




Pakistan FP PY4 Summary & Results

	<p>Geographic Implementation Areas</p> <p><i>Provinces</i></p> <ul style="list-style-type: none"> • 3/4—Punjab, Sindh, and Balochistan <p><i>Districts</i></p> <ul style="list-style-type: none"> • 3 (14%) 	<p>Population</p> <p><i>Country</i></p> <ul style="list-style-type: none"> • 197 million <p><i>MCSP-supported areas</i></p> <ul style="list-style-type: none"> • 7.54 million 										
<p>Technical Areas</p>  												
<p>Program Dates July 2016–June 2019</p> <p>Cumulative Spending through End of PY4</p> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 10px;"></div> <p>Demographic and Health Indicators</p> <table border="1" data-bbox="207 989 574 1318"> <thead> <tr> <th>Indicator</th> <th># or %</th> </tr> </thead> <tbody> <tr> <td>Crude birth rate (per 1,000)^[1]</td> <td>29</td> </tr> <tr> <td>TFR (per woman)^[1]</td> <td>3.6</td> </tr> <tr> <td>CPR (modern methods)^[1]</td> <td>25%</td> </tr> <tr> <td>Unmet need for FP^[1]</td> <td>17%</td> </tr> </tbody> </table> <p><i>Sources: [1] Pakistan Demographic and Health Survey Key Indicators, 2017–2018.</i></p>	Indicator	# or %	Crude birth rate (per 1,000) ^[1]	29	TFR (per woman) ^[1]	3.6	CPR (modern methods) ^[1]	25%	Unmet need for FP ^[1]	17%	<p>Strategic Objectives</p> <ul style="list-style-type: none"> • Strengthen and institutionalize an integrated model for long-acting reversible contraception training. • Increase access to high-quality long-acting reversible contraception services by training service providers. • Strengthen supportive supervision and monitoring at provincial and district levels to ensure volunteerism and informed contraceptive method choice. • Accelerate an advocacy agenda for task-shifting the first dose of injectable contraceptives to lady health workers. <p>Key Accomplishment Highlights</p> <ul style="list-style-type: none"> • Developed an Android-based application to collect routine service delivery data for at least 3 months at each facility in MCSP's intervention districts. • The government endorsed the PPFP strategy that MCSP developed through an inclusive consultative process. • The Sindh government officially notified an Advisory Body on FP Compliance Monitoring as a result of MCSP efforts to orient and train government officials, health facility managers, and service providers on volunteerism and informed contraceptive method choice. 	
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Pakistan Family Planning

Key Accomplishments

In Pakistan, MCSP made significant progress in its second year, advancing USAID's commitment to averting preventable maternal and child deaths in the country. The program continued the momentum of its advocacy, hands-on technical assistance, and support of the government in enhancing efficiencies by addressing the following identified needs:

- Improve provider skill through trainings.
- Integrate supportive supervision and FP compliance monitoring at the district level to increase compliance to quality standards.
- Introduce digital health solutions within the government structure, improving the training database and service delivery data management mechanisms.

Android-Based Application to Collect Routine Service Delivery Data

MCSP developed an Android-based application to collect routine service delivery data from Departments of Health and Population Welfare health facilities to reduce paperwork and enhance efficiencies. Current client registers used in these facilities informed the offline Android application, which was pilot-tested in facilities in MCSP intervention districts (Sheikhupura in Punjab, Badin in Sindh, and Quetta in Balochistan). The application will enhance efficiencies in client referral, follow-up, and recordkeeping, helping public-sector facilities transition from a paper-based to an electronic system.

Government Endorsement of PFP Strategy Development by MCSP

MCSP made concerted efforts to present the PFP strategy (developed in the last reporting period) at high-level meetings and seminars, reiterating the benefit and potential impact of PFP services in addressing unmet need for contraception. The Departments of Health in Punjab, Sindh, and Balochistan endorsed the strategy, bringing it one step closer to inclusion in the provincial governments' annual implementation plans, which in turn inform budget allocations.

Official Notification of an Advisory Body on FP Compliance Monitoring

MCSP reoriented Sindh and Baluchistan's Departments of Health and Population Welfare officials at all levels on FP principles and developed FP compliance guidelines and monitoring mechanisms for implementation through trainings and consultative meetings and field testing. A cohort of trained personnel at the provincial level in both departments was notified as a designated FP compliance advisory group with the mandate to provide technical consultations on a continuous basis to further strengthen the existing health system and to discuss and report on adherence or vulnerabilities in regularly convened meetings. MCSP also undertook joint compliance monitoring visits to several health care facilities to note gaps in compliance and followed up with specific next steps. These steps included orientation sessions for service providers, their supervisors, and facility managers on the concept of client choice and volunteerism, enhancing their understanding and their counseling skills.

Knowledge and Skills Enhancement

MCSP enhanced the knowledge and skills of more than 1,300 service providers (including master trainers) across the three intervention provinces to improve the quality of FP services being offered at public health facilities. Trainings were based on identified needs across all levels of providers and included focused sessions on long-acting reversible contraception, PFP, FP compliance, and provision of the first dose of injectables by lady health workers. Fourteen training sessions on supportive supervision oriented more than 200 providers from Balochistan and Punjab. The sessions briefed participants on the concept, importance, and essential components of supportive supervision, and how to integrate this approach within the Pakistan Population Welfare Department's and Department of Health's existing monitoring mechanisms. The district

health management teams and service providers jointly developed action plans to address identified gaps hampering their facilities' performance.

Way Forward

With the program now entering its final year of implementation, the focus will be on consolidating gains by assisting the government to put sustainability mechanisms in place. Based on results of a randomized control trial, MCSP will facilitate inclusion of administration of the first dose of injectable contraceptives (depot medroxyprogesterone acetate) in the lady health workers' mandate in Sindh. To sustain and maximize use of the FP Training Units, MCSP will develop operational guidelines in consultation with the provincial health departments. MCSP will officially support the launch of the Integrated Training Management Information System developed for the Government of Balochistan, integrating training-related data for the Peoples Primary Healthcare Initiative and Departments of Health and Population Welfare. Advocacy efforts with the Department of Health will continue for inclusion of the PFP strategy in provincial annual implementation plans for expanding method choice and improved service delivery at public facilities. The comprehensive FP compliance toolkit will be completed and handed over to the government for effective enforcement of FP compliance regulations and principles in the three provinces.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Couple-years protection in US Government-supported programs	77,575 (target: 71,886, >100% achieved)
US Government-assisted service delivery sites providing FP counseling and/or services	110 (target: 200, 55% achieved)
Number of people trained in FP/reproductive health and MNCH through US Government support	1,342 (target: 420, >100% achieved)