

## **Moving Beyond Research to Influence Policy**

### **Promoting the Use of Reproductive Health Research Results**

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Her birth is greeted with disappointment; she is brought up grudgingly, her physical and emotional and educational needs largely ignored. She is expected to serve the family as soon as she is old enough and then, soon after puberty, she is married and sent off to serve another family and the cycle starts all over again with the birth of her low birth-weight daughter. This is not a fairy tale but reality for most girls in my country and in that part of the world even at the dawn of a new millennium.

Pakistan is the 7<sup>th</sup> most populous country in the world today with a population of more than 140 million, in the South Eastern part of Asia. Though the country gained independence 53 years ago, it is still faltering on the development path because of political instability and related factors. The country's per capita income has increased over the past years but the economy is stagnating due to lack of commitment at policy level and financial mismanagement. A very telling indicator that, according to the latest census, 34% of the population is officially below the poverty line. The reality is that this figure is probably much higher.

The NGO fraternity in Pakistan, which was a late starter compared to the religion, has nonetheless played a significant role in the development field in nearly all social sectors. In the health and family planning sector it is responsible for making substantial contribution to the programme. PAVHNA, the organisation, which I represent, is one of the lead organisations working on reproductive health issues in Pakistan.

Pakistan Voluntary Health and Nutrition Association or PAVHNA for short, was conceptualised and established as a consortium of like minded NGOs and CBOs with the objective of serving the under served and the most neglected sectors of the community – women and children. Since its inception, PAVHNA has widened its scope of work based on feedback from the field.

Most of the activities that are currently undertaken by PAVHNA have evolved through a process of need assessment and issue identification. It explains the transformation from initially implementing nutrition projects to going on to family planning and later on to Reproductive Health, which emerges as an acceptable global agenda after the 1994 Cairo Conference. What has remained unchanged during these various changes, is PAVHNA's community based approach towards service delivery. Community involvement has been strongly emphasised which has eventually proved to be the reason of successful projects.

The best learning has been our capacity and ability to be critical of our own performances, readiness to accept tested successful and flexibility and diversity within a project framework, striving for maximum outputs and taking on challenges and initiatives for new concepts. This has been made possible through a clear, dynamic and strong leadership provided by PAVHNA's founder and late President, Begum Zeba Zubair. Her various unparalleled qualities have enabled PAVHNA to emerge as one of the most creditable, efficient and productive NGO's of the country. Begum Zubair was also instrumental in providing a clear status to the entire NGO community, as head of the NGO Coordinating Council for Population Welfare, set up in 1985, one of the first such organisations in the South Asian Region.

PAVHNA started off a community based project in a peri-urban area of Karachi with 25 field staff, for door-to-door advocacy and services of family planning information in 1994. What started off as a pilot phase, proved to be instrumental in creating awareness and enhancing women's empowerment in poverty-ridden areas of Karachi. When USAID pulled out on a months notice from all political and humanitarian aid from Pakistan in Jun 1993, work in the FP sector nearly came to a halt. However, PAVHNA's then President Begum Zeba Zubair along with Population Concern's then Executive Director approached the UK ODA, now DFID, for assistance and set in motion a process that resulted in a CBD project with 7 NGO/CBO partners starting from August 1994.

The 3-year project was eventually stretched to over five and a half years till March 2000. We had two intensive evaluations in this period by DFID appointed consultants. They were both positive reports, supporting the methodology and the results obtained. The final output to purpose review gave PAVHNA and partners a rating of 1 (the top rating) and three of the four outputs also got a rating of 1. The OPR recommended a new project phase through a bilateral approach since they felt PAVHNA was competent to handle a project without an intermediary organisation. PAVHNA is currently implementing the CBD approach at a national level through 11 partners NOGs/CBO's with a population coverage of nearly 2 million with financial assistance from DFID and the European Union and UNFPA New York.

We are very grateful and honoured that despite the loss of our dynamic leader and driving force behind PAVHNA in November 1999, DFID went ahead with the second phase of the CBD project and signed a bi-lateral project agreement with the new leadership in PAVHNA to implement the CBD model through existing and new partners over a five-year period. The new project started in May 2000. In many ways, this project, though built on success of a previous project, has a lot of new ground and new activities to cover. There is a lot more emphasis on the whole question of Reproductive Health and what aspects to focus on and how to organisations can make a difference – at both macro and micro level. More focus on advocacy, on building strong linkages between public, private and the NGO's sector. And there is special focus on a operational research on this phase, to make the lessons learnt from implementing this challenge project, available to a wider audience. All this in addition to expanding the focus of activities and of service providers, to providing a more comprehensive RH package, of which family planning will be an integral component – but not the only one.

Since we are here to talk of research and policy, I would like to mention the two major studies that have emerged from the previous phase of the DFID CBD project. One was a study in the impact of their jobs on their lives of the fieldworkers – all women. For nearly all of them this was the first time they had stepped out of their houses to earn an income. But, as the study revealed, to these women it is much more than a job. These women have become change agents in the truest sense of the term. This is a silent revolution, although on a very small scale, which must be taken into account when we try and assess the impact of a project and its cost effectiveness. The second study was carried out by the London School of Hygiene and Tropical Medicine on the low use of oral pills and the reasons for this. This was presented at a Population Council workshop in Islamabad, attended by international researchers.

With the expansion of the FP CBD model into RH phase, it was realised how important it is to work with adolescents'. The share of adolescent population (10-19 years of age) of Pakistan is about 22 percent of the total population of the country in 1995. If the population of age group between 0-9 and 20-24 are added to the adolescent population then the total size of the population below 25 years is approximately 62 percent.

The high adolescent/youth pregnancy, low literacy rate/school enrolment and high school drop out rate, large number of street children, low girl status and low esteem, sizeable number of child labour and high unemployment rate, and sexual abuse are some of the key characteristics of adolescent/youths of the country. The situation has further aggravated due to the fact that the key stakeholders of the country are inadequately informed about the reproductive health information, counselling and service needs of adolescents. Not many programs have been working in the country to provide adolescent reproductive health information, counselling and services in the country. The government has not included the word "adolescent" in their recent 9<sup>th</sup> 5-year plan and a large majority therefore remains un-served and neglected. The general impression remains that it is not diplomatic and feasible to work with adolescents, unless they are married, ignoring all the health risks that they are exposed to.

PAVHNA was one of the first organisations that took the initiative to start working with adolescents' in the country. Considering the sensitive political situation in Pakistan, where religion is used for personal gains and to exploit many factors, it was not an easy agenda.

PAVHNA's late president, Mrs Zeba Zubair, was a dynamic leader with a vision, who was ready to accept challenges and take initiatives when the latest census results came out, she immediately zeroed in on the target group. The first ever national meeting to start thinking about adolescents' was planned and prepared in November 1999, which later assumed a bigger proportion and became regional. Alas, she did not live to see this meeting and passed away suddenly just two weeks before the two-day workshop in November 17<sup>th</sup>. In an atmosphere of gloom we decided to go ahead with the meeting to commemorate her memory and pay tribute to her. The main reason were even in a position to do so was because Begum Subair had already done so much preparatory work on the seminar she was so looking forward to - everything from deciding on the speakers, to designing the folders and banners – because all of that ground work already done PAVHNA was in a position to go ahead.

The policy makers and donators turned out in full force to pay their respects and they were brought into the forum to sit with managers and private sector professionals to discuss issues regarding adolescents' sexual health. Most important stakeholders in this meeting were adolescents' who set the precursor for the meeting by reading touching lines in poetry, names "Voice of a Youth". We also invited journalists and Psychologists to the meeting whose contribution was significantly important. The seminar got very good media coverage and was able to give visibility to ARH on agenda of RH work. An important high level officer from Ministry of Population Welfare remarked that is an excellent initiative, which our Ministry will take another 100 years to think about and that was a go ahead signal for PAVHNA a spin off.

Later on with technical assistance from ICOMP and UNFPA New York, PAVHNA initiated a pilot phase on ARH that included a detailed questionnaire interviewing adolescents' partners. The rapid survey was conducted in four major cities of Pakistan. The cities are Karachi, Quetta, Swabi and Gujranwala, each representing the four provinces of Pakistan. 410 respondents ranging between 14-21 years of age were interviewed on their perception along with 110 parents and gatekeepers. The randomly selected purposive sample was drawn in such a way that it reflected all regional, urban-rural, and cultural variation. The major findings of the survey indicated that the adolescents/youths felt the need to get information/counselling on ARH at different stages of their ages. Unfortunately in absence of any communication/information from parents/teachers or any other formal relationship, they turned to their peers, which might not be accurate or complete. Significant numbers of youths had experienced some sort of sexual abuse in their life.

It was made possible to do this sensitive survey with a vulnerable group only because of the pact that we have made an entry into the community through our CBD project. The selected sites of questionnaire administration were the places where we are doing CBD projects for a while and have gained confidence and trust from the community. A lot of intense preparation of the groundwork was done considering the sensitivity of the nature of survey. Thank God it did not lead to any major issues and we were able to complete the task within the assigned timeframe.

The main focus of the project was to sensitise the policy makers and key stakeholders on ARH and strengthened the leadership capability of youth and programme managers. Under this project PAVHNA has provided training to youth leaders/adolescents, parents and teachers on "Adolescents Sexual and Reproductive Health". A national workshop was held in the final leg of the project completion.

Another important part of this pilot phase was to train in the same four cities. Boys and girls ranging from age 15-21 years participated in a five-day course culturally adapted and changed to match the environment. It was amazing when on the third day of the course, they were willing to sit in a mixed setting for session such as contraceptive technology and HIV/AIDS/STDs. It was a signal that we have started at a right time. At the end of the training PAVHNA trained 125 peer leaders in four countries who are working in a close collaboration with PAVHNA partner NGOs and CBOs.

After completion of 4 trainings, a national workshop was organised in May 2000 to disseminate the results of this project. Again at this forum, similar mix of stakeholders were invited like the initial national seminar and what was different was that work was done and then findings were presented to the larger group.

Policy makers, planners, managers, service providers, parents, teachers and youth/adolescent leaders of both private and public sector attended the national workshop. Some donors' representatives were also present in the meetings. The participants of the workshops were in the general consensus that the key stakeholders need to be sensitised, and educated on ARH issues. They recommended that there is need for continuous and sustained efforts on the part of the lead NGO (NAVHNA) to create awareness among the key stakeholders, Build networking and alliance with national, regional and local level NGOs/Civil Society Organisations (CSO's)

That certainly created ripples in the policy makers side. The most significant change that this been able to produce is that PAVHNA has been invited to attend steering committee at a Federal government level who is designing a National Reproductive Health Programme with Ministry of Population Welfare with Financial assistance from Asian Development Bank. Ministry made a commitment with ADB that a part of this assistance will go to NGO sector and this is recognition by the Ministry for NGO's contribution to the program. NGOs have been asked to submit proposals and the priority areas that have been indicated includes adolescent as one of the main area. The project is in the pipelines, but the very fact that ARH is included in the priority area is a significant achievement.

I will close by emphasising that it is not only research that makes a difference but the commitment to learn from and implement research findings at policy level to end when it sets an environment for new initiative.