

Project Component	Illustrative Activities	Rationale for proposed activities
<p>Strategy 1: Health Systems Strengthening for PFPF</p>	<ul style="list-style-type: none"> • Develop national PFPF strategy and implementation guidelines • Train 4-5 master trainers per district in postpartum intrauterine contraceptive device (PPIUCD) and implants insertion and removal, and other PFPF methods. In one selected pilot district in each province, a pool of roll-out trainers will also be trained. • Roll-out training of providers and dedicated counsellors across districts (4 districts total, 10 facilities per district, 2-3 skilled birth attendants per health facility). Trainings will cover elements of PFPF and also included modules on providing youth-friendly sexual and reproductive health services to adolescents. • Set up one Center of Excellence (COE) in each pilot district (4 COEs total) where trainers for roll-out trainings will be trained and supported. • Orient 4-5 PFPF Champions (well-known senior ob/gyn experts from PWD and DOH) in each province who will be responsible for advocacy with PWD and DOH and also help guide the master trainers throughout the project 	<p>Currently, there is a lack of PFPF policies and guidelines at the national level. A national PFPF policy and associated guidelines will help achieve a government resolve to enhance health facilities' capacity to provide PFPF services. As the number of facility deliveries is rapidly increasing in Pakistan, it will help increase the contraceptive prevalence rate substantially, particularly for LARC.</p>
<p>Strategy 2: Develop client-centered FP services, information, education communication (IEC) materials and job-aids</p>	<ul style="list-style-type: none"> • Train TeleHealth operators to staff hotlines, answer inbound and outbound calls on FP queries and boost referrals for new clients through community health workers and telehealth system. • Develop new FP counseling materials and train 2-3 new FP counsellors per district. Senior, experienced doctors from Jhpiego will conduct technical trainings and trainings of counselors and orient on these resources • Develop IEC materials, posters, training materials, job-aids and disseminate to project health facilities • Explore various ways to incorporate information communication technology, including mMentoring (2-way SMS or phone communication with providers to reinforce learning post-training) 	<p>Demand generation for FP is consistently weak in Pakistan. Lady Health Worker (LHWs) lack time for FP due to other tasks (i.e., polio). TeleHealth services will help supplement the demand generation work of LHWs, and address myths and misconceptions and directly answer questions of clients or potential clients. Further, current materials addressing and promoting PFPF are scarce and not client-friendly. These resources will be readily available for use in all provinces and will be tested during the course of the project for further improvement.</p>
<p>Strategy 3: Modify the HMIS/DHIS systems</p>	<ul style="list-style-type: none"> • Modify and upgrade existing information systems of the government to keep track of PFPF activities • Improve on existing monitoring systems at the patient level by ensuring system can track women to measure acceptance and continuation in a setting where it is often difficult to follow up with women over the phone. 	<p>To date, revisions to the system (i.e., indicators for PFPF) have been done on an ad hoc basis. Without systematic change, it is not possible to monitor PFPF acceptance and continuation. This prevents the use of data for decision making to help ensure equitable access to quality PFPF services.</p>

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<p>Strategy 4: Strengthen the equality and increase scope of general FP across reproductive health life cycle for women in Pakistan, through integration of FP into health services</p>	<ul style="list-style-type: none"> • Adapt FP standards for each province • Provide technical assistance for government-led supportive supervision using agreed upon performance standards for FP • Develop FP/RH leadership within PWD and DOH to analyze the results of supportive supervision 	<p>PPFP is one logical step toward integration of FP services in the health system; once integrated, it will be easier to extend the services to all women, including adolescents and newly married women.</p>
<p>Strategy 5: Integrate PPFP into pre- service education for community midwives (CMWs), Lady Health Visitors (LHVs) and Nurses</p>	<ul style="list-style-type: none"> • Incorporate FP/PPFP concept into current curriculum and examination system • Develop tutors and clinical preceptors on PPFP skills • Develop FP skill labs to promote competency-based education in four pre-service institutions • Inclusion of PPFP into Assessment system 	<p>Pre-service education is the area where front line soldiers of health system are nurtured. Strengthening this component will help build competent in-service providers. This will bring a positive, long-term shift in quality of services.</p>