**Documenting experience on**

**SRHR self-care interventions in Pakistan**

**Background:**

The Ministry of National Health Services, Regulations and Coordination, in collaboration with World Health Organization is collecting information from various partners on the experience of SRHR self-care interventions in the country. The WHO guidelines can be found at the following link:

<https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>

For the purpose of this form, the focus is on use of misoprostol for PPH and sub-cutaneous DMPA for contraception.

Your organization has been identified as a partner having experience on the subject technical area. Therefore, your support is requested to provide honest reflection of your personal experience, others viewpoints, examples and data you or your organization managed on the SRHR self-care interventions mentioned above (misoprostol and/or SC DMPA). In this questionnaire, wherever the term “SRHR self-care interventions” is used, it means use of misoprostol for PPH and /or use of SC DMPA for contraception.

**Purposes:**

1. To map the stakeholders supporting SRHR self-care interventions and collate quantitative and qualitative data
2. To document best practices and lessons learnt
3. To gather recommendation to improve current practices/ use of SRHR self-care interventions.

|  |  |
| --- | --- |
| **Name of Organization/Department:** | Pathfinder International (INGO) |
| **Type of organization:** (NGO, Govt, UN, Private providers etc.) | **NGO** |
| **Full name of respondent:** | **Janifer Younus** |
| **Designation**: | Clinical Manager – Naya Qadam |
| **Geographic presence in Pakistan – (Check all where present)** | 1. All over Pakistan 2. Sindh ✓ 3. Punjab ✓ 4. Baluchistan 5. KP 6. GB 7. AJk 8. ICT 9. None of the above |
| **Organization’s mandate/experience related to SRHR self-care interventions:** | 1. Donor agency 2. Policy advocacy for SRH services ✓ 3. Technical support for guidelines/ training modules/ reporting tools etc ✓ 4. Training of trainers ✓ 5. Cascade training ✓ 6. Training follow ups ✓ 7. Implementation in field ✓ 8. Supervision and monitoring ✓ |
| **While implementing the SRHR self-care interventions (misoprostol and / or SC DMPA), were you informed about the WHO global guidance on self-care interventions** | Yes ✓  No |
| **Have you conducted trainings on the SRHR self –care interventions (misoprostol and/or SC DMPA)?** | Yes ✓  No |
| **If yes, how many training sessions were conducted?** | 22 session on DMPA-SC in Sindh  94 session on Misoprostol for uterine evacuation |
| **What was the duration of the training?** | 05-day training on DMPA-SC  06-day training on SRH/FP |
| **Was the training a separate session or part of other SRH trainings?** | 1. Separate Training 2. Integrated with SRH ✓ 3. Other: ---------- |
| **Was there any selection criteria for such trainings?** | Yes ✓  No |
| **If yes, please provide an outline of the criteria.** | For DMPA-SC:  LHW with Matric science  For Miso/SRH/FP:  Skilled birth attendant  Working with DoH  Motivated to serve |
| **Number of health providers/workers trained on SRHR self-care interventions (misoprostol and/or SC DMPA)** | 1. < 10 2. 10-25 3. 25-50 4. 50-75 5. 75-100 6. >100 ✓ |
| **Types of health providers/workers trained on SRHR self-care interventions (misoprostol and/or SC DMPA)** | 1. Medical Doctors ✓ 2. Nurses ✓ 3. Lady Health Visitors ✓ 4. Midwives ✓ 5. Family Welfare Worker ✓ 6. Counselors ✓ 7. Others: Lady Health Worker ✓ |
| **Number of health managers sensitized on SRHR self-care interventions (misoprostol and/or SC DMPA)** | 710 |
| **After trainings of health providers/ health workers /health managers, have you organized capacity building of the communities in your geographic focus on use of SRHR self-care interventions?** | Yes ✓  No |
| **Is the current COVID-19 response providing an opportunity to ensure/expand use of SRHR self-care interventions through community outreach services?** | Yes ✓  No |
| **Is your organization involved in the community outreach including SRHR self-care interventions together with COVID-19 response activities?** | Yes ✓  No |
| **If yes, please share any specific learning or challenge.** | 1. Community Support Group Sessions are not being conducted 2. Individual follow up takes more time 3. Communication modality is changed (telephonic rather than in-person) 4. Lack of PPEs – routine field work is disturbed |
| **How supervision of monitoring of SRHR self-care interventions is done? (Please check all that apply)** | 1. No mechanism in place 2. Systematic process in place ✓ 3. On the job coaching/mentoring ✓ 4. Trainings, refreshers, follow-ups ✓ 5. During field supervisory visits ✓ 6. Data collection & reporting ✓ |
| **While implementing the SRHR self-care interventions, how was the commodity procured?** | 1. Procured by government ✓ 2. Procured by your organization 3. Procured by another organization and supplied to your areas of geographic focus 4. Required to be procured by clients (out of pocket payment) 5. Not available at all 6. Other: |
| **Is data on SRHR self-care interventions implementation /capacity building shared externally with government departments?** | Yes ✓  No |
| **What are the strengths and skills that you or your agency can bring to promote SRHR self-care interventions (misoprostol and/or SC DMPA) in the country?** | 1. Policy advocacy for SRH services 2. Technical support for development of guidelines/ training modules/ reporting tools etc. 3. Development of Trainers 4. Cascade training 5. Training follow ups 6. Implementation in field 7. Supportive Supervision/mentoring 8. Community Awareness 9. Development and capacity building of Youth Champion 10. Networking between Youth champion and Stakeholders |
| **What are the best practices and lessons learnt in SRHR self-care interventions (misoprostol and/or SC DMPA) training and services?** | Best practices:   1. Comprehensive training material development (as per WHO’s guidelines) 2. Involvement of all relevant stakeholders and partners (Govt. Private and Development Sectors) 3. Supportive Supervision and Mentoring of providers 4. Sharing of information and data 5. Community strengthening 6. Upgradation of DHIS 7. Capacity building of Community Midwives on MVA and LARC   Lesson Learnt:   1. Public and private sector partnership 2. Task shifting/task sharing is important to provide comprehensive services at community level 3. Supportive Supervision is important for capacity building of providers 4. Mentoring of providers for quality of services 5. Strong referral and linkages at both provider and community health workers |

**Thank you for your valuable inputs.**