Advocating for Pakistan's Youth

Nabila Malick is the Director of Advocacy for Relatives Family Planning Association of Pakistan, the leading FP/RH organization in the country. After the "Putting Skills into Practice" training program, Nabila was determined to integrate the organization's advocacy program.

She had never decided that sexual education for youth was inappropriate. The youth could push the government to make real changes. Knowing that there is power in numbers, she tapped up youth leaders to implement change. The project has now successfully trained more than 30 youth volunteers who are advocating to promote sexual education, reproductive health and rights, and environmental literacy in schools. These youth trainings initially were seen as controversial, but community leaders and young volunteers are now accepting them.

Recently, Nabila appeared on a national television program to discuss youth sexual education in Pakistan with several representatives of conservation organizations. After considerable debate, the group reached consensus that there was no official Islamic law that prevents sexual education from being taught in schools. These youth trainings have continued to fuel their passion and persistence to change the status quo.

Nabila attributes her renewed success to participating in "Putting Into Practice". "Early on I never really had the training to do reproductive health projects throughout Uganda. After the "Putting Skills into Practice" training program, I am much more confident in the concepts I've learned related to advocacy work. After attending a RAPID presenter training session, I will be able to present RAPID findings at the national and district levels. I am excited to share my learning and enthusiasm on behalf of youth volunteers and volunteers in Pakistan.

Putting Skills into Practice

Dr. Joy Napiga works as the National Program Officer for the Population Secretariat, where she is responsible for policy and advocacy at district and national levels on reproductive health and other population issues. She and her team designed a RAPID training curriculum, which they call the "workshop to run the workshop". The training is designed to build a cadre of women family planning providers, especially in areas where family planning commodities, lack of coverage, and providing advocacy skills are needed to challenge the status quo. As health ministries and parliamentarians, these women are forging ahead to address these issues. Additionally, women in these countries have limited opportunities to gain and share their knowledge with other women leaders, and they are often challenged by societal norms and gender barriers. Despite the obstacles, these women are often the ones who are trying to put into practice the RAPID findings and to make the world a better place for themselves and others.

Task Order 1: Uganda 2010

USAID | Health Policy Initiative, Task Order 1

In September 2009, the USAID | Health Policy Initiative brought together 26 family planning providers, researchers, and government officials for the Health Policy and Advocacy Session in Washington, D.C. for a three-week training program to strengthen their leadership and advocacy around family planning and reproductive health (FP/RH). Representing eight countries with some of the world's highest rates of maternal death and unmet need for family planning services—Ethiopia, India, Kenya, Tanzania, Tunisia, and Uganda—these women leaders work in environments that challenge their ability to provide basic family planning, and reproductive health services and advocate for change.

Each country faces regular stockouts of contraceptive commodities, lack of government commitment to address these issues. Additionally, women in these countries have limited opportunities to gain and share their knowledge with other women leaders, and they are often challenged by societal norms and gender barriers. Despite these obstacles, the workshop participants and many other women remain committed to improving FP/RH funding, policies, and programs in their countries and many say they now feel empowered to join the debate on ways to achieve these goals.

Author: Sue Roberts, Director of Leadership and Capacity Building, Katayun Davirch-Kolijian, Director of Communications and Advocacy, and Venita Lamitigé, Senior Associate, CEDPA.
Participants were mid- to senior-level managers, researchers, and policy champions who desire of women around the world to enhance their own commitment to FP/RH advocacy. The 26 participants selected as leaders of best practices, requiring careful selection of participants who learn best when they participate directly in their own change, and they have influenced decisionmakers to act.

Every day in communities throughout the world, lesser known women and men are doing similar work to build government and political support for their obligations to improve the health and lives of women, children, and families. Their stories are less told and in many cases, are not told at all because of the nature of their work or the pressures their cause places on them. To recognize their courage, demonstrate the value of their work to themselves and the communities they serve, and to build a commitment to advance it, the workshop... 

The methodology is grounded in West to East exchange of best practices, requiring careful selection of participants who come with some level of expertise and a determined commitment to FP/RH advocacy. The 43 participants were selected for the program chosen from more than 230 applications from 21 countries worldwide, signaling the desire of women around the world for advanced technical training in FP/RH advocacy skills and the capacity to advance their skills in their communities. 

Participants were mid- to senior-level managers, legislators, medical specialists, and health systems innovators from around the world. Many are key leaders in their family planning and maternal health programs, and while they may have attended previous training workshops, they each entered the workshop with a unique perspective on the challenges they face and the solutions they seek. 

The draft is under review and will be introduced for a parliamentary vote to increase women's access to family planning services. Champions reported that they have met with state and local government officials, in addition to the United Nations, the United States Agency for International Development (USAID), and the United States Department of State, to build a global coalition in support of a strong commitment to reproductive health and rights. 

The experiences shared by other participants were inspiring and event inspired me to do more and gave me the confidence to act.
Becoming an effective policy champion requires a large workshop design incorporated a variety of training technical areas (contraceptive technology for example), the research organizations, and government ministries. Because nurse-midwives, and physicians from community-based and institutions.

Every day in communities throughout the world, leaders know women and men are doing similar work to hold government and political leaders accountable to their obligations to improve the health of women and children. They come from all sectors and stations in life: in government and political leaders, NGOs, academia, religious groups, sports, business, entertainers, and others. They introduce emerging contraceptive methods and technologies to the participants and shared best practices for improving family planning and maternal and child health. The training emphasized gained knowledge and active engagement and introduced a personal and inquiry framework. Contraceptive services were identified as a major need to demand family planning and maternal health. The United Nations Population Fund also identified and introduced visibility of the need for family planning services through data and policy advocacy or action. Eight of the the 11 women identified major events: (1) a private roundtable meeting with policymakers, meetings, and community leaders to advocate for increased support for FP/RH. 11 women in seven countries reported 39 instances in which the voices on new or continued contraceptive positions, and 10 women reported training other women champions on the importance of advocating for improved access to focused assistance. Other outcomes include the following:

In India, one of the first/F lead champions identified contraceptive services as a major need to demand family planning and maternal health. The United Nations Population Fund also identified and introduced visibility of the need for family planning services through data and policy advocacy or action. Eight of the the 11 women identified major events: (1) a private roundtable meeting with policymakers, meetings, and community leaders to advocate for increased support for FP/RH. 11 women in seven countries reported 39 instances in which the voices on new or continued contraceptive positions, and 10 women reported training other women champions on the importance of advocating for improved access to focused assistance. Other outcomes include the following:

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Building confidence is especially important in developing women’s leadership. Despite decades of work that shows the health, education, and economic outcomes of families are directly linked to a woman’s ability to control her fertility, the number of women leading FP/RH policy discussions has not kept pace with growing advocacy conversations. WomenLead advocates are participating in a repositioning family planning and maternal child health project, which was launched in 2016. One of the primary goals of this project is to train women leaders in advocacy and communication skills, focusing on a one-to-one mentorship model. The project aims to increase the number of women participating in the advocacy landscape, particularly in countries where women’s leadership is not well-represented.

Key Reproductive Health Challenges Identified by Participants

- Lack of contraceptives, particularly for poor and rural women (leading to low acceptance and high contraceptive discontinuation rates).
- Lack of skilled providers and shortages of qualified personnel (including doctors, nurses, and midwives).
- Economic and social barriers to accessing reproductive health services (such as transportation costs).
- Socio-cultural and religious barriers to contraceptive use.
- Lack of effective and accessible information and education on reproductive health.
- Lack of political will and strong leadership to address reproductive health challenges.
- Lack of coordination and integration among different sectors (e.g., health, education, and social services).
- Lack of data and evidence to inform reproductive health policies.
- Lack of resources and funding for reproductive health programs.

WomenLead alumni reported that these successes are directly attributable to their participation in the training program. A February 2017 follow-up survey of 59 WomenLead alumni showed that 96 percent of them have continued to participate in advocacy work; 79 percent reported an improved capacity to advocate; 77 percent credited their training with improved confidence and ability to engage with policy makers; and 76 percent have taken on increased advocacy on a range of FP/RH issues. WomenLead also contributes to the global reproductive health workforce by providing opportunities for mid-level professionals to develop leadership and advocacy skills, and by fostering a network of advocates who can share knowledge and resources. The impact of WomenLead is evident in the many women who have gone on to become leaders in their countries and communities, sharing their experiences and expertise with others and inspiring others to take action.
Putting Skills into Practice

Advocating for Pakistan’s Youth

Nabila Malick is the Director of Advocacy for Rahnuma Family Planning Association of Pakistan, the leading FP/RH organization in the country. After the WomenLead training program, Nabila was determined to mainstream the organization’s advocacy program.

She and her team decided that sexual education for youth was an area in which they could push the government to make real changes. Knowing that there is power in numbers, she tapped volunteers who are advocating to strengthen the community leaders and organizations to participate in the national level advocacy program.

Recently, Nabila appeared on a national television program to discuss the media’s changing role in advocating for the rights of youth as agents of change. The project has now successfully contributed technical knowledge on a wide range of topics such as education, maternal health, nutrition, and sexual education. Knowing that there is power in numbers, she tapped volunteers who are advocating to strengthen the community leaders and organizations to participate in the national level advocacy program.

The project is implemented by Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute. For more information, please contact: Sue Richiedei, Director of Leadership and Capacity Building, Ketayoun Darvich-Kodjouri, Director of Communications and Advocacy, and Vanessa Lantagne, Senior Associate, CEDPA.

Authors: Sue Richiedei, Director of Leadership and Capacity Building, Ketayoun Darvich-Kodjouri, Director of Communications and Advocacy, and Vanessa Lantagne, Senior Associate, CEDPA.

All photos by: Max Tucker Photography.

Dr. Joy Naziga works as the National Program Officer for the Population Secretariat, where she is responsible for policy and advocacy on reproductive health and other population issues.

In the five months since WomenLead, Joy and the Population Secretariat have been actively involved in drafting the 2010 National Planning Document for Uganda. Along with ministry and local government offices, the Population Secretariat contributed technical knowledge on a wide range of topics such as education, maternal health, nutrition, sexual education, and environmental issues. The plan was submitted in February 2010 and is expected to be passed. Joy was the implementation of the new plan as a more systematic focus on increasing funding for various government agencies and ministries to implement reproductive health programs throughout Uganda.

Using Data for Advocacy in Uganda

Women Lead as Family Planning Policy Champions

In September 2009, the USAID | Health Policy Initiative brought together 26 family planning providers, researchers, and government officials in Washington, D.C., for a three-week program to reinvigorate their leadership and advocacy around family planning and reproductive health (FP/ RH). Representing eight countries with some of the world’s highest rates of maternal death and unmet need for family planning services—Ethiopia, India, Indonesia, Kenya, Pakistan, the Philippines, Tanzania, and Uganda—these woman leaders worked in environments that challenge their ability to provide basic family planning and reproductive health services and advocate for change.

Each country faces regular obstacles to family planning commodities, lack of engagement among women in their communities to access services, and weak government commitment to address these issues. Additionally, women in these countries have limited access to and use of their knowledge with other women leaders, and they are often challenged by social norms and gender barriers. Despite these obstacles, the workshops participants and many other women remain committed to improving FP/RH funding, policies, and programs in their countries and aspire to see others, especially women, join the fight to challenge the status quo. As one participant from the Ugandan Population Secretariat said, “People talk a lot about family planning, but very little comes for budgeting, they budget away.” Her response? Shills and打折 from the ground up. “Civil society organizations and the private sector need not be involved in advocacy,” she said.

The WomenLead in Repositioning Family Planning and Reproductive Health Workshop, implemented by the Health Policy Initiative brought together 26 family planning providers, researchers, and government officials in Washington, D.C., for a three-week program to reinvigorate their leadership and advocacy around family planning and reproductive health (FP/RH). Representing eight countries with some of the world’s highest rates of maternal death and unmet need for family planning services—Ethiopia, India, Indonesia, Kenya, Pakistan, the Philippines, Tanzania, and Uganda—these woman leaders worked in environments that challenge their ability to provide basic family planning and reproductive health services and advocate for change.

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Nabila Muhideen is the Director of Advocacy for Rahnuma, the leading FP/RH organization in the country. After the "Skills into Practice: Using Data for Advocacy in Uganda" training program, Nabila was determined to mainstream the organization's advocacy program. She said she was moved that social education for youth was now seen as an area in which they could push the government to make real changes. Knowing that there is power in numbers, she tapped community leaders and parliamentarians to support reproductive health information in schools. These youth training initiatives were seen as controversial, but community leaders and parliamentarians were newly recruited to support reproductive health information in schools.

Recently, Nabila appeared on a national television program to discuss youth sexual education in Pakistan with several key government officials. Recently, Nabila appeared on a national television program to discuss youth sexual education in Pakistan with several key government officials. "I am much more confident in the concepts I've learned related to advocacy work. After attending a RAPID presenter training session, she said, "I find that my work is stronger because of the RAPID and Trendline models that were introduced. I am now using systematic ways to suggest new money to other bills." Nabila has already used information from the RAPID analysis in her advocacy work. After creating a RAPID presenter training session, she will be able to present RAPID findings at the national and district levels.

Nabila attributes her recent successes to participating in a national on-air debate, the group reached consensus that there was no weak government commitments to communities to access services, and advocate for change. Her response? Build a drumbeat from those who are not adequately involved in advocacy, “I do not think advocacy work is what they are not used to. I do not think they are used to that process or politics to advocate for the rights of Pakistan youth.”

Nabila attributes her recent successes to participating in the on-air debate. “Early on we never really had the training to do advocacy work; there was no systematic way to do our job. Now I am much more confident in the concept of skills training to advocate and am much better at it, too.” Nabila has also used the session designs as models for her training programs and is sharing her knowledge with as many colleagues as possible. She trains to continue her advocacy work to make visible changes in Pakistan.

Dr. Joy Nayiga works as the National Program Officer for the Population Secretariat, where she is responsible for policy and advocacy, research and technical support, and reproductive health and other population issues.

In the first months since "Skills into Practice: Using Data for Advocacy in Uganda" training program, Dr. Joy cited certain technical sessions as having strengthened her efforts in advocacy. "I find that my work is stronger because of the RAPID and Trendline models that were introduced. I am now using systematic ways to suggest new money to other bills." Dr. Joy has already used information from the RAPID analysis in her advocacy work. After creating a RAPID presenter training session, she will be able to present RAPID findings at the national and district levels.

Dr. Joy is hopeful about her future as a reproductive health advocate. She has been sharing the tools and resources from "Skills into Practice: Using Data for Advocacy in Uganda" with colleagues and is excited to continue serving in a strategic role. Dr. Joy has also said that government has taken the first crucial steps towards strengthening reproductive health policies, and she will continue advocating to those in positions of leadership within the country and in Uganda.

Task Order 1/June 2010

The WomenLead in Repositioning Family Planning and Reproductive Health, implemented by HPI partner the Centre for Development and Population Activities (CEDPA), was designed to train committed women leaders from nine countries. The three-week program included presentation from technical experts, seminars devoted to strengthening participants’ personal leadership skills (both professionally and personally), and opportunities to apply skills through dialogues with U.S. and other audiences. Now back in their home countries, these women are forging ahead in the FP/RH policy arena, working with health ministries and parliamentarians, developing new logistics, generating media coverage, and providing advocacy skills to government officials to work on an ever larger scale of issues for improved FP/RH in their countries.

Building Reproductive Health Champions

The "Skills into Practice: Using Data for Advocacy in Uganda" training program was designed to build a cadre of women with strengthened technical knowledge, enhanced advocacy skills to present evidence-based FP/RH policies, programs and funding within sub-Saharan Africa and South Asia. Health policymakers, the