 2025 and similarly align provincial-level development goals with the SDGs.

To further take ownership, decisionmakers in Sindh can apply a key lesson from the MDG experience in Pakistan: ensure that objectives and priorities around the SDGs are locally relevant and realistic (LEAD Pakistan, 2015). One way to do this is to work through the newly established SDG Unit, supported by the United Nations Development Programme. In Sindh, the unit is situated within the Planning & Development Department, and includes representatives across multiple government departments, such as education, health, agriculture, and population welfare. Its purpose is to support the province in securing and aligning available resources for priority SDGs, generating data and tracking progress on those goals, and promoting innovation around efforts to achieve them.

Determining which goals the SDG Unit will prioritize is up to the provinces, and to date, Sindh's priority goals have not been named. This presents an immediate and critical opportunity for decisionmakers to advocate for prioritization of the FP-related goals, targets, and indicators. The SDG Unit in Sindh will also be responsible for reviewing the annual development plans of all provincial government departments (e.g., health, population welfare, education) and ensuring a good match between departments' proposed activities and the SDGs before the plans are submitted to the finance department for funding. As such, it will be important to ensure that those within and outside the unit have a clear understanding of the FP-related goals, targets, and indicators and their links to various development activities. Finally, going forward, it is imperative that decisionmakers take responsibility for ensuring that the SDG Unit remains well-resourced and operationally useful.

Draw attention to the broader benefits of family planning

Sindh's rapid population growth will inevitably strain the province's infrastructure and ability to provide adequate social services. Rising populations will affect access to clean water, transport, and electricity; access to social services, such as education; environmental sustainability; and food security, among others (see Figure 2). Reducing unintended pregnancies through voluntary family planning is one clear way to ease such pressures. Yet, aside from a few stalwart

Figure 2. Effects of Rapid Population Growth

Figure 3. Benefits of Smaller Families

Households and the **province benefit from smaller families,** allowing for

- **better investment of** limited resources
- more participation in **education** and the **labor force**

champions, political support for family planning in Sindh is lagging, particularly beyond the health sector. Within the province, family planning is still seen primarily as a health issue affecting women and children, without recognition of its other benefits to families and society. Increasing attention to and support for family planning will be critical to ensure mobilization of the needed financial and operational resources to achieve the FP-related SDGs. Since family planning is explicitly included in the SDGs, this offers a strong opportunity to rally investment, action, and accountability from high-level decisionmakers. Broadly raising awareness and understanding of the health, development, and economic growth benefits of family planning can increase support from a range of stakeholders and demonstrate to decisionmakers from various sectors how investments in family planning can help achieve their sectors' goals and objectives. This argument may help persuade Sindh's decisionmakers take greater ownership of population-related challenges and increase their leadership around family planning and development.

To further garner support for family planning in Sindh, decisionmakers will need to bring greater attention to its role in birth spacing and the related benefits. Evidence shows that well-spaced births can reduce death and illness rates among mothers and infants, and can also contribute to the well-being of older children (Perin and Walker, 2015). However, in Sindh, the concept of birth spacing is not widely acknowledged. Despite the known benefits (see Figure 3), family planning is not typically linked to considerations of family finances, health advantages, or education opportunities for children, and women in Sindh tend to use family planning only when they are ready to stop having children.

Female sterilization is the most popular method in Sindh, used by almost 40 percent of the married women who are currently using a modern method of contraception (NIPS Pakistan and ICF International, 2013). In order to increase political commitment and resources for family planning, stakeholders need to help decisionmakers better understand the broad benefits of birth spacing. To increase FP use, decisionmakers will need to ensure that FP programs and counseling address the many evidence-based benefits of birth spacing and educate women about the range of methods available.

Translate existing policies into action

To achieve the FP-related SDGs, Sindh must effectively translate their "on paper" policies to action. Strong policy opportunities exist:

- The recently approved Sindh Population Policy (2016 – 2030) underscores the importance of universal access to sexual and reproductive health services and is well aligned with the SDGs.
- The Costed Implementation Plan (CIP) for Sindh can be used as a roadmap for achieving the province's policy vision. The CIP offers a strategic and focused approach for meeting an ambitious set of FP goals by 2020 (see Table 1). Developed

jointly by the Population Welfare Department and the Department of Health, the plan also provides an umbrella under which various groups can work together to achieve common goals and objectives.

Table 1. Sindh FP Statistics and CIP Goals, Married Women Ages 15-49

	Current Level, 2012-13 (%)	CIP Goal, 2020 (%)
Unmet need	20.8	14.0
Contraceptive prevalence rate (CPR)	29.5	45.0
CPR for modern methods	24.5	36.5
Modern Contraceptive Method Mix		
Female sterilization	39.6	33.2
Condom	32.7	28.8
Injectable	13.5	14.5
Pill	7.3	8.5
IUD	4.5	8.2
Implant	0.8	5.5
Vasectomy	0.4	0.3
Other modern methods	1.2	1.1

Source: NIPS Pakistan and ICF International, 2013; PWD, 2015

While the existence of these policy documents offers a strong opportunity for Sindh to meet the SDGs, the policies can only be effective if followed up with action. Successful policy execution will require building the capacity of government departments to implement effective programs, track progress against policy targets, and hold policymakers accountable for promised commitments. In addition, decisionmakers will need to continuously push for meaningful stakeholder engagement and commit political support and resources.

Conclusion

Sindh has a great window of opportunity to realize its family planning goals and contribute to Pakistan's attainment of the SDGs. Strong provincial-level policy documents and practical mechanisms, such as the CIP and the SDG Unit, are in place to guide the way forward. By taking ownership of the SDGs and addressing the practicalities of moving from paper to action, Sindh can build a strong foundation for success. The application of lessons learned from the MDG experience will help ensure the province can avoid past challenges and effectively direct efforts from the outset. Finally, broadening how family planning is positioned so that its value is recognized at both the policy and community levels will go a long way to garner increased support, investment, and ultimately FP use. By sharing these messages and working to address them, Sindh can forge a strong path forward for improving the state of family planning in the province.

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Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.

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