

## PPIF 5 Year Strategic Plan (2022-27)

### SUMMARY:

Punjab Population Innovation Fund was set up to devise out and fund out-of-box solutions to address the appalling population indicators in Punjab. Established in 2016, PPIF has tested out highly diversified innovative FP interventions across the province. Initially, PPIF struggled with fundings which restricted PPIF to mere a couple of minuscule projects in its initial years after its inception. It was not until 2020, PPIF was granted a supplementary grant of 203 million PKR to hit a sizeable scale and started contributing to the provincial population goals in the subsequent period. The same was hailed by the honorable Chairman P&D Board, Secretary PWD and Member Health, Dr. Sohail Saqlain at different forums. With their unabated support, PPIF was provided with another grant of PKR 613 million to undertake projects to ameliorate the population indicators in the province. The chairman P&D Board also assured his support in arranging further allocation if required.

### **Objective:**

Based on the endline findings conducted by highly prestigious research firms, PPIF has proposed new initiatives and also scale-up of the pilot projects for a period of five years (2022-27) which will be tested out in different intervention areas. To ensure sound monitoring and evaluation, PPIF will outsource accredited firm to conduct baseline & endline study and Third Party Monitoring. After conducting base line study for each project and scale up the measurable FP indicators will be quantified and finalized.

### **Overall Expected Outcomes:**

#### APPROVED CALLS

- BISP beneficiaries in 15 Control UCs of RYK
- SBCC Call (Interpersonal Communication, Digital Technologies & Mass Media)
- Youth call in 3 districts and 30 Universities
- Noor Model scale-up in LHW rural uncovered areas in 10 districts

**Total Budget: PKR 953 Million**

#### NEW CALLS

- E-Voucher model Scale up in 14 Districts
- Male engagement: Project Extensions and Scale up of two models
- Scale up of SBCC Interventions (Integration of FP with Expanded program on immunization, M-health, Drama serial Re-airing)
- Management Information System

**Total Budget: PKR 3 Billion (approx.)**



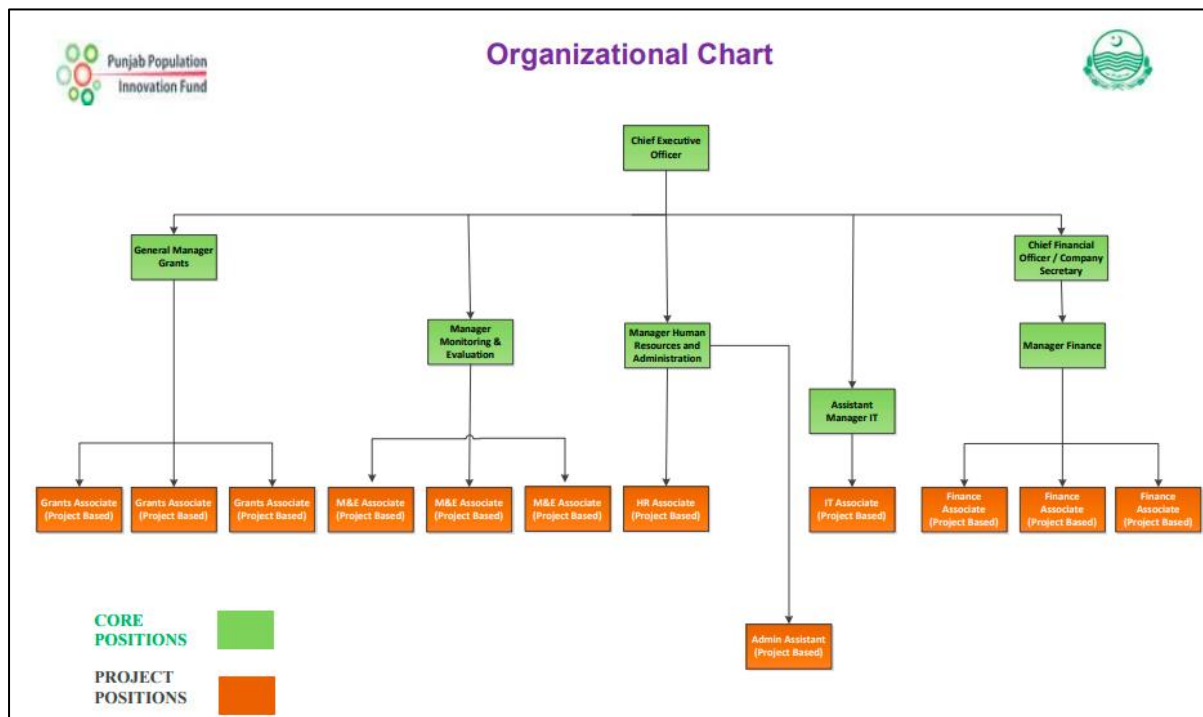
- More than **2M** eligible MWRAs/MRAs reached
- **8-10% Increase in CPR** in case CPR in the district is **below 40**
- **5-7% Increase in CPR** in case CPR in district is **above 40**
- Need for family planning satisfied by **5% point**.
- **30%** increase in knowledge about LARCs.
- **10%** decrease in discontinuation rate
- Increased joint decision making among couples.

- More than 2 M eligible MWRAs/MRAs reached
- 8-10% Increase in CPR in case CPR in the district is below 40
- 5-7% Increase in CPR in case CPR in district is above 40
- Need for family planning satisfied by 5 % point.
- 30 % increase in knowledge about LARCs.
- 10 % decrease in discontinuation rate
- Increased joint decision making among couples.

**RESOURCE REQUIREMENTS:**

<b>PIIF 5 Year (2022-27)</b>						
<b>Requirements</b>		<b>Qty</b>	<b>Unit Price</b>	<b>Frequency</b>		<b>Price</b>
<b>Human Resources Required</b>	Grants Associate	3	75000	60	13,500,000	10,800,000
	M&E Associate	3	75000	60	13,500,000	10,800,000
	Finance Associate	3	75000	60	13,500,000	10,800,000
	IT Associate	1	75000	36	2,700,000	4,500,000
	HR Associate	1	75000	60	4,500,000	4,500,000
<b>Overhead</b>					-	
<b>Assets</b>	Laptops plus accessories	11	200,000	1	2,200,000	2,200,000
	Furniture and fixture	11	35000	1	385,000	88,000
						110,000
	Photocopy	1				1,000,000
	Printer machine	1				
	Scanner	1				
	Shredder	1				
	Water dispenser	1				20,000
	External hard drives of 1 TB	3				30,000
	DSLR	1				200,000
	Lens					
	Batteries					
<b>Out Sourcing</b>	Baseline Survey firms					
	Endline Survey firms					
	Third-party monitoring firms					

**Organogram**



**TIMELINE:  
2022-2027**

Activities	Timeline	Year I	Year II	Year III	Year IV	Year V
		2022-23	2023-24	2024-25	2025-26	2026-27
<b>Approved Calls</b>						
BISP beneficiaries in 15 Control UCs of R.Y. Khan	Feb 2022-Sep 22	█				
Interpersonal Communications- SBCC	Nov 2021-2024	██████████				
Digital technology- SBCC Call	Feb 2022- Jun 24	██████████				
Mass Media- SBCC Call	2022-2024	██████████				
Youth Call in 3 Districts	Feb 2022- 2024	██████████				
SRH information in 30 Universities	Feb 2022-Jan 23	██████				
Scale up of Noor Model in LHW uncovered areas in 10 Districts	Feb 2022- 2024	██████████				
<b>New Calls</b>						
E-Voucher Model with BISP beneficiaries scale up Phase I (4 Districts)	2022-2024	██████████				
E-Voucher Model with BISP beneficiaries scale up Phase II (10 Districts)	2024-2027			██████████		
Male Engagement in FP- Project Extensions	2022-2024	██████████				
Integration of male health workers and service providers in FP eco-system Phase I (5 districts)	2022-2024	██████████				

Integration of male health workers and service providers in FP eco-system Phase II (10 districts)	2024-2027						
Strengthening FP uptake through Health Insurance Phase I (5 districts)	2022-2024						
Strengthening FP uptake through Health Insurance Phase II (10 districts)	2024-2027						
Integration of Expanded Program on Immunization in 5 Districts	2024-2027						
M-health App	2024-2027						
Re-airing Drama Serial	2024-2027						
Digitization of M&E	2022-2027						

**OVERALL BUDGET:**

Activities	Timeline	Budget (PKR)	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
<b>Approved Calls</b>								
BISP beneficiaries in 15 Control UCs of R.Y. Khan	Feb 2022-October 22	28,000,000	12,600,000	15,400,000				
Interpersonal Communications	Nov 2021-Feb 2024	223,000,000	44,600,000	89,200,000	89,200,000			
Digital Technology	Feb 2022-Jun 24	30,000,000	6,000,000	12,000,000	12,000,000			
Mass Media-	2022-24	52,000,000	10,400,000	26,000,000	15,600,000			
Youth Call in 3 Districts	Feb 2022-2024	150,000,000	30,000,000	60,000,000	60,000,000			
SRH information in 30 Universities	Feb 2022-Jan 23	20,000,000	6,000,000	14,000,000				
Scale up of Noor Model	Feb 2022-2024	450,000,000	135,000,000	157,500,000	157,500,000			
<b>New Calls</b>								
E-Voucher Model scale up Phase I (4 Districts)	2022-24	300,000,000	60,000,000	105,000,000	135,000,000			
E-Voucher Model scale up Phase II (10 Districts)	2024- 27	800,000,000			160,000,000	240,000,000	200,000,000	200,000,000

Male Engagement in FP- Project Extensions	2022-24	118,800,000	23,760,000	41,580,000	53,460,000			
Integration of male health workers and service providers in FP eco-system Phase I (5 districts)	2022-24	300,000,000	60,000,000	105,000,000	135,000,000			
Integration of male health workers and service providers in FP eco-system Phase II (10 districts)	2024-27	600,000,000			120,000,000	150,000,000	150,000,000	180,000,000
Strengthening FP uptake through Health Insurance Phase I (5 districts)	2022-24	150,000,000	30,000,000	52,500,000	67,500,000			
Strengthening FP uptake through Health Insurance Phase II (10 districts)	2024-27	500,000,000			100,000,000	125,000,000	125,000,000	150,000,000
Integration of Expanded Program on Immunization in 5 Districts	2024-27	250,000,000			50,000,000	62,500,000	62,500,000	75,000,000
M-health App	2024-27	50,000,000			10,000,000	25,000,000	7,500,000	7,500,000
Re-airing Drama Serial	2024-27	20,000,000				4,000,000	10,000,000	6,000,000
Digitization of M&E	2022- 27	20,000,000	10,000,000	6,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Monitoring & Evaluation								
Opex								
<b>Total</b>		<b>4,061,800,000</b>	<b>428,360,000</b>	<b>684,180,000</b>	<b>1,166,260,000</b>	<b>607,500,000</b>	<b>556,000,000</b>	<b>619,500,000</b>

### Expected outcomes

BISP beneficiaries in 15 Control UCs of R.Y. Khan	More than 12,000 eligible BISP MWRAs will be sensitized and up to 3000 MWRAs will be served.	5-7% points Increase in uptake of modern contraceptive 10% points decrease in discontinuation rate 20% points increase in knowledge about LARCs Graduation from short term to long term methods.
Interpersonal Communication- SBCC Call	Up to 500,000 young couples will be reached	20 %-point increase in FP knowledge 10%-point increase in CPR & 8% point increase in mCPR 20-30% of FP Users are expected to choose LARCs Graduation of 30% of MWRAs using traditional to modern methods of contraception 10% decrease in discontinuation rate Women participation increased in decision making about number of children, decision about birth spacing and adoption of family planning
Digital Technologies- SBCC Call	1M people will be reached	20% increase in knowledge of modern methods 5% points decrease in discontinuation rate 30% increase in men accessing FP information Unmet need reduced by 5 %

Mass Media- SBCC Call	10 Mil people will be reached	
Youth Call in 30 Universities	600 master trainers 12000 young people will be reached	30% increase in number of young men and women With basic knowledge about (SRHR). With knowledge of at least three modern methods With knowledge of HTSP who reject three main myths and misconceptions about Family Planning? who know at least three sources of information and services on SRH? who can identify Gender-based violence With knowledge of GBV preventive strategies With knowledge on role of population in development indicators
Youth Call in 3 Districts	545,000 -555,000 Young MWRAs and their Husband and young people will be reached	<b>CPR Increase among young MWRAs</b> 10% in Lodhran 10% in Khushab 12% in Attock <b>mCPR Increase among young MWRAs</b> 9% in Lodhran 9% in Khushab 11% in Attock <b>Demand for FP among young MWRAs</b> 5% in Lodhran 5% in Khushab 6% in attock <b>Total demand for unmet need for FP met among young MWRAs</b> 10% in Lodhran 10% in Khushab 12 in Attock  30%-point increase of FP Users expected to avail LARC 30% Graduation of young MWRAs using traditional to modern methods 20%-point increase in knowledge of young people on SRHR. 25%-point increase in FP knowledge of Young MWRAs and their husbands reached. 10% decrease in discontinuation rate Percentage of women who decided to use family planning jointly with their husbands. Percentage of men who support the use of modern contraceptives for themselves or their wives
Scale up of Noor Model in LHW uncovered areas in 10 Districts	823,000 MWRAs will be reached	30% of FP Users expected to avail LARC services. 20%-point increase in knowledge on LSBE and/or HTSP 30% Graduation from traditional to modern methods 10% increase in mCPR 10% decrease in discontinuation rate. 8% increase in demand for birth spacing 10%-point demand for family planning met. Improved women empowerment through capacity building as change agents, opportunity for income generation, improved mobility, decision making role and access to FP services.

E-Voucher Model with BISP beneficiaries scale up Phase I (4 Districts)	240,000 eligible MWRAs will be reached 60,000 BISP MWRAs will avail FP services	-8-10% Increase in CPR compared to baseline in case CPR in the district is below 40 -5-7% Increase in CPR in case CPR in district is above 40 Graduation of FP Users using Traditional methods to Modern Methods of Contraception.
E-Voucher Model with BISP beneficiaries scale up Phase II (10 Districts)	640,000 eligible BISP MWRAs are expected to reach	20% Increase in Knowledge of Modern Methods of Contraception
Male Engagement in FP- Project Extensions	GSM: 50,000 eligible couples IRC: 100,000 eligible couples Doct HERs  More than 10,000 MRAs and 40,000 MWRAs in adjacent communities.	<b>GSM</b> 13% Increase in mCPR 10% Increase Demand for Family Planning 10% decrease in discontinuation rate 20% increase in knowledge about Modern Methods of Contraception with a focus on LARC <b>IRC</b> 12-15% Increase in mCPR 10% Increase in need for Family Planning 10% decrease in discontinuation rate

	Sensitization of 50,000 couples on benefits of Healthy Timing & Spacing of Pregnancies (HTSP)	20% increase in knowledge about Modern Methods of Contraception <b>doctHERs</b> 10% Increase in CPR among MRAs 13% Increase in CPR among MWRAs in communities 10% Increase in need for Family Planning 10-13% of Demand for Family Planning met 10% decrease in discontinuation rate 20% increase in knowledge about Modern Methods
Integration of male health workers and service providers in FP eco-system Phase I (5 districts)	500,000 MWRAs	-8-10% Increase in CPR compared to baseline in case CPR in the district is below 40 -5-7% Increase in CPR in case CPR in district is above 40 Graduation of FP Users using Traditional methods to Modern Methods of Contraception. 20% Increase in Knowledge of Modern Methods of Contraception
Integration of male health workers and service providers in FP eco-system Phase II (10 districts)	1 Million MWRAs	
Strengthening FP uptake through Health Insurance Phase I (5 districts)	20,000-25,000 MWRAs and MRAs at factories/workplaces reach 250,000 eligible MWRAs	
Strengthening FP uptake through Health Insurance Phase II (10 districts)	500,000 eligible MWRAs	
Integration of Expanded Program on Immunization in 5 Districts		
M-health App		
Re-airing Drama Serial		
Digitization of M&E		

## A) Approved Calls

### 1) **BISP Beneficiaries in 15 Control UCs (RYK)**

PPIF piloted the E-voucher model for eligible MWRAs among BISP beneficiaries in all four Tehsils of R.Y.Khan. 15 of the total UCs of Tehsil Khanpur were left in the control group. The RCT tool was specifically developed to assess the impact of E-voucher on the uptake of family planning services among BISP beneficiaries in 12 of the intervention UCs of tehsil Khanpur. As PPIF has achieved all the project deliverables, it has launched the E-voucher model in the 15 control UCs of RYK for the duration of 8 months to allow all the participants in the study to benefit from this intervention.

### 2) **Social Behavior Change Communication Call**

The aim of this call is to improve family planning knowledge, positive attitudes and practices through systematic and evidence-based Social and Behavior Change Communication Interventions. SBCC call has three components; Interpersonal Communication, Digital Technologies and Mass Media.

#### **Interpersonal Communication**

Interpersonal communication strategies have worked globally and nationally. It has also been successfully implemented by PPIF as part of its first program cycle. In the context of family planning programs, well-designed and well-implemented interpersonal communication interventions can increase demand for family planning and quality of services. Through this intervention, young couples will be provided with FP information and services and implementing partners will use innovative strategies such as edutainment activities and electronic and mobile health technologies to complement interpersonal communication strategy.

**Geographic Location:** Districts Rajanpur, Sheikhpura, Jhang, Okara, Sialkot and Sargodha

**Duration:** 24-36 Months

### **Digital Technologies**

In the digital technology component, m-health app and social media will be used to reach MWRAs and young people with FP information. Given the rapid growth of mobile subscribers and internet access especially in the developing countries, mobile Health solutions are becoming an important solution to strengthen family planning programs in acquiring information about contraceptive usage, access and side effects.

**Geographic Location:** Districts Rajanpur, Sheikhpura, Jhang, Okara, Sialkot and Sargodha

**Duration:** 24-36 Months

### **Drama serial**

PPIF is developing One Television Drama Series of up to 25 episodes addressing social issues such as early child marriages, social stigma around FP information and services especially for young and newly-wed couples, myths and misconceptions, role of husbands, in-laws and education in the lives of young girls.

**Duration:** 24-30 Months

### **3) Youth-Centered FP Information and Services**

In Pakistan access to sexual and reproductive health information and services to the young people is not only limited but also stigmatized and faced with numerous socio-cultural barriers including lack of women decision-making ability. With lower-than-average contraception usage and higher than average unmet need for family planning among young people, not only effects unplanned pregnancies and high rate of abortions but results in shorter birth intervals leading to maternal and child health complications. To promote youth centered SRH information and services, PPIF has launched two calls.

#### **a) SRHR Information in 30 Universities and Colleges in Punjab**

The thematic focus of the intervention will be on dissemination of Information on SRH, HTSP, FP and GBV among young people enrolled in universities and colleges of urban centers of District Punjab.

**Duration:** One year

#### **b) Youth-Centered FP Information and Services in 3 Districts of Punjab**

The thematic focus of this intervention is on provision of Youth friendly information and services to young couples in district Attock, Khushab and Lodhran.

**Duration:** Two Years

### **4) Scale-Up of Noor Model in LHW Rural Uncovered Areas In 10 Districts of Punjab**

PPIF in its first program cycle piloted the door-step service delivery model also known as Community-Based Family Planning (CBFP) model aimed at reaching underserved communities at the convenience of their homes by improving access to family planning information and services. Based on the results, PPIF is scaling up this model in the LHW rural uncovered areas in 10 districts of Punjab as identified by IRMNCH (Department of Health). The intervention will focus on establishing Noor health houses at the premises of Noor workers who will also be providing FP information to young MWRAs at their door steps. Business in Box will be provided to Noor workers to sell the hygiene and FP products to MWRAs. Additionally, referrals will be established for the provision of FP services to young MWRAs

**Duration:** 24 to 36 months.

**Geographic Location:** Rawalpindi, Lahore, Gujranwala, T.T Singh, Chiniot, Sargodha, Kasur, Nankana, Faisalabad, Sheikhpura.

### **B) New Calls**



### **1) E-Voucher Model Scale up in 14 Districts**

There are approximately 1.4 million eligible MWRAs among the 2.07 million active BISP beneficiaries in Punjab. PPIF is proposing to scale-up the E-Voucher model to reach these eligible MWRAs for improved uptake of FP services among the poorest of the poor. The scale up will be implemented in two phases and the districts in each phase will be selected from the criteria proposed by the Population Council. Phase 1 will be implemented in 4 districts of D.G Khan Division with highest unmet need (20%+) for Family planning for a duration of 2 years. Phase 2 will be implemented in 10 districts with more than 120,000 currently married women with unmet need for a duration of three years.

### **2) Male Engagement in Family Planning – Project Extensions and Scale up**

PPIF piloted three interventions in eight districts of Punjab where innovative approaches were tested, specifically doorstep services, reaching out to male workers in their workplaces, couples counselling, reaching couples at first point of contact such as at Homeopaths, Hakeems, pharmacies and male GPs. Through these interventions 158,160 couples were reached with FP information and services. Based on the end-line results, among the innovative approaches tested, reaching couples at the first point of contact and reaching men at workplaces proved to be the most successful. PPIF based on its learnings proposes to scale up these models through project extensions as well as new calls for proposals.

#### **A) Project Extensions**

**GSM:** It has proposed to reach 50,000 eligible couples with FP information in more than 9 rural UCs of district Bahawalpur as the intervention showed comparatively better results in rural settings with adequate availability of male GPs and non-physician cadres.

**Duration:** 18 Months

**IRC:** It has proposed to reach 100,000 eligible couples in 10 rural UCs of district Multan.

**Duration:** 18 Months

**DoctHERS:** It has proposed to reach more than 10,000 MRAS in 40 workplaces with at least 75 workers each and 40,000 MWRAs in adjacent communities. The project results show that workplaces with at least 75+ workers need to be focused for effectiveness.

**Duration:** 18 Months

#### **B) Scale Up of Male Engagement**

##### **Integration of male health workers and service providers in FP eco-system**

According to landscape analysis of FP situation in Pakistan, dispensers, hakeems, and homeopaths, mainly male providers, are present in large numbers but are not currently utilized for FP so there is a huge potential for expansion in increasing their role in FP service provision. Places which men find as reliable sources for health information and services such as male GPs, hakims and homeopaths and pharmacies seem a natural fit to sensitize them about other related issues such as FP. PPIF is proposing to scale up this model in two Phases. Phase 1 will be implemented in 5 districts for a duration of 2 years. Phase 2 will be implemented in 10 districts a duration of three years.

##### **Strengthening FP uptake through Health Insurance**

Family planning services are often excluded from health insurance benefit packages. As project pilot showed that **Integration of FP into Health Insurance** significantly increased use of contraception and reduced unintended pregnancies. Based on this, PPIF is proposing to scale up health insurance model in two phases. Phase I will focus on reaching MWRAs and MRAs in the factories and its adjacent communities with FP information and services in 5 districts. The duration will be two years. Phase II will focus on coordination with Sehat Sahulat Program to reach eligible MWRAs with FP information

and services. The intervention will be implemented in 10 districts with highest enrollment of sehat sahat program for a duration of three years.

### **3) Scale Up of SBCC Call**

PPIF intends to scale-up the following three interventions that will be tested in the SBCC call.

#### **a) Integration of FP with Expanded Program on Immunization in 5 Districts**

In the interpersonal communication component of the SBCC call, the model will be tested in District Jhang and Rajanpur. Offering family planning services to postpartum women through infant-child immunization contacts is one of several promising “high-impact practices” (HIPs) in family planning. Most women in the extended postpartum period want to delay or avoid future pregnancies but many are not using a modern contraceptive method. The existing evidence suggests that family planning and immunization integration services can lead to increased family planning uptake. Based on the learnings of the pilot intervention, PPIF intends to scale-up the model in 5 Districts. Duration of this project will be 3 years (2024-2027).

#### **b) M-Health**

M-health app that will be developed by SPO in consultation with Primary and Secondary Healthcare Department, District Health Services and HISDU to support, maintain, and adopt healthy sexual and reproductive behaviors. App will provide an interface to the users including a medical eligibility criterion which will help the newlywed couple to adopt the best Family Planning (FP) method. The app developed will provide an innovative solution to the increasingly high unmet need among MWRA and young people. PPIF intends to scale up the outreach of the app based on the learnings from the project from six districts to Punjab wide dissemination. Duration of this project will be 3 years

#### **c) Drama serial**

PPIF will be developing One Television Drama Series as part of the Mass Media component of the SBCC call. Initially, the drama is intended to be aired on PTV and later PPIF aims to explore the various avenues to re-telecast drama serial through Public and Private mediums. Duration of this project will be 3 years

### **4) Digitization of M&E**

In view of highly diversified interventions being implemented by PPIF, there is a pressing need for a Digitization of data that will be used for decision-making, and for the coordination, control, analysis, and visualization of information. It will include Management Information System, Real Time Monitoring, LMIS (Logistic Management Information System), Performance Based Evaluation and Digital Repository etc. It will help to keep track of progress while keeping data easily accessible on a wide array of mobile and web devices. Duration of this project will be 5 years (2022-2027)

