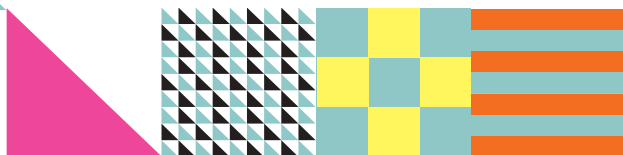


FAMILY PLANNING IN SINDH & MALE ENGAGEMENT: VIEWS ON UNLOCKING THE POWER OF PARTNERSHIP.



UNITED NATIONS POPULATION FUND

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PSI believes all people can and should have control of their sexuality, sexual health and fertility. That this is best achieved when people have greater voice, choice and agency over the processes and services that most affect them. Its mission is clear: every woman and girl—and every man and boy—should have access to the products, information and services they need to plan for the families and lives that they desire. Access to quality-assured contraception and safe abortion where it is legal is a part of that package.



TABLE OF CONTENTS

Acknowledgments	3
List of Abbreviations	4
Background and Rationale for a Male Engagement Strategy for Family Planning	5
<i>Evolving views on engaging men for Family Planning</i>	5
<i>Purpose of this Report</i>	5
<i>Report Methodology</i>	6
<i>What this Report is Not</i>	6
The Development Sector Experience with Male Engagement in Family Planning	7
<i>Literature Review of Male Engagement in Family Planning in Pakistan</i>	7
<i>Literature Review Summary</i>	7
<i>Insights and Gaps in Domestic Literature Review</i>	8
<i>A Word About the International Experience in Male Engagement for FP</i>	9
<i>Key Insights and Summary of Primary Research with Men</i>	9
<i>Findings from Stakeholder Sessions</i>	10
Insights to Inform Government Policy	12
<i>Defining the Field of Play</i>	12
<i>Why the Government of Sindh Matters</i>	13
<i>Problem Themes</i>	14
<i>Recommendations for Sindh Government in Identified Problem Areas</i>	16
Final Word	23
References	24



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LIST OF ABBREVIATIONS

BHU	Basic Health Unit
CBO	Community Based Organizations
CPR	Contraceptive Prevalence Rate
DHO	District Health Officer
DOH	Department of Health
DWH	District Warehouses
FLCF	First Level Care Facility
FP	Family Planning
IVR	Interactive Voice Response
LHW	Lady Health Worker
LTM	Long Term Method
MM	Male Mobilizer
PWD	Population Welfare Department
ROI	Return on Investment
STM	Short Term Method
WRA	Women of Reproductive Age



BACKGROUND AND RATIONALE FOR A MALE ENGAGEMENT STRATEGY FOR FAMILY PLANNING

EVOLVING VIEWS ON ENGAGING MEN FOR FAMILY PLANNING

While it has been understood for a long time by practitioners of family planning (FP) that successful FP entails the sharing of responsibilities between spouses and that the participation of men alongside women in decision and use of contraception is critical to improving key FP metrics, formal FP programs have historically focused on women. This has started to change in recent years as gender equity has managed to percolate from a concept to a guiding principle of male engagement in the development sector (Glinski et. al. 2018). Evidence of better program results when men were engaged has also started to emerge (Lundgren et. al. 2012). However, much work remains to be done in engaging men in FP. Engagements are transactional and a formal definition of male engagement in FP with clarity on its components is a work in process. For the purpose of this report we are using PSI's definition of male engagement which is "PSI Male engagement and gender transformative approaches are meant to address men as users of FP methods, partners, service providers, influencers and decision makers. Men may be seen as a barrier, or they can be seen as a support to increase the use of modern contraception, improved birth spacing, and decreased/healthier family size (Male Engagement : PSI, 2020)

PURPOSE OF THIS REPORT

There is general agreement among various actors in the FP ecosystem in Pakistan that FP metrics have plateaued. According to the recent Pakistan

Demographic and Health Survey (PDHS) report, the modern contraceptive use by currently married women has stagnated over the last 5 years, with 26% of women using a modern method in 2012-13 and 25% in 2017-18. The contraceptive discontinuation rate for Pakistan is one of the highest in the region. In the 5 years preceding the survey, 3 out of 10 contraceptive users discontinued use within 12 months of starting. The most common reason being a desire to become pregnant (44%), followed by method-related health concerns or side effects (19%). And despite some decline (3.6 in 2017/18 vs 4.1 in PDHS 06/07) in the total fertility rate (TFR) in last decade, the rate of decline has been slow, and Pakistan has slipped alarmingly behind its regional peers. Meanwhile unmet need for family planning (17% as per PDHS 17/18) remains high in spite of decline as compared to PDHS 12/13. While much introspection has focused on improving governance, it is clear that to push the needle significantly, FP program design will need to incorporate more transformative elements like male engagement. It is key to define what male engagement for FP in Pakistan should look like, what are the problems, where in the journey they happen, the weightage of intervention needed on strategic or tactical planes and prioritization of intervention vectors for greatest returns.

This report endeavors to define the ecosystem within the context of male engagement in FP, define sources of friction that exist with relation to male engagement in FP, identifies why Government of Sindh is critical to success of male engagement in FP in the province and offers views and actionable solutions based on ethnographic research for same.

The environment within which the Government of Sindh has to operate is fluid. There are geo-political considerations, national dynamics, budgetary constraints, and an active force majeure event to contend with. While it is clear that PWD of Government of Sindh shares the desire to



implement FP program in a sustainable manner, we cannot predict the pressures and scenarios that will affect the tactical approach of the department. However, we can provide the strategic rationale for the definition of success, the baseline for the current state of male engagement in FP and offer recommendations on how Government of Sindh can augment its FP initiatives with the inclusion of a male engagement mandate. This provides Government of Sindh valuable context and insights on prioritization to enable FP sustainability in the province as it plans and actions its population welfare initiatives, without impeding its freedom and agency.

REPORT METHODOLOGY

Three streams of data were incorporated into the making of this report. Literature review of previous domestic programs related to male engagement in FP was done and put into context by research into relevant international reports and projects. Interviews of 30 men across Sindh from both urban and rural areas who were participating in FP were conducted to understand their journeys. Lastly multiple sessions were conducted with stakeholders in the FP ecosystem in Pakistan, to benefit from their experience and get their views on male engagement in FP. Special care was taken to mix leaders in the ecosystem with FP professionals from the field close to FP users and influencers.

All this data was evaluated to identify themes related to friction in male engagement in FP for the province of Sindh. As a final part of the stakeholder sessions phase, an ideation session was held with a diverse panel of the FP ecosystem to add to the insights already collected and shortlist solutions and recommendations against each problem theme.

To ensure that inherent ecosystem bias was addressed the entire process was led by a design

thinking, communications and strategy specialist from outside the FP field.

WHAT THIS REPORT IS NOT

This report is not a recommendation for donors and development partner agencies although they will find plenty in recommendations to discuss and inform program design. It only seeks to make recommendations for and gives perspective to Government of Sindh's FP initiatives.

This report is not about directly making family planning better. It is focused on identifying elements of a male engagement strategy for better sustainable family planning.



THE DEVELOPMENT SECTOR EXPERIENCE WITH MALE ENGAGEMENT IN FAMILY PLANNING

LITERATURE REVIEW OF MALE ENGAGEMENT IN FAMILY PLANNING IN PAKISTAN

We conducted a thorough search for FP projects and literature related to male engagement or with a strong component of male engagement. The identified articles, reports and publications were further narrowed down based on quality, credibility, level of peer review and relevance. Finally, we identified the relevant scope and gaps from the shortlisted literature. This exercise was done to start identifying what we know and what we don't know related to male engagement in family planning so subsequent stakeholder sessions could be guided to address the latter.

LITERATURE REVIEW SUMMARY

In Pakistan, landscape of family planning remains shadowed by taboo affecting awareness of contraceptive methods. Many women, both past and “never” users, are living with unmet need for FP. Gender norms also influence men's acceptance of FP in general and of specific contraceptive options. Male contraceptive methods in particular are surrounded by myths and misperceptions. These potential users have been breakdown into three categories; 1) Never users with unmet need, 2) Past users with unmet need, and 3) Current users of traditional methods who may be persuaded to use modern methods. The major barriers of contraceptive methods identified in Pakistan are lack of awareness and reliable source of information to men, lack of health services, and fear of side effects. The cost implication of side effects of contraceptive methods is potentially high which acts as a major barrier to FP.

The inclination is towards traditional methods of contraception than modern methods because of lack of information. Several factors affect views of men and women about FP. These factors include exposure to LHWs, NGOs and the media; female education and employment; desire to emulate those perceived to be better off; economic factors; and religious perceptions. The intensity with which some of these factors influence perceptions varies across districts. There is a huge gap in terms of provision of FP information and services. Women and men want their need of FP information to be addressed by providing detailed and method-specific information, through community workers, information materials, Internet, social media, and mobile phone services. In terms of service provision, men and women strongly call for doorstep delivery of services, and for LHWs to have sufficient contraceptive stocks and the capacity to help them cope with side effects. They want relevant public and private sector facilities to be available in their vicinity.

FP awareness is higher in urban than rural areas. Availability of condoms and oral contraceptive pills (OCPs) across major channels in public sector and in pharmacies exists, however the supply of injectables is conversely lower. Very few private facilities in urban areas and even less in rural areas are providing a combination of condoms, Oral Contraceptive Pills, injectables, and Emergency Contraceptive Pills. The situation is even worse in public sector. Contraceptive stock out remains high at service delivery points (SDPs) across all sectors in Punjab, Sindh, and KP. Efficient distribution of commodities is hindered by requisitioning delays, lack of arrangements for delivery from district stores to SDPs, rationing of supplies and inadequate use of electronic reporting systems, among other issues. There is some leakage to the private market. Ensuring that private providers have adequate stocks is a challenge across all methods.



INSIGHTS AND GAPS IN DOMESTIC LITERATURE REVIEW

We classified our facts and insights in three key areas of the male engagement journey: Awareness, Decision making and Use.

Awareness where male receives information regarding FP and knows how to get more information when needed:

- We found that knowledge of FP method was almost universal in Pakistan among married men and they know at least one FP method.
- Male condoms and oral pills are most well-known method among currently married men.
- Men are more knowledgeable about the traditional method
- While most men knew about some modern contraceptive methods, the overall knowledge and use of any contraceptive method were particularly low. The transition from awareness to the decision stage was not happening.

Decision making where male decides a method that best suits his needs:

- Men (and sometimes mothers-in-law) are the family's primary decision makers, so, women have limited autonomy over contraceptive use.
- When couples discuss family planning, gender dynamics give the man greater power in decision making.
- Majority decision maker regarding number of children and contraceptive practice was husband.
- Reasons for not using family planning and modern contraception included incomplete family size, negative perceptions, in-law's disapproval, religious concerns, side-effects, and lack of access to quality services.

Usage where male uses the method as intended.:

- Utilization of family planning services was low
- Modern contraceptive use by currently married women with male consent has stagnated over the last 5 years.

- Most popular and commonly used modern methods are female sterilization and male condoms.

Gaps identified in Literature:

- Decision making about FP was not asked from males so their level of involvement in FP decisions was unascertained.
- Future use of contraception was not asked from males.
- Informed choice and discontinuation of contraceptives has no mention of males.
- Demand for FP options and decision making in FP is not asked from males.
- No mention of Male nonusers' contacts with family planning providers.
- There is no talk of men in general as well as specifically regarding usage, knowledge, exposure to FP messages and decision making about FP.
- Male knowledge and usage of contraceptive methods was not identified.

It was clear from domestic literature review that our understanding of male engagement in family planning in Pakistan was at a nascent stage. Facts related to awareness, decision and usage were informative but lack of a comprehensive and robust approach to mapping and understanding male engagement in FP in Pakistan meant an inability to find patterns and derive insights for anyone who has skin in the game in FP in Pakistan. We would need to fill in the gaps identified via primary research of male users and FP subject matter experts.



A WORD ABOUT THE INTERNATIONAL EXPERIENCE IN MALE ENGAGEMENT FOR FP

A review of international literature on male engagement in FP shows that engaging men in family planning, can improve health outcomes for the entire family (Lundgren et. al. 2012; IRH 2014; FHI 360 2012). For example, the right information delivered at the right time can result in a long-term change of behavior.

However, results of male engagement FP programs in Bangladesh and India show that the South Asian experience is heavily affected with socio-cultural complexities especially related to perception of gender roles (FHI 360 2012), making a gender transformative approach emphasizing shared decision making that engages men to address their reproductive health needs and supports women's family planning essential to sustainable success. Gender accommodating approaches that adjust for gender norms and inequalities but do not seek to change existing power dynamics are important and will bring short term improvements but men taking ownership of family planning, without that ownership translating into an erosion of choice for women, will be critical. Thus, a long-term multiyear approach requiring confidence in a well-researched strategy adapted for a province and country that creates an enabling ecosystem becomes key.

What becomes important is to define the parameters of this enabling ecosystem so key actors like the Government of Sindh can become powerful drivers of this. The team on this project attempted to do just that by reverse engineering problem themes from male users of FP, and stakeholder sessions, and identifying solutions that plugged key gaps in the ecosystem as a whole.

KEY INSIGHTS AND SUMMARY OF PRIMARY RESEARCH WITH MEN

Interviews with males when transcribed and studied show some clear themes. Majority of males were aware and had information regarding FP methods especially condoms and pills. For males who practiced FP, condom because of ease of use and access was the preferred method.

FEAR OF SHAME

Some respondents said that they were not comfortable discussing matters regarding FP with their friends and family. This discomfort affected them gaining awareness and at acquiring FP products seamlessly.

SUPPLY

Easy access and choice mattered.

COMMUNICATION

Some respondents only rely on the information provided by LHW and others and did not themselves seek out information for FP. Persistent communication matters as it increases awareness.

BARRIER METHODS PRACTICED

For males practicing FP methods condoms were preferred because of ease of use and low per unit price. Oral contraceptives were thought to cause side effects by many respondents. Deeper information about "typical" and "perfect" use of every method was found lacking amongst most survey participants. This would clearly be a factor in accelerating failure rates of contraceptives usage.

STIGMA, MISINFORMATION AND PRESSURES

Data suggests there is social stigma surrounding use of contraception by newly married couples. FP before bearing a couple of children is not even considered. Some males believe using



contraception can have negative effects, and if it is used before having a first child, it might ruin the chances of the couple to become parents.

JOINT COUPLE UNDERSTANDING

Many respondents believed the process of acquiring contraceptives is beneficial when both the partners are mentally prepared and aligned and can manage the expense.

HEALTH & INFLATION

It was surprising to see that while some respondents mentioned religion, limited financial resources and partner's health were main reasons behind male users' desire to do FP.

MALE DOMINANCE OF FP DECISION MAKING

Women lack decision-making power to decide on their own reproductive behavior. Instead, it is either the husband or the mother-in-law that decides. However there were a few cases where respondents chose to do FP secretly to negate that.

ROLE OF MEDIA IN PROPAGATING INFORMATION ON FAMILY PLANNING

Data showed that television was clearly a powerful medium for evangelizing FP. However, the content was not considered family friendly.

CHALLENGES FACED BY MEN IN FP JOURNEY

1. Due to unavailability of male health experts for issues related to sexual activity and FP, men rely on alternate sources like friends, internet, or in some cases literature and information provided to their female partners by LHW's.
2. For most survey respondents FP awareness and usage was a trial and error experience in which they only became aware of side effects once they started administering the respective method.

3. Lack of motivation is a barrier for Sindhi men to start using contraceptives. Mothers pressurize young married couples to produce male children. FP that would space or limit the number of children, is thus not adopted by families.
4. Similarly, family elders pressure males to have more kids, or in case they have a daughter, the desire for a son prevents them from adopting FP.
5. Most participants revealed government health facilities have poor services and staff. Private clinics were preferred due to better privacy, but also due to standard of services that provided.

The data also highlighted that contraception is mostly considered to be a woman's domain so mostly women were given access to FP information.

FINDINGS FROM STAKEHOLDER SESSIONS

1. Proper evangelization of FP's importance to males will improve the current situation and make males aware of its importance.
2. Male members play a vital role in the entire process of adopting FP methods. Perceptions of infertility and the fear of never being able to bear a child in a society, where production of children is a sign of masculinity, affect their judgement.
3. Socio-cultural and religious bias are prevalent amongst men from Sindh regarding FP. Since there is an underlying factor of shame at play, men are reluctant to ask for advice in public sessions from men they hardly know even if the desire to know more exists.
4. Religion is a major component in Pakistani society. This leaves males vulnerable to



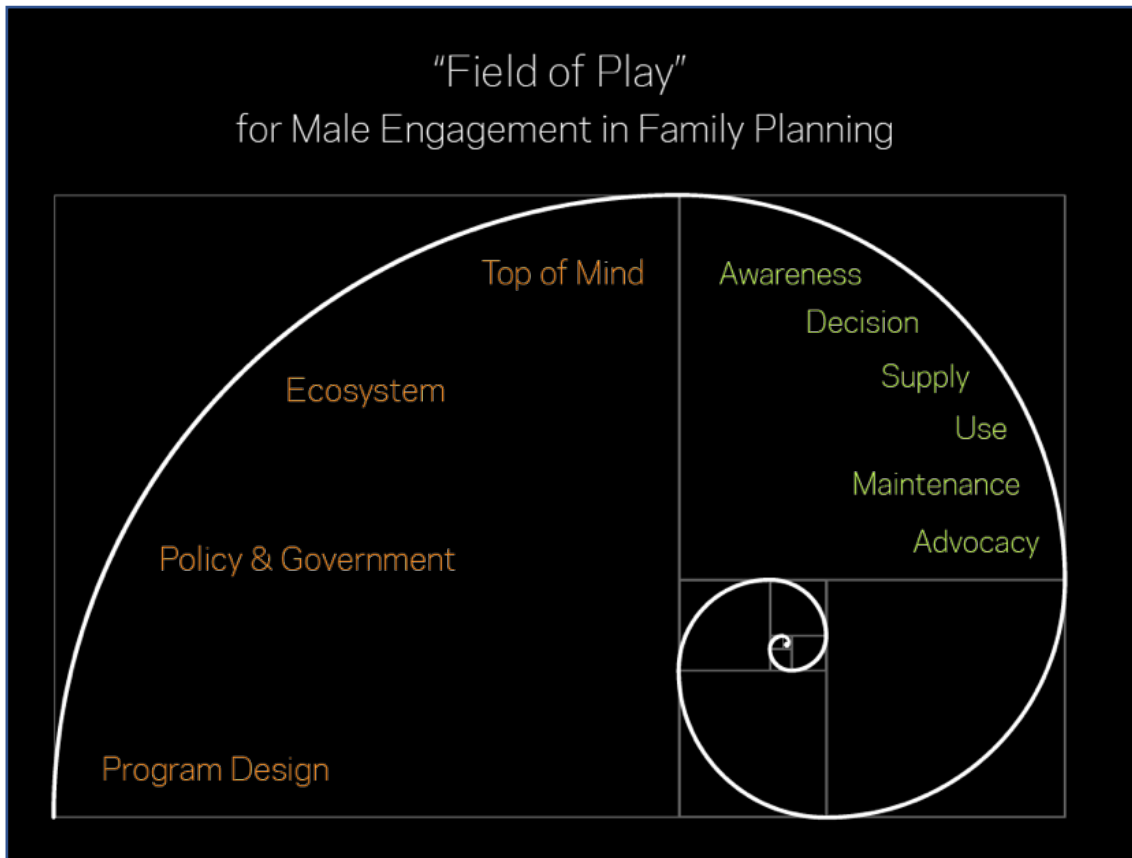
clerical sermons in which males are advised to stay away from FP.

5. Using right channels for dissemination of information, male health workers, involving local community and religious leaders, and sensitization of service providers like pharmacists and others that deal with customers, and youth intervention are the areas that can improve FP engagement with men.
6. The content used for the counseling of male segments of population needs to be improved.
7. Male engagement is rarely on the agenda of social services organizations. This is one explanation as to why FP metrics have plateaued.
8. This is also the case at government/provincial level – there are no initiatives aimed at male segment of society. This contributes to people of interior Sindh complaining they have no one to talk to regarding FP services.
9. In order to decrease the element of shame associated with contraception, ecommerce needs to be looked at as a tool. It also has the chance to solve some supply side issues.
10. Transactional projects stall momentum. For metrics to improve, programs that worked well especially those that identify and create successful influencers, need to become multi year.
11. The quality of data is not being given enough attention. If data integrity is high, it will improve decision making for all stakeholders and inform multiple use cases positively.



INSIGHTS TO INFORM GOVERNMENT POLICY

DEFINING THE FIELD OF PLAY



While there were enough similarities in FP environment in rest of the world and Pakistan that approaches based on best practices would show traction, male engagement required a more measured approach. Our exhaustive and multiple stakeholder sessions showed problem themes emerging from outside the FP user journey of Awareness, Decision, Use, Maintenance, and Advocacy that PSI had defined in an earlier consumer insight study on women’s FP use in Pakistan. The starting point for insights was thus stepping back and looking at it from a 30,000 foot perspective and identify additional components in the FP environment. Into this broader environment we would plug in all the data points we had gathered, draw out problem themes, and attach

insights and solutions to those. We called this broader environment our “field of play”. Meanwhile analysis of interviews with male FP users also revealed that the “Use” part of the journey had several areas of friction related to “Supply”, so we have mentioned that separately. Thus, we defined our “field of play” with the following components, which covered all the data points from stakeholder sessions, interviews and literature review:

Following is a brief explanation of each of these components for the purpose of the ideation process used to build this report:



PROGRAM DESIGN:

A program is an integrated set of activities and services in the social services and public health sector that deliver outcomes that are aligned with the organization's mission. Program design thus becomes critical in ensuring that ultimate program outcomes that benefit FP in Sindh are successful and sustainable.

POLICY AND GOVERNMENT:

The Sindh government and the policy and legal framework it can affect.

ECOSYSTEM:

The ecosystem includes all FP actors who are not government or donors including but not limited to the supply ecosystem, social services agencies, and think tanks.

TOP OF MIND:

This is the enabling environment from a communications point of view and includes a national and provincial level mainstreaming of the FP conversation. This is different from targeted communication strategies that tactically affect potential and actual FP users' buying behavior.

The "new" male FP user journey: A FP user journey maps the FP consumer's decision-making process. By breaking the journey into linear stages one can identify key factors that can affect success at each stage. Our "new" journey includes Awareness, Decision, Supply, Use, Maintenance, and Advocacy with the "new" part coming from extra emphasis on the "Supply" part of the "Use" stage. This was done as a nod to both the power distribution plays in success of FP in Sindh, and to highlight the potential of improvement including quick wins by treating the supply stage separately whose fundamentals are markedly different from rest of the "Use" stage it was originally clubbed with. Following is a brief explanation of each part of the journey:

- Awareness: Male receives information regarding FP and knows how to get more information when needed.
- Decision: Male decides a method that best suits his needs.
- Supply: Male is able to get his desired method when he wants it, in a frictionless manner and if needed has recourse to counselling at point of purchase.
- Use: He uses the method as intended.
- Maintenance: Male is able to consistency use his preferred method and if needed easily get an alternate method.
- Advocacy: Male evangelizes method to others especially peers.

WHY THE GOVERNMENT OF SINDH MATTERS

With the components in the "field of play" identified and defined the team did an interactivity exercise. The purpose of this exercise was to identify who was the greatest potential enabler among all the actors in the "field of play". This is also known as a foundation resource. A foundation resource is capable of greatest value co-creation in a service environment because of a higher level of interactivity with other interdependent components. Following were the results of that exercise:

- Program Design (Donors, multilateral institutions): Low interactivity. Program Design is often done with low feedback levels and passed on to development partners.
- Policy and Government: High interactivity. Has reach, has ability to build policy and enforce laws, interacts with donors, development partners and other ecosystem players and able to influence their behavior. Its limitations become the limitations of the playing field.



- Ecosystem (Manufacturers, Distributors, Importers, Development partners, Think tanks etc.): Low to Medium interactivity. Often related to their part in a linear value chain of program delivery, or product supply within context of a user journey.
- Top of Mind (Media, Development partners): Low to Medium interactivity. Greater fluidity within national boundaries but often reacts to inbound pressures, triggers and motivations.

Using interactivity as a criterion, it becomes clear that the foundation resource within the FP playing field is the Government of Sindh. Such an important actor is supported by structure and agency - the breadth of decision-making scope and the power to enforce and influence it. This exercise validated that a male engagement strategy in which Government of Sindh is the focus for enablement has the greatest potential of impacting our “field of play”. Its high interactivity means that it can play the roles of owner, partner and facilitator.

PROBLEM THEMES

When we plugged all the data points, issues and insights we had gathered from interviews and stakeholder sessions, clear problem themes often related to one component in the “field of play” started to emerge. Following themes covered all the data points meaning addressing these would systematically improve male engagement in FP and thus FP and family health outcomes:

CHALLENGES OF PROGRAM DESIGN.

There are strategic problems like interventions are starting after couples have already had a few children. There are tactical problems like men are working six days a week sunup to sundown and we do not reach them when they are free. Programs reflect a project-based mentality that

gets in the way of change that takes years of consistent focused effort. Programs focused on male engagement are still rare. Donor budgets are shrinking. Program design has been unable to address the high friction of shyness in our culture.

CHALLENGES WITH POLICY, REGULATION, AND GOVERNMENT OF SINDH.

How do we embed accountability? How can we get bureaucrats more committed to change? What steps can we take for males who feel uncomfortable at all stages of their FP journey because they do not see enough men to engage with? Can we engage couples in a more optimal way so that the male is more engaged? Can we pursue any innovative legal interventions that can be crucial factors in enablement? Can we increase budgets for male engagement in FP? How can we change lack of FP knowledge with doctors when they are the top influencers with males?

HOW DO WE BUILD A DEMAND DRIVEN SUPPLY CHAIN FOR THE MALE?

How do we combine technology, data, distribution, business model innovation and policy protection? How do we ensure the preferred method is available when and where it is needed?

HOW DO WE CREATE A PROVINCIAL/ NATIONAL CONVERSATION ABOUT FP AND BRING IT TOP OF MIND IN SINDH?

How do we mainstream persistent essential conversations about FP? How do we ensure this changes behavior and enables greater advocacy?

HOW DO WE CREATE AN INTEGRATED COMMUNICATIONS STRATEGY TO CHANGE BEHAVIORS?

How do we combine that provincial/ national conversation, which is macro with a focused integrated communications strategy, so we find



the right message for the right segment in the right channel? How do we use social media better?

HOW DO WE GET THE RIGHT DATA AND USE THE DATA THAT WE HAVE WELL?

How do we use data to get powerful insights?

HOW DO WE BUILD A POWERFUL THRIVING MALE FOCUSED COMMUNITY INFLUENCER NETWORK AND KEEP IT ACTIVE YEAR LONG?

This can be the nerve center of a sustainable FP program critical to improving all key FP metrics.

HOW CAN WE GET THE BEST PRODUCTS IN COUNTRY AT A REASONABLE COST?

The products we use are not latest gen which means side effects or lack of quality and choice affect male attitudes to FP. It does not have to be this way.



RECOMMENDATIONS FOR SINDH GOVERNMENT IN IDENTIFIED PROBLEM AREAS

We are mindful of the times we live in and that everyone is being asked to do more with less. We are also cognizant of the frontier challenges that abound in Pakistan. While our research and synthesis of it produced a wide spectrum of solutions, we have mostly chosen those that require a smarter approach, have proportionately larger impact and promise better ROI from existing budgets.

RECOMMENDATIONS ON SOLVING CHALLENGES OF PROGRAM DESIGN

IMPACT DESIGN THINKING STUDIO:

Program design needs to understand the “why”, so we make better programs. The linearity of program design means most of the learning happens after program is launched. The key is to bring an agility to program design so that programs have greater impact. This agility comes from introducing design thinking to traditional program design. Not only will that focus programs on relevant human experiences it will also include a feedback loop before program launches via prototyping that ensures better program success. Design in impact is simply structured innovation and it works. It is especially useful when a field is faced with dynamism. With the demographic changes in Pakistan and the steady penetration of digitization in daily routines, structured empathy will be critical. However, experience in enterprise business scenarios has clearly shown that inhouse Design Thinking Studios end up losing their efficacy because incumbent culture overwhelms innovation. We recommend that Government of Sindh work with a large multilateral donor and a private sector partner to set up an Impact Design Thinking Studio as a multiyear project where aforementioned agility can be displayed.

MALE ENGAGEMENT SCORECARD:

A male engagement scorecard will help keep the focus on male engagement in PWD. The key here is escalation with the relevant minister owning the scorecard. The scorecard will be made quarterly and can serve as an “early warning system” in case male engagement stops being followed with the robustness it deserves. Based on our “Field of Play” approach following are examples of some indicators that can be used in such a scorecard. We recommend Government of Sindh should involve FP stakeholders, both public and private, and finalize a scorecard.

- Primary research done for all new initiatives includes males.
- Number of FP trained males at FLCF’s.
- DHO objectives management.
- Condoms availability by district.
- Statistics of social media ads run for men.
- Data on male customer satisfaction of government supplied FP methods for couples.
- Percentage of couples in family planning education sessions.
- Number of doctors trained in counselling males for FP.

MALE ENGAGEMENT PILOT PROJECTS:

As male engagement even internationally is at the stage where stakeholders are not aligned on the very definition of what it means, anything related to male engagement will need a bit more experimentation than normal. It is also clear that male engagement is now a mainstream conversation in FP circles so with the right evidence donors will be eager to support and accommodate evidence-based programs. This is why pilot projects related to defined problem theme areas that are planned, monitored and



evaluated using a “Theory of Change” methodology will be critical to compelling donors and internal stakeholders that can allocate budget. These will be quick win, low hanging fruit projects to begin with. “Theory of Change” can be complex to do well, so it is recommended that Government of Sindh gets resources trained in “Theory of Change” who build a toolkit personalized for FP projects in Sindh.

Examples of pilot projects:

- Sending MM with LHW as a couple in an evening shift in villages in same district vs placebo engagement with just LHW in normal shift to record change.
- Incentivization to register CBO
- Television and cable advertising in a district and its effect on male support for FP.
- Doing a discovery campaign to find ideal channel mix using A/B testing for reaching males that results in an action that accelerates FP adoption like calling helpline.

RECOMMENDATIONS RELATED TO POLICY, REGULATION, AND GOVERNMENT OF SINDH

BUILD A MALE FP STRATEGY:

The male FP strategy needs to have some clear-cut objectives identified during the making of this report.

- Urban and Rural males need to have separate strategies.
- Male youths need to have a separate strategy. This includes unmarried youth.
- There needs to be a separate strategy for engaging male support for STM and for LTM.

- Sindh needs to acknowledge the fact that interventions need to be based not on legal age and marital status but on WRA as the baseline. Teen pregnancies and related abortions have both economic, health and social costs. Male FP strategy also needs to understand the important role adolescent and young adults play in preventing teen pregnancy and accommodate for that.

NORMALIZE THE EVENING SHIFT:

Men are at work during the daylight hours for six plus days a week. This means a critical FP decisionmaker misses being engaged because public and private FP stakeholders like social service agencies and government health workers are active when he is out working. A shift of partial existing resources to the evening so men can be engaged when they are receptive will have powerful effects on the awareness, decision and use stage of the male FP user’s journey. LHW and MM to spend more time when men are available at home or in central village spaces. Health units that are not 24/7 to be open for a few hours longer.

PUBLIC PRIVATE PARTNERSHIPS:

Where capital is needed and where greater accountability will result in both donor and other funding avenues like Federal government, the Government of Sindh should consider doing key Population Welfare projects on a Public Private Partnership model. We especially recommend this for projects related to complex infrastructure, procurement, and ones that focus on consumer satisfaction and life cycle maintenance. Government of Sindh should start by defining, documenting and evangelizing rules of engagement for Public Private Partnerships in the FP space.



MALES AT HEALTH CENTERS:

As focus shifts on male engagement at the program design level, the same shift of focus needs to be reflected in the public health delivery. Our research has clearly shown that men prefer talking to men, and male health providers are the top influencers for males on FP methods. However, there is an epidemic of shyness related to FP among men and in the three-tiered system of public health, men often face women or LHW's. This results in men not engaging, despite the desire to learn about FP and have that desire converted to their use and/ or supporting their partner for use. We recommend the Government of Sindh to have men at all three tiers trained to talk about FP.

AUGMENTING MALE MOBILIZERS (MM):

When males talk to males and couples talk to couples the principles behind family planning are conveyed better. However, when you compare MM head count with LHW head count the difference in number is great. These numbers need to come closer to parity in order to engage males better for FP. These MM can then be further used for data collection, distribution and other related FP activities. Though we prefer LHW and MM to stay focused mostly on FP, if the justification to get budget for increasing MM numbers is that they can be used for other DoH initiatives then we recommend that reasoning be used. It is important that MM be invested in properly as a permanent feature of DoH. That means proper qualifying and monitoring for accountability and also the right compensation i.e., bike and fuel for supervisors. While we have earlier recommended men be reached when they are at home in evening, we also recommend augmenting that by male mobilizers going where males are in morning which is factory floors, roadside restaurants, labor hiring hotspots etc.

LEGAL INITIATIVES:

We recommend making pre-marital counseling mandatory by law, but that counseling must be fulfilled by both public and private service providers so it can scale. However, most Nikahs in Sindh are not registered. An urgent call to arms must be issued to address this otherwise efficacy of this legal initiative will be seriously dented and religious leaders and organizations should be involved as part of the solution. We also recommend making FP methods especially LTM covered under the provincial health card. This coverage should be extended to pre-marital counseling as well.

RECOMMENDATIONS FOR SUPPLY CHAIN

DATA:

Data from supply side is critical. Our research validates issues with availability of preferred method as a widespread issue. Supply side data with basic predictive modeling enabled by technology can address this. The Government needs to ensure it records this data for its own FP supply chain including the stage between DWH and end user purchase which often has manual records. Private social marketing companies and distributors should also provide the government with relevant purchase data. Multiple variables ranging from consumer confidence, weather patterns, and holidays, can dictate the potential demand for FP methods. Demand for any product is not steady. Using advanced analytics on all this data aggregated can help Government of Sindh accurately detect customer demand per method, thus raising customer satisfaction and reducing unnecessary inventory.



GO DEMAND DRIVEN:

Ensure a full demand driven process with no intervention when needed in local languages. This means that if a person wants to know about FP the entire core process from initial desire to awareness, decision, supply, use and maintenance can be set into motion and fulfilled anonymously. Better data will help with the inventorying but specific gaps at critical times will need the attention of the Government of Sindh. For example, a 24/7 helpline linked to inventory data will ensure that the same agent helping a male desirous of using FP methods will be able to arrange a cash on delivery shipment even if that is through a private third party and vice versa. This same process should also be possible fully in a digital manner needing only a smartphone to do it from beginning to end.

DISTRIBUTION & CONVERSION

INNOVATION:

We have mentioned how the Government of Sindh should make use of small pilot projects. Some of those need to be in innovation in STM and LTM distribution.

- For LTMs in the three-tiered public health system the use of a referral strategy should be successful among doctors and other health care workers when combined with incentivization.
- Another innovation can be a monthly subscription that results in 5 condoms that get delivered discreetly every month. This Condom as a Service means the decision to buy condom happens just once while its use remains in maintenance state.
- IUD has cheaper cost of ownership, but the first-time cost is expensive and there is also opportunity cost with the procedure which can only be performed in a healthcare unit. Need to address

both opportunity cost and one-time cost via remote appointment setting and payment via installments. The Government of Sindh can explore teaming up with a Startup/ FinTech to do this.

RECOMMENDATIONS FOR TOP OF MIND PROVINCIAL/ NATIONAL CONVERSATION

FAMILY FRIENDLY ADS:

Success of male engagement in FP is highly dependent on shifting social norms. A powerful way to enable that and for male engagement in FP to succeed, the conversation around FP needs to go mainstream. Television and Radio advertising is critical to this. Male FP user interviews validated by stakeholder interviews have shown that media especially television influences at scale and causes conversion and use of FP methods. However, the complaints about FP ads being immoral and not being family friendly were overwhelming. There was further insight revealed that storytelling around family planning to have less kids is hit and miss with many males, but storytelling around FP for better health of wife and as a smart approach in times of high inflation and shrinking incomes is more effective. The key thus becomes to invest in ads that do not talk about methods, rather they talk about the concept and use the angle of wife's health and inflation to hit the point home.

MEDIA:

The ads strategy needs to be complemented by a paid strategy revolving around nationally known TV anchors. The government should work with Media/ TV channels who have such anchors as partners in outreach. The key is to just fund them. Don't tell them what to tell people rather tell them



lines they cannot cross only. They are good at getting ratings and telling stories in their unique inimitable ways. Let them figure out how to get the message out believably and effectively.

RECOMMENDATIONS FOR AN INTEGRATED COMMUNICATIONS STRATEGY

When we mapped all the issues to components in the “field of play” it was clear that a lot of work needed to be done to create FP awareness among males. An integrated communications strategy will play a strong part in addressing many of them. An integrated communications strategy will also complement the Provincial/ National conversation. The former can talk about methods, leaving the latter to focus on top of mind. The former can be used for micro targeting while the latter is used to mainstream the FP conversation. They are both needed for ultimate success and must work together in parallel.

An integrated communications strategy helps you reach the right customer with the right content at the right time with the right channel. For the purpose of this report these channels are almost exclusively digital. Currently 64% of Pakistan’s population is comprised of people younger than 30 (UNDP 2017) and digital is the preferred way of reaching them in a targeted manner.

We recommend the integrated communications strategy be built formally around the “chain of truths” approach. The chain of truths approach is optimal for reaching a digital audience. It consists of the FP customer’s journey in 4 stages. The key is to measure how successful the strategy is at each stage and adjusting it if needed to achieve its objective. The following are the stages:

- Zero Moment of Truth: The term coined by Google is to explain the event in which people now search for information online and make decisions about brands and methods in that instance. This would mean the process from typing in a search term to seeing ads and results against that term.
- First Moment of Truth: The point when a consumer sees a product/ method for the first time and formulates an opinion about it.
- Second Moment of Truth: This is the subsequent “collection of moments” that incorporate the male FP user’s senses. For example, a user who has used a condom method for several months.
- Ultimate Moment of Truth: When an experience with your brand, product or method leads customers to publish some form of content expressing their use and enjoyment of said product and service, this is the ultimate moment of truth. This means someone from maintenance stage of the journey has crossed to the advocacy stage and has created content for other people to find and share. This needs to be the ultimate aspiration and goal for an integrated communications strategy.

A WORD ON CHANNELS AND MODES:

For outbound approach where you are reaching out to potential or existing male FP users it is critical for segmentation to be employed so the right digital channel can be used. So, for example you would use TikTok to reach a certain class and age segment. You would make videos <90 seconds for another segment in local languages so that they are easily shareable on WhatsApp. Some content can be used to make males think and avoid a darker future i.e. wife’s health and inflation to create behavior change. Some can be used to dispel fears and address common misconceptions related to STM and LTM. The key



is to employ A/B testing against the objectives in the “chain of truths” stages and figure the optimal channel, content, medium and time.

To cater to inbound calls where potential and existing FP users are reaching out it is equally important that modes that exist to cater to that be evangelized. This is especially true for any 24/7 helpline that may exist. We would recommend Government of Sindh to invest in communicating such a helpline’s existence far and wide across the province and to also influence its composition so that a certain number of male call center agents are always available and the IVR has an option in local language to connect male callers to male agents. There should also be a fully automated mode for callers who want complete anonymity and privacy.

Another key part of the integrated communications strategy is scripting for key actors that require a high touch approach. A high touch approach includes personal visits with personal or remote follow ups. This is especially recommended for religious leaders. The key is to align each script to type of religious leader. The approach must be to compel a senior leader in the religious hierarchy so that ground level religious leaders can be managed. Scripts which include objection handling will bring alignment and effectiveness to the high touch approach and ensure that any attrition in people has least effect on the process. Male Mobilizers with scripts for managing specific situations can become versatile effective actors for FP.

RECOMMENDATIONS ON HOW TO MAKE MALE ENGAGEMENT IN FP DATA DRIVEN

We feel data will be critical to doing more with less and making better decisions faster. The role of

data is more important than the attention the FP ecosystem has been giving it, but in the very near future especially after 5G, we expect it to become proportionately more important. We feel strongly that an optimal male engagement strategy will be data driven.

DATA COLLECTION ENFORCEMENT:

Data collection that is mandated by law has greater success rate. At all tiers of influence for Government of Sindh from supply chain both public and private, to FP initiatives under ambit of PWD especially related to health workers, LHW, MM and others it is critical to get clean data. Whether that requires a law or pay for performance or both, needs to be tested in field conditions, but data integrity is the foundation of building a data driven PWD and should be enforced.

DATA PLATFORM:

We recommend building/ procuring a basic data platform and opening it for selective access. Where data privacy is an issue, we recommend data being processed in the platform be anonymized and stripped of names and identifying data and then be made available. This data platform should have the ability to process structured and unstructured data. It should have first party data from Government of Sindh but also third-party data from federal (census etc.), CBO data, and data from third parties in FP ecosystem involved in supply chain and district wise coverage for their mandates and projects. The platform should have a predictive analytics and visualization layer for Government of Sindh decision makers. Basic ML and AI capability based on future cases can be added at a later stage.

We do not recommend full democratization of data rather access to only other actors in FP universe.



One way to enable that is to have an FP Sandbox for access to this data for startups or other players. This way Government of Sindh can control access and judge on results quickly while creating real innovation. Similar sandbox approach is working in other areas of government like the Securities and Exchange Commission of Pakistan.

MALE FOCUSED COMMUNITY

INFLUENCER NETWORK

Stakeholder interviews across the board showed a community influencer network to be key at all stages of the male FP user journey. In fact, stakeholder sessions revealed that a best practice to overcome male resistance was to involve community leaders or CBO's in an escalation by LHW or nonprofits who would then ensure that the male in question participated with his family in the awareness initiative.

Community based influencers are key to expanding reach and influence on a budget and will continue to be critical to enabling tactical plans for both public and private sector FP actors. There are some recommendations based on our research we would like to share about them:

NETWORK OPTIMIZATION:

Male users of FP in their interviews said repeatedly they trusted anyone associated with the health sector to inform them about FP and someone they would seek out when they had questions. This reverence does not apply just to doctors or LHWs but also extends to chemists, hakeems, pharmacists and homeopaths. These health ecosystem players can be great partners at every stage of the male FP user's journey. The key is to catalogue them, train them and even use them for supplying STMs and LTMs. We also feel where possible incentivization to them will result in key adoption metrics going up.

Teachers also have a lot of respect. A program to similarly convert them into awareness and use conversion champions is recommended.

CBO's:

CBO's are very important and even more so in absence of local bodies. However, the exact number of CBO's and how to reach them remains elusive. Incentivization for them to register would kickstart a process where they become the center of the community influencer universe. This was tried in the early 2000's and was very successful.

PERSISTENT ENGAGEMENT:

Stakeholder sessions of FP experts in the field revealed that transactional project-based nature of FP in Pakistan meant that community influencers were identified and activated but then they ceased being effective. A multiyear program combined with incentives that keeps them activated related to key FP metrics will be more effective.

PRODUCTS

While this is a stretch recommendation, we feel the Government of Sindh should think about an Impact Special Economic Zone. This zone will have ease of doing business like one window operation, energy and broadband and incentives for manufacturing related to creating impact. The Government can add special incentives for FP related to this zone. There will come a time when Pakistan will need to step into STM and LTM manufacturing so as to manage scale from demand generated from FP program successes, and to introduce latest gen STM LTM at reasonable price points into the country. Condom variety and distribution will result in greater adoption for it. This was validated by male FP user



interviews and stakeholder sessions. Side effects are a major reason male FP user mentioned for lower adoption of pill as a FP decision. Latest generation pills with less side effects will have proportionately greater male support in uptake of it as a method.

FINAL WORD

While strong complex challenges related to FP in Pakistan abound, the young demographic, data driven approaches, design tools, the mainstreaming of the male engagement narrative among donors, and digital technologies offer an almost perfect storm of opportunity for accelerating male engagement for FP in Pakistan.

The authors of this report wish to acknowledge that PWD in Government of Sindh is leading the nation

in FP in many areas like in its alignment with the Health Department and in enabling an environment for nonprofits to partner it with least friction. Our aspiration is that this report will give additional perspective to Government of Sindh to inform its functioning and initiatives, so that its frame of reference is no longer national leadership but emerging markets leadership.



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