Established 1953
Affiliated with International Planned Parenthood Federation 1954
Registered under the Voluntary Social Welfare Agencies Registration Ordinance 1961

RAHNUMA

Collaboration with Private Practitioners (PPs) in Pakistan

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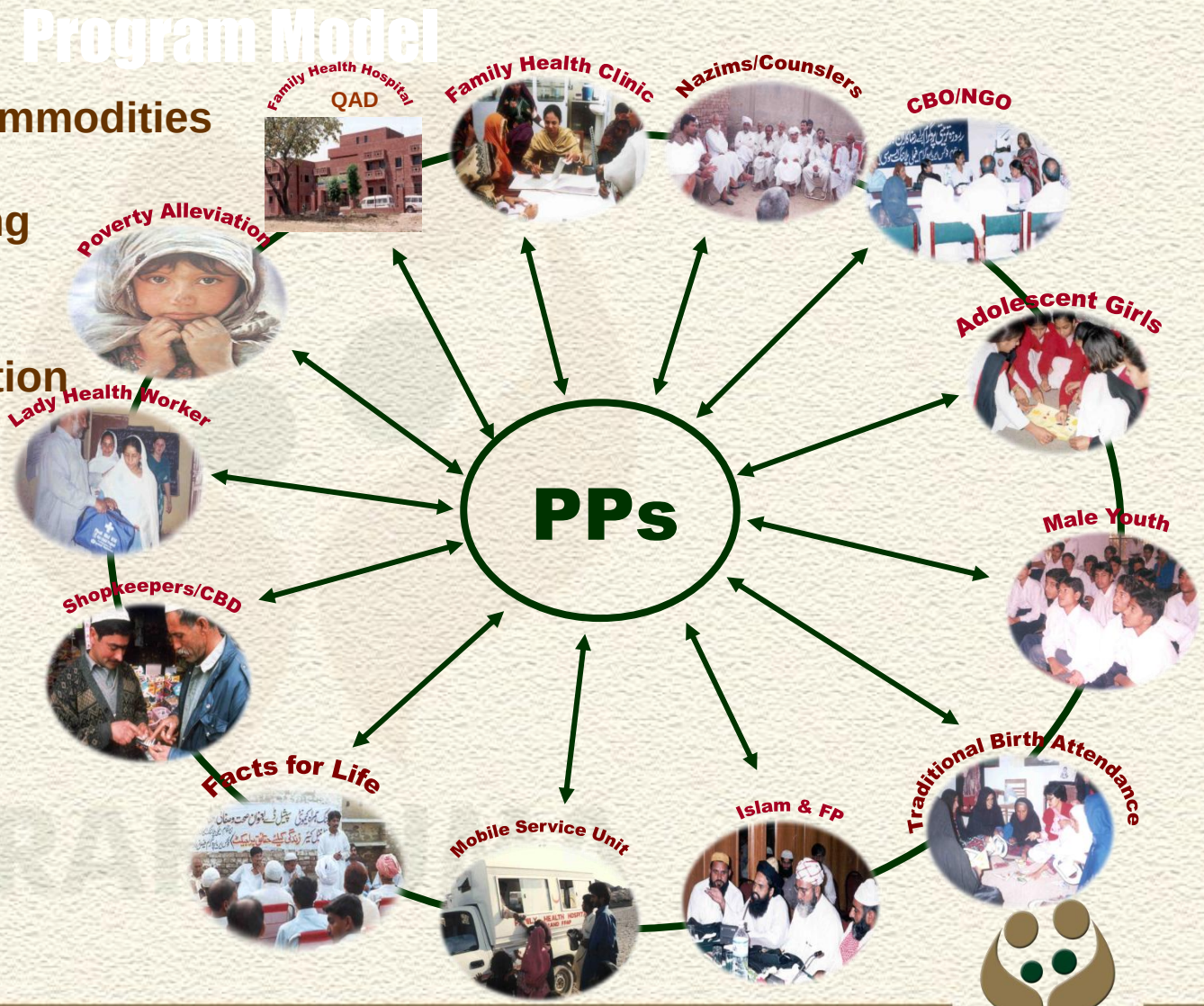
Why this approach is important?

- Potential is underutilized: providing 75% health services, ONLY 15 % FP services
- Cost Effectiveness
- Sustainability
- Adds value for money

How this approach works?: Models

- FP Focused
- Highly subsidized commodities
- Trainings
- Supportive monitoring
- Renovation
- Quality assurance
- Community mobilization



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Fundamentals taken into account

- To increase availability, accessibility, acceptability and quality of family planning information and services to women, men and young people in Pakistan.
- To expand coverage of quality family planning services in rural, remote and hard to reach areas.
- Provision of FP/health commodities and services
- Subsidized services to the poor

Key considerations for applying the approach

- Qualified health care professionals
- Located within 10 km of R-FPAP's SDPs
- Willing to provide program related services
- Ready to participate in training workshops
- Accept to refer clients to other facilities
- Agree to serve PMSEU clients
- Ready to report service statistics to R-FPAP
- Willingness to follow service quality standards

Profile of PPs

- Working with 2163 PPs (1503 female PPs and 660 male PPs) in Baluchistan, KPK, Sind, Punjab and Federal Area AJK, Gilgit Baltistan regions

- Types of PPs (Doctor 1669, LHVs 385 and other 109 PPs such as homeopaths and hakims)

- Geographical location (Urban 779 PPs, Semi Urban 389 PPs & Rural 995 PPs)

Why approach is required for health related behavior?

- Compartmentalization of health services
- Integration of SRH/FP with health services
- Referrals by PPs to R-FPAP's SDPs - increase access of community to specialized FP services such as implant and sterilizations
- Providing FP services to PMSEU on affordable rates helps to address the unmet need

How this approach supports RCH/FP/health programs?

- Approach takes services to hard to reach areas
- Additional services through existing PPs
- Broadening the base for services

Experiences of using this approach to access PMSEU

This approach facilitates to increase accessibility and affordability of PMSEU clients to FP services

How to make this approach successful in rural areas?

Two main categories of private practitioners:

- Qualified doctors (urban and semi urban) and LHVs (semi urban and rural)
- Participation of both types of PPs from semi urban and rural areas preferred for enhanced accessibility to rural populations

Does the approach address the equity issue?

- Including PPs of far flung areas having good access to PMSEU clients
- Supporting these PPs more than the others to ensure that more in need are accessed
- Integration of PPs with R-FPAP service delivery system and other programs catering for the needs of the key populations/vulnerable groups

Challenges one can face

1. Access:

- Rural based PPs avoid being branded as FP providers because of the resistance they face in the local community

- Capacity building and monitoring requires quite a bit of travel, for the PPs and for R-FPAP, which takes substantial time and cost

Challenges one can face

2. Quality:

- PP network is quite vast and spread out so quality assurance is resource intensive
- Limited capacity of the PPs in terms of quality assurance
- QA is not the key priority of PPs

Challenges one can face

3. Equity:

- Provision of free of cost services to the poor clients is challenging
- Standardized subsidized fee rates are difficult to fully implement due to variation in client fee charges by PPs

Challenges one can face

4. Cost Effectiveness:

- Model is vast and wide spread
- Funds are required for strengthening of :

  - infrastructure
  - Quality assurance
  - Building capacity of PPs

Suggestions based on experience to address the challenges

1. Access

- Community mobilization (SAA)
- Integration of FP with SRH & health services
- Expanding method mix

Suggestions based on experience to address the challenges

2. Quality

- Involvement of Quality Assurance Doctor
- Partnership Defined Quality (PDQ) Process
- Quality Standard Protocols and MOUs

Suggestions based on experience to address the challenges

3. Equity

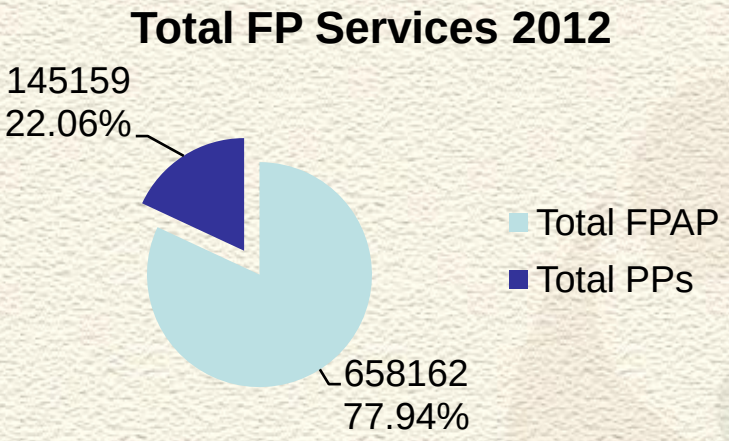
- Inclusion of PPs from far flung areas
- Expanding services to PMSEU clients
- Expanding services to youth populations
- Integration with key populations/vulnerable groups programs
- Integration with FPAP service delivery network

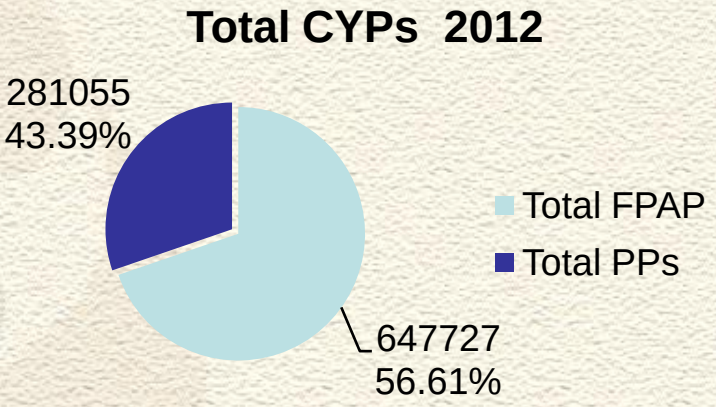
Suggestions based on experience to address the challenges

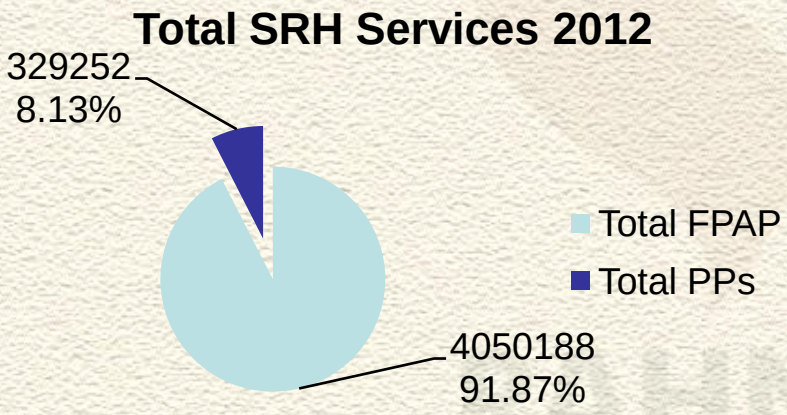
4. Cost Effectiveness

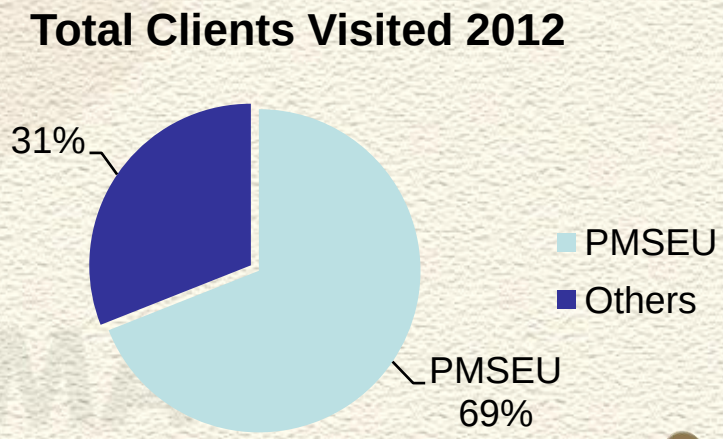
- More spending on infrastructure
- More support for quality assurance
- More support for training/capacity building

Impact of the Approach









Number of clients referred to R-FPAP SDPs in 2012: 66189

Quotes from PPs

"The linkages/referrals developed with Rahnuma health centres and social development programs contributed a great deal in enhancing my understanding on the role family planning interventions can play in improving the overall health status of women and children. I am satisfied that my potential is being utilized by Rahnuma for the provision of family planning services in a conservative and underserved area like Kohat".

Dr. Gul-e-Rana, Kohat, KPK

'From the time I have been enrolled with PP program of Rahnuma, I feel elevated as a professional. My clinic is well equipped now, and I receive regular supplies of health and family planning commodities. Family Planning Representative (FPR) of Rahnuma regularly visits the clinic and provides necessary support. Quality Assurance Doctor also provides on-job guidance and training on the quality of services. This support overall resulted in improved quality of services leading to enhanced confidence of communities on the clinic and increased number of clients.'

Mrs. Qamar Rafique (LHV), Bajli Mohallah, Haji Pura Sialkot, Punjab