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# ADVANCING REPRODUCTIVE HEALTH IN PAKISTAN:

*A review of the David and Lucile Packard Foundation's two decades of grantmaking*

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*Photo courtesy of Aman Health Care Services*

# ACRONYMS

AHCS	Aman Health Care Services
AKU	Aga Khan University
BHU	Basic health unit
BOC	Bureau of Curriculum
CHW	Community health worker
CCP	Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs
CIP	Costed Implementation Plan
CPR	Contraceptive prevalence rate
CSE	Comprehensive sexuality education
CYP	Couple years of protection
EC	Emergency contraception
EmONC	Emergency obstetric and newborn care
FP	Family planning
FP2020	Family Planning 2020
FPAP	Family Planning Association of Pakistan
HANDS	Health and Nutrition Development Society
IFPLP	Public Health Institute's International Family Planning Leadership Program
INGO	International non-governmental organization
ISG	International Support Group on Population and Development
IUD	Intrauterine device
LARC	Long-acting reversible contraceptives
LDM	Institute of International Education's Leadership Development Mechanism
LEAD	Leadership for Environment and Development
LHW	Lady health worker
LSBE	Life skills-based education
LUMS	Lahore University of Management Sciences
MARVI	Marginalized Areas Reproductive Health and Family Planning Viable Initiatives
MDGs	Millennium Development Goals
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
MOPW	Ministry of Population Welfare
MSI	Marie Stopes International
MVA	Manual vacuum aspiration
NGO	Non-governmental organization
NRSP	National Rural Support Program
OE	Organizational effectiveness
PAC	Post-abortion care
PAFP	Post-abortion family planning
PAPAC	Pakistan Alliance for Post-Abortion Care
PITE	Provincial Institute for Teacher Education
PNC	Pakistan Nursing Council
PO	Program officer
PPFP	Post-partum family planning
PPIUD	Post-partum intrauterine device
PRH	Population and reproductive health
PRSP	Punjab Rural Support Program
PSI	Population Services International
PWD	Population Welfare Department
RH	Reproductive health
RWPF	Rutgers WPF
SPO	Strengthening Participatory Organization
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STBB	Sindh Textbook Board
TAC	Technical advisory committee
VCAT	Values clarification and attitude transformation

# 1. INTRODUCTION AND SUMMARY FINDINGS

Since 1998, the David and Lucile Packard Foundation's Population and Reproductive Health (PRH) program has granted more than \$52 million to improve family planning (FP) and reproductive health (RH) services and outcomes in Pakistan. Over the course of its engagement in Pakistan, PRH has supported a diverse set of grantees and engaged in a variety of beyond-the-check activities to build momentum around FP/RH issues, ensure critical sexual and reproductive health (SRH) services are provided to those in need, and empower local actors to continue this work into the future. Through its grantmaking activities, the Foundation has funded large and innovative service delivery initiatives, diverse advocacy approaches, efforts to reach and engage youth, and programs to strengthen local leadership and organizational effectiveness.<sup>1</sup> To maximize the impact of these investments, the Foundation has engaged in direct outreach to government through its in-country advisors, provided strategic and technical support to grantees, and organized regular convenings and forums to establish linkages between grantees and connect them with government stakeholders.

The Foundation's efforts in Pakistan have focused largely on Punjab and Sindh provinces, where the majority of Pakistan's population lives, but have also included advocacy activities at the national and provincial levels (Figure 1A). During its consolidation grantmaking phase (2014 onwards), the Foundation's focus narrowed increasingly to Karachi, where it invested in a large-scale, multi-donor initiative that encompasses several elements of its prior work (see Section 4 for more information). Grant activities under the consolidation phase will continue through 2020, when the Foundation plans to complete its transition out of Pakistan.

FIGURE 1A. GEOGRAPHIC AREAS OF FOCUS IN PAKISTAN



In 2017, PRH commissioned Mathematica Policy Research to conduct an in-depth review of key achievements and lessons learned from the Foundation's grantmaking in Pakistan. This report summarizes the results of those efforts. In this section, we describe the methodology used for the review and provide a high-level summary of key wins and learnings. The remaining sections offer a detailed overview of PRH's strategy in Pakistan and how it evolved (Section 2), a deep dive into each of PRH's four intervention areas in Pakistan (Section 3), a brief summary of progress to date on sustainability planning and facilitating a responsible exit (Section 4), a set of cross-cutting learnings on how to develop and execute a successful country program (Section 5), and a sketch of PRH's ongoing efforts to institutionalize gains prior to its final transition out of the country in 2020 (Section 6).

<sup>1</sup> As a private family foundation, the David and Lucile Packard Foundation does not advocate for candidates, legislation, or ballot initiatives. All grantmaking under this strategy was carried out in accordance with appropriate federal and state rules concerning lobbying.

## A. RETROSPECTIVE REVIEW GOALS AND APPROACH

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The objectives of the retrospective review were to: (1) trace the evolution of PRH’s grantmaking strategy in Pakistan, (2) describe key areas of work supported by the Foundation, (3) identify and highlight grantee stories of success and influence, and (4) draw out cross-cutting lessons learned from Foundation and grantee efforts in the country. The primary audience for this report is Foundation staff; the review is designed to provide current and future program officers (POs), as well as other staff, with a concise overview of PRH’s investments in Pakistan and how the Foundation’s strategy evolved amid a changing landscape. The documentation of key activities and achievements under PRH’s portfolio might also be useful to grantees, as well as other donors working on or interested in working on reproductive health and rights in Pakistan.

The report covers a 19-year period (1998 to 2017) of the Foundation’s work in Pakistan, which began in 1998 and will come to a close in 2020.

The review draws on three primary data sources:

- **In-depth document review.** Foundation strategy and program documents (including theories of change, strategic frameworks, and board memos) and grant materials (including grant summaries and proposals, narrative reports, and external-facing project reports/products) were reviewed. We also reviewed reports from evaluations of PRH-funded projects and drew selectively on other secondary data sources that provided insights on the Pakistan landscape and results of Foundation and grantee efforts.
- **Portfolio review.** Data from the Foundation’s grant management database were used to conduct a financial analysis of PRH grantmaking and to show how investments were distributed over time and across intervention areas.
- **In-person and phone interviews.** During the 2016 grantee meeting in Singapore, the Mathematica team conducted group interviews with 14 grantees. We also conducted phone discussions with 19 grantees and current or former PRH team members.

## B. KEY WINS

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Through grantmaking and beyond-the-check activities, the Packard Foundation has built momentum around FP/RH issues in Pakistan, fostered innovations in service delivery, promoted targeted policy action to expand access to quality services, and sparked the growth of a strong and networked group of FP/RH leaders. These efforts have ensured greater availability of vital FP/RH services, and that services are provided with attention to quality and women’s needs and preferences. PRH efforts have also drawn attention to the unique SRH needs of youth, and ensured that youth have the information and skills they need to exercise their reproductive rights and make informed decisions about their future. These advancements have contributed to notable improvements in key FP/RH outcomes in Pakistan over the past two decades, including a 18 percentage point increase in the contraceptive prevalence rate (from 17 percent to 35 percent) and 13 percentage point decrease in unmet need for family planning (from 33 percent to 20 percent) between 1998

and 2013 (United Nations, Department of Economic and Social Affairs 2017). Government commitment to and investment in FP/RH issues has also increased considerably over this period: between 2011-12 and 2014-5, government per capita spending on FP increased from \$0.98 to \$1.50 in Punjab, Sindh, and Khyber Pakhtunkhwa provinces (Population Council 2016).



*Photo courtesy of Pathfinder International*

Major accomplishments of PRH's grantmaking activities in Pakistan include the following:

- **INCREASED MOMENTUM AROUND FP/RH ISSUES AT THE HIGHEST LEVELS OF GOVERNMENT.**

Through investments in large-scale convenings of key government, donor, and non-governmental organization (NGO) leaders, and extensive advocacy and outreach, the Packard Foundation drew critical attention to FP/RH issues among policymakers. The seminal 2005 Population Summit, and ongoing advocacy by both the Foundation and its grantees, helped shed light on vast unmet need in Pakistan and made the case for urgent and coordinated action to address SRH challenges. This has created a strong enabling environment for the development and scale-up of innovative approaches to providing vital SRH information and services.

- **DEVELOPMENT OF INNOVATIVE AND HIGHLY SCALABLE MODELS OF FP/RH SERVICE DELIVERY.**

The Foundation has supported the development and evaluation of innovative service delivery models to address widespread gaps in public sector service provision. A particularly successful investment was in the Health and Nutritional Development Society's (HANDS) Marginalized Areas Reproductive Health and Family Planning Viable Initiatives (MARVI) model, a low-cost service delivery model that trains women with low literacy to deliver FP/RH messages in remote rural areas and uses social marketing approaches to ensure sustainability. The Foundation has also generated evidence on the effectiveness of demand-side financing approaches in Pakistan and a model for the "functional integration" of community-level service delivery by the government's traditionally siloed health and population welfare departments. The MARVI model has been scaled through other funding sources from 1 district to 12 in Sindh Province, as well as to two other provinces (Punjab and Khyber Pakhtunkhwa). Elements of Pathfinder's functional integration model were adopted by Sindh's Costed Implementation Plan (CIP) for FP, the province's roadmap for achieving its FP2020 goals.

- **GOVERNMENT ADOPTION AND SCALE-UP OF FP/RH SERVICE DELIVERY APPROACHES TESTED BY PRH GRANTEES.** Through investments in promising pilot programs, evidence generation, and advocacy,

the Foundation successfully facilitated government scale-up of several key FP/RH services, including:

- » **Post-partum family planning (PPFP).** With PRH funding, Jhpiego conducted a small pilot in Punjab to train mid- and secondary-level providers on PPFP and how to integrate it into maternal, newborn, and child health (MNCH) service provision. Based on the success of the pilot, and in response to sustained advocacy, the Punjab government decided to scale PPFP service provision across the province. Jhpiego has helped with roll-out, training 900 mid-level providers and installing strong government-led supportive supervision mechanisms.

- » **Emergency contraception (EC).** The Foundation funded Greenstar to test provision of EC in its franchised clinics. The positive results of this initiative were used to convince policymakers to include EC in the basket of contraceptive choices. EC is now included in the National Family Planning Program.

- » **Post-abortion care (PAC).** The Foundation has helped increase attention to and action on unsafe abortion through investments in research, partnership-building, and program innovation and scale-up. An abortion incidence study conducted by the Population Council helped underscore to policymakers the urgency and scale of issues related to high unintended pregnancy. A partnership formed with PRH support among government, donor, and NGO stakeholders helped build a broad coalition of support for provision of high-quality PAC. Most recently, Ipas led a pilot to train government providers on manual vacuum aspiration (MVA) and misoprostol for PAC. Evidence from the pilot and extensive advocacy led the Punjab government to include misoprostol and MVA in its Essential Services Package (ESP). Following the effort in Punjab, other provinces were motivated to make this change as well. Misoprostol and MVA are now in ESP lists across all provinces in Pakistan.

- **LEGISLATIVE AND POLICY ACTION TO IMPROVE SRH CONDITIONS FOR YOUTH.** PRH grants catalyzed the development of a new, evidence-based life skills-based education (LSBE) curriculum

tailored to the Pakistan context. Developed by Aahung and tested by other PRH grantees, the curriculum seeks to increase self-efficacy among youth and facilitate responsible decision making. Influenced by persistent advocacy, LSBE has been integrated into the Sindh secondary school curriculum, thereby facilitating its implementation at scale. The Foundation also catalyzed discussions around age of marriage in Pakistan, with several PRH grantees joining forces to conduct a successful advocacy campaign to restrict the minimum age of marriage to 18 years in Sindh.

- **GROWTH OF A STRONG LOCAL FP/RH COMMUNITY.** By supporting leadership trainings and fellowships, providing organization-level capacity-building support, and creating local networks to bring grantees and other partners together, the Foundation has helped build a strong, collaborative FP/RH community in Pakistan. The leadership trainings helped staff at participating organizations gain the confidence and skills needed to take a public stand on FP/RH issues, effect change within their organizations, and influence policy and programming in this sector. Capacity-building activities—supported by both PRH and Organizational Effectiveness (OE) grants—helped organizations gain access to critical tools and approaches for strengthening

operations and ultimately running more successful projects. Finally, the Foundation strengthened linkages between FP/RH actors in Pakistan, forming action-oriented networks that (1) facilitate exchange of ideas, experiences, research, and best practices; and (2) enable joint advocacy to government on critical FP/RH issues.

- **DEVELOPMENT OF A PORTFOLIO STRONGLY POSITIONED FOR SUSTAINABILITY.** The outlook is promising for the sustainability of PRH's investments in Pakistan. As mentioned above, the Foundation has developed a networked and collaborative community of NGO champions and partners in the SRH field. Recently, several of the innovative models tested by these organizations were integrated into the Sindh government's costed implementation plan for FP. The Foundation has also catalyzed investment by new donors in the FP/RH field in Pakistan, including the Bill & Melinda Gates Foundation and an anonymous donor. As part of its consolidation strategy, the Foundation launched a jointly funded initiative with the Gates and Aman foundations (the Sukh initiative), which consolidates some of PRH's most promising programs, strengthens their sustainability, and ensures that PRH's learnings are leveraged by other donors to engage in informed grantmaking.

## C. KEY LEARNINGS

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The Foundation adopted a variety of strategies to move the needle on FP/RH issues in Pakistan's complex and shifting operational environment. Summarized below are key learnings from its efforts on how to build strong portfolios, strengthen influence, and responsibly exit.

### PHASE 1: ESTABLISH A CREDIBLE PRESENCE AND IDENTIFY A STRATEGIC NICHE

- **START WITH KNOWN ACTORS AND APPROACHES, THEN GRADUALLY IDENTIFY NEW PARTNERS AND INNOVATIONS TO SUPPORT.** Expansive, locally-driven service delivery efforts in the early years of grantmaking helped establish the Foundation's credibility in Pakistan and open up the playing field for investments in innovative models, sensitive issue areas such as safe abortion and PAC, and more intensive advocacy efforts.
- **IDENTIFY GAPS IN THE DONOR LANDSCAPE.** By leveraging local insights and spending as much time as possible in-country, the Foundation sought to identify its comparative advantage and where its limited dollars would have maximum impact. It identified PAC as a strong strategic niche, and eventually programming for youth focused on sexual and reproductive health and rights (SRHR).
- **RECRUIT A WELL-RESPECTED COUNTRY ADVISOR.** Establishing a local presence and identifying a strong advisor were critical to the

Foundation's success in Pakistan and demonstrating its commitment to long-term engagement in the country. Its longtime in-country advisor, who has acted as the local lead for almost the entire duration of PRH's program in Pakistan, is a highly respected and visible champion of SRHR issues. In her role as country advisor, she has helped identify strong partners and "unusual suspects" to support, facilitated grantees' work, and fostered collaboration and coordination among grantees. She has also conducted and facilitated successful outreach to the government and, in 2009, received the prime minister's performance award in recognition of her contributions to the FP/RH field in Pakistan.

## PHASE 2: EXTEND AND DEEPEN INFLUENCE

- **TIGHTEN FOCUS ON HIGH-RETURN AREAS.** After its initial exploratory grantmaking phase, the Foundation began focusing its efforts on areas that could yield tangible impacts (such as EC, PAC, and PFP). However, several key informants noted that the portfolio continued to be too broad in scope and included several initiatives that were not structured to achieve concrete goals. They emphasized the need to tighten focus at this stage to strengthen the Foundation's overall influence and impact. Key informants also noted the importance of ensuring the portfolio has the right balance between established FP/RH actors that bring gravitas, experience, and skills, and new "disruptive" organizations that bring an alternative lens and innovative approaches.
- **EXPAND ADVOCACY EFFORTS.** PRH adeptly used advocacy and direct outreach to bring about substantial policy shifts in Pakistan, and in this way, make the Foundation's relatively limited resources go far. It invested in evidence generation and use of evidence to promote scale-up, fostered joint advocacy by grantees, and conducted its own direct outreach to key influencers.
- **CLOSELY MONITOR THE LOCAL LANDSCAPE AND BE ADAPTIVE.** A critical ingredient of the Foundation's success in Pakistan has been its willingness to pivot in response to contextual changes. It has drawn on grantee knowledge and experience to ensure its strategy is responsive to contextual shifts, an approach that has also fostered strong, collaborative partnerships with grantees.



Photo courtesy of Aman Health Care Services

## PHASE 3: PLAN FOR SUSTAINABILITY AND RESPONSIBLE EXIT

- **PAVE THE WAY FOR OTHER DONORS AND SCALE TESTED MODELS.** The Foundation has been successful in catalyzing new FP/RH investments in Pakistan, helping guide the strategy and work of the Gates Foundation and an anonymous donor. Through the multi-donor Sukh initiative, it has also ensured that promising PRH-funded programs have a future, and that tested models are scaled to achieve large-scale impact.
- **BUILD ORGANIZATIONAL CAPACITY OF GRANTEES.** The Foundation provided additional support beyond previous OE grants to develop the capacity of a cohort of grantee organizations. Through their participation in the OE cohort, grantees strengthened their internal communications capacity (a key cross-cutting need they identified). The cohort also facilitated peer learning—with grantees drawing on each other's expertise to strengthen their organizational capabilities in areas such as knowledge management. In addition, the cohort facilitated coordination of advocacy efforts, with member organizations participating in a joint advocacy effort around Comprehensive Sexuality Education (CSE).

## 2. OVERVIEW OF PRH GRANTMAKING IN PAKISTAN

The Packard Foundation has awarded approximately \$52.2 million to grantee organizations in Pakistan. Grantmaking under PRH’s Pakistan country program occurred between 1998 and 2016, with select grantees expected to continue work through 2020.<sup>2</sup> Although grantmaking began in 1998, the Foundation’s first comprehensive country strategy in Pakistan was not launched until 2000. Figure 2A shows key strategy phases and annual investments under PRH’s Pakistan program. As shown, grantmaking falls into three predominant strategy phases: (1) 2000–2005, (2) 2006–2013, and (3) 2014–2020. Annual grant investments varied considerably by year, but averaged between \$2.9 million (2006–2013) and \$1.4 million (2014–2020) across all phases.

PRH’s grantmaking strategy evolved over time, but focused on four broad intervention areas: (1) strengthening service delivery, (2) advocacy to facilitate long-term shifts in policy and programming, (3) reaching and engaging youth, and (4) strengthening the FP/RH community in Pakistan. The extent to which each intervention area was prioritized varied

over time, with PRH making large or small pivots in response to contextual changes and internal shifts in Foundation priorities (Figure 2B). This adaptive approach to grantmaking and flexibility in the face of a continually changing context were key elements of the Foundation’s strategy in Pakistan. Other core elements included the prioritization of “neglected” or sensitive issues, integration of “unusual suspects” into the FP/RH field, partnership building across local FP/RH stakeholders, close collaboration with the government, and complementing and catalyzing investments by other donors (Figure 2C). The Foundation implemented its strategy with strong “guiding principles” in mind (Figure 2D), to ensure that its investments and activities were aligned with its overarching vision for Pakistan: increased and more equitable access to FP/RH services, improved quality of care, and greater attention to women’s needs and preferences.

Below we describe the Foundation’s rationale for entering Pakistan, and how its grantmaking evolved over time (Figures 2B and 2E provide a summary of key factors and milestones influencing PRH’s strategy).

**FIGURE 2A. FINANCIAL OVERVIEW OF GRANTMAKING IN PAKISTAN**



**Total Pakistan funding = \$52,202,532** Source: PRH grant database, grant summaries, and proposals

<sup>2</sup>Some small-scale grants were also awarded in 1995–1997. These grants did not fall under the planned country program, but signaled PRH’s interest in Pakistan.

## EVOLUTION OF PRH STRATEGY IN PAKISTAN

### 1998–1999

#### ENTRY INTO PAKISTAN, WITH INVESTMENTS IN LARGE-SCALE SERVICE DELIVERY

The decision to enter Pakistan was made in the late 1990s, when the Foundation received a substantial portion of David Packard’s estate, and became interested in tackling FP/RH challenges in countries where there was potential for large-scale impact (including Ethiopia, India, Mexico, Myanmar, Nigeria, Pakistan, Philippines, and Sudan). Key factors driving the decision to engage in Pakistan were vast unmet need (at 37.5 percent in 1997 [United Nations, Department of Economic and Social Affairs 2017]), opportunities to fill key funding and programming gaps in the FP/RH sector, and large population size. Pakistan also presented an opportunity to engage and influence youth on a large scale, with 20 percent of the country’s population aged 15 to 24 at the time (Population Census of Pakistan 1998). Investing in Pakistan also aligned with the Foundation’s long-term commitment to working in hard places with few donors. By the late 1990s, bilateral funding in Pakistan had largely ceased due to the country’s engagement in nuclear activism. PRH’s early investments played a critical role in preventing several prominent FP/RH-focused NGOs from exiting the country or closing their doors altogether. PRH’s first grants in Pakistan were to organizations such as Marie Stopes International (MSI) and Greenstar Social Marketing (affiliated with Population Services International [PSI]), to help them launch or expand vital service delivery efforts.

### 2000–2005

#### LARGE-SCALE SERVICE DELIVERY AND LEADERSHIP AND FIELD-BUILDING

PRH launched its first Pakistan strategy in 2000, focusing its investments on the provinces of Punjab and Sindh, where 80 percent of Pakistan’s population resides and the unmet need is particularly high. In this strategy phase, the Foundation maintained its focus on large-scale service delivery, which was intended both to establish the Foundation’s credibility among local actors and to illustrate to the government and other actors that there was substantial demand for family planning in Pakistan. The Foundation also invested in efforts to strengthen the local FP/RH community, which focused on expanding leadership and organizational capacity. Many initial grantees in Pakistan were international NGOs familiar to the Foundation, whose work was a strategic fit with PRH’s goals. However, the Foundation was strongly committed to expanding its work with local institutions, and leveraged the insights and leadership of its newly hired country advisors to start building a more networked, dynamic, and empowered FP/RH community in Pakistan. It supported capacity-building for local organizations working on FP/RH issues, established advanced degree programs in population studies to build strong pipelines of FP/RH leaders, and brought organizations working on related issues (such as women’s empowerment) into the FP/RH sector.

**FIGURE 2B. STRATEGY FOCUS AREAS AND FACTORS INFLUENCING STRATEGY**

STRATEGY PHASES	STRATEGY FOCUS AREAS	FACTORS INFLUENCING STRATEGY
<b>2000–2005</b>	<ul style="list-style-type: none"> <li>Large-scale service delivery</li> <li>Leadership/field-building</li> </ul>	<ul style="list-style-type: none"> <li>Dip in Foundation assets (2001)</li> <li>Pakistan Population Summit (2005)</li> <li>Major earthquake in northern Pakistan (2005)</li> </ul>
<b>2006–2013</b>	<ul style="list-style-type: none"> <li>Innovations in service delivery</li> <li>Linking FP/RH issues with development/ MDG agenda</li> <li>Leadership and organizational capacity-building</li> </ul>	<ul style="list-style-type: none"> <li>New PRH strategy (2008)</li> <li>Karachi declaration—government commitment to scale MNCH, FP, and PAC services across country (2009)</li> <li>Devastating floods across Pakistan (2010)</li> <li>Devolution begins (2011)</li> </ul>
<b>2014–2020</b>	<ul style="list-style-type: none"> <li>Consolidation and exit planning</li> <li>Multi-donor, multi-component SRH initiative in Karachi (Sukh)</li> <li>Building grantee capacity and networks</li> </ul>	<ul style="list-style-type: none"> <li>Exit decision and planning</li> <li>Opportunity for multi-donor “consolidation” initiative</li> </ul>

## FIGURE 2C. CORE ELEMENTS OF THE FOUNDATION'S STRATEGIC APPROACH IN PAKISTAN

### **TACKLING SENSITIVE AND “NEGLECTED” SRH ISSUES AND TOLERATING A HIGH LEVEL OF RISK.**

The Foundation saw an opportunity to improve PAC service provision as policymakers grew more open to discussing abortion in Pakistan and the need for high-quality abortion-related care. PAC was a strong niche for the Foundation, given PRH's overall expertise in this area and the limited ability of other donors, particularly large bilaterals, to channel funding to projects focused on abortion. Another sensitive issue the Foundation chose to tackle was the provision of SRH information and services to youth, whose needs and rights in this space are often overlooked.

### **IDENTIFYING AND EMPOWERING STRONG LOCAL PARTNERS.**

While the Foundation continued to work with trusted international NGO (INGO) partners, a key priority for the PRH team was to identify and strengthen the capacity of promising local institutions. By providing leadership training to emerging government and NGO champions and offering management assistance support to NGOs, the Foundation sought to build a strong indigenous FP/RH field in Pakistan that could continue, expand, and scale the work kick-started with PRH funding.

### **INTEGRATING “UNUSUAL SUSPECTS” INTO THE FP/RH FIELD.**

The Foundation sought to expand service access by building partnerships with organizations that had not traditionally worked on FP/RH issues, but had relevant experience, commitment to improving well-being, and alternative channels for reaching underserved groups. These included large *agencies focused on rural development and environment/conservation* (such as NRSP, PRSP, and LEAD), which had vast reach at the village level in rural and remote areas, *women's empowerment organizations* (such as Shirkat Gah), which worked on issues adjacent and related to SRH, and *education NGOs* (such as Indus Resource Centre), which were convinced to integrate SRH programming into their education interventions.

### **STRENGTHENING LINKAGES BETWEEN FP/RH ORGANIZATIONS.**

A key element of the Foundation's efforts to strengthen the FP/RH sector and give civil society more voice and more play in the policy-making process was to strengthen relationships and build partnerships between organizations working on FP/RH issues in Pakistan. The goal was to facilitate learning and collaboration between these organizations on how to reach and deliver high-quality FP/RH services to underserved populations and build a coalition for targeted advocacy to the government.

### **COLLABORATING WITH GOVERNMENT TO EXPAND THE NATIONAL DIALOGUE AND INFLUENCE POLICY.**

By building networks across grantees and supporting both high-level policy summits as well as ongoing advocacy, the Foundation hoped to shift thinking across government about FP/RH issues, particularly sensitive issues such as unsafe abortion. This would, the PRH team hoped, open up more resources for FP service provision, enable scale-up of grantee innovations, and facilitate collaboration across the health and population departments. Collaboration with the government was also intended to guard against the possibility of the Foundation being perceived as another Western actor “operating in isolation, promoting family planning for population control in an Islamic country”—a common view, given global actors had only recently started shifting family planning away from its solely demographic focus and embedding it within a rights and empowerment framework.

### **COMPLEMENTING THE WORK OF OTHER DONORS AND CATALYZING NEW INVESTMENT IN THE FP/RH FIELD.**

The Foundation was strategic about not duplicating the work of other donors and identifying ways in which its role as a smaller actor with no government ties could be used to advantage. This guided the selection, as mentioned above, of PAC as a key focus area for the portfolio. The Foundation also sought to build support from other donors for innovative interventions it had helped to test and refine, thereby strengthening the sustainability of its interventions. More broadly, the Foundation helped facilitate the entry of new FP/RH donors (such as the Gates Foundation and an anonymous donor) into Pakistan. The PRH team provided technical and strategic guidance as these funders identified their comparative advantage in the space and built their portfolio.

### **RESPONDING AND ADAPTING TO CONTEXTUAL CHANGES.**

The Foundation adopted an agile strategic approach that could be adapted as needed to external shifts, including the entry and withdrawal of donors, changes in the policy landscape, and political and environmental shocks. For instance, the Foundation provided emergency relief funding to two grantees following the 2005 earthquake, and expanded its focus on increasing general access to FP/RH services in response to the 2010 floods, which WHO estimated would lead to a 3 percent drop in the contraceptive prevalence rate (CPR).

PRH funding for Pakistan declined to \$1-1.6 million per year between 2002 and 2004 in response to a drop in Foundation assets in 2001, combined with the return of other donors to Pakistan in 2001–2002. The decrease in the Pakistan grantmaking budget after 2001 spurred a reassessment of PRH’s strategy in the country, the results of which played a significant role in shaping PRH’s investment approach in Pakistan moving forward. As part of the assessment process, the PRH South Asia program officer (PO) spent several months in Pakistan, engaging with local partners to identify critical FP/RH needs and gaps in the donor landscape. Through this in-depth exploration, the PO identified PAC as a potential niche area for a \$1 million annual grant budget. The focus on PAC aligned with PRH’s broader program priorities. PAC was also off limits for most other donors active in Pakistan, in part because of the 2001 reinstatement of the Mexico City Policy, which curtailed U.S. funding to organizations implementing abortion-related activities.

The proposal to refocus PRH investments on PAC was under consideration by the Foundation when the pivotal 2005 Population Summit was held in Pakistan (organized by the Population Council, with funding and active high-level participation and support from the Foundation). This landmark event helped to convince policymakers that there was a vast unmet need for FP/RH services in Pakistan, and built energy and enthusiasm for tackling this challenge at the most senior levels of government. Foundation leaders participating in the summit said they witnessed the “breaking open” of the policy environment following the 2005 summit, and saw a powerful opportunity for PRH to influence the FP/RH landscape writ large. While the Foundation still decided to adopt a stronger focus on PAC under its new country strategy launched in 2006, it was embedded within a broader FP/RH approach that prioritized advocacy and sought to take advantage of the newly supportive policy climate.

### **2006–2013**

#### **INNOVATIONS IN SERVICE DELIVERY, LINKING FP/RH ISSUES WITH THE DEVELOPMENT AGENDA, AND LEADERSHIP AND ORGANIZATIONAL CAPACITY-BUILDING**

Under the new 2006 Pakistan country strategy, the Foundation continued its focus on service delivery and strengthening local leadership and capacity (although it shifted away from supporting large-scale service provision to facilitating the development and testing of



*Photo courtesy of MSI*

innovative service delivery models). The 2006 strategy also introduced a new focus area: integration of FP/RH issues into the broader development agenda.

The 2006 strategy aligned with and responded to key shifts in the local and global policy landscape. The 2002 Population Policy had signaled a new openness among policymakers to strengthening FP/RH services, and the 2005 Population Summit had built momentum around achieving the goals of the policy. The increasingly supportive local environment led the Foundation to expand grantmaking in Pakistan during this phase. However, funding was still relatively limited (increasing from around \$1 million to just under \$3 million per year), so PRH shifted its focus from supporting large social franchising and social marketing efforts to catalyzing the development of new, scalable models for service delivery, facilitating integration of public sector health and FP services, and beginning work in specific issue areas, such as PAC. This shift also ensured greater complementarity with the work of other donors, several of whom had begun supporting large-scale contraceptive social marketing, MNCH, and health system strengthening efforts.

The Foundation was also responsive to global momentum around the Millennium Development

Goals (MDGs). The board of trustees had designated a task force to conduct a review of the Foundation's international grantmaking, which recommended that PRH align its grantmaking more closely with the MDGs. This recommendation motivated investments in evidence generation and stakeholder engagement to link population issues with poverty alleviation efforts, which the Foundation hoped would promote more policy action on FP/RH issues. Finally, and as mentioned above, PRH continued during this phase to support efforts to expand the leadership base in the FP/RH sector and build NGO capacity. The Foundation drew on its leadership and OE grant programs to provide support to grantees and also sought to build linkages across existing and emerging leaders (for example, the Foundation helped form the Pakistan Alliance for Post-Abortion Care [PAPAC] during this phase).

A few years into this phase, in 2008, PRH released a new program-wide five-year strategy (2008-2013), which prioritized the integration of FP/RH issues into development agendas, the development of innovative service delivery approaches to reach girls and young women, and improvement of abortion and PAC. Grantmaking in Pakistan already incorporated some elements of the new PRH strategy, but the Pakistan strategy was reviewed and revised in 2012 to further align grantmaking with new PRH priorities, as well as to consolidate investments that stretched across a number of different focus areas. The revised Pakistan strategy prioritized PAC and efforts to serve youth, and sought to generate evidence on and scale up promising programs (such as MSI's voucher programs and Jhpiego's work on PFPF). The tightened focus on PAC aligned well with the 2009 Karachi Declaration, under which the ministries of health and population welfare pledged to scale MNCH and FP services, including PAC services, across the country. The PRH team was also responsive to the 2011 devolution of decision making and administrative authority from the national to provincial and district levels in Pakistan. This required that the advocacy, outreach, and technical assistance strategies of both the Foundation and its grantees be revised significantly to reach different administrative bodies and decision makers.

## 2014–2020

### CONSOLIDATION AND TRANSITION OUT OF PAKISTAN

## FIGURE 2D. GUIDING PRINCIPLES UNDERPINNING PRH'S STRATEGY IN PAKISTAN

**INCREASE ACCESS AND IMPROVE EQUITY:** *Expand provision of FP/RH services to underserved groups such as youth and marginalized urban and rural populations*

**IMPROVE QUALITY OF CARE:** *Improve the quality of FP/RH services, with a focus on ensuring that care is safe, effective, and women-centered*

**MAINTAIN A RIGHTS-BASED APPROACH:** *Empower women to exercise their marital and reproductive rights and engage in independent, informed decision making about their lives*

**BUILD STRONG PARTNERSHIPS WITH GRANTEEES:** *Engage in constructive dialogue with grantees over the life of their projects to leverage their expertise and ensure responsiveness to contextual shifts*

**EMPLOY AN ADAPTIVE STRATEGIC APPROACH TO MAXIMIZE EFFECTIVENESS:** *Leverage opportunities as they appear, empower emerging local champions, coordinate and leverage synergies with other donors, and prioritize learning and evidence-based program improvement*

Around the time of the 2012 Pakistan strategy revision process, the Foundation also began considering transitioning out of the country. There were several reasons for this shift. Within the Foundation, there was a decision to invest in the U.S. South, which in turn led to the difficult decision to wind down funding in a handful of countries. Among these countries was Pakistan, which the Foundation selected to leave in consideration of both challenges and successes in the country. One challenge was around governance. While politicians voiced a strong commitment to improving FP/RH outcomes, there was uneven ownership of this agenda, which had implications for the scale-up of programs tested with Foundation support. Also in the backdrop were ongoing security concerns, which continued to limit Foundation staff engagement and added another challenge to working in-country. While the Foundation remained committed to working in hard places, the PRH team felt that given these constraints, its finite resources might make a greater impact elsewhere.

The timing for a transition out of Pakistan also seemed right from a country-level perspective. The PRH team felt it had built considerable momentum on the ground among its grantees and attracted interest from other funders to advance the FP/RH agenda. The 2014–2020 PRH strategy sought to ensure a smooth

and responsible program close-out, putting in place investments and processes to consolidate PRH's gains in Pakistan and position in-country partners to extend and deepen their work. To ensure a lasting legacy, PRH brought together its investments in FP service delivery and reaching and engaging youth under one overarching multi-donor initiative, the Sukh initiative. Formed in 2014 with equal funding from the Packard, Gates, and Aman foundations, the Sukh initiative is a multi-component FP/RH initiative focused on the high-need areas of Karachi and implemented by a consortium of grantee organizations, with Aman Health Care Services serving in a coordinating capacity.

With the launch of the Sukh initiative, PRH also expanded its focus on quality in Pakistan, as part of a broader program-wide prioritization of quality under the program's 2014-2020 strategy. The decision to make quality a cross-cutting focus of PRH's work was driven by positive shifts in the global FP/RH landscape following a transition in U.S. administrations and reversal of the global gag rule in 2009, and subsequent launch of the global Family Planning 2020 (FP2020) initiative

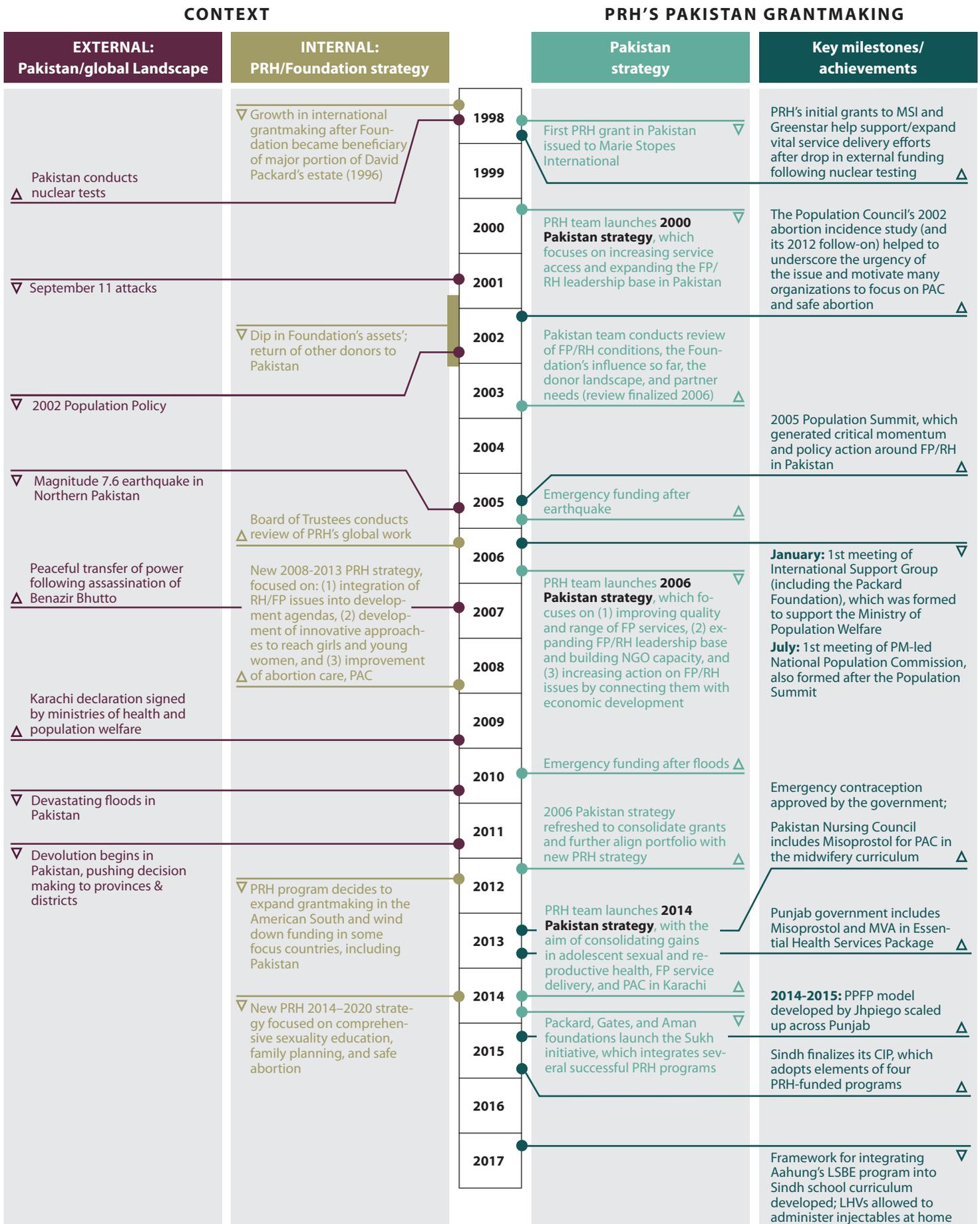
in 2012. These events signaled and spurred greater commitment to and funding for ensuring access to essential SRH services, a prior and longstanding focus of PRH's work. However, the Packard Foundation (and other actors) were concerned that the drive to achieve FP2020 contraceptive use targets (at the global and country level) might compromise the quality of FP interventions, and also lead to the neglect of other SRH services, such as sexuality education and safe abortion services. Responding to these concerns, the Packard Foundation helped ensure that the Sukh initiative incorporated a quality-focused, comprehensive approach to improving SRH outcomes in Pakistan.

In addition to supporting the Sukh initiative, the Foundation also provided critical capacity-building support during this phase to position organizations for future success and ensure sustainability of key PRH investments. Several grantee organizations participated in an OE cohort, through which they received technical assistance around strategic planning, human resource and financial management, information technology (IT) system development, and more.



*Photo by Amir Mukhtar/Getty Images*

**FIGURE 2E. TIMELINE OF PRH'S GRANTMAKING IN PAKISTAN**



### 3. DEEP DIVE: ACHIEVEMENTS IN KEY INTERVENTION AREAS

The Foundation’s grantmaking in Pakistan focused on four broad intervention areas: FP/RH service delivery, policy and advocacy, engaging and serving youth, and leadership and organizational capacity-building. Figure 3A shows how grant funding was distributed across these intervention areas. As shown, efforts to strengthen service delivery comprise the largest share of PRH investments (61 percent of overall funding), followed by efforts to strengthen local leadership and organizational capacity (23 percent). This section takes a deeper dive into PRH’s work in each intervention area, focusing on a set of core grantees in each intervention area, selected with the Foundation’s input.

#### A. ACHIEVEMENTS: FP/RH SERVICE DELIVERY

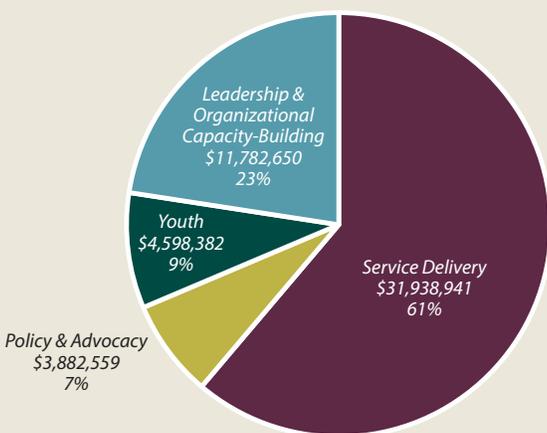
The Foundation began its engagement in Pakistan by supporting several large-scale service delivery efforts, which increased access to critical FP/RH services. Over time, PRH shifted to supporting development and testing of new and innovative service delivery models, and trainings to strengthen the capacity of service providers. Grantees have introduced and implemented programs despite substantial contextual challenges (detailed in Figure 3B). Elements of several grantee programs have been adopted and scaled with support

from the government and other funders, including provision of EC, provision of PFPF, and FP/RH service delivery through community outreach workers. In this section, we discuss these achievements in detail, focusing in particular on the activities of ten grantees involved in PRH service delivery efforts (Table 3A).

#### 1. INCREASED ACCESS TO FP/RH SERVICES IN THE PRIVATE AND PUBLIC SECTORS.

*Large-scale social franchising efforts increased access in critically underserved areas.* The Foundation has made substantial progress toward achieving one of its earliest goals in Pakistan—reducing the vast unmet need for FP/RH services in the country. For example, with an initial grant of \$5 million from the Foundation, MSI opened 14 FP/RH clinics in Sindh, Punjab, and Khyber Pakhtunkhwa, provided mobile outreach services, and held neighborhood meetings focused on FP/RH topics, through which it reached more than 250,000 clients and provided almost 540,000 couple years of protection (CYP) in six years. More recently, PRH funded DKT International to franchise more than 500 clinics in low-income rural communities in Punjab and Sindh, where trained midwives now provide critical access to long-acting reversible contraceptives (LARC). DKT’s social franchising model is now being scaled more widely, with funding from other donors.

FIGURE 3A. FUNDING AND KEY ACTIVITIES BY INTERVENTION AREA



TOTAL PAKISTAN FUNDING = \$52,202,532  
Source: PRH grant database and grant documents

- SERVICE DELIVERY:** Large-scale service delivery efforts, such as social franchising and social marketing initiatives, and innovations in service delivery (these efforts covered a range of needed services, including FP/RH counseling, short- and long-term contraceptive methods, PAC, and post-partum and post-abortion family planning)
- POLICY AND ADVOCACY:** Convenings of prominent FP/RH stakeholders, evidence generation, targeted dissemination of results, and outreach to policymakers at different levels of government
- ENGAGING YOUTH:** Introduction and scale-up of life skills-based education, and introduction of innovative models to make SRH information and services, including a combined LSBE-peer education model, newlywed counseling, and youth helplines, available to youth
- LEADERSHIP AND ORGANIZATIONAL CAPACITY-BUILDING:** Leadership trainings for government and NGO stakeholders, provider trainings, formation of networks, and OE grants

Public sector health and FP services have been “functionally integrated” at the community level. The Foundation sought to position the public sector to address widespread unmet need in the long term by promoting collaboration between the Ministry of Health (MOH) and Ministry of Population Welfare (MOPW), which were largely isolated from one another and missing joint opportunities to provide care where it was most needed. PRH supported targeted advocacy to encourage these ministries to work more closely with one another. It also sought to improve coordination and expand service provision at the community level. For example, as part of its PRH-supported Kasur model, Pathfinder trained MOPW’s family welfare attendants to conduct home visits with MOH lady health workers (LHWs) to promote visits to MOPW’s family welfare centers. Kasur established weekly “family health days” at the family welfare centers, during which women could receive a variety of FP/RH services free of cost. Kasur exceeded almost all of its client targets for service provision, and an outcomes assessment in its intervention areas saw the rates of women opting for long-acting methods almost double between the baseline and endline.

## 2. DEVELOPMENT OF HIGHLY SCALABLE MODELS OF FP/RH SERVICE DELIVERY.

The Foundation supported the development and testing of a low-cost, community-based service delivery model for underserved rural areas, which has since been scaled widely. HANDS’ MARVI project is an innovative approach to providing needed services at scale. HANDS works in highly remote areas that are not served by LHWs and, in those areas, identifies women with low literacy (who would not meet LHW educational requirements) and trains them on social mobilization and delivery of FP/RH messages. These women are given a small stipend and also provided a variety of social marketing products (contraceptives and other basic medical supplies) that can be sold to supplement their income. An external evaluation found the MARVI model to be highly effective, contributing to an increase in CPR in the intervention district from 9 percent in 2008 to 27 percent in 2013 (Research and Development Solutions 2014). The MARVI model is highly scalable because of its simple and streamlined structure, its ability to build trust in communities (which greatly appreciate having a local resource person focused on health),

**TABLE 3A. GRANTEES FOCUSED ON SERVICE DELIVERY SELECTED FOR DEEP DIVE**

GRANTEE	FUNDING	DESCRIPTION OF WORK
<i>Aahung</i>	\$1,349,000*	Development of SRHR modules for integration into medical school curricula
<i>DKT International</i>	\$400,000	Social marketing and franchising
<i>Greenstar/Population Services International</i>	\$9,662,486	Large-scale social marketing initiatives, combined at times with demand-side financing
<i>HANDS</i>	\$2,315,750	Development and testing of innovative model to provide FP/RH services in areas not covered by the health department LHWs
<i>Ipas</i>	\$750,000*	Values clarification and attitude transformation workshops for providers of abortion care
<i>Jhpiego</i>	\$2,950,000	Development and scale-up of PFFP model
<i>Marie Stopes International</i>	\$7,399,688	Establishment of Marie Stopes clinical centers, introduction of misoprostol and other regimens for PAC, social franchising, demand-side financing
<i>National Rural Support Program</i>	\$963,023	FP messages and demand creation through community organizations across the country focused on microcredit
<i>Pathfinder International</i>	\$700,000	Development and implementation of model to facilitate functional integration between the health and population departments at the community level
<i>Punjab Rural Support Program</i>	\$525,000	Building the capacity of basic health units

\*Funding to *Aahung* also covered activities focused on LSBE and the funding to *Ipas* also covered activities focused on policy and advocacy.

and its low cost. MARVI workers receive between Rs. 850 (\$7) and Rs. 2000 (\$17) per month, in contrast to LHWs, who receive a monthly salary of Rs. 15,000 (\$130). As of late 2017, the MARVI model has been scaled through other funding sources from 1 district to 12 districts in Sindh Province, as well as to two other provinces (Punjab and Khyber Pakhtunkhwa).

*The Foundation effectively leveraged existing networks of community organizations to deliver FP services at scale.* The National Rural Support Program (NRSP) and the Punjab Rural Support Program (PRSP) are large non-profit organizations that have built an extensive network of rural community organizations across Pakistan and provided them with technical assistance to plan, implement, and manage human development programs. The Foundation recognized an opportunity to leverage the vast, grassroots-level reach of these “unusual suspects” to expand FP/RH service delivery. The NRSP project trained its community resource persons on social mobilization, provision of critical information on various MNCH and FP topics, and referral to local health facilities. An external, largely qualitative assessment found that NRSP’s project facilitated greater take-up

of antenatal care services and increased use of short-term FP methods (Thaver et al. 2012). The PRSP project focused, instead, on primary health care facilities. It sought, in particular, to build the capacity of basic health units (BHUs)—hiring additional staff to allow these facilities to provide 24/7 emergency obstetric and newborn care (EmONC) services, purchasing needed supplies, and training staff on FP methods, PPIUD, and MVA. The project resulted in increasing delivery rates and the number of antenatal and postnatal care visits at these facilities. The BHUs also reported an increase in FP visits and began to provide PPF.

### **3. INTEGRATION OF PFP INTO MNCH PROVISION ACROSS THE PROVINCE OF PUNJAB.**

The Foundation supported the piloting, evaluation, and systematic scale-up of a comprehensive PFP package in Punjab. First, PRH funded Jhpiego to conduct a pilot training program in one district that would allow mid-level and secondary-level providers to provide PFP. The pilot showed positive results—for example, there was a 23 percent increase in interval intrauterine device (IUD) insertions in the extended postpartum period. Based on this evidence, and in response to sustained

## **FIGURE 3B. KEY CONTEXTUAL CHALLENGES FACED BY GRANTEEES FOCUSED ON SERVICE DELIVERY**

### **Increasing conservatism and radicalization.**

While the legislative language around PAC has been relatively permissive since 1990, allowing abortion to save a woman’s life or “provide necessary treatment”, the operating environment has grown increasingly challenging over the years. Organizations that provide PAC services and are known for their pro-choice stance are particularly at risk, with their activities regularly disrupted as a result of negative coverage in the media and interference from local government. Some grantee-run clinics have even been raided as a result of widespread negative publicity. These barriers have led grantees to limit open promotion of life-saving treatments, and even to shut down clinics altogether. Suspicion of foreign funding has been particularly high since Osama Bin Laden was targeted through a vaccination campaign.

**“Turf war” between private sector programs and local government agencies.** Some local officials from the population welfare department have perceived MSI’s clinics as “competition”. They have claimed that these clinics are not providing care that is up to standard, threatened withdrawal of the government approvals these clinics need

to continue operations, and put limitations on mobile service delivery and outreach. By contrast, HANDS noted that district health officials they reached out to were extremely collaborative, likely because they were proposing to serve only areas that were not covered by government LHWs.

**Limited ownership of key roles and responsibilities in community-level service delivery.** Lack of financial incentives and competitive remuneration can lead to frequent turnover among trained health workers and uneven quality of care. HANDS has tried to ensure sustainability of its model by gradually phasing out the stipend for Marvi workers, such that their income is generated mainly through the sale of FP products. An external evaluation noted, however, that this led to a number of Marvis discontinuing their work. The stipend, even when reduced to a nominal amount, acts as a powerful motivating factor to continue conducting home-to-home visits and regular service provision. Similarly, NRSP’s community resource persons were most active during the 4-5 months at the start of the 2-year intervention when they were given an honorarium. Their motivation also wavered because other NRSP projects offered higher honoraria (Thaver et al. 2012).

### FIGURE 3C. EFFORTS TO IMPROVE QUALITY OF CARE

#### Several PRH grantees have integrated quality improvement and assurance mechanisms into their service delivery programs.

**MSI** trains providers in minimum standards of quality related to infection prevention, informed consent for FP counseling, clinical governance, and a “non-regimental” counseling style, and its staff conduct regular ongoing quality assurance. This approach has been shown to improve quality of care, increase CPR, and reduce discontinuation. Client satisfaction rates—measured through a third party assessment—were nearly 100 percent.

**JHPIEGO** developed a technical checklist on PFP service provision for government officials who conduct facility monitoring visits, and trained these individuals on supportive supervision. It has also convinced the Punjab government to include in its management information system an indicator on PFP counseling and PPIUD take-up. Though this change is yet to be rolled out through the electronic system, Jhpiego is hopeful this will drive provision of high-quality PFP counseling that increases adoption of PFP methods.

advocacy, the province government decided to scale PFP service provision to the rest of the province (in two phases). Jhpiego facilitated this effort, establishing eight centers of excellence in tertiary hospitals to train master trainers, who then cascaded trainings to 900 mid-level providers altogether. A key element of Jhpiego’s initiative was its strong focus on quality assurance. The program’s efforts to provide supportive supervision and facilitate ongoing quality improvement are described in more detail in Figure 3C. Jhpiego also sought to integrate post-abortion family planning (PAFP) into its program, but had more limited success, given that many women present with emergency PAC needs and prefer to minimize their time in facilities after their procedure.

#### 4. SCALE-UP OF EMERGENCY CONTRACEPTION TO ALL PUBLIC SECTOR OUTLETS

PRH funded Greenstar to test EC provision in its franchised clinics and generate evidence to support further scale-up. The positive results of this initiative were used to convince policymakers to include this method in the basket of choices. EC is now included in the National Family Planning Program.

### 5. EVIDENCE GENERATED ON THE EFFECTIVENESS OF DEMAND-SIDE FINANCING APPROACHES

The Foundation supported the testing of two voucher models supported by MSI and Greenstar to strengthen domestic financing for family planning (with demand-side financing seen as an initial step in a long-term strategy aiming for greater equity through insurance). MSI provided vouchers for free services at its franchised “Suraj” clinics and Greenstar provided vouchers for subsidized FP counseling, post-natal care, and child immunization services. The Foundation commissioned the WHO’s Department of Reproductive Health and Research to conduct an evaluation of these models, and undertake a comparative assessment where relevant, with the goal of building evidence around the impact of vouchers on FP access and quality. A 3-year evaluation (2012-15) showed that the MSI program increased modern contraceptive uptake by 26 percent. The Greenstar program was not shown to affect modern contraceptive use overall, but increased any and first-time contraceptive uptake among disadvantaged groups in intervention areas (Ali et al. 2016). The Greenstar model has generated interest among policymakers in testing an integrated model of FP and immunization services.

*“Provider behavior change is a big challenge. They are used to doing things a certain way. For example, all the protocols of infection prevention. You really need to impress upon them the risk to the client’s safety and to the client’s health of not following these protocols.”*

*I think the second challenge is about provider biases. And that really shows in the counseling. For example, with newly married women or even women with one child, they are a bit reluctant to recommend a long-term method. Even if the woman is saying that she really wants long-term spacing, they are reluctant, and they would, I think, almost never give it to a woman who does not have any children. These provider biases are very strong and very embedded, so we really need to work on those, and it takes about 6, 7 months before they start finally practicing and implementing what has been taught to them.”*

– Grantee representative

## 6. STRENGTHENED PROVIDER TRAINING

The Foundation sought to ensure that the service delivery innovations it had helped pioneer would have a strong future by strengthening pre-service training at all levels and building a strong pipeline of trained and committed service providers.

*Aahung successfully advocated for integration of SRHR into the curricula of ten medical and nursing schools. In addition to its LSBE programming, Aahung also works with tertiary educational institutions. It has sought to embed a focus on SRHR in pre-service training—to build a strong pipeline of providers committed to this issue. With targeted, multi-year advocacy, it was successful in facilitating the integration of SRHR education into the curricula of ten medical and nursing schools (with several more expressing strong interest and commitment). Aahung has also provided trainings on “holistic management of sexual and reproductive health issues” to faculty at the Population Welfare Department (PWD)’s training institutes.*

*IPAS developed a Values Clarification and Attitude Transformation (VCAT) module to address stigma in abortion care, which has been adopted by several organizations. These two-day sessions for providers offered information and facilitated discussion around abortion incidence in Pakistan, Islamic perspectives on abortion, distinguishing between personal beliefs and professional responsibilities, and the stigma around abortion. A qualitative assessment indicates that following the trainings many providers expressed the belief that abortion was a woman’s right and their responsibility to provide. Several also reported showing greater empathy to their clients (Rifaquat et al. 2015). IPAS has conducted VCAT trainings for providers of several other PRH grantees, including FPAP, Greenstar, and NRSP.*

## B. ACHIEVEMENTS: POLICY AND ADVOCACY

Through investments in high-level convenings, evidence generation and dissemination, and government outreach, the Foundation helped build momentum around FP/RH issues in the country and achieve tangible policy shifts on PAC and age of marriage in Pakistan (see Table 3B for a list of key advocacy grantees). PRH also facilitated the testing of innovative advocacy

approaches, including community-driven advocacy and the use of multimedia to drive attention to pressing FP/RH issues. Grantees used a range of strategies to shift mindsets within government and promote policy change (lessons from these efforts are summarized in Figure 3E). The Foundation played an active role in these advocacy efforts, convening grantees to promote joint advocacy on issues of common interest and often leading outreach to key influencers in government (Figure 3F).

## 7. HIGH-LEVEL, CROSS-SECTORAL MOMENTUM GENERATED ON RH AND FP ISSUES.

The 2005 Population Summit was a game-changing moment in PRH’s grantmaking and the FP/RH environment in Pakistan. Organized by the Population Council together with the MOPW, and supported by the Packard Foundation, the summit brought together around 200 people, including high-level government officials from different ministries, NGO representatives, donors, and local and international experts. It helped shed critical light on FP/RH issues and build a broad multi-sector consensus on the importance of addressing these issues, thereby facilitating the design, implementation, and scale-up of promising programs, and increasing the potential for meaningful policy change (see Figure 3D for more details). The Population Council partnered with the government to organize another Population Summit in 2015 with support from the UN Population Fund (UNFPA), the Gates Foundation, and the Packard Foundation. Inaugurated by the President of Pakistan, the 2015 summit provided a platform for provincial governments to affirm their commitment to FP2020 goals set prior to devolution (2011) and to Pakistan’s Vision 2025 agenda (which aligns closely with the Sustainable Development Goals). The summit also increased cross-party legislative support for FP/RH priorities, strengthened consensus among religious leaders on the need for active steps to promote birth spacing, and shined a light on the SRH needs of youth in Pakistan (Population Council 2015).

## 8. GOVERNMENT ADOPTION OF SAFE TECHNOLOGIES FOR PAC.

The Foundation helped bring about critical shifts in policy on PAC by facilitating ground-breaking research, funding program development and testing, and supporting networking and evidence-based advocacy. The Population Council’s 2002 abortion incidence study

funded by PRH, as well as its 2012 follow-on, helped to underscore the urgency and scale of the issue and motivate many organizations to focus on PAC and safe abortion. The Foundation also facilitated networking around this issue, providing catalytic funding for the formation of the Pakistan Alliance for Post-Abortion Care (PAPAC) in 2009. Chaired by Ipas and then the Family Planning Association of Pakistan (FPAP), PAPAC brought together a diverse group of service delivery organizations, government agencies, NGOs, and donor agencies to engage in shared learning and collaboration to expand access to quality PAC services.

PAPAC seeded a very successful advocacy effort around PAC in Punjab. Specifically, Ipas launched targeted government outreach and evidence generation efforts to help realize one of PAPAC's goals—to expand PAC service provision to mid-level providers, where the majority of Pakistani women access health care services. Ipas first assembled a forum of prominent champions in this space, including academics, senior practitioners, and public health specialists. Working with this group, Ipas engaged in targeted advocacy to the Punjab government and the Pakistan Nursing Council (PNC) (the accreditation body for mid-level providers), and

**TABLE 3B. GRANTEES FOCUSED ON POLICY AND ADVOCACY SELECTED FOR DEEP DIVE**

GRANTEE NAME	FUNDING	DESCRIPTION OF WORK
<i>Heartfile</i>	\$774,420	Research on integrating FP services into the health system, documentary showcasing challenges in population sector
<i>Ipas</i>	\$750,000 *	Training program for mid-level providers on MVA and Misoprostol for PAC, advocacy to government to adopt model
<i>Population Council</i>	\$4,157,908	Organization of the 2005 Population Summit, support for youth-focused segments of 2015 summit, evidence generation and dissemination
<i>Shirkat Gah</i>	\$650,800	Research to track progress on MDG5b, advocacy on age of marriage
<i>SPO</i>	\$297,441	Community-driven oversight and advocacy program to improve FP/RH service provision in the public sector

\* Some of this funding to Ipas also supported provider training efforts  
 SPO = Strengthening Participatory Organization

**FIGURE 3D. THE 2005 POPULATION SUMMIT**

*Organized by the Population Council together with MOPW, with support from the Packard Foundation*

Chaired by the Prime Minister of Pakistan, and attended by high-level government officials, NGO representatives, and international experts and donors, the 2005 Population Summit brought critical attention to population and reproductive health issues. The summit was conducted with the close involvement and support of the Foundation, with PRH leaders participating in panel sessions, engaging with policymakers and practitioners, and helping build momentum. Eventually, the PRH program director and two program advisors went on to participate in the International Support Group on Population and Development (ISG), which was formed following the summit to advise MOPW. Another critical institution that came out of the summit was the National Commission on Population, a cross-sectoral body that aimed to meet annually to discuss and guide the population agenda. While these institutions did not last into the future, they did help, as the summit did, with pulling family planning out of its silo, building a recognition of the high unmet need in Pakistan, and beginning inter-sectoral collaboration on SRH and FP issues.

This repositioning, and the overall energy and enthusiasm generated by the summit, provided a strong enabling environment for future investments by the Packard Foundation and others in promising programs, and the scale-up of these programs through collaboration with the government.



convinced key stakeholders to approve a training pilot for mid-level providers. Ipas and its local partner led this pilot, training mid-level providers on using misoprostol for PAC, and district-level gynecologists and doctors on MVA. The positive results of this pilot helped sway those who remained resistant to provision of PAC by mid-level providers and led (1) the PNC to include the use of Misoprostol for PAC in the midwifery curriculum, and (2) the Punjab government to approve the inclusion of Misoprostol and MVA in its Essential Health Services Package. These early gains facilitated by the Packard Foundation continued to yield advocacy achievements into the future (such as policy statements and shifts by other influential institutions).

### **9. FOUR PRH-FUNDED PROGRAM MODELS ADOPTED IN SINDH COSTED IMPLEMENTATION PLAN FOR FAMILY PLANNING.**

The Packard Foundation and its grantees played a critical role in building and shaping the Sindh CIP. The Foundation country advisor engaged in targeted outreach and advocacy to help mobilize government champions for the CIP process, which was developed by the FP2020 partnership to help governments meet their FP goals. These champions convened stakeholders across provincial departments, NGOs, and donors to engage in a consultative process to identify key activities or programs to include in the CIP (which was facilitated by Pathfinder with support from the Gates Foundation). Eventually, the Sindh government adopted elements of four PRH-funded

programs, including Pathfinder's functional integration model, HANDS' MARVI model, Aahung's LSBE approach, and the Sukh initiative's public-private partnership model for FP service provision in peri-urban areas.

### **10. ADVOCACY AROUND CHILD MARRIAGE.**

The Packard Foundation fostered joint advocacy on child marriage, which eventually resulted in new legislation in 2014. A discussion around early marriage at a PRH grantee meeting in Sindh initiated a highly successful campaign to delay age of marriage. Grantees decided at this meeting to produce a position paper on the issue, led by Shirkat Gah. This paper served as the launching pad for targeted advocacy to the Sindh government, which instituted the Committee for Standardization of Female Age of Marriage under the Women Development Department in Sindh, and, based on the evidence gathered, issued legislation to restrict the age of marriage to 18 years.

### **11. TESTING OF ALTERNATIVE APPROACHES TO POLICY ADVOCACY.**

In addition to supporting evidence generation and government outreach as its core advocacy approaches, the Foundation sought to leverage new platforms to influence policymakers and motivate policy action. These included:

*Building community accountability mechanisms:* A program developed by Strengthening Participatory

## **FIGURE 3E. LESSONS LEARNED SHARED BY GRANTEES ON CONDUCTING SUCCESSFUL ADVOCACY**

**Ground advocacy in the evidence, but also tie it closely to government priorities and objectives.** Grantees found that positive results from program pilots were persuasive to government officials, and therefore built evidence generation and dissemination into their initiatives. Over and above this, however, they made the case to policymakers that these programs would help further departmental goals. This framing was what ultimately "sold" key officials on adopting elements of tested programs into their service delivery systems.

**Identify and cultivate champions, but gradually build broader coalitions of support.** This phased approach ensures that turnover and changes in leadership do not result in lost momentum. It has been particularly effective for PRH grantees working on sensitive issues like PAC. These organizations build support from insiders who identify with their cause and help bring more cautious colleagues on board.

**Target mid-level government officials, amongst whom there is less churn.** One grantee noted that in the last five years there have been six leadership changes at the secretarial level in the Punjab Department of Health, which has made it extraordinarily challenging to steadily build support and motivate policy action. Working with the technical cadre, on the other hand, has been very effective. These individuals, who are unlikely to be shifted frequently across agencies, are more vested in the future of their department and meeting its overarching goals.

**Be strategic in selecting the timing for advocacy and outreach.** Grantees emphasized the importance of playing the long game—of engaging in persistent follow-up with key influencers, but also knowing when not to push too hard or to halt advocacy efforts altogether, such as when FP/RH issues are particularly sensitive in the public sphere.

### FIGURE 3F. DIRECT OUTREACH BY THE FOUNDATION

In addition to supporting grantee-led advocacy efforts, the Foundation country advisor engaged in direct outreach to key influencers in government. Grantees note how unique this is to the Packard Foundation and how useful it is to have a donor serve as a vocal and visible champion of SRHR issues. They feel that advocacy from a respected donor with a big-picture view is sometimes more persuasive to policymakers than outreach from implementers. Grantees note how persistent Foundation staff have been in conducting government outreach. The country advisor's championship of high priority issues has been helpful in gradually changing the minds of policymakers.

The Foundation has also played a lead role in several country networks and partnerships that seek to influence the policy agenda, including the national and Sindh donor groups and the FP2020 Champions Group (networks formed by the Foundation are discussed further below). It is only one of two donors invited to participate in the high-profile PFP task forces established by provinces to guide the roll-out of PFP through the public sector.

*[On the PRH country advisor's efforts to champion the issue of task sharing] "She was very vocal about doing a deeper analysis of why task sharing should be pursued, and then would facilitate dialogues and roundtables, where she would always try to bring in the evidence from other parts of the world to further this cause, and really challenge the norm or status quo."*

- PRH grantee

Organization (SPO) established community support groups to assess local FP needs and identify solutions, and district-level committees to share this information with the government and promote service improvements. An external evaluation found that this approach drove tangible policy changes, such as larger allocations for FP/RH services in district budgets. There is now interest among other donors in integrating this approach into their programs.

*Use of multimedia to strengthen attention to critical policy issues:* Prominent think tank and PRH grantee Heartfile produced a documentary entitled "Pakistan's Population Emergency", which underscored post-devolution system constraints hindering progress in the population sector. The documentary gained the attention of high-level policymakers, who committed to exploring its recommendations in detail (The News 2015).

### C. ACHIEVEMENTS: REACHING AND SERVING YOUTH

PRH grantmaking helped bring attention back to youth SRH needs, a challenge in an increasingly conservative local environment. Grantees addressing youth SRH needs adopted a rights-based approach, developing programs that tackled a range of youth needs, not just those focused on FP and RH. PRH grants catalyzed the development of a strong LSBE curriculum, which sought to increase self-efficacy among youth and

facilitate responsible decision making. With the help of persistent advocacy, LSBE has been integrated into the Sindh secondary school curriculum, thereby facilitating its implementation at scale. Below we discuss these achievements in detail, focusing in particular on the activities of five grantees (Table 3C).

#### 12. LSBE INTEGRATED INTO YOUTH POLICY AND SCHOOL CURRICULA.

PRH grantees tested the school-based delivery of adolescent sexual and reproductive health information (framed as "life skills-based education"), and were successful in advocating for government adoption of LSBE. Aahung piloted its LSBE curriculum in partnership with other organizations managing networks of government schools such as Indus Resource Centre, another PRH grantee. The LSBE curriculum provided information on puberty and bodily changes, girls' education, marital rights, gender equality, and violence against women, and sought to equip youth with critical communication and decision making skills. The pilot programs showed positive results, with participating youth developing a strong sense of agency, communicating with each other about SRH issues, and voicing their preferences against early marriage. Increased confidence and ability to express needs and desires are seen as critical enabling factors for responsible decision making in the future—as youth negotiate contraceptive usage and when and how many children to have.

**TABLE 3C. GRANTEES FOCUSED ON REACHING AND SERVICING YOUTH SELECTED FOR DEEP DIVE**

GRANTEE NAME	FUNDING	DESCRIPTION OF WORK
<i>Aahung</i>	\$1,349,000 *	Development of a school-based life skills-based education model, advocacy to the Department of Education to adopt model
<i>Indus Resource Centre</i>	\$705,882	Roll-out of LSBE in its network of schools (in partnership with Aahung)
<i>Johns Hopkins Center for Communication Programs</i>	\$1,148,033	Development and roll-out of training on newlywed counseling for service providers
<i>Rozan</i>	\$220,000	Launch of youth helplines
<i>Rutgers WPF</i>	\$1,292,993	Development of the Kiran model, which combines school-based LSBE with community-based peer education activities

\* Some of this funding to Aahung also covered activities focused on organizational capacity-building.

Evidence from these pilot programs supported targeted advocacy and outreach to support government adoption of LSBE (Figure 3G). Aahung joined forces with PRH grantee Rutgers WPF (RWPF), as well as PLAN International, to successfully make the case for integrating LSBE into the National Youth and Education Policies in 2008 and 2009 respectively. Aahung has also engaged in extensive advocacy to the government of Sindh, which has shown a strong commitment to scaling LSBE to schools throughout the province (Figure 3G). Aahung has a formal partnership in place with the Sindh Education and Literacy Department and has worked with government stakeholders to develop a framework for integrating LSBE into the school curriculum. The Aahung team is in the process of conducting a final review of the framework, which will be presented to the Education Department in late 2017. The framework will be pilot tested in six schools across Karachi and interior Sindh.

### **13. DEVELOPMENT, TESTING, AND SCALE-UP OF A COMPREHENSIVE LSBE-PEER EDUCATION MODEL.**

RWPF paired a school-based LSBE intervention with broader community outreach and peer education activities, a comprehensive model that has had strong results and attracted support from other donors. With PRH funding, RWPF trained “Kirans”, 16-19 year old girls and young women who had completed LSBE, to conduct home visits to promote delayed marriage and pregnancy and secondary school matriculation for girls. (Kirans were paired with teacher mentors, who oversaw their outreach and helped them with difficult cases.) The model has seen a lot of success. Evaluation findings show high levels of knowledge in program areas around changes driven by puberty, legal age of marriage, the negative consequences of child marriage, and where to

access qualified providers of RH services. RWPF reported further that Kirans were successful in delaying several hundreds of marriages and motivating school re-entry. The Kiran model is now being scaled further with funding from the Dutch government (with a partnership in the works with the Women Development Department).

### **14. INTRODUCTION OF NEWLYWED COUNSELING.**

With PRH funding, Johns Hopkins University’s Center for Communication Programs partnered with Greenstar to develop a newlywed counseling program. Five hundred Greenstar providers were trained to offer counseling to both newly and soon-to-be-married couples on antenatal care, delivery, neonatal care, FP, issues of infertility, psychosexual issues, and HIV and sexually transmitted infections. A post-training assessment showed that providers were particularly diligent in promoting spousal communication around FP/RH decisions.

### **15. LAUNCH OF YOUTH HELPLINES IN PAKISTAN.**

The Packard Foundation supported Rozan, an organization focused on violence against women, to use its background and expertise in developing counseling helplines to reach and serve youth. Rozan’s model entailed publicizing helpline services and sharing SRHR information through print materials and radio programming, counseling via telephone or mail, and referrals to trained providers. From 2004 to 2007, trained psychologists fielded over 37,000 calls. Youth calling the helpline raised concerns and questions regarding a variety of topics, including relationship dynamics, reproductive physiology, sexual performance, myths around potency, academics, career prospects, and a number of broader psychosocial issues. Rozan has been using its expertise in establishing and running

### FIGURE 3G. DEVELOPMENT AND SCALE-UP OF A LIFE SKILLS-BASED EDUCATION PROGRAM

Over the past few years, PRH grantee Aahung has made significant strides in facilitating the integration of CSE into the secondary education curriculum in Sindh province. Aahung has developed a “life skills-based education” (LSBE) program tailored to the Pakistan context that focuses on delivering vital information to youth on key adolescent sexual and reproductive health topics, including puberty and bodily changes, marriage and marital rights, gender equality, peer pressure, sexual violence, and the importance of planning a family. The LSBE program, designed to be delivered through the school system, seeks to build critical communication, negotiation, and conflict resolution skills among young men and women. Aahung trains both public and private school teachers on how to deliver the curriculum (teachers receive training on both the key topics covered and an effective methodology for sharing this information with adolescents in the classroom).

A case study of the program suggested that receipt of LSBE contributed to improvement in a variety of SRH outcomes among program participants (Jahangir and Mankani 2016). Outcomes that improved include communication skills, with many girls indicating they felt more comfortable discussing SRH issues with teachers, parents, and peers after participating in the program. Participants also reported greater understanding of gender equality and awareness of women’s rights, with female participants expressing broad professional aspirations. Female participants also expressed greater understanding of the benefits of delaying marriage and childbearing and voiced a preference for getting married at a later age.

With this positive evidence, Aahung was able to successfully advocate for adoption of the LSBE program by the Sindh government, which has shown strong interest in and ownership of LSBE. In December 2015, senior policy makers including the Education Minister and Education Secretary endorsed Aahung’s efforts to integrate LSBE into the secondary school curriculum in Sindh. As a result, the Sindh Curriculum Council reviewed and approved Aahung’s advocacy strategy and work plan, and nominated the head of the Curriculum Wing as the focal person for implementation of this initiative. By May 2016, a memorandum of understanding was signed directly between Aahung and the Sindh Education and Literacy Department to formalize the partnership. A technical advisory committee (TAC) comprised of government and Aahung representatives was formed to oversee the rollout of the LSBE program in Sindh (government bodies represented on the TAC were the Bureau of Curriculum [BOC], Provincial Institute for Teacher Education [PITE], and Sindh Textbook Board [STBB]).

Aahung first worked with the TAC to build a strong enabling environment for LSBE implementation. To position the TAC to steer the rollout process, Aahung started by strengthening knowledge and awareness among TAC members of LSBE objectives and focus areas. Sensitization sessions were also conducted with additional policymakers from the BOC, PITE, and STBB—to ensure that all staff were aware and accepting of Aahung’s goals.

Following these awareness-building efforts, Aahung worked with the TAC and subject matter experts from the BOC, PITE, and STBB to develop a framework for integrating LSBE into the curriculum for Languages, Social Studies, and Science for classes 6-10. The Aahung team is in the process of conducting a final review of the framework, which will be presented to the Education Department in late 2017. The framework will be pilot tested in six schools across Karachi and interior Sindh.

Drawing on its CSE expertise, Aahung also plays an advisory role on LSBE for other FP/RH players in Pakistan. It has been invited to be a part of the FP 2020 Working Group in Pakistan and been nominated as the technical lead for the LSBE sub-group. Aahung has aligned its integration efforts with its work in the FP 2020 sub-group and has received significant support for pushing the pilot testing forward from this committee. Aahung is also part of a Comprehensive Sexuality Education task force, an alliance comprising several international and local NGOs that advocate for state-level institutionalization of LSBE in Pakistan. This platform enables partners to share their progress, challenges, and learnings with one another and supports collaboration around advocacy goals.

*“I am 15, but unlike others my age, I know more about my basic rights through my LSBE course. When my aunt and uncle wanted to marry my 16-year-old cousin off, I asked them to consider not to. The legal age for marriage in Sindh is 18, and my cousin wanted to complete her education. Because of LSBE, I had the confidence to convince them. My aunt and uncle decided to allow my cousin to delay her marriage until she finishes school.”*

- Participant in LSBE program

helplines to guide others who are newer to this work (such as the Asia Foundation, which is running helplines in Pakistan focused on legal rights and services).

## D. ACHIEVEMENTS: LEADERSHIP AND ORGANIZATIONAL CAPACITY-BUILDING

The Packard Foundation has played a unique and highly valued role in strengthening the FP/RH sector in Pakistan and positioning it for long term success. It has sought to strengthen leadership and capacity in government agencies and NGOs through a variety of leadership trainings, OE grants, and other capacity-building efforts. It has also strengthened connections between FP/RH actors in Pakistan, thereby facilitating exchange of experiences and ideas, collaboration, and joint advocacy. Below we discuss these achievements in detail, focusing in particular on the activities of eight grantees (Table 3D).

### 16. NATIONAL LEADERS ON FP/RH IDENTIFIED AND SUPPORTED.

The Packard Foundation funded three leadership programs that identified and built the leadership capacity of individuals positioned to influence the FP/RH field in target countries (including Pakistan). The programs all had a strong leadership development and capacity-building focus, and generally included (1) a core training or fellowship and (2) follow-on support for a set period of time. Under one program, the University of Washington offered a year-long residential program including mentorship, relevant coursework, and partnership with local organizations,



Photo courtesy of Aahung

and follow-on support for networking among fellows and projects in fellows' home countries. Under a second program, the Public Health Institute's International Family Planning Leadership Program (IFPLP) offered a three-week leadership development program as well as one follow-on year of technical assistance and monitoring to facilitate implementation of participants' Leadership Action Plans. Under a third program, the Institute of International Education's Leadership Development Mechanism (LDM) matched FP/RH leaders with international training programs, held grant competitions, and facilitated both virtual and in-person discussion and exchange among program participants.

Overall, program participants indicated that the leadership programs increased their confidence and

**TABLE 3D. GRANTEES FOCUSED ON LEADERSHIP AND ORGANIZATIONAL CAPACITY-BUILDING**

GRANTEE NAME	FUNDING	DESCRIPTION OF WORK
<i>Aga Khan University</i>	\$475,583	Training for district-level officials on FP/RH issues, planning, and budgeting
<i>LUMS</i>	\$712,629	Training women leaders to promote greater attention to and action on FP/RH issues
<i>LEAD</i>	\$1,500,000	Leadership, community mobilization, and advocacy trainings for district-level stakeholders from both the public sector and civil society
<i>Institute of International Education</i>	\$450,000	Leadership development program including training, grant competitions, and virtual and in-person convenings
<i>Johns Hopkins University</i>	\$70,000	Training on strategic communications for PRH grantees
<i>Public Health Institute</i>	\$2,306,750	3-week leadership program and follow-on technical assistance
<i>Rozan</i>	\$250,000	Step-down trainings on strategic communications
<i>Spitfire Strategies LLC</i>	\$500,000	Training on strategic communications for PRH grantees

enabled them to inhabit the role of leaders and technical experts in the FP/RH sector. An external evaluation of these programs highlighted several accomplishments at the individual, organization, and system level (Reinelt et al. 2005). Participants exhibited shifts in mindset and attitudes; for instance, they felt more comfortable taking a public stand on controversial issues, addressing pushback from fundamentalist groups, and framing RH more broadly than FP. Following the trainings, program participants engaged in efforts to effect change at their organizations, and became more active in pursuing partnerships and collaborations. They noted, however, that they often faced challenges in gaining buy-in for new approaches or efforts within their organizations. They also engaged in efforts to influence the broader FP/RH sector by providing technical assistance to government, disseminating evidence around FP/RH issues, and promoting policy action. In addition, the programs helped to develop and strengthen linkages and networks among participating FP/RH leaders.

### 17. LEADERSHIP ON FP/RH ISSUES STRENGTHENED AT THE DISTRICT LEVEL.

Aga Khan University (AKU) and Leadership for Environment and Development (LEAD) both offered leadership trainings at the district level, which helped increase understanding of and action on local FP/RH challenges. AKU collaborated with the World Bank Institute to offer a training to district officials from different sectors on priority setting, financing, and budgeting in the FP/RH field. It reported that the trainings were particularly helpful in strengthening knowhow around the budgeting process among population and health officials, and uncovering solutions to roadblocks they had faced in the past. LEAD built and trained a cohort of district-level RH leaders in both the government and NGO sectors. It offered training on

community mobilization, advocacy, financial planning, management, and monitoring of service delivery, and was successful in increasing attention to and resources for RH at the district level. Both LEAD and AKU reported a strong sense of ownership among their trainees—who saw and seized the real opportunity their work offered to improve health and well-being.

### 18. STRENGTHENED CAPACITY AMONG GRANTEE ORGANIZATIONS.

The Packard Foundation also supported a variety of trainings to build the capacity of its grantee organizations. These included:

*Training on strategic communications.* The Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (CCP) worked with Spitfire Strategies and Rozan to train PRH grantees on the use of the Smart Chart tool developed by Spitfire. The Smart Chart tool helps non-profit organizations develop and conduct strategic communications campaigns. CCP reported widespread enthusiasm about the tool from participants and requests for training from additional organizations—a coup in an environment where communications is not a key institutional priority. PRH sought to ensure this capacity continued to grow by commissioning Rozan to conduct step down trainings on Smart Chart and positioning Rozan’s master trainers as resource persons on strategic communications.

*Capacity-building on social media use.* A consultant offered one-on-one coaching and facilitated peer learning to improve grantees’ social media practice. Intermediate level participants designed and implemented action learning projects focused on improving social media use through measurement. For example, Population Action International benchmarked



### PERSPECTIVES FROM LEADERSHIP PROGRAM PARTICIPANTS

*From leadership evaluation report (Reinelt et al. 2005)*

“Before the LDM training we did not have the RH work as our priority. Only we would work on FP. After this training we started work on FP/RH. We faced the resistance from the radical and fundamentalist in the shape of considering RH as only family planning. We motivated them that RH is not only family planning. It has many other components.”

“Since my participation at IFPLP, I have expanded the range of coverage of my Institute. I have particularly established partnership with private sector’s service providers and non-profit organizations.”

“[The biggest challenge] was to change the mindset of my colleagues about the possibilities of ways to achieve program objectives.”

communications strategies across partner organizations, and used this study to coordinate digital strategies with its partners. Beginners learned about social media best practices. At the end of the program, they reported improvements in the content of social media messaging at their organizations, as well as greater institutional support for social media use.

*Training on scale-up.* In 2011, a consultant provided a training on Management Systems International's scale-up framework to 12 grantee organizations. The training, which included both classroom and practical sessions, gave participants an introduction to various scale-up models, discussed how to assess scalability and generate evidence needed for scale-up, and provided tools to guide the scale-up process.

### 19. STRONGER COLLABORATION AND PARTNERSHIPS AMONG FP/RH ACTORS IN PAKISTAN.

Grantees who were interviewed almost universally cited the Foundation's efforts to strengthen linkages and foster joint action in the FP/RH community as one of its strongest value-adds in Pakistan. PRH formed a variety of networks and coalitions for FP/RH actors in the country (Figure 3H). Of particular note was the Population Association of Pakistan, which was formed with PRH support and helped turn what was a relatively fragmented community into a networked group that meets regularly, shares research and learnings, and coordinates advocacy efforts. The Foundation also established "PWD Forums", regular provincial-level meetings for PRH grantees and government officials. These were critical in (1) giving grantees a regular opportunity to meet and engage key influencers in government, (2) fostering coordination, collaboration, and experience-sharing between grantees, and (3) connecting organizations that are new to the field with more established FP/RH partners. They have even given birth to joint advocacy efforts such as the campaign for standardization of the age of marriage (see Section 3B). The Foundation also plays a lead role in other FP/RH networks and partnerships in Pakistan (Figure 3H).

### 20. IMPROVED ORGANIZATIONAL EFFECTIVENESS.

The Foundation's OE investments have played a critical role in strengthening the FP/RH sector gradually and empowering local actors to operate at their maximum potential and multiply their influence. They have helped grantees equip staff with new skills

to meet organizational needs. For example, with OE funding, Shirkat Gah held various staff development workshops—on proposal development, report writing, conflict resolution, and team building. Along with building staff capacity, the Foundation also helped strengthen key organizational systems and processes. For example, with OE funding, HANDS developed policy manuals for all of its operational departments (human resources, IT, finance, etc.) and adopted several internal audit and management review mechanisms. Overall, OE grants awarded by the Foundation have helped FP/RH organizations in Pakistan strengthen their business development, human resource management, accounting, communications, and information technology capabilities, thereby positioning them to carry their work forward effectively and continue making strong contributions to the FP/RH field.

#### FIGURE 3H. NETWORKS AND PARTNERSHIPS FORMED BY THE FOUNDATION

**PWD Forums:** Regular provincial-level meetings for PRH grantees and government officials

**Population Association of Pakistan:** Professional association for organizations and individuals with interest and expertise in population issues, which organizes conferences and meetings, promotes research, offers scholarships, and acts as an advisory body

**PAPAC:** Coalition of service delivery organizations, government agencies, NGOs, and donor agencies that engage in shared learning and collaboration to expand access to quality PAC services

**Women Leaders Network:** Formed by the Lahore University of Management Sciences (LUMS), this is a group of women leaders from diverse sectors, including civil society, private sector, media, the medical profession, donor agencies, and more, who were trained to engage in policy advocacy and contribute to building greater awareness and understanding of FP/RH issues at the community level

*"What sets the Packard Foundation apart is a genuine effort to bring the stakeholders around the table. They have done a better job than most other donors in terms of bringing us together, having us share lessons, having us share what we each are doing in our respective areas, and then identifying some areas of very meaningful collaboration."*

– Grantee representative

## 4. CONSOLIDATION AND EXIT PLANNING: PROGRESS TO DATE

The Packard Foundation's key vehicle for consolidating its achievements and ensuring lasting impact in Pakistan was the Sukh initiative—a multi-component initiative in Karachi funded jointly with the Gates and Aman Foundations. Launched at the FP2020 summit in 2012, the initiative sought to leverage support from multiple donors to maximize impact on the FP/RH landscape in Pakistan as well as key FP/RH outcomes. The Packard Foundation recognized this as a strong opportunity to reinforce its successes, translate its key achievements into lasting change, and ensure that its learnings over 15 years were leveraged by other donors to engage in informed grantmaking. The three foundations signed a joint MOU in late 2013 and the Sukh initiative was officially launched in 2014.

In addition to consolidating key programs under one initiative, the Foundation sought to ensure that its grantee organizations were strong and effective and positioned to continue doing impactful work into the future. The Foundation has also encouraged grantees to come together as an informal advocacy network. Progress on these three key strategies is summarized below.

- **Sukh initiative:** The Sukh initiative has developed and implemented an integrated, multi-component model to expand access to high-quality FP/RH information and services in four townships in Karachi. It recruits male and female community health workers (CHWs) to provide door-to-door services in underserved areas and provide “family life education” sessions for youth, offers counseling and follow-up care through call centers, and engages in capacity-building and quality improvement at both public and private sector facilities (Figure 4A). It also engages in advocacy to different government stakeholders in Sindh to strengthen the enabling environment for the program and facilitate scale-up of its intervention approaches. The Sukh initiative is coordinated by Aman Health Care Services (AHCS), with other organizations implementing specific initiative components (Figure 4A).

Building a cohesive model across these interventions, and developing a strong monitoring, evaluation,

### FIGURE 4A. KEY COMPONENTS OF THE SUKH INITIATIVE

- Mobilize local women and men to act as CHWs in underserved areas, who:
  - » Conduct **door-to-door visits** to married women of reproductive age and their husbands, which entail provision of counseling, condoms and oral contraceptives, and referrals to public and private providers (AHCS)
  - » Deliver **family life education** sessions to youth that provide information on puberty, maternal health and rights, and age of marriage and promote acquisition of life skills (Aahung)
- Provide **call center**, which provides additional information and counseling, follow-up care, and text message alerts (Aman Telehealth)
- Support capacity-building and quality improvement of FP services at **public facilities** (and integrate PFP and PAFP best practices from Punjab) (Jhpiego)
- Support capacity-building and quality improvement of FP services at **private facilities** (DKT International)
- Conduct external multi-component **evaluation** (AKU)

and learning plan, presented early challenges for the initiative. Over time, however, a clearer framework for the initiative emerged, and results of a midline evaluation were very promising, showing a nine percentage point increase in modern contraceptive prevalence.

The Sukh initiative has also been able to engage in successful advocacy to promote government take-up of its interventions and protocols. For example, the data collection toolkit for Sukh CHWs was adopted by the government's Lady Health Visitor (LHV) program, and the initiative's practice of having LHVs provide contraceptive implants is now being scaled across Sindh. LHVs are now also allowed to administer the first dose of injectables

at home. In addition, the Sukh initiative's advocacy contributed to the Sindh Population Welfare Department agreeing to provide free-of-cost FP commodities to district hospitals, which fall under a different government agency. The initiative also assisted Aahung with its advocacy efforts, and helped facilitate the Sindh Education and Literacy Department's adoption of LSBE.

- **OE Cohort:** As part of the exit process, the Foundation's PRH and OE programs collaborated to establish an OE Cohort of seven grantees in Pakistan to build their capacity and strengthen their work in the FP/RH field. RIZ Consulting was selected to conduct a needs assessment and deliver capacity-building support on the two key needs identified by grantees—(1) internal communication and (2) networking and advocacy. Over the course of the engagement, grantees gained an appreciation for the importance of organizational development, and internal communications in particular. With support from RIZ Consulting, they developed structures and processes for conducting meetings and sharing information across the organization, resolving conflicts, and offering 360-degree feedback. Grantees also revised performance appraisal mechanisms to integrate measurement of internal communication competencies. Organizations participating in the OE cohort now have formal internal communication strategies (accompanied by 3-year implementation plans and 1-year operational plans), and have found funds within existing budgets to implement these plans.

RIZ also successfully integrated gender mainstreaming into its capacity-building efforts, with several cohort participants reporting a stronger understanding of how to mainstream gender in internal communications. The cohort also fostered peer learning across organizations, with grantees actively leveraging each other's strengths. For example, Shirkat Gah drew on HANDS' expertise in building strong management information systems as it was developing its own platform, and SPO looked to both HANDS and Shirkat Gah for technical assistance



*Photo courtesy of Aman Health Care Services*

on building a knowledge management system. The cohort also fostered coordination of advocacy efforts. Participating grantees joined a task force focused on CSE (which two cohort members were already part of).

- **Informal advocacy network:** Through the OE cohort, grantees began collaborating on advocacy and developed a joint advocacy plan, with Aahung and the Sukh initiative agreeing to play a lead/ coordinating role. OE cohort members noted the advantages of working together on advocacy, with each organization bringing a different, and vital, skill to the table, thereby strengthening their overall ability to effect policy change. At the 2016 grantee meeting in Singapore, there was interest across all grantees (not just those in the OE cohort) in developing a "star alliance" of key actors committed to using their collective influence to move forward the FP/RH agenda.

## 5. LESSONS LEARNED AND IMPLICATIONS

The Foundation's and grantees' experiences in Pakistan over the last 19 years have yielded several lessons on how to build country programs, strengthen portfolios, and responsibly exit from countries.

### PHASE 1: ESTABLISH A CREDIBLE PRESENCE AND IDENTIFY STRATEGIC NICHE

- **START WITH KNOWN ACTORS AND APPROACHES TO ESTABLISH CREDIBILITY, THEN GRADUALLY IDENTIFY NEW PARTNERS AND INNOVATIONS TO SUPPORT.** The Foundation adopted a phased approach to grantmaking in Pakistan—starting in the early years with grants to INGOs for large-scale service delivery efforts, and then gradually integrating local actors testing new and innovative SRH approaches. Its expansive service delivery initiatives helped establish its local credibility, as did its collaboration with prominent players in the FP/RH field like MSI and the Population Council. This opened up the playing field for the Foundation to support risky, innovative models, begin grantmaking in sensitive issue areas such as PAC and LSBE, and start playing a more active role in advocacy to the government.

*“Their biggest advantage was that they were brave. They came in at a time when there were very few players, so they came in, they took big risks. They are appreciated for supporting certain NGOs which otherwise wouldn't have been able to do the sort of work they did.”*

– Grantee representative

- **IDENTIFY GAPS IN THE DONOR LANDSCAPE THAT CAN BE ADDRESSED WITH LIMITED RESOURCES.** By leveraging local insights, and spending as much time in-country as possible, the Foundation sought to identify where it had most comparative value and where its limited dollars would have maximum impact. PRH first identified PAC as a strong strategic niche, given large bilaterals had limited ability to fund in the abortion space and given the Foundation's own

expertise in the area. Integration of youth into the FP/RH space was another area where the Foundation felt it could add critical value, especially in light of an increasing focus on contraceptive access, to the detriment of efforts to provide comprehensive SRHR programming for youth.

- **RECRUIT A WELL-RESPECTED COUNTRY ADVISOR.** Establishing a local presence and identifying a strong country advisor helped to strengthen the Foundation's strategy, identify and support grantees, facilitate successful advocacy, and demonstrate the Foundation's commitment to long-term engagement in the country (see Figure 5A for more detail on each of these roles and responsibilities).

### PHASE 2: EXTEND AND DEEPEN INFLUENCE

- **TIGHTEN FOCUS ON HIGH-RETURN AREAS.** After an initial phase of exploratory grantmaking to understand the landscape and identify strong partners and approaches, the Foundation began focusing on efforts that had the potential to yield tangible impacts and shift the status quo. It achieved this to some extent—generating evidence around EC, PAC, and PFPF and using that evidence effectively to advocate for scale-up. However, some key informants noted that the portfolio continued to be spread too thin, and included other initiatives that were less goal-oriented and less accountable to results.
- **IDENTIFY THE APPROPRIATE “MIX” OF ESTABLISHED AND NEW PARTNERS.** As it tightened focus, the Foundation sought to ensure the right balance between established FP/RH actors that bring gravitas, experience, and skills, and new “disruptive” organizations that bring an alternative lens and innovative approaches. Both were important to its successes—small new players made bold choices and experimented easily with new ideas, and large established organizations often reached significantly broader populations. Some noted, however, that the balance could have been shifted slightly to include more local institutions and voices that brought new energy to the FP/RH field.

- **EXPAND ADVOCACY EFFORTS.** PRH adeptly used advocacy and direct outreach to bring about substantial policy shifts in Pakistan, and in this way, make the Foundation’s relatively limited resources go far. However, some felt the Foundation could have gone even further by supporting advocacy not only around service delivery, but also around government accountability and transparency. This is vital for making government service delivery efforts more responsive to the needs and preferences of the people they seek to serve. Outreach in this realm might involve the use of data to start conversations around what progress has been made on service access and quality and where the gaps still lie. While such broader-scope advocacy is difficult to undertake as a private philanthropy, key local champions could be cultivated to take it on instead.
- **LAYER INVESTMENTS TO MAXIMIZE INFLUENCE.** The Foundation very effectively combined its service delivery, advocacy, and capacity-building efforts to move the needle on key FP/RH issues in Pakistan. For example, Jhpiego piloted a PFPF service delivery model, leveraged evidence from the pilot to promote scale-up of the model by government, and is currently engaged in building the capacity of government health providers to deliver PFPF services.
- **LISTEN TO GRANTEES AND LEVERAGE THEIR EXPERIENCE.** Grantees in Pakistan expressed strong appreciation for the Foundation’s collaborative, bottom-up approach. They noted that they felt in control of their project and empowered to come to the Foundation when they were experiencing

## FIGURE 5A. ROLES AND RESPONSIBILITIES OF THE COUNTRY ADVISOR

**SHAPE VISION AND STRATEGY.** Country advisors can ensure that the Foundation’s country strategy is grounded in local realities, responsive to urgent needs, and aligned with government priorities. With their expansive contextual and technical knowledge, country advisors ideally push the Foundation to think outside the box and keep evolving its strategy to response to emerging trends.

**IDENTIFY KEY PARTNERS.** Country advisors play a critical role in identifying grantee organizations that share the Foundation’s vision, are committed to improving access to high-quality SRH information and services, and are engaged in developing and implementing promising programs. For example, the Pakistan country advisor, who has a vast local network, brought several “unusual suspects” into the PRH portfolio, such as NRSP, PRSP, Heartfile, LUMS, LEAD, and SPO.

**CONDUCT DIRECT OUTREACH AND ADVOCACY TO GOVERNMENT.** Country advisors can help ensure that findings from service delivery projects are used to inform policy-level change by engaging in direct advocacy to the government (which grantees feel is more persuasive to policymakers than implementer-led advocacy). The Pakistan country advisor, a highly respected and visible champion of SRHR issues, has conducted regular outreach to government and helped bring attention to critical challenges, change mindsets of policymakers hesitant about change, and foster targeted action to improve the FP/RH status quo. She has been recognized by the government for her contributions to the field, receiving the Prime Minister’s performance award in 2009.

**OVERSEE AND SUPPORT GRANTEES.** A local presence is critical for providing timely and relevant guidance to grantees, and conducting the due diligence needed to ensure grantee accountability. Grantees in Pakistan are particularly grateful for the country advisor’s support in clearing implementation roadblocks by reaching out to government officials, bringing issues to their attention, and obtaining their support.

**FOSTER COLLABORATION BETWEEN GRANTEES.** This was a vital contribution by the Packard Foundation in Pakistan. By regularly bringing grantees together and fostering meaningful collaboration, the country advisor has facilitated frequent exchange of learning and best practices, mutual program improvement, and joint advocacy that “packs more punch” than the outreach efforts led by individual grantees.

*“I think [direct outreach to government from the funder] really helps. We as implementing partners do results-based advocacy, but because we are a direct stakeholder and may not be seen as an objective party to this dialogue, our efforts can very easily be mistaken as self-serving. A donor’s more objective perspective really adds value to the discourse. Because then, a donor is saying this seems to be the international best practice and these are the lessons learned from other countries. They are not promoting something out of the self-motivated agenda of a service delivery partner.”*

– Grantee representative

challenges—since they knew they would receive helpful, problem-solving support. Importantly, they felt the Foundation valued and was guided by their expertise and experience. This approach was critical not only because it built morale and ensured strong partnerships. It was also vital to building a successful, relevant strategy in a continually changing policy and operational environment.

- **CLOSELY MONITOR THE LOCAL LANDSCAPE AND BE ADAPTIVE.** A critical ingredient of the Foundation's success in Pakistan has been its willingness to pivot in response to contextual changes. For example, devolution required that national-level advocacy strategies be overhauled and adapted for a provincial policymaking audience. While this was a challenging and arduous process, the Foundation and its grantees quickly recognized the opportunities the new context presented. In contrast to national policymakers, many provincial stakeholders were actively looking for external support with their new roles, which provided a strong opening for advocacy.

### PHASE 3: PLAN FOR SUSTAINABILITY AND RESPONSIBLE EXIT

- **PAVE THE WAY FOR OTHER DONORS AND SCALE TESTED MODELS.** The Foundation has been very successful in catalyzing new investment in Pakistan—helping guide the strategy and work of both the Buffet and Gates Foundations. Through the Sukh initiative, which is funded jointly with the Gates and Aman Foundations, it has ensured that promising PRH programs have a future, and that tested models are being scaled to achieve large-scale impact.
- **BUILD ORGANIZATIONAL CAPACITY OF GRANTEES.** Grantees in Pakistan were greatly appreciative of their OE grants, which gave them the types of non-project support they needed to strengthen their operations, reduce inefficiencies, and ultimately, run more successful projects. The Foundation's OE cohort has provided additional support over and above previous grants, and will hopefully ensure strong, efficient operations that in turn increase the strength and sustainability of PRH and other projects.

## 6. THE WAY FORWARD

In the remaining years of PRH's engagement in Pakistan (2018-2020), the Packard Foundation aims to solidify attention to critical FP/RH issues, ensure that existing momentum continues, and position its grants for sustainability. A key vehicle for accomplishing these goals is the Sukh initiative, which has shown promising results so far in improving FP/RH service delivery and outcomes in Karachi. The government has also adopted key elements of the Sukh model (such as the provision of contraceptive implants by LHV's). Overall, there are high levels of government interest in setting a clear roadmap for improving FP/RH outcomes, as indicated by the in-country advisor's recent meetings with the Planning Department of the Government of Punjab, the Punjab Population Innovation Fund, and CIP cell in Sindh. Pakistan is also showing a strong focus on meeting its

FP2020 commitment to address the RH needs of married and unmarried adolescents. As mentioned, the Sindh government is making steady progress on developing and refining a framework for integrating LSBE into its school curriculum, and plans to begin piloting this model soon in government schools. Two landmark PRH-funded programs, HANDS' MARVI program and Jhpiego's PFP program, have garnered support from other funders and will be scaled broadly. The Population Innovation Fund has awarded grants to HANDS and Research and Development Solutions, another PRH grantee, to scale the program in Punjab. The Gates Foundation has awarded \$5 million for the scale-up of MARVI in Sindh and \$8 million for the scale-up of the PRH-funded PFP program in both Punjab and Sindh.



*Photo courtesy of Rutgers WPF*

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