

# National Stakeholder Validation Workshop on Bottleneck Analysis of Family Planning Situation in Pakistan



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**EXPANDNET**



**Dr Haris Ahmed**

Member ExpandNet Secretariat  
CEO The Scaling-up  
Accelerator

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## Acronyms:

Bottleneck Analysis

Director General

Family Planning

Key Informant Interview

Ministry of National Health Services, Regulations & Coordination

Non-Governmental Organization

Post-Abortion Family Planning

Pakistan Demographic and Health Survey

Post-Pregnancy Family Planning

Population Planning Wing

Social and Behavior Change

Social and Behavior Change Communication

The Scaling-up Accelerators

World Health Organization

**BNA**

**DG**

**FP**

**KII**

**MoNHSR&C**

**NGO**

**PAFP**

**PDHS**

**PPFP**

**PPW**

**SBC**

**SBCC**

**TSA**

**WHO**

## Introduction:

The WHO Bottleneck Analysis (BNA) Workshop was conducted with the aim of identifying and addressing key bottlenecks in the implementation of evidence-based Family Planning (FP) practices. The workshop, held in Pakistan, brought together key stakeholders from various provinces to analyze current challenges and devise actionable strategies for improving FP service delivery.

## Background:

During the FP2030 Asia Pacific Hub Workshop for Focal Persons in Manila, Philippines, July 1 – 4, 2024, Dr. Rita Kabra from the World Health Organization (WHO) led an enlightening session on Bottleneck Analysis (BNA), a critical tool for identifying and addressing barriers to the effective implementation of family planning programs. The session, titled "Assessment of Bottlenecks Inhibiting the Scale-up of Evidence-based Family Planning Practices (FP-BNA)," focused on three key areas of importance across different countries:

1. **Post Pregnancy Family Planning (PPFP):** Identified as a crucial area for scaling up family planning services in 20 countries, with specific challenges in the postpartum period needing attention to enhance access and uptake of family planning services.
2. **Social and Behavior Change (SBC) Programs for Family Planning:** Recognized in 13 countries as essential for shifting societal norms and improving family planning outcomes by changing behaviors and promoting the adoption of family planning practices.
3. **Task-sharing to Community Health Workers and Auxiliary Nurses:** In six countries, task-sharing strategies were highlighted as a solution to bottlenecks in family planning services, with a focus on empowering community health workers and auxiliary nurses to expand the reach and effectiveness of family planning services.

Dr. Rita shared preliminary results from Pakistan, where Bottleneck Analysis was conducted across all three focus areas: PPFP, SBC, and Task-sharing. The findings from Pakistan provided valuable insights into the challenges and opportunities for scaling up family planning interventions in the country. Dr. Rita emphasized that the Bottleneck Analysis is not just a diagnostic tool but also a framework for ongoing improvement, enabling health programs to adapt and evolve in response to changing conditions.

## BNA Validation Workshop in Pakistan – The Workshop Proceedings

In Pakistan, the MoNHSR&C, in collaboration with WHO, conducted a study on "Comprehensive bottleneck analysis on factors influencing the expansion and sustainability of gender-responsive Post Pregnancy / Post-Partum Family Planning (PPFP) and Post Abortion Family Planning (PAFP), FP task-sharing/ shifting, and Social and Behavior Change (SBCC) initiatives in Pakistan," to identify bottlenecks in the implementation of evidence-based Family Planning (FP) practices. WHO engaged the services of a local consulting firm, SPHERE Consulting, headed by Dr. Naeem Majeed.

On July 7 & 8, 2024, the Ministry conducted a workshop with provincial stakeholders and area experts to review and validate the preliminary findings of the BNA.

## Objectives of the Workshop

The primary objectives of the workshop were:

- To identify critical bottlenecks inhibiting the scale-up of evidence-based Family Planning practices.

- To discuss and develop solutions to overcome these bottlenecks at different levels, including governance, service delivery, financing, and human resources.
- To facilitate knowledge sharing and learning among stakeholders to improve FP service delivery.

## Day 1: Inaugural Session

The workshop commenced with a formal inauguration session. The keynote speaker welcomed participants and provided an overview of the workshop's objectives, emphasizing the importance of addressing bottlenecks in FP service delivery. The session underscored the need for a collaborative approach and the integration of diverse perspectives to overcome challenges in FP implementation.



Participants were introduced to the workshop's agenda and the expected outcomes. The session set the tone for the collaborative and action-oriented approach that would be adopted throughout the workshop.

## Preliminary Presentation of Findings

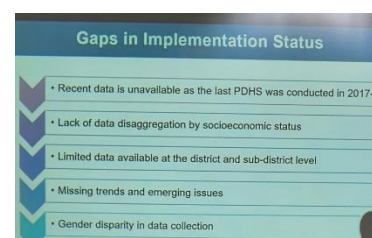
Presented by WHO Consultant Dr. Naeem Majeed, this session included the initial presentation of the WHO consultants' research on the bottlenecks in FP implementation. The presentation provided a comprehensive overview of the current gaps in FP service delivery and the key areas where interventions are needed. Participants were encouraged to critically engage with the findings and prepare for the group work sessions that would follow.

**Summary of Mean KEY Informant Interview Scores**

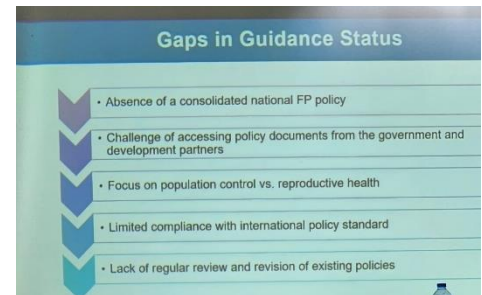
Bottlenecks category	Task Sharing /Shifting	SBCC	PPFP/PAFP
Implementation	2.01	1.46	1.93
Governance	2.38	1.79	2.06
Financing	2.36	2.8	2.41
People	2.18	2.36	2.17
Information	2.32	1.93	2.2
Medicine and Technology	2.15	2.07	2.23
Service Delivery	2.16	2.05	2.06
Human Resources	1.98	2.03	2.07

## Key Sessions and Discussions:

- **Session 1: Identifying Gaps in Implementation Status**
  - **Recent Data Unavailability:** The last PDHS was conducted in 2017-18, leading to a lack of up-to-date data for informed decision-making.
  - **Lack of Data Disaggregation:** Socioeconomic status and other critical factors are not adequately disaggregated in available data, limiting targeted interventions.
  - **Limited District-Level Data:** Data at the district and sub-district levels are scarce, impeding localized planning and interventions.



- **Missing Trends and Emerging Issues:** Emerging issues in FP are not well-tracked due to the absence of trend data.
- **Gender Disparity:** Disparities in data collection based on gender hinder comprehensive understanding and planning.
- **Session 2: Gaps in Guidance Status**
  - **Absence of National FP Policy:** A unified national FP policy is lacking, leading to fragmented efforts.
  - **Difficulty Accessing Policy Documents:** Both government and development partners face challenges in accessing relevant policy documents.
  - **Focus on Population Control vs. Reproductive Health:** Current policies overly emphasize population control, often at the expense of broader reproductive health considerations.
  - **Compliance with International Standards:** Limited adherence to international policy standards was identified as a significant gap.
  - **Need for Regular Policy Review:** Existing policies are not regularly reviewed or revised, limiting their effectiveness.



## Group Work Sessions

The participants were divided into three groups, each tasked with addressing specific bottlenecks related to FP implementation. The groups were organized as follows:

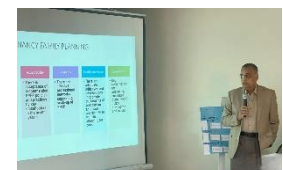
- **Group 1: Governance & Financing**
- **Group 2: People and Information**
- **Group 3: Medicine/Technology, Service Delivery, and Human Resources**

Group 2 was led by Dr. Haris Ahmed, ExpandNet Secretariat. Each group was tasked with identifying bottlenecks for eleven specific indicators for the three categories, namely task shifting, SBCC, and PPFP/PAFP, in the context of their group heading. Once these were identified, the groups were asked to narrow them down to the five most crucial bottlenecks for each category. These five bottlenecks were to be presented by group leads on the second day.



## Day 2: Presentation of Group Findings

Each group lead presented their findings in a plenary session, highlighting the most severe bottlenecks in their respective areas. The analysis revealed that governance and financing were among the most critical challenges across all three focus areas. Each group proposed actionable strategies to address the identified bottlenecks, with an emphasis on ensuring sustainability and scalability of the solutions.



**Group Work Sessions** – On Day 2, the group work session was set to narrow down three bottlenecks from the five identified earlier, followed by identifying reasons for these bottlenecks with possible solutions. Once completed, the three group findings were shared by Dr. Naeem Majeed with all the participants. These were as follows:



## Summary of Findings

- **Bottlenecks: Social and Behavior Change Communication (SBCC)**
  1. Unawareness of the National Population Narrative.
  2. Parallel SBCC Efforts by Public and Private/NGO Sectors.
  3. Inadequate Data Trends on SBC Coverage or Outcomes.
  4. Cultural Limitations on Promoting Contraception in Mass Media.
  5. Frontline Workers Unaware of Existing Policies.
- **Bottlenecks: Task Shifting & Sharing**
  1. Unclear Policy Guidance for Criteria and Roles.
  2. Resistance from Higher Cadres of Healthcare Providers.
  3. Limited Continued Professional Development Opportunities.
  4. Existing Regulations or Restrictions on Scope of Practice.
  5. Divergent Policies Across Provinces.
- **Bottlenecks: Postpartum Family Planning (PPFP) / Post-Abortion Family Planning (PAFP)**
  1. Lack of Clear Policy.
  2. Lack of Commodities.
  3. Lack of Capacity.
  4. Low Proportion of Institutional Deliveries.
  5. Inadequate Knowledge Among Frontline Workers.
  6. Healthcare Provider Biases.

## Possible Solutions

- **Governance & Financing:** Proposed solutions included equitable allocation of resources, increased and timely allocations and releases, and the development of accountability mechanisms.
- **People & Information:** Effective strategies should be developed for better community engagement and communication. Streamlining communication messages and establishing robust reporting systems with necessary disaggregation were also recommended.



- **Medical/Technical, Service Delivery & Human Resources:** Capacity building, strengthening commodity security, updating curricula, and improving coordination and teamwork within and between service delivery points were identified as key solutions.

## Closing Ceremony

The workshop concluded with remarks from the Secretary of MoNHSR&C and the Director General of Population Planning Wing (PPW). Both officials appreciated the efforts of WHO and the consulting firm in identifying and addressing the critical bottlenecks in FP service delivery. They emphasized the importance of the findings and expressed their eagerness to review the final report, which is expected to be completed and shared by October 2024. The officials also expressed their commitment to implementing the proposed solutions and ensuring that the lessons learned from the workshop translate into meaningful improvements in FP services across the country.



## Conclusion

The WHO Bottleneck Analysis Workshop provided a comprehensive platform for stakeholders to analyze and address the challenges in scaling up FP services. The collaborative efforts and discussions during the workshop led to the identification of key bottleneck.

## Attachments



Agenda WHO BNA  
workshop .pdf



Invitation Letter  
MoNHSRC.pdf