



Post-Pregnancy Family Planning Strategy

Sindh

2017

Message of the Chair

The current population census of 2017 have shown an alarming rise in the population. The rapid population growth will have disastrous effect not merely on health but on all indicators of socio-economic development. The contraceptive prevalence rate has not shown any significant improvement in past decade. There is a tremendous need to focus on activities that can dramatically increase the contraceptive uptake. Global evidence suggests that post-pregnancy family planning is one of the most effective way of addressing family planning needs.

This strategy, which is guided by Sindh Health Sector Strategy, Population Policy and Costed Implementation Plan (CIP) provide guidelines to meet the objectives of Costed Implementation Plan. This is a useful resource with locally and internationally recognized best practices that aims to ensure high standards in family planning services throughout the continuum of care.

The Department of Health holds the primary responsibility to implement this strategy in their facilities in collaboration with Population Welfare Department that will be responsible to place counsellors at DOH facilities, supply commodities and strengthen referrals. The CIP secretariat will be responsible to coordinate between the two departments for effective implementation and monitoring of the results to indicate the progress towards FP2020 commitments.

I congratulate the team of Jhpiego, partners and donors and CIP secretariat for preparing this comprehensive document. I sincerely hope that the use of this strategy will have an effective role in promoting and providing family planning services to all men and women of reproductive age. I am mindful that implementation of this strategy would contribute significantly towards our FP2020 commitments under the umbrella of CIP.

Sincerely,

Dr. Azra Fazal Pechuho

Chairperson

Sindh FP2020 Working Group

Message of the Secretary - Health

The Department of Health- Sindh has shown great concern in improving the maternal, newborn and child health services in Sindh. The healthcare system has been strengthened and workforce capacity has been developed according to local and international guidelines. Consequently, the service utilization have increased at all public facilities. The Department is committed to equally contribute in providing family planning services to eligible couples of the province.

The post-pregnancy family planning strategy provides an opportunity to integrate family planning services with existing maternal, newborn and child health care services. This strategy, which was developed in consensus with all stakeholders, actors and policy-makers provides evidence based guidelines for capturing opportunities throughout the continuum of care.

I am mindful that efficient implementation of this strategy would help in reaching a larger proportion of married couples to address their family planning needs and meet the provincial FP2020 commitment under the umbrella of CIP. Ultimately, population control will support improvement in all sustainable development goals and build a healthy society. I would like to express my gratitude to team Jhpiego and all those who contributed in preparing this strategy.

Thank you,

Dr. Fazal Ullah Pechuho

**Secretary – Department of Health
Sindh**

Message of the Secretary - Population

Sindh has committed to contribute about 45% of contraceptive prevalence rate to meet the national FP2020 commitment of 50%. The Population Welfare Department has been actively engaged in meeting provincial target by 2020. The Population Policy and Costed Implementation Plan (CIP) have been formulated to guide effective program planning and execution. The department is committed to broaden the horizon of services beyond POPULATION WELFARE DEPARTMENT facilities.

The post-pregnancy family planning strategy provides a roadmap for capturing large number of clients visiting MNCH centers. The strategy introduced evidence-based activities for integrating family planning services with MNCH care. The Department will provide utmost support in improving the accessibility and quality of services, commodity security, supportive supervision and monitoring and evaluation.

I believe efficient and effective implementation of this strategy across the province will provide a great opportunity for all stakeholders and policy makers to work in collaboration for achieving FP2020 commitments. I would like to thank Jhpiego, partners and donors and CIP secretariat who contributed in preparing this all-inclusive strategy.

Sincerely,

Laeq Ahmed

**Secretary - Population Welfare Department
Sindh**

Message of the Technical Advisor – CIP/PWD

The Government of Sindh is sincerely interested in improving the maternal and child health in the province. The provincial government has taken some major initiative for transforming and strengthening healthcare system. In 2016, the Population Welfare Department drafted a comprehensive population policy indicating government commitment to increase accessibility to quality family planning services with an emphasis on informed choice and client-centered approach. Based on these guidelines the department brought a major reform by formulating a robust Costed Implementation Plan (CIP). The CIP secretariat of the Population Welfare Department is actively engaged in the implementation of the plan.

Considering the importance of PPF in meeting FP2020 commitment, it was included as strategic intervention under the CIP. The secretariat is actively working for introducing the service in collaboration with Department of Health and other stakeholders. The secretariat will coordinate with Department of Health and Population Welfare Department to ensure effective implementation of the strategy.

I would like to congratulate Jhpiego's team, partners and donors and all members of PPF Subgroup who actively participated in preparation of this strategic roadmap for PPF services in Sindh.

Sincerely,

Dr. Talib Lashari

**Technical Advisor - CIP Secretariat
Population Welfare Department
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ACKNOWLEDGMENTS

We would like to thank members of the Postpartum Family Planning sub-group for Sindh and other colleagues for their contribution in drafting, reviewing and providing valuable comments on the post pregnancy family planning strategy.

We are thankful to Dr. Azra Fazal Pechuho, Chair, Sindh FP2020 Taskforce who took personal efforts and reviewed the draft for transforming it into a robust strategy. We appreciate Ms. Shahnaz Wazir Ali, Provincial Technical Coordinator, Oversight Cell for Public Health Programs for her keen interest and review of the document. Dr. Talib Lashari, Technical Advisor, CIP/PWD revised several drafts and provided his continuous support.

Alongside this, we also acknowledge the Jhpiego team for providing technical assistance and funding for the process of strategy development.

Following members of PFP sub-group actively participated in this exercise:

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- Dr. Shabir Chandio - Senior Health Advisor, USAID
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- Dr. Haris Ahmed - Head of Sukh Initiative
- Dr. Tabinda Sarosh – Country Director, Pathfinder
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- Dr. Iftikhar Ahmed Program Associate, Packard Foundation
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ABBREVIATIONS

ANC	Antenatal Care
BCC	Behavioural Change Communication
CBT	Competency Based Training
CIP	Costed Implementation Plan
CMW	Community Midwife
CPR	Contraceptive Prevalence Rate
DOH	Department of Health
FP	Family Planning
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistant
FWC	Family Welfare Counsellors
FWW	Family Welfare Worker
GoS	Government of Sindh
HCTU	Hormonal Contraceptive Technology Update
HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information Education and Communication
IUCD	Intra Uterine Contraceptive Device
LAM	Lactational Amenorrhoea Method
LARC	Long Acting Reversible Contraceptives
LHV	Lady Health Visitor
LHW	Lady Health Worker
MDG	Millennium Development Goals
MSU	Mobile Service Unit
MNCH	Maternal, Neonatal and Child Health
MO	Medical Officer
MVA	Manual Vacuum Aspiration
OPD	Out Patient Department
PAC	Post abortion Care
PPHI	People's Primary Healthcare Initiative
PNC	Post Natal Care
PPFP	Post-Pregnancy Family Planning
PAFP	Post Abortion Family Planning
PWD	Population Welfare Department
RTF	Return to Fertility
SDG	Sustainable Development Goals
TFR	Total Fertility Rate
TWG	Technical Working Group
WHO	World Health Organization
WMO	Woman Medical Officer

EXECUTIVE SUMMARY

In the census of 1998, approximately 30.4 million population was reported for Sindh. This has increased significantly to 48 million in 2017, with an average annual growth rate of 2.4%. Despite various health initiatives, maternal, infant and child mortality remains at an alarming level. Approximately, 2800 women die each year in Sindh due to pregnancy-related factors (Briefing Paper: Achieving MDGs 4 and 5 in Sindh: the Role of Family Planning-2014), despite some improvement in reproductive health indicators. About 78% of pregnant women in Sindh received antenatal care (ANC) in 2012 – a remarkable increase from 27% in 2006. With current fertility rate of 3.9 births and continuous migration from within and outside the country, the population is expected to reach 50 million by 2020. While the contraceptive prevalence rate (CPR) among married women in Sindh has risen from 27% in 2006-07 to 30% in 2012-13; this represents 0.5 percent-point annual increase over the last six years. No significant change was observed in the proportion of unmet needs for contraception. Abortion rate has increased two fold since 2002 from 27 per 1,000 women to 50 per 1,000 women in 2012, with higher abortion rates in Sindh and Baluchistan. These abortions incurs direct and indirect financial burden on families due to high risk of complications and mortalities.

Current situation demands efficient and effective prioritization and allocation of resources in post pregnancy family planning (PPFP), including postpartum and post-abortion (PA) FP, to achieve sustainable development goals. Hence, this strategy was produced after consultative meetings with Department of Health, Population Welfare Department, Maternal, Newborn and Child Healthcare (MNCH) & Lady Health Workers (LHW) programs, partners and donors. It provides a strategic and evidence-based roadmap for integrating family planning services with MNCH services to address the unmet need of family planning, particularly during postpartum period. The overarching objective of this strategy is to increase the utilization of PPFP services in Sindh. In order to achieve this, the specific objectives adopted by this strategy are as follows:

- Strengthen/develop a pool of master trainers and trainers.
- Provide full range of PPFP counselling and services for mothers delivering at health facilities.
- Provide PPFP counselling and services for mothers delivering at home through referral and linkages.
- Provide/include post-abortion FP services as an essential element of Post Abortion Care (PAC).
- Improving quality of services by Supportive Supervision.
- Strengthen public-private partnership.

Access to quality FP services will increase substantially if the provincial Department of Health and Population Welfare Department's facilities and LHW and MNCH Programs, partner organizations and private facilities are effectively engaged in integrating FP services with MNCH services.

1. INTRODUCTION AND BACKGROUND

Pakistan holds the sixth position amongst most populous countries of the world. The 2017 census count of 207.8 million, at an average annual growth rate of 2.40¹, intimidates accelerated propagation towards population explosion. If the current situation is not efficiently controlled the impending disaster of population explosion will further deteriorate socioeconomic and health outcomes. Like many other developing countries – Pakistan initiated numerous health and family planning programs to improve health and control the population growth. However, despite these attempts, some of the major health status indicators did not register much improvement over the years and Pakistan has lagged behind its neighbors and many other low-income countries in terms of health and fertility outcomes.

Over the past 50 years, the contraceptive prevalence rate (CPR) has shown very slow growth at the rate of 0.5% per year². Consequently, Pakistan will become the fifth most populous country in the world by 2030. Approximately 12,000 women die during pregnancy every year – the fourth highest number globally³. There are 423,000 child deaths annually and 44% of children suffer from chronic malnutrition⁴. Abortion rate has increased two fold since 2002 from 27 per 1,000 women to 50 per 1,000 women in 2012, with higher abortion rates in Sindh and Baluchistan⁵. These abortions incur direct and indirect financial burden on families due to high risk of complications and mortality.

With the current situation of alarmingly low CPR, high abortion rate and proliferating population Pakistan is striving to meet FP2020 commitments and maternal and child health sustainable development goals (SDGs). Core social and health services are under-resourced. Notwithstanding systemic management and resource challenges, the government is still the major service provider for primary and preventive healthcare services, particularly in rural areas. There are significant opportunities to address these challenges. The policy environment has improved and provinces have recently developed health sector strategies. After 18th amendment in the year 2010, devolution has empowered provincial governments to plan and deliver integrated services through an essential package of health services, and to work with non-state sector for service delivery.

1.1. COUNTDOWN INITIATIVE:

Countdown is a global movement, initiated in 2003 that tracks progress in maternal, newborn and child health in 75 highest-burden countries to promote action and accountability. In this regard, during London Summit in 2012 each country, including Pakistan, pledged to bring modern contraception within the reach of an additional 120 million women and girls by the year 2020. Pakistan's commitment to achieving a CPR of 50% as part of FP-2020 was therefore contextualized to the four provinces and as a result, Sindh has committed to 45% CPR by 2020.

¹ Provisional Summary Results of 6th Population and Housing Census-2017

² Khan, A. A., Khan, A., Javed, W., Hamza, H. B., Orakzai, M., Ansari, A., & Abbas, K. (2013). Family planning in Pakistan: applying what we have learned. *Journal of the Pakistan Medical Association*, 63, 53-10.

³ PAKISTAN: Provincial Health And Nutrition Programme Business Case by DFID

⁴ Management Case - Department for International Development available at iati.dfid.gov.uk/iati_documents/3778978.odt

⁵ Sathar, Z., Singh, S., Rashida, G., Shah, Z., & Niazi, R. (2014). Induced Abortions and Unintended Pregnancies in Pakistan. *Studies in Family Planning*, 45(4), 471–491.

1.2. HEALTH SECTOR STRATEGY:

This strategy was guided by the Health Sector Strategy for Sindh which was produced to provide a roadmap for strengthening healthcare system. As the pregnancy cases are served at the Department of Health facilities so the Post-Pregnancy Family Planning (PPFP) strategy considered the strategic directions and objectives of health sector strategy by integrating FP with the maternal, newborn and child health (MNCH) care.

1.3. POPULATION POLICY:

The Sindh Population Policy was developed by the Population Welfare Department to focus on programmatic areas required to increase the provincial CPR to 45% by 2020 and contribute towards national FP2020 commitment of 50%. The comprehensive policy encompasses government's commitment to increase accessibility to quality family planning services with an emphasis on informed choice and client-centered approach.

1.4. COSTED IMPLEMENTATION PLAN:

Based on the guidelines from population policy, a comprehensive and robust implementation plan was developed- the Costed Implementation Plan (CIP). After a thorough consultative process with key actors, the Department of Health and Population Welfare Department identified strategic areas of improvement to meet FP2020 commitments. The CIP secretariat of the Population Welfare Department is responsible for the implementation of the plan. The PPFP strategy was tailored to meet the objectives of health sector strategy and population policy by aligning the guidelines with the strategic areas prioritized in the CIP. The strategy focuses on integrating FP with MNCH care and increasing accessibility to quality FP services through human and institutional capacity building and monitoring the implementation throughout the continuum of care.

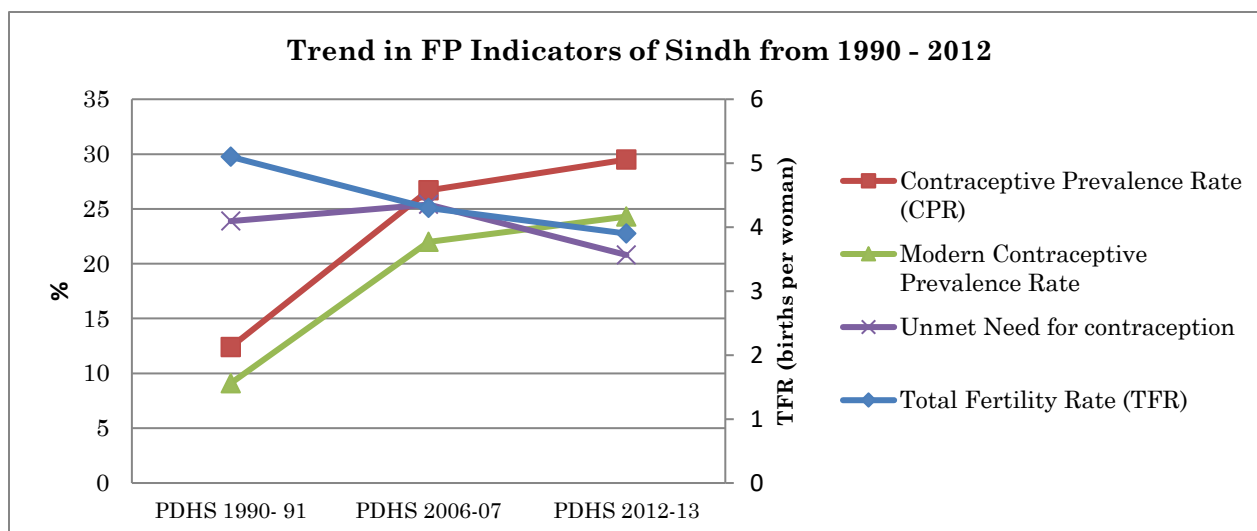
2. SITUATION ANALYSIS

Postpartum family planning is an integral part of any FP program, but is often missed and not given the recognition that it deserves. This critical time – when the client is in a state of high demand (in Pakistan 64% of women have unmet need of FP during first year postpartum⁶) – goes unchecked in many cases. In order to change this and to arrive at key strategic interventions, it is important to analyze current practices for PPFP services in the province. At levels of advocacy and policymaking, the government is committed to developing a consensus on how to stabilize population growth.

2.1. PROVINCIAL SITUATION:

In the census of 1998, the population of Sindh was estimated to be 30.4 million. The provisional results of 2017 census counted approximately 48 million population with average annual growth rate

⁶ Family Planning Needs during the Extended Postpartum Period in Pakistan – USAID available at http://pdf.usaid.gov/pdf_docs/pnaea352.pdf



of 2.41%⁷. Sindh had a CPR of 25% in 2006 for any method which increased by just 4% points to 29% in 2012, indicating a lethargic improvement in six years⁸. Unfortunately, the abortion rate in Sindh (57 per 1,000 women) are second highest after Baluchistan and only 16 per 1,000 women gets treated for complicated abortions⁹. About one-third of children in Sindh are born in less than 24 months of previous birth, a short interval posing significant health risk to mothers and children. With current fertility rate of 3.9 births and continuous migration from within and outside the country, the population of Sindh is expected to cross 50 million by 2020. In conclusion, all partners/stakeholders involved in the provision of FP services agreed that aggressively focusing on FP during the postpartum period is a proven strategy for addressing high maternal and newborn mortality issues in Pakistan. However, no strategy exists for targeting clients during the postpartum period. Some work has been done by private sector providers, but a comprehensive strategy and implementation plan for PPF in both private and public sector remains undeveloped. The situational analysis warrants the need of an all-inclusive PPF strategy document. Moreover, the environment for the implementation of such a document is favorable as well.

2.2. GOVERNMENT OF SINDH'S INITIATIVES¹⁰

The Department of Health and Population Welfare Department realized the immediate need of post pregnancy family planning services and took several efficient initiatives to pursue provincial FP2020 commitment. The PPF strategy provides an opportunity to functionally integrate the efforts of two departments to meet provincial and national commitments.

The Population Welfare Department has invested heavily on building capacity of service providers on family planning across both the departments in Regional Training Institutes (RTIs) and Reproductive Health Services Center –A (RHSA) that are built within the premises of District Head

⁷ Provisional Summary Results of 6th Population and Housing Census-2017

⁸ Pakistan Demographic and Health Survey 2012 - 2013

⁹ Sathar, Z., Singh, S., Rashida, G., Shah, Z., & Niazi, R. (2014). Induced Abortions and Unintended Pregnancies in Pakistan. *Studies in Family Planning*, 45(4), 471–491.

¹⁰ Sindh Population Policy – Population Welfare Department, Government of Sindh 2016

Quarter (DHQ) and Tehsil Head Quarter (THQ) facilities for the provision of services. With the support of various donor-funded programs, province wide health care providers were trained and have started providing PFP services to potential clients at several districts and tehsils healthcare facilities. The Government of Sindh (GoS) has allocated sufficient budget for the procurement of contraceptive commodities and the Population Welfare Department is providing supplies to the facilities of all stakeholders including Population Welfare Department, Department of Health and People's Primary Healthcare Initiative (PPHI)¹¹.

Though Department of Health did not receive essential focus for family planning services as their mandate, however, sensing the immediate need of increased accessibility, the Department of Health has committed to provide FP services at their outlets. As per CIP Sindh, Population Welfare Department will revitalize their counsellors and will train LHVs, nurses and WMOs on client-centered and rights based counselling skills. These counsellors will also be placed at the Department of Health facilities for counselling potential clients throughout the continuum of care.

3. DEFINITION

Post pregnancy family planning refers to the provision of family planning services both during postpartum and post-abortion period. The postpartum period starts immediately after child birth and includes the first six weeks after delivery – during which the woman's body essentially returns to its pre-pregnancy state. Postpartum family planning programs consider the extended postpartum period – one year after delivery – as significant. This one-year period can be further classified as:

- Post-placental – Within 10 minutes after delivery of placenta
- Immediate Postpartum – up to one week after delivery
- Postpartum – From one week to six week after delivery
- Extended Postpartum – Six weeks to one year after delivery

Abortion refers to termination of pregnancy from any cause before the fetus is capable of extra uterine life¹². Family planning services is an integral component of post abortion care (PAC), provision of FP services during this period will prevent unwanted pregnancies and future abortions.

4. GOAL

The goal of the strategy is to provide strategic direction for implementing PFP interventions. It is designed to provide a roadmap for designing and implementing activities that promote and enable the provision of quality and comprehensive PFP services to the clients at all possible points of

¹¹ Costed Implementation Plan - Population Welfare Department, Government of Sindh 2017

¹²Post-Abortion Family Planning: A Practical Guide For Programme Managers (1997)
http://apps.who.int/iris/bitstream/10665/63689/1/WHO_RHT_97.20.pdf

contact with the health system. Thus, the PPFp strategy is aligned with the health sector strategy, the population policy and the CIP.

5. OBJECTIVES

The specific objectives adopted by this strategy are as follows:

- 5.1. Strengthen/develop a pool of master trainers and trainers
- 5.2. Provide full range of PPFp counselling and services for mothers delivering at health facilities.
- 5.3. Provide PPFp counselling and services for mothers delivering at home through referral and linkages.
- 5.4. Provide/include post-abortion FP services as an essential element of Post Abortion Care (PAC).
- 5.5. Improving quality of services by supportive supervision.
- 5.6. Strengthen public-private partnership

5.1. Strengthen/develop a pool of master trainers and trainers

This objective describes the different cadre of service providers that will be identified and trained as master trainers and trainers of PPFp and will train service providers.

Activities:

- 5.1.1 At least one training site (a district or teaching hospital with high delivery load) per division will be identified and developed as a clinical training site or Centre of Excellence.
- 5.1.2 Competency-based training (CBT) would be implemented that would help healthcare professionals in learning through simulators to achieve competency before dealing with real clients.
- 5.1.3 Master trainers from all six divisions of Sindh will be trained on comprehensive PPFp counselling and services, who will trickle down trainings to district trainers. These district trainers will train service providers. The staffs will be trained on a tailored client-centred approach to counsel specific age groups (particularly youth), newly married couples and parity status (particularly first time parents).
- 5.1.4 A pool of health personnel, who can provide counselling for PPFp, will be identified from existing staff of Department of Health and Population Welfare Department. These staff will be trained on counselling skills as well as key messages of Health Timing and Spacing of Pregnancies (HTSP), Return to Fertility (RTF) and PPFp methods, so that they can inform/counsel pregnant and postpartum women/post-abortion women and their spouses.
- 5.1.5 Training to be provided to medical officers, female doctors, staff nurses/LHVs and nurse midwives in PPFp methods and hormonal contraceptive technical updates (HCTU).

- 5.1.6 Community outreach workers will be trained in PPFp methods (as permitted by local regulations) and counselling techniques. They will be provided with adequate FP supplies; and PPFp Information Education and Communication (IEC) materials.
- 5.1.7 Following set of different trainings will be offered to build the capacity of the master trainers/trainers on different areas of PPFp.

CADRE	FP COMPLIANCE (2 Days)	PPFP COUNSELLING (2 Days)	HCTU (2 Days)	INTERVAL & PPIUCD (2 Days)	IMPLANTS (2 Days)	CTS* (5 Days)	INFECTION PREVENTION
WMOs	√	√	√	√	√	√	√
MOs	√	√	√	-	√	√	√
LHV	√	√	√	√	√	-	√
Nurse /CMW	√	√	√	√**	-	-	√
FWW	√	√	√	√	-	-	√
FWA	√	√	√	-	-	-	√
FWC	√	√	√	-	-	-	√
Motivators (LHW, Nutritionists, Vaccinators, etc.)	√	√	-	-	-	-	√
Janitors	-	-	-	-	-	-	√

TABLE 1 - TRAININGS FOR MASTER TRAINERS/ TRAINERS/SERVICE PROVIDERS

*Clinical Training Skills will only be provided to master trainers and trainers

**PPIUCD and Implants should not be provided at home

- 5.1.8 Private sector providers will train senior gynaecologist/obstetricians as master trainers who will trickle down counselling and clinical training to their respective staffs. Private sector facilities will train their respective employees on the trainings (mentioned in table-1) according to the role of each employee.

5.2 Provide full range of PPFp counselling and services for mothers delivering at health facilities

Currently, the numbers of public sector health facilities that offer PPFp services is not sufficient. Attempts are being made to increase this number and prioritize facilities in each district, based on delivery load to increase accessibility to PPFp services.

Activities:

The following activities are planned to facilitate this further:

- 5.2.1 FP counselling counters, with dedicated PWD counsellors, to be set up in all secondary, tertiary care and teaching hospitals to provide client-centred PPFp counselling services, with specialized approach for youth-focused counselling.

- 5.2.2 Labour rooms of Obstetrics/Gynaecology units in teaching hospitals, DHQs, THQs, Civil Hospitals, RHCs and BHUs to be staffed with trained PFP providers on a priority basis. Necessary equipment/instruments, FP supplies and IEC materials should be provided on a priority basis.
- 5.2.3 Providing FP counselling and services during ANC visits, labour and delivery and PNC visits and during MNCH visit for routine childhood illnesses and vaccination.

5.3 Provide PFP services to mothers delivering at home through referral and linkages

Women delivering at homes should be provided a basic level of PFP services like counselling services (including customized messages for young couples, newly married and first-time parents), information on LAMs, contraceptives like PPIUCD and other hormonal methods and referral for clinical procedures, if so desired.

Activities:

Following are some of the activities that need to be undertaken to accomplish the above:

- 5.3.1 At ANC check-up, if despite counselling on the benefits of institutional delivery the mother insists on home delivery, this information shall be recorded and shared with the LHW and CMW of that area. Prior information about the intent of delivering at home will help to plan for skilled birth attendance for delivery and provision of PFP services after delivery.
- 5.3.2 At PNC visits the outreach workers should share PFP information and/or provide counselling, the service providers will also follow up mothers who have already adopted a PFP method, e.g. PPIUCD. During these visits, counselling will be provided for HTSP and PFP methods to the woman and her husband/accompanying relative.
- 5.3.3 Clients choosing PFP methods like postpartum sterilization, implants and IUCDs will be referred to a nearest facility by community workers.

5.4 Provide/include Post-Abortion FP services as an essential element of Post Abortion Care (PAC)

Prevention of unwanted pregnancy through a robust FP program should always be a priority to protect the mother from detrimental effects of too many and too frequent pregnancies, as well as from the ill-effects of termination of pregnancy and unsafe abortion.

Activities:

- 5.4.1 Facility-based providers and community-based workers will be trained to provide counselling/messages and proper referral for FP services.
- 5.4.2 The messages will include the difference between Return to Fertility (RTF) after abortion and delivery.

- 5.4.3 Information that, after a miscarriage or induced abortion, the recommended interval to the next pregnancy should be at least six months in order to reduce risks of adverse maternal and perinatal outcomes¹³.

5.5 Improving quality of services by supportive supervision.

Supportive supervision is different from regular monitoring as it brings the concept of coaching to fill in existing gaps in the practices of service providers, while offering realistic solutions to their issues in implementation of standard practices. Population Welfare Department adapted National Standards on Family Planning and transformed, revised the Manual under the title of “Sindh Family Planning Manual on Quality Services”. It will be mandatory to apply the Manual for maintaining quality of PFP services.

Activities:

To ensure quality of PFP services, Department of Health and Population Welfare Department will:

- 5.5.1 Formulate a joint monitoring team for periodic and continuous quality improvement and patient safety monitoring.
- 5.5.2 Nominate technical workforce for each district and build their capacity on supportive supervision, utilizing the same set of master trainers.
- 5.5.3 Designate an RHC as a hub for supportive supervision of BHUs of the catchment area.
- 5.5.4 Nominate LHVs or WMOs, wherever available, of RHC to complement the existing technical work force discussed above, while in-charge gynaecologists or designated WMOs to monitor the DHQ and THQs of the district.
- 5.5.5 Perform end of the year assessments to identify and reward the champions who have demonstrated improvement in practices and attitude.

5.6 Strengthen Public-Private Partnership

One of the objectives of this strategy is to strengthen partnership between public and private sector providers, so that both can complement each other efforts.

Activities:

- 5.6.1 The Society of Obstetrics and Gynaecology of Pakistan (SOGP) and NCMNH and other private organizations having a pool of experienced master trainers will work in close collaboration with Government of Sindh to train their master trainers and trainers.

¹³WHO. Birth spacing - report from a WHO technical consultation. 2007.

- 5.6.2 The private providers willing to provide PPFPP services will be provided commodities through Population Welfare Department on conditional basis.

6. IMPLEMENTATION MECHANISM

The implementation and monitoring mechanism of the strategy will be as follows:

- 6.1. The Sindh FP2020 Working Group will be responsible to monitor the progress of implementation of the strategy. The group will periodically review the results with technical assistance of CIP secretariat.
- 6.2. The Department of Health will primarily be responsible to efficiently implement the strategy within their facilities by:
 - 6.2.1. Equipping them with trained PPFPP service providers,
 - 6.2.2. Equipment and supplies in obstetrics and gynecology wards, labor rooms and operating theatres and
 - 6.2.3. Timely referral to Population Welfare Department facilities, when needed.
- 6.3. The Population Welfare Department will be responsible to coordinate with Department Of Health for effective implementation through:
 - 6.3.1. Timely referral from their facilities to Department of Health's facilities,
 - 6.3.2. Providing 24/7 dedicated counsellors in DOH facilities and
 - 6.3.3. Ensuring uninterrupted supply of commodities.
- 6.4. The CIP secretariat will be responsible to coordinate between Department of Health and Population Welfare Department for efficient and effective implementation of the strategy in the Province.

7. ENABLING ENVIRONMENT

Some of the health system components, which will be critical for successful implementation of the PPFPP strategy along with some of the suggested interventions for strengthening them, are:

7.1. HEALTHCARE WORKFORCE:

Develop and implement policies and guidelines for mid-level staff such LHV's, CMW's to provide all FP methods to increase access to PPFPP. Male providers could be a good human capital for providing implants services, therefore should be trained on implants insertion and removal. All facilities should be provided with dedicated FP counsellors for effective counselling round the clock. A comprehensive providers' behaviour change strategy should be devised to promote FP services for addressing the urgent need of population control. Private providers serve a huge proportion of the population, their capacity development will catalyse FP service provision. Their engagement in

areas not covered by public facilities will contribute in provincial efforts for achieving FP2020 commitments.

7.2. FP COMMODITY SECURITY:

At district level, government has already placed a system to provide FP commodities to health facilities via District Population Welfare Office (DPWO) but it requires more reinforcement and orientation for district health team. As tertiary care hospitals have now started PPF services therefore they need to be provided with FP commodities in labour room, operation theatres and pharmacies. A system needs to be developed for tertiary care facilities to regularize the FP commodity needs. Private sector constitutes major share in FP service provision, so should be taken into consideration for devising FP supply chain management systems between them and the Population Welfare Department.

7.3. HEALTH INFORMATICS:

Include PPF monitoring and evaluation indicators in District Health Information Systems (DHIS) to track continuum of care throughout the pregnancy. It will help in assessing proportion of women counselled and those who accepted PPF services. Although an FP2020 dashboard has been developed and will be functional sooner, the potential for building and maintaining a centralized family planning registry should be explored where all facilities including public and private can pool their family planning data.

7.4. POLITICAL COMMITMENT, STEWARDSHIP AND OWNERSHIP:

Political stakeholders need to develop consensus on resource allocation and prioritization specifically for FP services in public healthcare facilities. A multisector culture should be promoted, for various actors and policy-makers from health, education, youth and others sectors, to collaboratively cultivate FP agenda of the province.

The commitment and support of hospital administration and professional organizations is crucial for a system wide change. Without their utmost support, stewardship and ownership, smooth delivery of quality FP services will be hampered. The public and private hospital administrators, medical superintendents, senior clinicians and head of the departments need to foster an environment where trained service providers effectively translate their learnings into practices.

8. MONITORING AND EVALUATION PLAN

Effective implementation of the PPF strategy will be informed by a strengthened monitoring and evaluation (M&E) system in Sindh. As FP2020 dashboard is about to get live soon, it is recommended that routine monitoring and evaluation of PPF programs will require integration of some illustrative indicators as given below in table-2.

TABLE 2 - LIST OF ILLUSTRATIVE INDICATORS

Point of Contact	Outcome	Indicators
Antenatal Care	Increased PPFPP counselling among ANC clients	Number/Percentage of ANC sessions that include PPFPP information and counselling.
		Proportion of ANC clients records that are completed and have PPFPP counselling and method choice documented, if any.
Labor and Delivery	Increased proportion of women who selected a method during ANC or during labor and delivery, received desired method prior to discharge	Number/percentage of client cards and facility registers that are accurately completed and include data on PPFPP counselling, contraceptive method selected, services provided and follow-up care
Postnatal Care	Increased proportion of women who started using any contraceptive method by 6 weeks postpartum	Proportion of CHWs providing PPFPP interventions (screening, referral and method provision, where approved)
		Number/percentage of postpartum women who started contraceptive use by 6 weeks postpartum
		Number of fathers reached with PPFPP messages
Extended Postpartum Care	Increased proportion of women who started using any contraceptive method within the duration of 6 weeks to 1 year postpartum	Number/percentage of postpartum women who started contraceptive use within the duration of 6 weeks to 1 year postpartum
Infant Care and Immunization Services	Increased number of women attending child health/immunization visits who started using contraceptive method within the first year following a birth.	Number/proportion of mothers at immunization sessions screened for PPFPP needs.
		Number/proportion of screened mothers referred for FP services.
		Number/proportion of mothers attending immunization sessions who accept an FP method the day of immunization services.
		Number/proportion of women with a child 12 months of age or younger who are currently using a contraceptive method (by type of FP method used)
Principles of FP compliance	Followed principles of FP compliance at all facilities	Number/Proportion of facilities providing PPFPP services are adherent to principles of FP compliance