

Pakistan EOP Summary & Results



Geographic Implementation Areas

Provinces

- 3/4 (75%)—Sindh, Balochistan, and Punjab

Districts

- 6/133 (4.5%)—Badin, Sheikhpura, Quetta, Pishin, Naushki, and Qilla Saifullah

Facilities

- 164 facilities

Population

Country

- 220 million

MCSP-supported areas

- 8.8 million

Technical Areas



Program Dates

July 15, 2016–September 30, 2019

Total Funding through Life of Project

\$ 5,450,000

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births) ¹	178
IMR (per 1,000 live births) ²	62
NMR (per 1,000 live births) ²	42
U5MR (per 1,000 live births) ²	74
SBA ²	69%
TFR (births per woman) ²	3.6
CPR ²	25%
Unmet need for FP ²	17%

Sources: [1] UNICEF 2015, [2] Pakistan DHS 2017–18

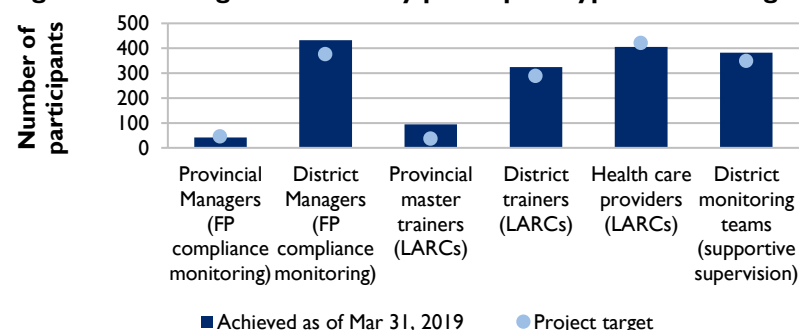
Strategic Objectives through the Life of Project

- Strengthen and institutionalize an integrated model for training on LARC.
- Increase access to high-quality LARC services by training service providers.
- Strengthen supportive supervision and monitoring at provincial and district levels to ensure voluntarism and informed choice.
- Accelerate an advocacy agenda for the task shifting of the first dose of injectable contraceptives to CHWs.

Highlights through the Life of Project

- Operationalized the government's commitment to client voluntarism and informed choice by orienting service providers, health facility managers, and government officials to the FP compliance toolkit and FP compliance monitoring model, now being implemented by the Health and Population Welfare departments of Balochistan and Sindh.
- Strengthened financial and operational sustainability of 26 FP training units, including the seven established with MCSP support in Sindh, Punjab, and Balochistan, through development of operational guidelines.
- Developed and institutionalized an Android-based application to link supportive supervision data with training software for the Punjab Population Welfare Department and integrated online training software for the People's Primary Healthcare Initiative for the Health and Population Welfare departments in Sindh and Balochistan to automate, process, and archive training data, thus replacing a paper-based system.
- Increased the government's human resources for health by developing a cohort of master trainers on FP/LARC, establishing supportive supervision across the three intervention provinces, and orienting Balochistan service providers on counseling skills, with a focus on GBV and infectious diseases, to provide continuum of care to clients.
- Generated evidence supporting the feasibility of lady health workers screening and administering the first dose of injectable contraceptives through a randomized controlled trial with FHI360 and Aga Khan University.

Figure 1. Trainings conducted by participant type and training topic



Pakistan

Background

In Pakistan, MCSP carried forward the momentum and lessons learned from MCHIP's work to facilitate provision of high-quality comprehensive MNCH services. As a result of these efforts, FP was included as one of seven basic MNCH services provided at primary-level health facilities. MCHIP also developed an FP compliance plan to ensure voluntarism and informed choice in FP service delivery across all health and population facilities. The plan included preparing trainers and providers, and developing or adapting tools and materials to monitor compliance.

MCSP invested to increase access to high-quality FP services through institutionalization of an integrated training model for LARCs and establishing systems to ensure voluntarism and informed choice. MCSP partnered with the departments of Health and Population Welfare to ensure a supportive policy environment for the delivery of high-quality FP programs, and supported the district governments of Badin, Sheikhpura, Quetta, Pishin, Naushki, and Qilla Saifullah to build the capacity of health care providers in 164 facilities on LARC, voluntarism and informed choice, infectious diseases, and gender-sensitive service delivery.

Key Accomplishments

Updated FP Standards

MCSP supported the Health and Population Welfare departments of all four provinces and two regions (Gilgit-Baltistan and Azad Jammu Kashmir) to update and standardize their clinical standards by incorporating the medical eligibility criteria released by WHO in 2015. Undertaking a consultative process, MCSP invited and incorporated comments by government officials and medical professionals/experts before finalization. The project handed over the updated standards to each government at an official ceremony, where each provincial government endorsed the updated *FP Standards Manual*. These standards are now being used by each department in their training and monitoring activities and in quality compliance indicators. The standards have been used by the government to develop supportive supervision mechanisms and infection prevention protocols for FP training units, and by health facilities for improving quality of care.

Developed First-Ever Subcutaneous Depot Medroxyprogesterone Acetate Training Manual

In close partnership with the Government of Sindh, MCSP supported the development of the first-ever LRP and related jobs aids for clinical monitoring, client follow-up, and recordkeeping in Pakistan on Sayana Press (subcutaneous depot medroxyprogesterone acetate) for service providers. MCSP facilitated use of standardized tools in support of the government's capacity-building initiatives, including training a cohort of master trainers. At the request of the Government of Punjab, MCSP developed similar resources for Punjab's Population Welfare Department and Department of Health providers, and supported both departments to pilot the provision of the self-injectable Sayana Press at selected health facilities. The Population Welfare Department and Department of Health providers supervised clients at the facility for self-administration of the first and second dose of Sayana Press, and followed up with them for self-administering the third and fourth dose in their homes in four districts (Pakpattan, Lahore, Attock, and Dera Ghazi Khan). Based on this successful experience, the government stated its intention to expand this initiative to other districts.

Introduced Gender-Sensitive Services

MCSP supported the provincial and district governments of Balochistan to strengthen integration of gender-sensitive services into care and treatment, including addressing the challenges that clients face in accessing services and aspects of service delivery. MCSP raised awareness among providers on gender, gender roles, gender-based inequities, and their impact on reproductive health. MCSP also reviewed curricula for family welfare attendants, family welfare counselors, male mobilizers, and women medical officers, and revised the content to integrate information, awareness, and key messages on FP, GBV, and infectious diseases. MCSP referred to WHO's revised FP standards and adapted relevant guidelines on engaging with women who have GBV complaints accordingly in consultation with local and provincial stakeholders. MCSP empowered 25 community midwives' tutors/faculty by enhancing their understanding, knowledge, and teaching skills on FP, with integrated components on gender and infectious diseases, and provided four community midwifery schools with essential training models and infection prevention equipment to strengthen their demonstration

rooms and sites. This investment will serve as a catalyst for the standardization of voluntary FP services into pre-service teaching across the four schools.

MCSP also helped pilot integration of gender and infectious disease issues during FP and ANC counseling by trained providers in Balochistan in four health facilities. MCSP investments and gains will be leveraged by other health programs supported by USAID in districts on the Afghanistan/Pakistan border and in districts of Khyber Pakhtukhwa province.

Consolidated FP Compliance

MCSP consolidated MCHIP's FP compliance efforts to ensure voluntarism and informed choice in FP service delivery across all health and population facilities by integrating compliance indicators in Population Welfare and Health departments' monitoring mechanisms, and by developing a comprehensive learning resource package and FP compliance toolkit for providers and facility managers. This was the first time that the principles of voluntarism and informed choice were included in LARC training packages for providers, trainers, and master trainers in Pakistan. MCSP monitored all district facilities together with members of the FP advisory group and found that all of the visited facilities were compliant with FP principles. MCSP shared these findings and next steps to address identified needs during quarterly meetings. This process of joint monitoring and sharing findings helped establish a practice that can be sustained by the government.

In addition to training providers on FP compliance and LARC, MCSP developed a cohort of provincial focal points from the Health and Population Welfare departments in all three provinces and enhanced their knowledge of FP compliance. These focal points assumed the responsibility of monitoring their health facilities during and after the completion of MCSP interventions and led step-down trainings for approximately 350 district-based compliance monitors. The district-based monitors, in turn, ensured that facilities were adherent to FP principles during service provision and transferred knowledge to service providers. As a result of MCSP's efforts:

- The director general of Sindh's Health and Population Welfare departments issued official notifications reiterating zero tolerance for noncompliance with FP principles of voluntarism, informed choice, and the prohibition of service targets, quotas, coercion, and incentives. These notices have been displayed at all health facilities as reminders and as a sign of transparency and accountability.
- The Health and Population Welfare departments of Sindh and Balochistan formulated a provincial Advisory Body on FP Compliance Monitoring, comprising provincial focal people from M&E departments trained on FP compliance monitoring by MCSP.

Increased Understanding of Clients' Perspectives on FP Services

MCSP carried out a study on the understanding and perception of clients' rights among service providers, health facility managers, and clients in the four Afghanistan/Pakistan bordering districts of Balochistan (Quetta, Pishin, Naushki, and Qilla Saifullah). MCSP developed and shared a comprehensive report and study findings, with recommendations to inform FP programs strengthening the focus on clients' rights and experience of care during social and behavior change initiatives, and on FP counseling and services.

Advocated for Sustainability and Institutionalization of FP Initiatives

MCSP's advocated with the government and stakeholders to sustain and institutionalize gains, resulting in:

- **Inclusion of PFP/LARCs in the FP method mix offered by the Health and Population Welfare departments of all three provinces:** Each province's secondary and tertiary care hospitals established ANC "counseling counters" that included information on PFP options available to women.
- **Adoption of digital solutions based on Population Welfare Department, People's Primary Healthcare Initiative, and Department of Health needs in Balochistan:** The digital health initiative will facilitate enhanced efficiencies and optimized use of resources—financial, human, and time—for developing and deploying skilled cadres of service providers at health facilities across the province.
- **Revitalization and enhancement of the role of male mobilizers in the National Action Plan for FP in response to the country's Supreme Court chief justice suo motu notice on population**

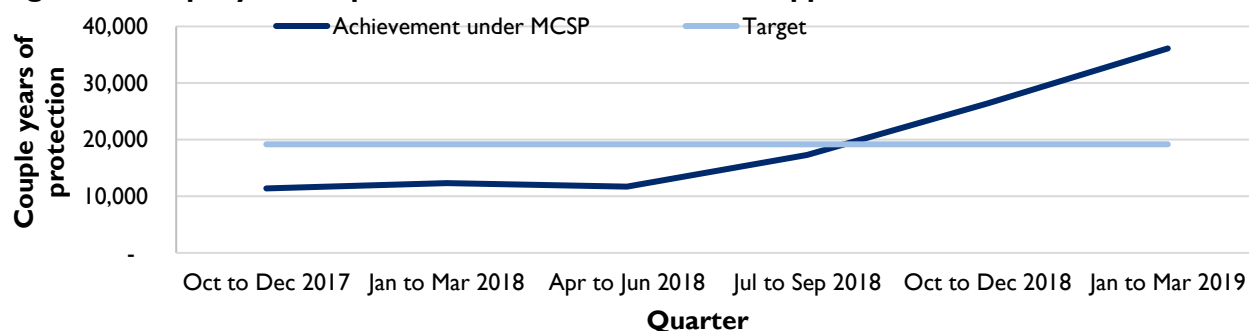
growth: MCSP assisted male mobilizers to enhance outreach efforts with the community by engaging directly with men, thereby increasing male involvement in reproductive health decisions and choices.

- **Establishment of implementation plans task force in Punjab and Balochistan:** MCSP secured integration of PPF into MNCH by adding it in the country implementation plans of both provinces.

Engaged with the Media to Increase Awareness of FP

MCSP contributed to the effective execution of the Balochistan Provincial FP Action Plan by engaging with private media houses to enhance awareness on FP, voluntarism, and informed choice as the right of every man and woman. MCSP mentored journalists from Balochistan, imparting information on FP, gender, and preventive measures against infectious diseases. This cohort broke the silence on taboo subjects through culturally sensitive messages disseminated via the media, raising awareness of the importance and availability of FP services and on each individual’s right to freely make decisions about their reproductive health.

Figure 2. Couple years of protection achieved in MCSP-supported areas



Recommendations for the Future

MCSP’s efforts in Pakistan substantially increased couple years of protection (Figure 2) by increasing access to high-quality FP care that emphasizes voluntarism and informed choice, is delivered in a gender-sensitive manner, and is backed by a supportive policy environment. Based on the program’s achievements and lessons learned, MCSP recommends the following for the Ministry of Health and Family Welfare and future projects:

- **Adopt the study findings and recommendations of the randomized control trial on provision of first dose of subcutaneous depot medroxyprogesterone acetate by lady health workers.** This will provide a roadmap for institutionalizing provision of the service by this cadre of health workers. The governments of Khyber Pakhtunkhwa and Balochistan should adopt and/or adapt best practices from Sindh and Punjab’s roll out of Sayana Press in order to enhance the method mix available to couples.
- **Institutionalize LARC trainings across all health workers and complement it with supportive supervision to instill confidence in providing client-focused services.** The government should optimize the use of skilled human resources, especially the cohort of MCSP-trained master trainers, to rollout competency-based training on FP clinical skills and teaching skills.
- **Ensure no client is turned away on account of unavailability of her method of choice.** This can be done by addressing all the identified gaps in supply chain mechanism for efficient provision of FP commodities to the facilities, especially in Balochistan.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of people trained in FP and MNCH through USG support	1,891 (target: 2,159; 88% achieved)
Couple years of protection in USG-supported programs	17,179 (target: 19,176; 90% achieved)
Number of USG-assisted service delivery sites providing FP counseling and/or services	167 (target: 164; target exceeded)

For a list of technical products developed by MCSP related to this country, please click [here](#).