



Technical Proposal

Development of Detailed Implementation Plans for ICT, AJK and GB on Post-Pregnancy Family Planning based on PFPF-Strategic-Guidelines

Submitted to



Ipas

Submitted by

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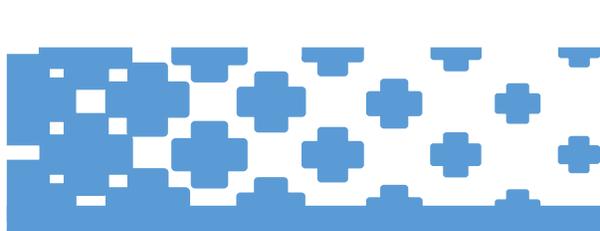
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I BACKGROUND

Ipas is an international non-governmental organization committed to advancing Pakistan's progress toward Sustainable Development Goal 3, which centers on ensuring healthy lives and promoting well-being for all. Its primary mission involves combating maternal mortality and morbidity stemming from unsafe reproductive practices, recognizing that equitable access to high-quality reproductive healthcare is indispensable for safeguarding women's health, fertility, and autonomy. To achieve this, Ipas maintains strategic partnerships with provincial governments in Punjab, Sindh, and Khyber Pakhtunkhwa, alongside the Islamabad Capital Territory (ICT), delivering targeted technical assistance to fortify both public and private healthcare infrastructures. This collaboration manifests in concrete initiatives: upgrading maternal health services through the implementation of nationally approved clinical protocols, such as uterine evacuation procedures and healthy timing and spacing of pregnancies (HTSP); modernizing government hospitals by providing essential medical equipment and supplies; and building clinical capacity through evidence-based training programs for healthcare providers.

Building directly upon its earlier technical engagement with the federal Ministry of National Health Services, Regulations and Coordination (MoNHSR&C), which culminated in the development and formal endorsement of the 2024 Postpregnancy Family Planning (PPFP) Strategic Guidelines for Pakistan's federating areas, Ipas now seeks to translate these guidelines into actionable reality. This next phase focuses on creating a comprehensive, region-specific Detailed Implementation Plan (DIP) for Islamabad (ICT), Gilgit-Baltistan (GB), and Azad Jammu and Kashmir (AJK). The core objective is to significantly enhance postpartum and post-abortion family planning (PAFP) service indicators, thereby improving overall reproductive health outcomes in these regions. The development process for this DIP will be deeply collaborative and context-sensitive, involving sustained engagement with government departments at regional and district levels. It will employ an inclusive, multi-stakeholder consultation methodology, incorporating insights from health officials, service providers, community representatives, and development partners. Regular progress reviews will be integrated within the existing FP2030 working group framework, allowing for real-time monitoring and adaptive adjustments. Crucially, the plan will be meticulously tailored to address the distinct socio-cultural, geographical, and systemic realities of each federating area – such as nomadic populations in GB, post-conflict dynamics in AJK, or urban-rural disparities in ICT. This granular approach aims to ensure equitable access to quality PPFP information, counseling, and services, ultimately empowering women and strengthening Pakistan's reproductive healthcare system.



2 PURPOSE OF THE ASSIGNMENT

Ipas, in collaboration with the Ministry of National Health Services, Regulations & Coordination (MoNHSR&C), seeks technical assistance to translate the already endorsed Postpregnancy Family Planning (PPFP) Strategic Guidelines into actionable, region-specific Detailed Implementation Plans (DIPs) for ICT, Gilgit-Baltistan (GB), and Azad Jammu and Kashmir (AJK). The goal is to strengthen postpregnancy family planning (PPFP) services and outcomes through systematic, inclusive, and evidence-informed planning processes.

This assignment builds on prior efforts and will align with national frameworks, global technical standards, and the FP2030 commitments. It will require a consultative, iterative approach engaging both public and private stakeholders, ensuring ownership and sustainability at regional and district levels. The DIP will bridge policy and practice by:

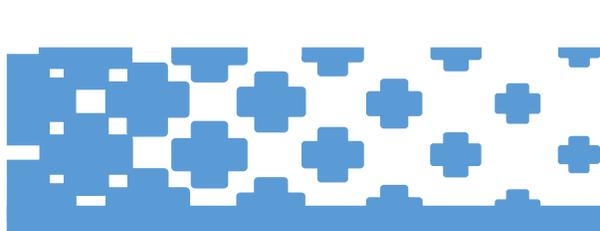
- Addressing region-specific barriers to postpartum/post-abortion FP (PAFP) access.
- Aligning with FP2030 goals and MoNHSR&C's equity priorities for underserved populations.
- Creating actionable pathways for public/private stakeholders to improve FP outcomes.

3 OBJECTIVES

- To co-develop comprehensive DIPs for ICT, GB, and AJK in alignment with the PPFP strategic guidelines.
- To consult and engage key stakeholders to ensure relevance, feasibility, and ownership of the plans.
- To build a strong coordination framework across federal and regional levels for effective implementation.

4 PROPOSED APPROACH AND METHODOLOGY

The development of the Detailed Implementation Plan (DIP) for the Postpregnancy Family Planning (PPFP) Strategic Guidelines will follow a phased, consultative, and evidence-informed methodology. The approach is grounded in participatory planning, intersectoral coordination, and contextual adaptation to meet the unique needs of each federating area—Islamabad Capital



Territory (ICT), Gilgit-Baltistan (GB), and Azad Jammu and Kashmir (AJK). The process will be carried out in four key phases over the 40-day implementation period.

4.1 INCEPTION AND PLANNING

a. Introductory Meetings:

- Hold initial coordination meetings with Ipas Pakistan, MoNHSR&C, and donor representatives to confirm scope, deliverables, roles, and expectations.
- Seek input on the proposed approach, regional contexts, and any recent developments relevant to PFPF.
- Identify focal persons from ICT, GB, and AJK for coordination and stakeholder engagement.

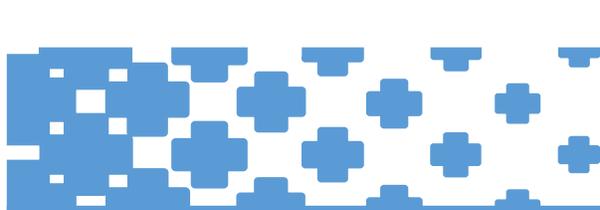
b. Inception Report Development:

- Prepare and submit a comprehensive **Inception Report** that includes:
 - A finalized, standardized template for the Detailed Implementation Plan (DIP), ensuring consistency across regions while allowing room for contextual flexibility.
 - A detailed timeline covering all phases, mapped against deliverables and key milestones.
 - A consultation schedule, specifying regional engagements, meeting formats (virtual/in-person), stakeholder mapping, and timeframes.
 - A risk assessment matrix outlining potential operational, logistical, or political risks with corresponding mitigation strategies.
 - A proposed strategy for data collection and validation at facility, district, and regional levels.

c. Development of Planning Tools:

- Design and finalize mapping tools to identify:
 - Priority health facilities for PFPF service delivery.
 - Service readiness status, including human resources, supplies, and infrastructure.
 - Key regional stakeholders from government, private sector, and civil society.
- Develop presentation materials to communicate the process and objectives to stakeholders at all levels.

The outputs of this phase will ensure all parties are aligned and have the necessary frameworks to contribute effectively in the subsequent stages.



4.2 DRAFTING REGIONAL IMPLEMENTATION PLANS

This phase involves the technical drafting of tailored implementation plans for ICT, GB, and AJK. Each plan will reflect region-specific priorities, capacities, and resource realities, while maintaining strategic coherence with the national PFP Strategic Guidelines.

Key Activities:

a. Situational Analysis:

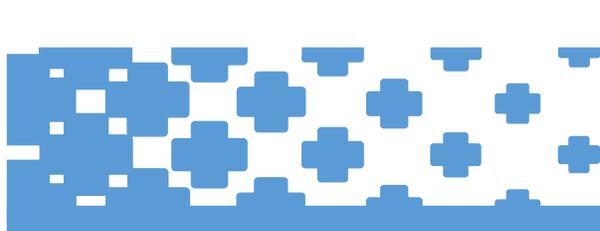
- Review the endorsed PFP strategic guidelines with a focus on regional applicability.
- Analyze available secondary data including DHIS2, FP2030 commitments, previous assessments, and provincial/district health plans.
- Map existing PFP interventions, resources, and service delivery models in the target regions.

b. Development of Regional DIPs:

- Structure each DIP around short-term (0–6 months), medium-term (6–18 months), and long-term (18–36 months) implementation priorities.
- Each plan will detail:
 - Service delivery improvements (facility readiness, commodity logistics, task-sharing).
 - Capacity building (training needs, supportive supervision, mentoring).
 - Demand generation strategies.
 - Monitoring, reporting, and accountability mechanisms.
 - Resource needs and potential financing options.

c. Stakeholder Preparation:

- Develop a facilitator's guide and meeting package to support structured regional consultations, including:
 - Clear discussion points tied to each DIP component.
 - Group work formats to foster participatory input.
 - Expected outputs from each consultative session.

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- Compile participant lists ensuring balanced representation from:
 - Health and Population Welfare Departments.
 - Development partners and implementing NGOs.
 - Private sector service providers and referral networks.
 - Professional associations, academia, and community representatives.

d. Technical Coordination Group Formation:

- Establish **technical coordination groups** (TCGs) in ICT, GB, and AJK with representation from public, private, and development stakeholders.
- These groups will serve as advisory and information-sharing bodies throughout the planning process, including support in data validation, facilitating meetings, and final review of the DIP.

4.3 CONSULTATIONS AND REFINEMENT

To ensure contextual relevance and stakeholder ownership, this phase focuses on holding multiple layers of consultation and validation workshops in each region.

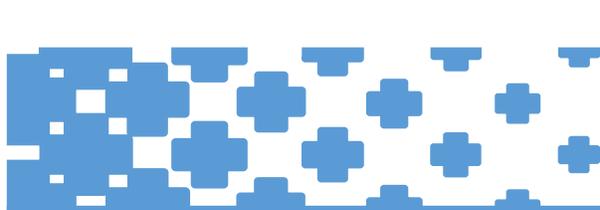
Key Activities:

a. First Round of Consultative Meetings:

- Facilitate consultative meetings in each region, using the facilitator's guide developed in Phase 2.
- Present the initial draft of the DIP and gather feedback on:
 - Operational feasibility of proposed activities.
 - Capacity and resource needs.
 - Roles and responsibilities for implementation.
 - Suggested indicators for progress tracking.
- Document all inputs using structured feedback forms and breakout group summaries.

b. Iterative Refinement of Drafts:

- Between the two consultation rounds, collaborate with regional officials and TCGs to:

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- Address identified gaps.
 - Incorporate locally generated insights and priorities.
 - Adjust timelines or interventions based on operational realities.

c. Second Round of Consultative Meetings:

- Present the revised DIP drafts for final review and validation.
- Use this opportunity to:
 - Build deeper ownership of the plan.
 - Clarify implementation roles and reporting lines.
 - Align stakeholders on realistic implementation timelines.

d. Documentation:

- Prepare comprehensive **meeting notes**, summarizing discussion points, agreed decisions, and follow-up actions.
- Share all documentation with Ipas, MoNHSR&C, and respective regional teams.

This phase ensures that the DIP is grounded in field realities, fully vetted by regional stakeholders, and positioned for implementation.

4.4 FINALISATION AND ENDORSEMENT

The final phase aims to consolidate all inputs, finalize the PFP Detailed Implementation Plans, and present them for formal review and endorsement.

Key Activities:

a. Integration of Feedback:

- Consolidate feedback from all consultations and stakeholder discussions.
- Ensure that the DIP for each region reflects agreed priorities, roles, indicators, and timelines.

b. Final Formatting and Quality Assurance:

- Finalize the content, structure, and formatting of each DIP document to meet presentation and dissemination standards.
- Ensure alignment with Ipas and MoNHSR&C branding and documentation guidelines.



c. Presentation and Final Meeting:

- Facilitate a **final national-level meeting** with:
 - MoNHSR&C.
 - Ipas Pakistan.
 - Development partners and regional stakeholders.
- Present the finalized DIPs for ICT, GB, and AJK.
- Support the process for formal **endorsement by MoNHSR&C** and the **notified technical working group**.

d. Final Submission:

- Submit the final version of the DIP in print and digital formats.
- Share supporting materials such as:
 - Summary briefs for each DIP.
 - Stakeholder engagement log.
 - Mapping tools and data sets used in plan development.

Throughout all phases, regular coordination will be maintained with Ipas and MoNHSR&C teams to ensure responsiveness, transparency, and alignment with evolving expectations.

5 DELIVERABLES

- Inception Report (with tools and template)
- Draft DIPs (ICT, GB, AJK)
- Facilitator agendas and consultation tools
- Consultative meeting facilitation and documentation
- Final PFP DIP (with presentation)
- Final meeting for endorsement

6 PROPOSED WORKPLAN

Table 1: Gantt Chart for the Assignment											
Activities in weeks	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	
1	Inception Phase										
1.1	Initial briefing and meetings										
1.2	Collection of materials and review										
1.4	Development of the inception report										
1.5	Development of tools/templates										
2	Develop draft DIPs (ICT, AJK, GB)										
2.1	Development and approval of draft structure of DIPs										
2.2	Development of the Draft DIPs										
3	Regional stakeholder consultations (Round 1)										
3.1	Preparation of list of stakeholders										
3.2	Preparation of consultation material, agenda, Talking Points, Briefs (for M/o NHR&C), invitation										
3.3	Conduction of Consultations										
3.4	Preparation of Minutes of consultative meetings										
4	Revise draft, hold Round 2 consultations										
4.1	Revision of DIPs in light of first round of consultations										
4.2	Preparation and conduction of round 2 consultations										
5	Finalization of DIP										
5.1	Finalisation of the DIPs in light of round 2 consultations										
6	Final presentation and endorsement										
6.1	Final presentation and endorsement in meeting with M/o NHR&C										

7 RELEVANT EXPERIENCE

- Consultant FP & RMNCAH - Support to Federal Health Ministry (M/oNHSR&C) since 2023 till present. During this period completed following key activities
 - Developed Clinical Protocols and guidelines for EmONC
[https://www.nhsrsc.gov.pk/SitelImage/Misc/files/FINAL%20Clinical%20Protocols%20EmONC%2027%20Nov%202023%20\(2\)\(3\).pdf](https://www.nhsrsc.gov.pk/SitelImage/Misc/files/FINAL%20Clinical%20Protocols%20EmONC%2027%20Nov%202023%20(2)(3).pdf)
 - Planning and preparation for the Dissemination of EmONC protocols and National TOT on EmONC
 - Developed the Basic EmONC Trainers and Trainees guide and supported the conduct of National ToT
 - Prepared, planned and conducted several Midwifery / RMNCAH TWG meetings (the latest being held on 13th June 2025)
 - Developed the Referral guidelines for EmONC and currently supporting pilot implementation of EmONC referral mechanism in ICT
 - Developed the draft M & E framework for EmONC
 - Facilitated the review and consultation on the integration of FP & RH commodities in the Very Essential Medicine List (VEML)
- Consultant Universal Health Coverage at Health Planning, System Strengthening & Information Analysis Unit (HPSIU), Ministry of National Health Services Regulation and Coordination (NHSR&C) supported by London School of Hygiene and Tropical Medicine (LSHTM). Instrumental in designing Pakistan's Universal Health Coverage (UHC) Benefit Package / Essential Package of Health Services (EPHS) (2019–2022). The EPHS had FP, RH & RMNCAH interventions at different tiers of the health system. The process involved description of interventions including the requirements (Infrastructure, HR, equipment, supplies, medicines & system needs) for providing the interventions which was followed by costing of the interventions.
- As part of the initiative on EPHS, worked closely with provincial health departments and supported the development of provincial EPHSs. Also, conducted District Action Planning for priority districts across provinces
- UHC benefit package consultant to provide support to Ministry of Health Liberia in the prioritization process for development of Health Benefit Package for Liberia
- A series of publications on Universal Health Coverage Benefit Package development experience of Pakistan that contributed to the development of the Disease Control Priorities Edition 4

I. Addressing the UHC Challenge Using the Disease Control Priorities 3 Approach: Lessons Learned and an Overview of the Pakistan Experience.

https://www.ijhpm.com/article_4517.html



2. The Use of Evidence-Informed Deliberative Processes for Designing the Essential Package of Health Services in Pakistan.

https://www.ijhpm.com/article_4519.html

3. Assessing Global Evidence on Cost-Effectiveness to Inform Development of Pakistan's Essential Package of Health Services.

https://lnkd.in/dpbb_HDz

4. Costing Interventions for Developing an Essential Package of Health Services: Application of a Rapid Method and Results From Pakistan.

https://www.ijhpm.com/article_4542.html

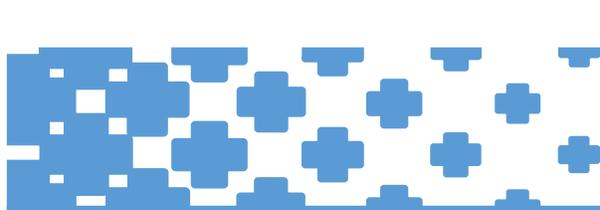
5. The Use of Evidence to Design an Essential Package of Health Services in Pakistan: A Review and Analysis of Prioritisation Decisions at Different Stages of the Appraisal Process.

https://www.ijhpm.com/article_4570.html

6. Monitoring and evaluating the implementation of essential packages of health services

<https://pubmed.ncbi.nlm.nih.gov/36977532/>

- Recognised as a contributor to Disease Control Priorities edition 4 which is a global initiative on setting priorities for health
<https://openknowledge.worldbank.org/bitstreams/33d38676-5e55-4a2b-83dd-1faa23b51800/download>
- Conducted Health Facility Assessment for JHPIEGO (the Integrated Health System Strengthening – Service Delivery (IHSS-SD) project) across designated secondary care facilities in Khyber Pakhtunkhwa focusing on the clinical care assessment with following domains
 - a. Care Inpatient Postpartum
 - b. Equipment and supplies inpatient PPC
 - c. Care Labor and Birth
 - d. Equipment and supplies L&D
 - e. Care in ANC and PNC
 - f. Equipment and supplies ANC & PNC



g. Post-Partum Family Planning

h. Infection prevention and control measures at health facility level

- Impact assessment of SAF-PAC interventions on Women's well-being (Care International)
- Conducted Assessment of Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) at Secondary care Facilities in Punjab and KP for Mott Macdonald
- Conducted Assessment of Basic Emergency Obstetric and Neonatal Care (BEmONC) at Primary care Facilities in Punjab and KP for Mott Macdonald
- Developed District Health Vision and Strategy in the context of Local Bodies Ordinance and Powers conferred to the District Councils for Mardan and Swabi (Palladium)
- Final Evaluation of USAID Funded Health System Strengthening (HSS) Project implemented by JSI
- End of Project Evaluation of the USAID funded JSI Deliver Project on contraceptive and vaccine Logistics Management Information (cLMIS and vLMIS).
- Development of Secondary Level Minimum Health Service Delivery Package (MHSDP) for Health Department, Khyber Pakhtunkhwa (Mott Macdonald)
- Develop Rules under the Khyber Pakhtunkhwa Healthcare Commission Act 2015 to Facilitate its Implementation (Mott Macdonald)

8 ASSUMPTIONS AND ANTICIPATED RISKS

8.1 ASSUMPTIONS

These activities are planned to keep in mind the following possible assumptions:

1. All the relevant documents are available and will be timely provided;
2. Ipas officials are available to address any queries that would arise from time to time;
3. Ipas officials are available for meetings when this will be required;
4. Immediate response from Ipas for approvals, meetings, etc.
5. The funds will be ensured timely as per the agreed-upon terms and conditions.

The above-mentioned aspects are critical to meeting the timeline, failing to which may disrupt deliverables as well. Besides this, the level of understanding and coordination with the Jhpiego team is very important and must be ensured to facilitate the smooth execution of the assignment.

8.2 ANTICIPATED RISKS

Any other unavoidable conditions including but not limited to war, acts of terrorism, strikes, fire, flood, natural disasters, government restrictions law and order situations, elections etc., may also affect the timeline. The delay due to any of these reasons shall not be considered as a breach of the contract and shall be resolved by mutual agreement between the Ipas and the consultant.

9 CAREER SYNOPSIS – DR. MUHAMMAD KHALID



Career Synopsis
Dr. Muhammad