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Decentralization And Performance Of Family Planning Program: An Institutional Analysis Of Population Welfare Department, Punjab

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Abstract:

Introduction: *The family planning program was decentralized to the provinces to enhance the quality of family planning services and meet the needs at the grassroots level by engaging local contexts. The decentralization of the family planning program in Punjab has produced mixed outcomes.*

Objective: *The objective of the study was to assess the performance of the Family Planning Program in the context of decentralization by conducting an institutional analysis of the Population Welfare Department, Punjab.*

Material and Methods: *An explanatory sequential research design was applied. The target population included ever-married women of reproductive age (1549) in Punjab, with data extracted from four waves for the quantitative part from the four waves of PDHS 1990-91(8,939), 2006-07 (16,303), 2012-13 (3,800) and 2017-18 (10,825), covering pre and[1] post decentralization period. Descriptive analysis was conducted to assess the performance of family planning indicators in Punjab. In-depth interviews were conducted with key informants for institutional analysis of the Population Welfare Department, Punjab and conducted thematic analysis.*

Results: *The average number of children decreased in the era of post-decentralization from 5.19 to 4.34 per woman. Similarly, the percentage of current contraceptive use also increased from 19.5% to 48.5%. The use of modern contraceptive methods was improved from 14.9% to 35.5%. The unmet need for spacing also decreased from 80.0% to 40.3%. The results revealed that the indicators of family planning improved in Punjab from 1990-91 to 2017-18. However, institutional analysis revealed that limited human resources, inadequate budget allocation, compromised service quality, weak monitoring mechanisms, and lack of collaboration with development partners have impacted performance post-decentralization.*

Conclusion: *The decentralization has brought both opportunities and challenges for the family planning program in Punjab. Despite the institutional challenges, family planning indicators improved from 1990-91 to 2017-18. The government should allocate adequate resources, including human resources and budget, and establish a robust monitoring mechanism to ensure quality services.*

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Introduction

Decentralization in Pakistan was introduced in 2010 under the 18th Constitutional Amendment, which aimed to devolve power from the federal government to the provinces (Government of Pakistan, 2010). This amendment transferred 17 federal ministries, including the Ministry of Health, to the provinces, giving them greater autonomy in managing their own affairs (Khan et al., 2015). A significant aspect of this decentralization process was the devolution of the family planning program, previously managed by the federal government, to the provinces. The shift enabled provinces to design and implement their own family planning initiative (Pakistan Institute of Development Economics, 2012). It was expected that decentralizing the family planning program would improve access to reproductive health services, especially for marginalized communities (Shah et al., 2016).

Studies have highlighted that family planning programs in Punjab face significant challenges, including low contraceptive prevalence rates, high unmet need for family planning, and inadequate access to services, particularly in rural areas (Hussain et al., 2020). Additionally, research has shown that institutional capacity issues, such as inadequate staffing, lack of equipment, and poor supply chain management, hinder the effective delivery of family planning services (Khan et al., 2018). These challenges are exacerbated by decentralization, which has led to a fragmentation of services and a lack of coordination between districts (Shaikh et al., 2019).

Despite these challenges, Punjab has performed relatively better than other provinces in Pakistan in terms of family planning outcomes. The Population Welfare Department (PWD) in Punjab, Pakistan is responsible for implementing family planning programs in the province. Institutional analysis reveals that PWD faces challenges in terms of inadequate resource allocation, poor infrastructure, and insufficient human resources (Khan et al., 2018). Despite these challenges, PWD has implemented various family planning programs, including the provision of contraceptives, maternal health services, and community-based outreach programs (Government of Punjab, 2020). However, the department's performance is hindered by inadequate monitoring and evaluation, poor data quality, and limited community engagement (Ahmed et al., 2019).

There are 2100 family welfare centers that provide the family planning services, including contraceptive provision, counseling and information to promote small family norms. These FWCs also offer general health services to clients. Additionally, there are 117 Mobile Service Units that conduct camps in remote areas to provide family planning services to eligible couples, filling the gap in underserved regions. The 129 Family Health Clinics are mostly attached with the Government Hospitals, offer services such as female tubal ligation, family planning awareness sessions and contraceptive methods in the outpatient department. Notably, seven Men Advisory Centers headed by qualified male doctors, address family planning and reproductive health issues for male community members. Moreover, 2158 Outreach Workers (Social Mobilizers and Community Based Family Planning Workers) operate across the province. These outreach workers mobilize eligible couples, conduct local community sessions, and provide information about the availability of FP services in their area.

Research Objective

To assess the performance of the Family Planning Program in the context of decentralization by conducting an institutional analysis of the Population Welfare Department, Punjab.

Literature Review

Decentralization has been widely adopted as a means of improving healthcare systems, including family planning programs (Nishtar et al., 2015). However, the impact of decentralization on institutional capacity and family planning performance is complex and influenced by various factors (Ahmed et al., 2019).

Research has shown that decentralization can lead to increased autonomy and decision-making power at the local level, enabling healthcare providers to better respond to community needs (Khan et al., 2018). However, decentralization can also result in inadequate resource allocation, insufficient training, and poor infrastructure, ultimately weakening institutional capacity (Ahmed et al., 2019).

Studies have consistently shown that strong institutional capacity is essential for effective family planning program performance (Cleland et al., 2019). Institutional capacity encompasses various dimensions, including leadership, management, financing, and service delivery (World Health Organization, 2019). Weak institutional capacity can lead to inadequate service delivery, poor quality of care, and low contraceptive prevalence rates (Hussain et al., 2020).

Decentralization can also impact family planning performance by altering the dynamics of healthcare service delivery (Shaikh et al., 2019). Research has shown that decentralization can lead to fragmentation of services, inadequate coordination, and poor communication between districts (Shaikh et al., 2019). These challenges can compromise the effectiveness of family planning programs, particularly in rural and marginalized areas (Hussain et al., 2020).

Despite these challenges, decentralization also offers opportunities for strengthening institutional capacity and improving family planning performance (Ahmed et al., 2019). Research suggests that investing in healthcare infrastructure, training healthcare providers, and improving supply chain management can enhance institutional capacity and improve family planning outcomes (Ahmed et al., 2019).

Community-based interventions, such as outreach programs and community mobilization, can also improve family planning performance in decentralized settings (Hussain et al., 2020). These interventions can increase awareness and uptake of family planning services, particularly among marginalized communities (Hussain et al., 2020).

In conclusion, the literature emphasizes the importance of institutional capacity and family planning performance in the context of decentralization. Further research is needed to explore the complex relationships between decentralization, institutional capacity, and family planning performance, and to identify effective strategies for strengthening institutional capacity and improving family planning outcomes in decentralized settings.

Research Methodology

This study is part of the first author's doctoral dissertation on the topic of "An Institutional Analysis of Family Planning Program of Punjab in the Context of Decentralization". The explanatory sequential research design of the mixed method was adopted, focusing on the institutional analysis of the family planning program in the context of decentralization in Punjab, the largest province population-wise in Pakistan. Punjab's population is 127.68 million (40.7% urban and 59.3% rural) with an average annual growth rate of 2.53% (Census, 2023). It comprises 53% of Pakistan's total population. The total fertility rate in Punjab is 3.7 births per woman (MICS, 2017), and the average household size is 6.43 persons (Census, 2023).

For quantitative analysis, the targeted population was ever-married women of the reproductive age (15-49 years) from PDHS spanning 1990-91 to 2017-18. For qualitative analysis, Key informant interviews were conducted with service providers, health managers, planners, and key decision-makers in the Punjab. The data of the ever-married women of the age (15-49) years was extracted from the PDHS 1990-91, 2006-07, 2012-13 and 2017-18. The distribution

of sample size of ever-married women aged 15-49 at national and provincial level is given below:

Data Set	Pakistan	Punjab
PDHS 1990-91	27,369	8,939
PDHS 2006-07	39,049	16,303
PDHS 2012-13	50,238	3,800
PDHS 2017-18	50,495	10,825

First, quantitative data on background characteristics and family planning indicators of ever-married women of reproductive age were collected from the PDHS 1990-91, 2006-07, 2012-13 and 2017-18. Secondly, in-depth interviews were conducted to collect qualitative data from: Secretaries (02), Additional Secretaries (02), Director General (01), Director Technical (01), Director Planning (01), District Population Officers (04), Country Head of Population Council (01) and Family Welfare Workers (08).

The SPSS version 26.0 was used for the quantitative analysis. Descriptive analysis (frequency and percentage) was performed for background variables and family planning indicators. The chi-square test was applied to assess the relationship between the background characteristics and the indicators of the family planning. Further, binary regression was used to assess the net effect of background characteristics on family planning indicators. For the analysis of in-depth interviews, thematic analysis was applied to identify themes and sub-themes. The analysis was conducted in the pre and post-decentralization context to assess the performance of family planning program in Punjab.

The study protocols were reviewed and approved by the Advance Study and Research Board (ASRB) at University of the Punjab (Reference No: D/4773/Acad. Dated 7-7-2023). The study strictly followed all the ethical guidelines for conducting epidemiological research. Before conducting the in-depth interviews, the purpose of the research study was explained to the participants. The written consent was obtained. The confidentiality and privacy were also assured to the participants.

Results

Background Characteristics of the Respondents

In the pre-decentralization era, respondents aged 35 and above had the highest frequency, with 57.3% in PDHS 1990-91 and 62.7% in PDHS 2006-07. Post-decentralization, this age group remained the most represented, with 42.6% in PDHS 2012-13 and 59.0% in PDHS 2017-18. Most respondents resided in rural areas, with 54.8% in PDHS 1990-91 and 64.2% in PDHS 2006-07. This trend continued post-decentralization, with 60.2% in PDHS 2012-13 and 63.1% in PDHS 2017-18. In the pre-decentralization era, 74.3% and 67.2% of respondents were illiterate (PDHS 2006-07 and 2012-13). Post-decentralization, 47.8% and 48.3% were illiterate (PDHS 2012-13 and 2017-18). In the pre-decentralization period, the richer quintile was 25.0% in PDHS 2006-07. Post-decentralization, the richer quintile was 26.0% in PDHS 2012-13, and the middle wealth quintile was 23.5% in PDHS 2017-18. Regarding age at first birth, most of the respondents reported having their first birth between ages 19-24, with 50.4% in PDHS 2006-07. This remained consistent post-decentralization, with 53.7% in PDHS 2012-13 and 55.7% in PDHS 2017-18.

Table 1. Background Characteristics of Reproductive Age Women Participated in Four Series of Pakistan Demographic and Health Survey

Indicators		Pre-Decentralization				Post-Decentralization			
		PDHS 1990-91 (8,939)		PDHS 2006-07 (16,303)		PDHS 2012-13 (3,800)		PDHS 2017-18 (10,825)	
		Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Current Age	Below 20	159	1.8	202	1.2	250	6.6	123	1.1
	20-34	3617	40.5	5880	36.1	1930	50.8	4314	39.9
	35 & Above	5163	57.3	10221	62.7	1620	42.6	6388	59.0
Place of Residence	Urban	4043	45.2	5837	35.8	1514	39.8	3991	36.9
	Rural	4896	54.8	10466	64.2	2286	60.2	6834	63.1
Education Status	No education	6643	74.3	10962	67.2	1818	47.8	5227	48.3
	Primary	954	10.7	2535	15.5	733	19.3	2265	20.9
	Secondary	1204	13.5	2057	12.6	855	22.5	2217	20.5
	Higher	138	1.5	749	4.6	394	10.4	1116	10.3
Wealth Status	Poorest			2753	16.9	362	9.5	1479	13.7
	Poorer			2790	17.1	654	17.2	2256	20.8
	Middle			3687	22.6	880	23.2	2544	23.5
	Richer			3751	23.0	988	26.0	2282	21.1
	Richest			3322	20.4	916	24.1	2264	20.9
Age at the First Birth	14-18			5962	36.6	866	26.4	2953	27.4
	19-24			8214	50.4	1765	53.7	6000	55.7
	25 & Above			2127	13.0	654	19.9	1811	16.8

Indicators of Family Planning Performance

In the pre-decentralization era, 58.6% and 57.9% of respondents had five or more children (PDHS 1990-91 and 2006-07). Post-decentralization, this percentage dropped notably to 25.6% in PDHS 2012-13 and 42.5% in PDHS 2017-18. Contraceptive use increased from 19.9% in PDHS 1990-91 to 40.3% in PDHS 2006-07. Post-decentralization, it was 39.3% in PDHS 2012-13 and 48.5% in PDHS 2017-18. Use of modern methods increased from 14.9% and 28.7% pre-decentralization (PDHS 2006-07 and 2012-13) to 28.0% and 35.3% post-decentralization (PDHS 2012-13 and 2017-18). Similarly, the unmet need for spacing was

27.9% in PDHS 1990-91 and increased to 80.0% in PDHS 2006-07. Post-decentralization, it dropped to 40.3% in PDHS 2012-13 and 29.2% in PDHS 2017-18. Post-decentralization, 85.9% and 89.9% of respondents reported joint decision-making in PDHS 2012-13 and 2017-18, respectively.

Table 2. Performance of Family Planning Indicators in the context Pre and Post-Decentralization (1990-91 to 2017-18) in Punjab

Indicators		Pre-Decentralization				Post-Decentralization			
		PDHS 1990-91		PDHS 2006-07		PDHS 2012-13		PDHS 2017-18	
		Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Total Number of Living Children	No children	33	.4	54	.3	528	13.9	25	.2
	1-2	1047	11.7	2079	12.8	1151	30.3	1845	17.0
	3-4	2617	29.3	4726	29.0	1150	30.3	4358	40.3
	5 and Above	5242	58.6	9444	57.9	971	25.6	4597	42.5
Current Contraceptive Use	No	7162	80.1	9739	59.7	2306	60.7	5571	51.5
	Yes	1777	19.9	6564	40.3	1494	39.3	5254	48.5
Types of Contraceptive Methods	No Method	7162	80.1	9739	59.7	2306	60.7	5571	48.5
	Traditional	444	5.0	1891	11.6	431	11.3	1429	13.2
	Modern	1333	14.9	4673	28.7	1063	28.0	3825	35.3
Unmet Need of Family Planning	Unmet need for Spacing	855	27.9	3087	80.0	258	40.3	559	29.2
	Unmet need for Limiting	2213	72.1	770	20.0	382	59.7	1353	70.8
Decision-Making for Contraceptive Use	Mainly respondent					92	6.2	325	6.3
	Mainly husband, partner					117	7.8	194	3.8
	Joint decision					1282	85.9	4616	89.9

Institutional Analysis of the Population Welfare Department, Punjab

The researcher conducted in-depth interviews with key stakeholders who profoundly understand the institutional analysis of the Population Welfare Department, Punjab in the context of decentralization. These included former Secretaries, the in-office Director General, the Director of Planning and Technical, Population Welfare Officers, a Representative from the Population Council, and Family Welfare Workers. Their insights and perspectives, which are of immense value, are instrumental in comprehending the program's performance before and after decentralization. The collected data was meticulously analyzed by applying thematic analysis. The themes derived from the collected data are discussed below.

1.1 Human Resource Capacity

The employees' potential and capabilities directly influence the institution's performance. Therefore, ensuring that the human resource capacity and potential meet the needs of any organization is of utmost importance. Challenges in human resource capacity emerged post-decentralization, impacting program performance.

One former Secretary of the Population Welfare Department highlighted that:

"The Department had sufficient and efficient human resources before decentralization. After the department's decentralization, multiple challenges emerged regarding human resource capacity. It adversely impacted the performance of the family planning program in the Punjab."

1.2 Budget Allocation

It is imperative to have funds available for the development of infrastructure, the initiation of new initiatives, and the improvement of service delivery outlets. The former Director General of Population Welfare in Punjab also narrated the same that:

"The Population Welfare Department, Punjab is under-resourced regarding budget allocation and infrastructure. We did not have enough budget for the procurement of the contraceptive methods. Surprisingly, our family welfare centers were shifted from one place to another due to the pending rent liability".

1.3 Training/Capacity Building

Employee capacity building is directly linked to institutional performance. Refresher training enhances the skills and quality of services provided by institutions. The Country Head of the Population Council in Pakistan shared that:

"Before decentralization, the family planning program was successful due to the trained and skilled human resources. The international partners offered international training and workshops for the employees. After the decentralization, the collaboration in the training field collapsed and caused the failure of the family planning programs at the provincial level.

1.4 Outreach Services

Outreach services regarding family planning are important functions of the Population Welfare Department, Punjab. One of the District Population Welfare Officers also shared that:

"Regarding the outreach services of the Population Welfare Department, Punjab improved and increased after the decentralization compared to the before decentralization in the Punjab. More than 600 family welfare centers were established, and recruitment of social mobilizers was also a remarkable initiative of the Population Welfare Department, Punjab, to expand the outreach services at a large scale".

1.6 Quality of Family Planning Services

The quality of family planning services provided by the service delivery outlets is a primary concern. The Director Technical of the Population Welfare Department, Punjab, shared that:

"The quality of the family planning services in the Punjab is dismal and bleak. Multiple factors contribute to the low quality of family planning services such as incompetent staff, lack of training, absence of follow-up mechanism and counseling protocols".

1.6 Contraceptive Commodity Security

Contraceptive Commodity Security is essential for improving the contraceptive prevalence rate in the Punjab. Under the Council of Common Interests' targets, the Punjab Province must meet the target of 64% CPR by 2030. The Director Planning of the Population Welfare Department of the Punjab also revealed the same that:

"After the decentralization, contraceptive commodity security has become a challenge for the provinces. We do not have enough budget to procure the contraceptive methods to generate and meet the additional need for family planning. Resultantly, the performance of the family planning program is questionable".

1.7 Monitoring and Evaluation Mechanism

For the monitoring and evaluation of the performance of the family planning program, the Population Welfare Department, Punjab, is responsible for devising and implementing the monitoring and evaluation mechanism to evaluate the effectiveness of the program and services. One of the District Population Welfare Officers also revealed that:

"I found no difference in the monitoring and evaluation mechanism before and after decentralization. For the monitoring of the ongoing services, tehsil population welfare officers have no transport. Hardly, they make one visit to family welfare centers in one month. Our monitoring and evaluation mechanism to evaluate the effectiveness of the family welfare program is weak".

1.8 Collaboration with Development Partners

There is no denying that collaboration with development partners is essential for expanding family planning services, innovating family planning, and ensuring the success of the family planning program. The incumbent Additional Secretary (Technical) of the Population Welfare Department, Punjab, shared the status of collaboration with the development partners before and after the decentralization:

"The headquarters of the development partners are located in the capital, Islamabad. Therefore, development partners were comfortable working with the federal government with uniformity in policies and targets".

1.9 Contraceptive Prevalence Rate and Unmet Need

According to the Pakistan Demographic and Health Survey 2017-18, the CPR in Pakistan is 34.2% and 38.3% in Punjab. Similarly, the rate of unmet is also higher, at 17.3% in Pakistan and 15.8% in Punjab. The Director Technical of the Population Welfare Department, Punjab, also shared her views that:

"After the decentralization, the newly established Department of the Population Welfare, Punjab, faced administrative and structural challenges. The absence of a clear roadmap and framework was a major hurdle. Therefore, the rate of use of contraceptive methods was declined".

1.10 Advocacy, Social Mobilization and Demand Generation

Advocacy and social mobilization are crucial for generating demand for family planning among eligible couples. The former Director General of the Population Welfare, Punjab, shared that:

"After the decentralization of the family planning program, the department had no budget to raise awareness through advocacy and social mobilization. Currently, the department has taken several advocacy and social mobilization initiatives using print media and digital media. The

advocacy campaigns in the Punjab have gained momentum in the last 3 to 4 years. Resultantly, it generated additional demand for family planning in the Punjab".

Discussion

The significant reduction in the percentage of respondents having five or more children post-decentralization suggests a positive impact of decentralization on family planning outcomes in Punjab, Pakistan. This finding is consistent with previous research of Hussain et al. (2020) that has shown decentralization to be associated with improved family planning outcomes. Ahmed et al. (2018) also shared the same that the decline in high parity births (five or more children) may be attributed to increased access to family planning services and improved healthcare infrastructure at the local level, as decentralization has enabled districts to manage their own healthcare programs (Ahmed et al., 2018).

The notable increase in contraceptive use from 19.9% in 1990-91 to 40.3% in 2012-13 during the pre-decentralization period suggests a positive trend in family planning outcomes in Punjab, Pakistan. This increase is consistent with previous research that has shown improvements in access to family planning services and healthcare infrastructure in the pre-decentralization era (Ahmed et al., 2018). However, the stagnation in contraceptive use from 2012-13 to 2017-18, with a slight decrease to 39.3%, may indicate challenges in sustaining the momentum of family planning programs during the decentralization process. This finding is consistent with research that has highlighted the need for effective program management and resource allocation during decentralization (Khan et al., 2019). The subsequent increase in contraceptive use to 48.5% in 2017-18 suggests that decentralization may have eventually led to improved family planning outcomes, possibly due to increased community participation and ownership of healthcare programs (Shah et al., 2020).

The significant increase in unmet need for spacing from 27.9% in 1990-91 to 80.0% in 2006-07 during the pre-decentralization period suggests a growing demand for family planning services, particularly for spacing methods, in Punjab, Pakistan. This increase is consistent with previous research that has shown a rise in the desire for smaller family sizes and increased awareness about family planning benefits (Cleland et al., 2011). The subsequent decrease in unmet need for spacing to 40.3% in 2012-13 and 29.2% in 2017-18 after decentralization suggests that the devolution of healthcare services to the district level may have improved access to family planning services, particularly for spacing methods. This finding is consistent with research that has shown decentralization to be associated with improved health outcomes, including increased access to family planning services (Hussain et al., 2020).

The study's findings revealed a significant shift in human resource capacity after the decentralization of the Population Welfare in Punjab. The same was observed in a study conducted by (Khan et al., 2018) that decentralization has resulted in a significant increase in the workload of district staff, requiring them to take on additional responsibilities, including management and coordination of family planning services. After decentralization, the Punjab government could not allocate the budget to the newly devolved Department of Population Welfare. Even so, there were no funds available for employees' salaries. The results are similar to the study conducted by (Khan et al., 2018), which found that after decentralization, the availability of funds to the provinces for family planning became a significant challenge in Pakistan. Before decentralization, the family planning program was successful due to the trained and skilled human resources. The international partners offered international training and workshops for the employees. (Hussain et al., 2017) study of Pakistan, significant issues in human resources management have resulted from the decentralization of the Family Planning Program in Punjab, Pakistan. The lack of proper training and capacity-building initiatives for district employees is one of the main problems. Similar findings were reported by Khan et al. (2018) of Pakistan that after decentralization, staff training and capacity building in the family planning program in Punjab, Pakistan, was compromised due to several factors.

Before decentralization, there was a limited number of family welfare centers and mobile services units to end the family planning need in the far-flung areas of Punjab. Regarding the outreach services of the Population Welfare Department, Punjab improved and increased after the decentralization compared to the before decentralization in Punjab. The study's results by Khan et al. (2018) contradict our findings that family planning outreach services in Punjab, Pakistan, faced significant challenges. The devolution of authority to district and tehsil levels led to fragmented services, resulting in inadequate coverage and uneven distribution of family planning services. The quality of family planning services in Punjab has been dismal and bleak since the decentralization. The Punjab Government (2017) also revealed that a lack of resources, including funds and transportation, hindered outreach teams' ability to reach remote and marginalized areas.

The mechanism of contraceptive commodity security was very transparent under the Federal Ministry. Before the decentralization of the population welfare program, there was no issue of contraceptive commodity security in the Punjab. Our findings are incongruent with the study of Khan et al. (2018), which found that the centralized system led to a lack of autonomy for districts and tehsils, resulting in inadequate CCS. Similarly, Hussain et al. (2017) stated that inadequate forecasting and procurement led to stockouts and overstocking of contraceptives before decentralization.

The department has outlined the key performance indicators to evaluate the effectiveness of the services. After the decentralization, the manual mechanism cannot monitor the more than 2,100 family welfare centers. UNFPA (2019) revealed in its report that decentralization also led to a lack of coordination and supervision, resulting in inconsistent service delivery and inadequate monitoring and evaluation.

After decentralization, collaboration between development partners and the provinces shrank. In Punjab, there was no effective collaboration with the development partners. The centralized system intensely collaborated with development partners, including UNFPA, USAID, and WHO as per Khan et al. (2018) in their research study conducted in Pakistan. Similarly, the findings of the research study by Hussain et al. (2017) in Pakistan and found that development partners provided technical and financial support, enabling the government to achieve its population control targets.

The contraceptive prevalence rate in the Punjab after the decentralization is stagnant due to institutional and structural reasons. Similarly, World Bank (2019) highlighted that CPR declined to 32.1% and unmet need increased to 27.8% due to inadequate resources and infrastructure. The centralized system had a CPR of 35.5% and an Unmet Need of 24.5%, shared by Khan et al. (2018) in their research "Decentralization and family planning in Pakistan. Similarly, Hussain et al. (2017) stated that the government's focus on population control led to an emphasis on sterilization and injectables, resulting in a limited contraceptive method mix.

Before decentralization, advocacy campaigns were highly effective, and messages were impressive. Print media and television were the most effective means of information. The research study by Khan et al. (2018) shared that a centralized approach led to top-down advocacy efforts focusing on population control targets. The contrary argument was presented in the research of Hussain et al. (2017) that limited community engagement and participation in demand generation activities.

Conclusion

The decentralization of the family planning program in Punjab has resulted in a mixture of positive and negative outcomes. While decentralization has increased autonomy and community engagement, it has also led to inconsistent policies, inadequate resource allocation, and a lack of standardization. Before decentralization, the program was centralized, providing a uniform approach with and adequate resources lacking in community engagement and

autonomy. Post-decentralization, the program has become more community-driven but struggles with challenges including inconsistent policies, inadequate resources, and a lack of standardization.

The department should focus on creating a more sustainable and effective program by substantially increasing the budget allocation for family planning. To enhance the technology and digital infrastructure of the Population Welfare Department in Punjab, it should emphasize on the development of a comprehensive digital platform that integrates all family planning services and programs. The department can achieve the targets by adopting a hub-and-spoke model, where existing service delivery outlets are upgraded to serve as hubs, offering a comprehensive range of family planning services, while smaller, community-based outlets, such as mobile clinics, community health workers, and private sector partners, serve as spokes, providing essential services and referrals to hubs. Similarly, the department should introduce a multi-pronged strategy that includes recruiting and training new officers and officials, upgrading the skills of existing staff, and leveraging technology-enabled training platforms.

There is a need to foster public-private partnerships for family planning services. The Population Welfare Department in Punjab can establish a collaborative framework with private healthcare providers, NGOs, and social entrepreneurs. The department should also focus on integrating family planning services with reproductive health services by adopting a comprehensive and holistic approach to healthcare. By engaging with influential imams, priests, and other religious figures, the department can tap into its vast network and reach a wider audience, particularly in rural and conservative areas.

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