

**The Role of NGOs in Pursuing Populations
Issues: Draft Chapter for the ICPD Pakistan
Country Report**

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The Role of NGOs in Pursuing Populations Issues: Draft Chapter for the ICPD Pakistan Country Report

With rising needs of family planning especially in urban slums and rural areas, the population programme could not maintain an efficient service structure to provide adequate coverage of family planning services to the people. It could hardly cover less than 50 percent of urban and 5 percent of rural eligible population by early 1980s still leaving a segment of eligible population with an unmet need for family planning services to curtail their reproductivity. The expansion in the national programme was restrained due to tremendous financial shortfalls in late 1970s and early 1980s besides the shift in its approach to a functional integration of social services especially of maternal and child health with family planning. The inability of the programme with its supply oriented approach to enhance contraceptive use and bring a significant decline in family size marked the underlying need to seek an efficient and an alternate approach to tackle the ever growing population pressure. Family planning and health services were available through a large number of outlets maintained by non-governmental organisations all over Pakistan. The strength of the population NGOs in Pakistan can be gauged by the fact that they maintained their activities even during the period (1978-1981) when the federal government had toned down the population programme field services. Recognising the potential of enhancing the coverage and the cause of family planning, the government sought the involvement of non-governmental organisations in increasing contraceptive services, popularising small family norm, and reducing fertility level through adopting innovative approaches.

The NGOs related with population issue existed in Pakistan since 1953, had been functioning independently and in collaboration with the government to strengthen the small family norm, increase awareness about population issue and enhance family planning services. NGOs main contribution has been the evolution of replicable service models and the development of communication programmes on experimental basis. The service outlet model (Family Welfare Centres) tried by the NGOs and its adoption by the government programme is an evidence of the pioneering role of NGOs in Pakistan. The innovativeness of NGOs today encompass broadening of scope of work in areas like male responsibility, integration of family planning in development efforts, community participation, women empowerment, reproductive rights, etc. has placed much greater responsibility in bringing real social change in Pakistan. The magnitude of work is such that tremendous collaboration with government and among NGOs would ensure its sustainability and possible replication in the future. Most collaborations in the past has been piecemeal and needed consolidation.

The establishment of NGO Coordinating Council in 1985 recognised that the provision of financial, technical assistance and material help to population NGOs would their specialised and innovative activities in a number of directions. The prime emphasis of the government remained to encourage, increase in the number of NGO service outlets and assuring NGOs of regular supply of contraception. With a membership of 121 NGOs, the population programme thus expanded its service coverage with a substantial number of outlets operated by NGOs (Table 1).

Table 1: Registered Population NGOs and Their Service Outlets

	Punjab	Sindh	NWFP	Balochistan	Total
NGOs (Number)	67	34	13	7	121
Service 1990-91	262	101	109	18	490
Outlets 1992-93	245	110	105	20	580

Source: Siddiqui (1992) and Eighth Five Year Population Welfare Plan 1993-98.

The government of Pakistan has also embarked on an ambitious plan to reduce population growth rate to 2.5 percent by the turn of the century. This goal is normally translated in terms of birth aversions and increase in contraceptive use. The population NGOs are allocated a reasonable size of contribution towards this end. The current NGO infrastructure consisting of family welfare centres, mobile service units, community based distribution projects, surgical centres, hakeems and private doctors, has been estimated to provide around 10 percent of the total programme coverage. Recognising the potential of population NGOs in tackling population issues, the recent policy narrated under the Long Term Population Welfare Plan (1993-98) seeks much greater operational involvement in improving service delivery in urban slums, katchi abadis, and labour colonies, and those NGOs with rural infrastructure to be accorded priority in allocation of resources. The decision seems to exploit the innovative collaborating NGOs with the population programme include Family Planning Association of Pakistan, All Pakistan Women Association, Behbud, Maternity and Child Welfare Association, Family Welfare Cooperative Society, Pakistan Voluntary Health and Nutrition Association, Pakistan Society for Planned Parenthood, etc.

Innovative Project in Family Planning

The success of NGOs in spreading family planning lies in innovativeness in devising and implementing projects. Almost all NGOs working with communities do not assume people to be ignorant of solutions to their problems or that they do not seek ways to enhance their quality of life. Rather, the eagerness to access right combination of resources to curtail reproductive risks and enhance productive capabilities were consistently found to boost the family planning activities that provided adequate privacy and catered to their needs. This could be done only by well planned and framed programmes. Most NGOs claim to be community based but are not truly community oriented implying that the staff maintains office timings as against a trained person from within a community serving as a distributing and advising agent and using that opportunity as a source of income and generation of resources for the sustaining of the programme. The latter approach has been successfully implemented in several self help community projects like Orangi Pilot Project (Karachi), Sarhad Rural Support Programme (Peshawar), Idara-e-Kissan (Pattoki), etc. in conjunction with income generation, family health, and loan and enterprise development projects. The difference lies not in the supply of contraceptives in a community rather the quality of life of women. The aim here is to create real demand for contraception from within an individual and make available various contraceptive method on demand. Similarly, the use of Flying Squads by Mother and Child Welfare Association provides maternity care to women in suburban and rural women and has successfully enhanced contraceptive use rate in Faisalabad district.

The immense production of creative communication material (videos, audio's, printed matter, stage shows, etc.) by Family Planning Association of Pakistan to increase people's awareness towards population pressure in relation to critical issues like environment, poverty, youth and women development, resource constraint, male responsibility, and health has also assisted in increasing contraception use rate in their areas of operations. More recent focus of these NGOs has been to bring the issue of population growth in open discussion with religious leadership and opinion makers and to develop working relationship with them. In the realm of status of women, FPAP's focus on the 'girl child', 'youth development', and 'women in development' projects tried to sensitise community development process about the neglected and bring them in limelight. The emphasis on male involvement and establishing pilot project for developing ways to motivate men to practice vasectomy or other preferred method has been initiated by various NGOs in several urban areas of Pakistan. The 'Hujra project' of FPAP focusing on males only is worth mentioning here which has tremendous promise for enhancing family planning and providing leads to protection against AIDS in Frontier province. Due to meagre size of the NGOs and lack of funds the replication at other places and the expansion of coverage becomes a problem.

Entering into a community with not so attractive programme like family planning has been made relatively easier with experiences of OPP, Karachi using drainage and sanitation situation while FPAP involved local activities and volunteers to penetrate closed communities. The success lies in community participation and in the sense of ownership of the programme besides close follow up of the clients. The frequent meeting of the staff with the satisfied clients and potential clients ensures greater accessibility of contraceptives and regulating possible shift in the use of a method for continuity and thus reducing the period of exposure to the risk of pregnancy.

A common finding of successful NGOs in family planning area highlights the need of neighbourhood women organisations to evolve support, facilitate and advise each other in their day to day problems. The success of the innovative programmes is also reflected in their easy replicability in other similar areas, its low running cost and its sustainability. The average cost of teaching prevention of disease and making birth control methods accessible to one low income family was estimated for OPP, Karachi as Rs. 150 per year (Zainuddin 1991), while FPAP estimates Rs. 78 per couple year protection for its community base service outlets (FPAP 1993).

The success of NGO sector lies in their response to needs identified by local communities, especially of those neglected for a long time. Their commitment and hard work to provide basic services and linkage to the needy opened much greater avenues for their progress and participation in national development process. Enhancement in family planning through NGOs can be surely claimed as a responsible work to institutionalize social change. Their innovative programmes to suit local needs entitles them to be 'partners in national development' of Pakistan. The experiences of NGOs' successful initiative have been a ready reference for the government programme. The Long Term Population Plan (1993-98) radically adopts the well tested community based service delivery approach in providing rural women with family planning and health services at their door steps. The Population Plan is ambitious but with the involvement of the NGOs the goal of attaining greater family planning coverage and quality care in enhancing the access and choice to contraceptives for the rural poor does not seem to be far fetched. Rather, one may expect to achieve much more than simple statistics of users and birth averted.

Population NGOs in Pakistan depict a story of success validating what Dr. Akhtar Hameed Khan asserts that 'seeds of change lie within a community till they are given a chance to learn self discipline'.

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