



# END-LINE EVALUATION REPORT OF FP2020-CPROP

Contribution to Achievement of FP2020  
Contraceptive Prevalence Rate objectives  
of Pakistan in Punjab province



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Medecins-du-Monde, France, Pakistan Office

Global website: <https://www.medecinsdumonde.org/en>

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# Message from Deputy General Coordinator, MdM

Medecins-du-Monde (MdM) has been working in Punjab since 1996, conducting a 10-year project on mother and child health with the Department of Health, followed by a 10-year project on domestic violence with the Social Welfare Department. Medecins-du-Monde believes in building long-term partnerships with Government Departments for a greater and long-lasting impact in the communities.

Identifying family planning as dire need in Punjab Province to address the high number of unintended pregnancies, MdM designed a pilot project jointly with the Population Welfare Department in order to improve their family planning response in the targeted communities. Using a strong community approach, MdM tested its field-based family planning model with success, as the family planning clientage in the targeted centers increased by 34% on average during the project lifetime.

Thanks to PWD active and fruitful collaboration, MdM intends to scale-up this successful community approach in Lahore, to build a strong evidence-based advocacy to support PWD in replicating the modal in both urban and rural set-ups across the Province of Punjab, and insuring a great impact in family planning practices in the targeted communities.

MdM thankfully acknowledges funding support for this pilot project from the Agence Française de Développement (AFD)

**Alexandra van Marcke**  
Islamabad, March, 2020  
[www.medecinsdumonde.org/en](http://www.medecinsdumonde.org/en)



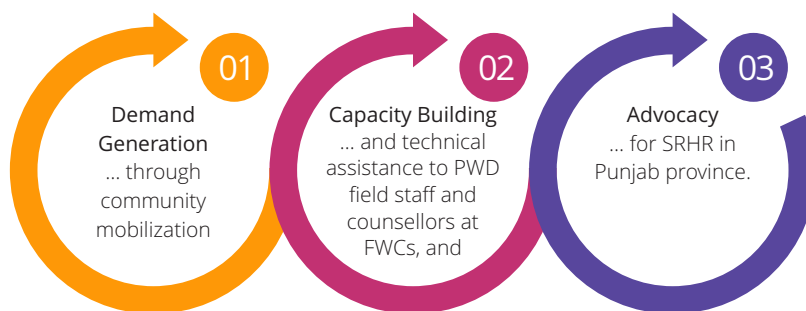
# About the “Pilot Project”

In 2017 MdM started implementing a pilot project in Lahore in partnership with the Population Welfare Department (PWD) of Punjab, to improve the quality of the family planning (FP) services for vulnerable communities and empower them to raise their voice and access their sexual and reproductive health rights (SRHR). The pilot project was titled “To Contribute to the Achievement of FP2020 Contraceptive Prevalence Rate Objectives of Pakistan, in Punjab Province”, and is referred to here as FP2020-CPROP (CPR Objective in Punjab).

FP2020-CPROP took place from November 2017 to March 2020 in Lahore district in partnership with the PWD at six of its centers that include one Family Health Clinic (FHC) and five Family Welfare Centers (FWCs). These centers serve over 55,000 low-income households in the following areas of Shalamar Town in North Lahore: 1) China Scheme, 2) Shad Bagh, 3) Mughalpura, 4) Kotli Peer Abdul Rahman, 5) Shadipura/Lakhodeer and 6) Kot Khawaja Saeed.



FP2020-CPROP had three components:



Through this three-pronged approach, the project sought to achieve three results: a) increase availability and quality of family planning services, b) mobilize the communities on their rights to access family planning services, and, c) strengthen the influence of provincial SRHR actors through common SRHR advocacy. The project planned to benefit 57,238 people: 174 through capacity building, 19,440 from community awareness session (CAS), and 37,623 additional user of modern FP methods<sup>1</sup>.

# MdM's Theory of Change

MdM's theory of change (TOC) is simple: providing accurate and timely SRH/FP information to motivated community volunteers empowers the community, reduces myths and misconceptions about FP and helps raise awareness, which in turn generates demand for FP services delivered at FWCs. Demand generation can increase client flow, but the quality of service at FWCs will determine whether clients remain satisfied and return again for sustained use of FP methods thus increasing CPR in the areas serviced by the FWCs. Training, coaching and guidance of FWC staff, Family Welfare Assistants and Counsellors Incharge, would ensure quality of services (QOS) and resulting client satisfaction. And active advocacy towards an enabling environment for SRH in Punjab would support service delivery.

## About Project Evaluation

In December 2019 MdM commissioned this project evaluation to assess its approach to family planning and SRH in Punjab in the pilot phase. Specifically, the evaluation looked at a) how well the targeted communities have been mobilized, b) how much demand for FP services has been generated, c) how well received are MdM's efforts by PWD and thus, d) draw recommendations for scale-up and replication in the next project phases throughout Punjab.

The evaluation methodology is rooted in two widely used and well-respected models: OECD Development Assistance Committee (DAC)<sup>2</sup>

criteria of relevance, effectiveness, efficiency, sustainability and impact and the CIPP (i.e. Context, Input, Process and Product)<sup>3</sup> evaluation model. Project evaluation data was collected from all key stakeholders, internal and external, by means of in-depth interviews (IDIs), focus group discussions (FGDs), a community survey and exit interviews at FWCs and FHC. A total of 471 responses (352 quantitative from the community survey (male 51% and female 49%) and exit interviews (100% women) and 119 qualitative from FGDs and IDIs, with almost equal number of men and women) inform this evaluation which took place from December, 2019 to March, 2020.



# Background and the Development Context

## of Project FP2020-CPROP

Pakistan is the fifth most populous country in the world with its current population estimated at 212 million<sup>4</sup> (based on extrapolation of official census figure of 207.8 million in 2017)<sup>5</sup>. Its population growth rate of 2.40 percent is the highest in South Asia and stands in sharp contrast to the 1.0–1.5 percent growth rate of other South Asian countries<sup>6</sup>. The battle for population control in Pakistan has to be fought in the plains of Punjab which occupies 26 percent of the land area of the country yet accommodates more than 50 percent of the total population<sup>7</sup>.

PWD spearheads implementation of the Punjab Population Policy 2017, which has set goals to, a) stabilize population growth, b) reduce fertility and c) facilitate achievement of sustainable development goal (SDG) objectives related to universal access to reproductive health care services<sup>8</sup>. In line with the policy objectives, Punjab also committed to achieving national FP2020 targets that the federal government had set in 2012 at the London Summit. Along with the Department of Health, PWD is responsible for progress towards the Punjab FP2020 objective: Achieve Universal access to Reproductive Health and raise the contraceptive prevalence rate (CPR) by 55% (revised to 50%)<sup>9</sup>. MdM implementation of the pilot program is aligned with PWD's efforts made towards achieving FP2020 targets.

# Scoping and Needs Assessment

## for FP2020-CPROP

MdMs presence in Pakistan dates back to 1996. In Punjab it successfully handed over to the provincial government a 10-year project on gender-based violence in 2014. From July 2015 to June 2017, MdM implemented a pilot project for PWD and built the capacity of 15 adolescent centers in all nine divisions of Punjab. Building on the success of this project, MdM, after a thorough needs scoping with stakeholders, decided to work on family planning. In close collaboration with PWD, MdM designed this 2-year pilot project, which was launched under a formal partnership with PWD in November 2017.

MdM's initial assessments lasted for one year. This long assessment period laid the foundation for a solid partnership with a government entity (PWD), which threw MdM the challenge of improving low-performing FP service outlets.

The FWCs supported by MdM during the pilot project were under-performing because of a) nonexistent awareness about the presence of government-run FWCs in the area, b) poor, even negative perceptions of FWCs and c) lack of staff capacity and accurate reporting.

The MdM assessment phase, while taking along FWC field staff, carried out detailed social mapping of the project areas, so as to understand the catchment areas' global features. MdM identified the key local community members and potential volunteers in each catchment area. The potential volunteers were recruited into support groups called Friends of FWC (FFWC). As the core element of its social mobilization component, MdM reactivated the female community support groups called Friends of Family Welfare Centers (FFWC) and innovated by creating male FFWCs. Formation and activation of men-led FFWCs is a true social innovation by MdM. This innovation came from the observation and need assessment phase of MdM, at the beginning of the project. The usefulness of the idea was further confirmed after the research on social barriers to FP was completed under the project in March 2019. The FFWCs functioned under a well-defined TOR and were mobilized by MdM and the FWC field staff, called Family Welfare Assistants (FWA) to serve as a bridge between the FWC and the community members. They were thus instrumental in addressing the initial two issues of low awareness and lack of capacity building and reporting.

# Rollout & Results of Project Interventions

Post assessment, MdM set out to address the identified challenges. It rolled out the three main project interventions, capacity building, social mobilization and advocacy.

## 1 - Capacity Building:

The capacity building component provided training to (a) FWC counselors on best practices of FP counselling and (b) FWAs,

which is the field staff at FWCs and members of FFWCs in accurate FP/SRH information and social mobilization techniques (Exhibit 1). MdM trained over 240 persons against a target of 174.



## Exhibit 1: Feedback on Capacity Building



*"we did not believe that anything will happen...as we have been conveying to our higher-ups the problems we were facing...after months and even years of efforts we sort of gave up....how could MdM solve then age-old issues? Only when first bunch of updated IEC material, panaflexes arrived and center's gates were painted then we started trusting MdM."*

*FWC counsellors and staff*



*"On-job training (OJT) enhanced my technical skills of consultation...particularly the aspect of client confidentiality was weak...mentoring made me overcome it."*

*FWC counsellor on training*



*"Instead of knocking every door and facing rejection, I now feel empowered to deal groups...even mixed one with male and female...I was too shy to speak with females."*



*The training made us feel 'important and valued' as volunteers.*

*"It felt good to come to the training in a nice environment...although for one day only. We learned a lot from other FFWC members...especially how they handle questions related to stigma, myths and wrong information about FP"*

*"I learned and realized social benefits of SRH/FP services...I was lobbying for roads, removal of garbage...now I spread the message of proper FP and send people to FWC in my area."*

*FFWC members*

## 2 - Social Mobilization

MdM simultaneously started social mobilization by involving the FWC field staff and FFWCs.

Community mobilization reached 21,987 participants (55% female and 45% male) through over 1000 events (Exhibit 2). Social mobilization generated word of mouth promotion about FP/SRH and FWC services that reached over 204,000 people.

FFWCs and FWAs progressively took lead in organizing these events. They delivered FP/SRH awareness messages based on the training provided to them. Capacity building of FFWC members boosted volunteer-led social mobilization and led to much better results than MdM had anticipated.



### Exhibit 2: Outreach of Social Mobilization Activities

#### Types of mobilization activity



Activities at community level

**456** **5,302**  
(Events) (Participants)



Community awareness sessions (CAS)

**601** **16,676**  
(Events) (Participants)

#### FP/SRH awareness amplification due to SM activities

Amplification refers to the extent to which a message is spread by people through the word-of-mouth (WOM). Overall, every person who attended CAS by FFWC amplified the message by 9.3X. Awareness outreach from community mobilization by FFWCs can be estimated as follows:



Community awareness sessions (CAS)

**16,676** **9.3X** **601**  
(Participants) (WOM amplification factor) (Events)



Activities at community level

**5,302** **9.3X** **49,308**  
(Participants) (WOM amplification factor) (Events)



Total outreach of community mobilization

**21,978** **9.3X** **204,394**  
(Participants) (WOM amplification factor) (Events)

## 2 - Advocacy

MdM aimed for modest results under its advocacy component: develop necessary relations with three stakeholders, i.e. CSOs, and agree on common SRH advocacy objectives. Being responsive to PWD's requirements and thanks to the strong partnership relations developed, MdM achieved much more than it had planned. MdM took the lead in the revision of the SRH Bill for Punjab by successfully carrying out consultations with civil society organizations working on SRH. MdM also led the development of a Pre-Marital Counselling Booklet (PMCB) on behalf of PWD. In the process it developed relationships with more than three CSOs. MdM is now an emerging SRH advocacy organization that needs to further build its credentials in the SRH advocacy landscape in Pakistan.

### Exhibit 3: Advocacy Achievements



## Project Management and Coordination

Project activities were delivered on time and completed thanks to two fully resourced management structures MdM created for coordination at the national and project management at provincial level. A close-knit three-tier mechanism for coordination with PWD was created at field, district and provincial levels. This mechanism was kept fully functional for timely information sharing and problem solving. FWC staff and FFWCs supported by MdM team worked to continuously improve the centers, their suggestions were taken by MdM and the PWD tehsil and district managers in monthly meetings; and finally MdM's project manager and country representative worked closely at policy level with the PWD Secretary.

## Key Findings from the Project Evaluation

The evaluation finds that FP2020-CPROP has overachieved all its results when measured against the plan MdM prepared (Exhibit 4).

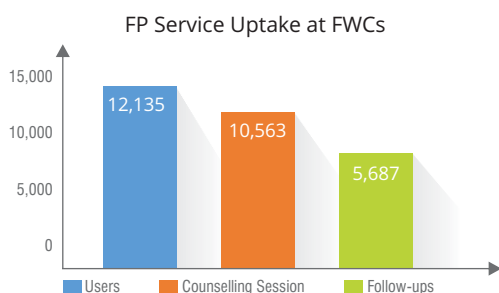
## Exhibit 4: Results Achieved versus Planned

MdM's target, in the pilot project was to	MdM ...
Train 174 counsellors, trainers, volunteers	Trained 240+
Reactivate 5 FFWCs-female	Achieved 100 %
Form 5 FFWCs-male	Achieved 100 %
Enable all FWCs towards providing at least three modern FP methods and emergency contraception	Achieved 100 %
% of FP consultation in line with quality criteria (information on different available method, information on potential side effects and related actions and respect of confidentiality) Target: 90 percent	92 %
Show user satisfaction of 80%	Showed 81 %
Raise awareness of 19,440 people	Reached 21, 978 participants in all activities
Have 70 percent gain in knowledge through awareness sessions (conducted by FWC staff in communities) presenting access to contraception with the right/ choice lens (information on different method of FP, on services available free of charge, FP as a birth spacing method and a right for individual)	Achieved 77 %
Generate 3060 additional FP users for FWCs	Generated 3210 users from August-18 to Feb. 2020, which is 105% of the target.
Identify 3 civil society organizations (CSOs) and provincial SRHR actors with whom common advocacy SRHR objectives are agreed upon.	Not only identified but extensively worked with more than 4.

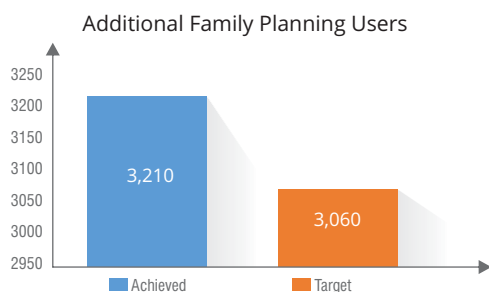
In addition to good performance against planned targets, the pilot project also achieved positive results at the community level. Client traffic at all six centers significantly increased and additional FP users surpassed the target (Exhibit 5).

## Exhibit 5: FP Service Uptake and Additional Users

Project records 12,135 total users to date. They have utilized various FP services as follows:



From the total users are derived the additional FP users that MdM generated during this project. The target for additional FP users was set at 3,060 in the project log-frame. MdM has generated 3,201 additional FP users from Aug.2018 to Feb.2020 (Additional users for March 2020 not included), which is 105% of the target.



All users surveyed in the respective communities during the evaluation said they are likely to refer their FWC to other people because of the quality of services they received. About 97 percent of visitors rate their experience at an FWC as either excellent or good. All 290 survey respondents find the FWCs beneficial for their contribution to the health and welfare of the community. They also unanimously endorse the need for young men and women to seek FP counselling before marriage and 99 percent of them agree to providing SRH education to youth (Exhibit 6). All survey respondents acknowledge that FFWCs have performed a useful social service and recommend their replication, especially of the male-led FFWCs (Exhibit 7). The community members surveyed also provided valuable suggestions for the scale-up phase of the project (Exhibit 8).

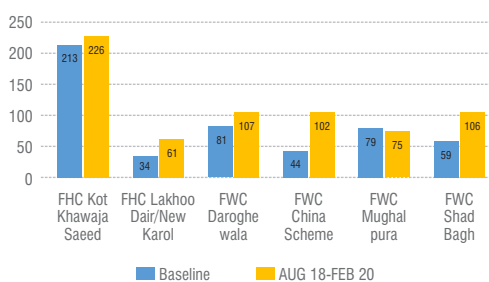
The additional FP user target resulted from gradual and persistent monthly increase at the PWD's family health clinic and welfare centers for which demand mobilization was undertaken by the respective FFWCs, male and female.

An overall 34 percent increase in monthly average of new FP users is the combined effect of more new FP users coming into all six centers every month.

### Overall Increase in Monthly Average of New FP Users

Service Center	FHC (1)	FWCs (all 5)
Monthly average - Baseline	213	59
Monthly average Aug 18-Feb 20	226	90
Increase in the monthly average new FP users	6%	34%

### Monthly Average of New FP Users

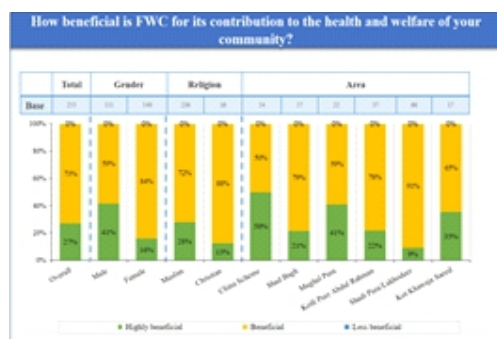


# Exhibit 6: Outcomes For Community

... Community values FWC's beneficial contribution ...

The majority 73 percent, of the respondents overall indicates that the FWC was beneficial to the health and welfare of the community.

Users' likelihood of referral for FWC (according to exit interviews) is one hundred percent.

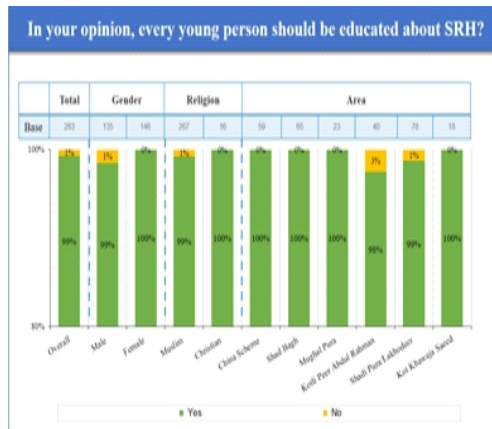


All respondents of the exit interviews, regardless of gender, religion, and area of residence, said they would recommend the FWC to others. This is the highest endorsement of improvements brought about at the centers under the FP2020-CPROP project.

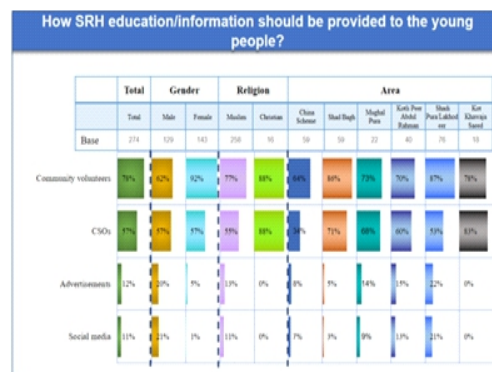


All respondents of the exit interviews, regardless of gender, religion, and area of residence, said they would recommend the FWC to others. This is the highest endorsement of improvements brought about at the centers under the FP2020-CPROP project.

... Community is near-unanimous on the need for SRH education of youth ...



The majority of respondents, regardless of gender, religion, and area of residence believe that the youth should be educated about sexual and reproductive health.



Community members expect community volunteers to be the main source of SRH education for young men and women.

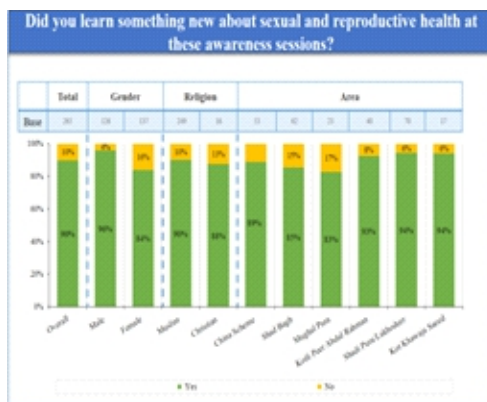
Community volunteers and CSOs were the most frequently cited media for the dissemination of SRH education to youth, as 78 percent overall selected the former and 57 percent the latter. 20 percent of men, compared to only 5 percent of women, identified print and TV advertisements.



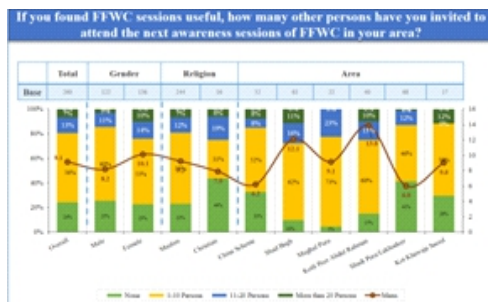
## Exhibit 7: Endorsement of Friends of FWC

... Community acknowledges positive role played by FFWCs ...

The majority of respondents, 90 percent overall, regardless of gender, religion, and area did learn something new vis-à-vis SRH. They further reported learning in terms of a) benefits of FP (69%), b) knowledge of SRH and FP (22%), c) methods of FP (11%), and d) myths and misconception of FP (8%).

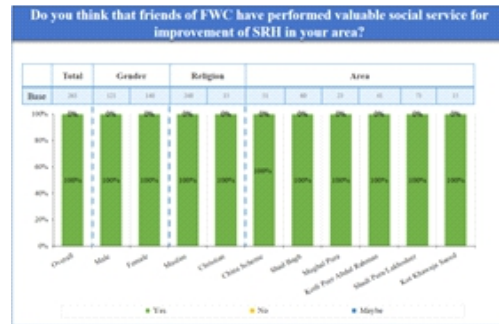


With an average of 4.3/5, the respondents overall rated the FFWC services good. The mean rating for the gender, religion, and area categories were similar.

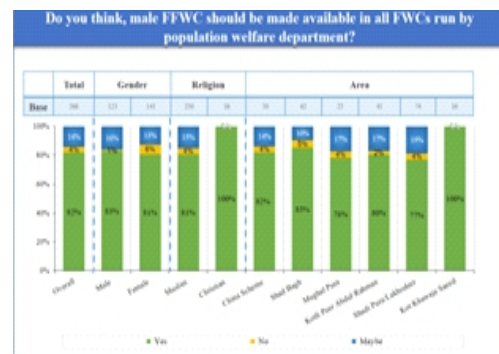


Of the respondents who found the FFWC sessions useful, the majority (56 percent) invited another 9.1 persons to the next session. While men on average invited 8.2 persons, women invited 10.1 (the combined average of 9.3 is the overall message amplification factor).

... FFWCs have not only been effective in delivering these messages but also amplified FP/SRH messages ...



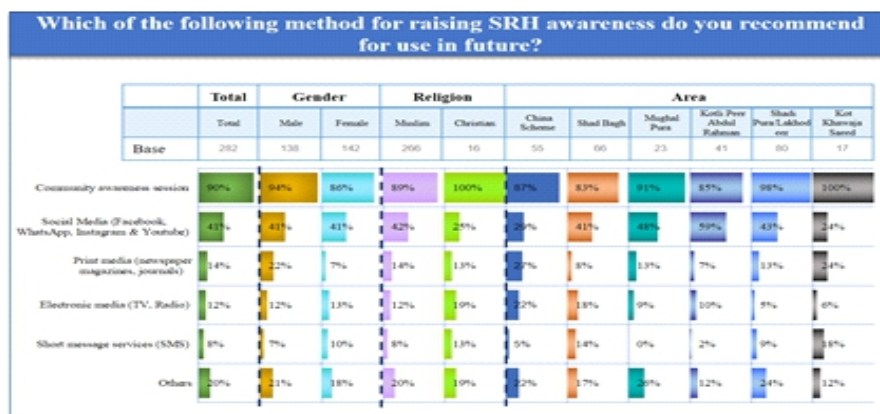
All respondents unanimously believe that the FFWCs have performed valuable social services for improving the sexual and reproductive health in their given area. This indeed is a very significant result, in that not a single respondent disagreed with the question of social value of FFWCs.



... Community overwhelmingly endorses the idea of male FFWC ...

An overwhelming majority of respondents (82 percent) think that male FFWCs should be present in all family welfare clinic run by the PWD because of the positive role the male-FFWCs have played in their respective communities for promotion of FP services made available at FWCs.

## Exhibit 8: Community Expectations and Suggestions



Overall, 90 percent of respondents believe the community awareness sessions should be used for raising SRH awareness: 41 percent suggest the sessions use social media, 14 percent print media, 12 percent electronic media, 8 percent SMS, and 20 percent suggest other methods.

### Community's Top Suggestions For

#### FWCs

- Improve the behavior of FWC staff members in terms of customer service
- Use social media aggressively
- There should be a contact number provided to help arrive at location, maybe a toll-free helpline for on-phone counselling
- In every locality within a Union Council, there should be FWCs
- Alongside women's health, they should also focus on children's health

#### Friends of FWCs

- Enlist more volunteers, and ensure their registration with the government
- As per the population, increase the number of FFWCs
- Friends should be cordial and should have more experience and knowledge about SRH.
- There must be some "Activity Room" for FFWCs somewhere in the community or at FWC.

## Lessons Learned from the Pilot Project

The FFWCs-male achieved notable results in terms of increased community acceptance of FP and FWCs. This innovation stands out as MdM's lasting contribution to PWD from this pilot. Additionally, MdM established that the capacity building should encompass not only FWC Counselors but also FWC's social mobilizers and FFWC members. Capacity building emerges as a best practice from this pilot. Hence FFWC-male and all-encompassing capacity building are practices that PWD acknowledges and can expect to adapt into its system (Exhibit 9).

## Exhibit 9: Feedback From PWD & Acknowledgment of Project Contribution

PWD district officials acknowledge that the performance of FWCs has indeed improved due to partnership with Mdm and, more importantly,

- a. important lessons have been learned, (e.g., awareness raising and accurate information is key to demand generation, effective field-level supervision ensures results, training of field staff must not be neglected, there is huge unmet need for SRH/FP services especially for the youth)
- b. an innovation has been made to work, (e.g. men-led support groups, FFWCs, created community ownership of FP and FWC like never before), and
- c. some crucial bridgeable gaps have been identified (e.g. the need for a timely and truthful performance reporting mechanism that provides real-time updates, the need for proper branding and the need for provision of general medicines at FWCs).

“ No other NGO took ownership of the tasks and targets like Mdm did, and I have worked with countless NGOs in my 25 years of service with PWD. Senior PWD official



## Cost Effectiveness of the Project

Project's social mobilization component was found to be quite resource-efficient at a cost of Rs 86 (euro 0.52) per person reached. Its program and administrative costs allocation was in line with going standards (10-18 percent of the budget) but the staffing cost is high as the project is extensive in human resources. Thus its overall staffing cost needs to be looked into for future phases.



## Concluding Remarks

By virtue of its performance in the project, its unique field-based approach that built capacity of PWD staff, and the overall usefulness of its social mobilization, especially its innovation of male-FFWCs, MdM gained the trust and confidence of the community it served and the PWD staff at all levels. FP2020-CPROP's activities resulted in greater acceptance of FP, reduced the stigmas attached to FWCs, generated demand, increased flow of male and female users to FWCs and enhanced the quality of services delivered at FWCs. Its theory of change stands proven, especially the component related to male-led mobilization; it is a true social innovation well executed under the project. Success in capacity building and social mobilization were achieved as intended while achievements in advocacy laid the foundation for future success.



## Drivers for Success

Overall the project is a success and MdM's drivers of success can be summarized as:

1. Responsiveness to PWD needs and working very cooperatively with government
2. Adaptive and active management
3. A well-targeted implementation strategy based on social and community mobilization, especially the innovation of male-led FFWCs
4. Capacity building that encompassed counselors, field staff and support groups
5. Focusing on improving the service delivery at the grassroots
6. Delivering as per commitment
7. Being open in giving credit to all those who MdM worked in advocacy, and
8. Community trust and confidence

MdM can ride on the success of FP2020-CPROP. But it needs to be cognizant of the scalability challenge, recognition challenge, adaption challenge and risk mitigation challenge.



# Recommendations for Project Partners

Based on the lessons learned, the evaluation makes recommendations for PWD and MdM. It is hoped that the recommendations will help prepare MdM for meeting the challenges ahead and that the phase II of the project will be an even greater success. MdM will thus make an even more significant contribution to “the Achievement of FP2020 Contraceptive Prevalence Rate Objectives of Pakistan, in Punjab Province.”

Recommendations for PWD	Recommendations for MdM
Put as much emphasis on training of Family Welfare Assistants (FWAs) as was given to capacity building of Counsellors. FWAs are on the frontline of demand generation; the better trained they are the more demand they can generate for their FWCs.	Improve project design & management (e.g. conducting a baseline to measure performance against, running an FP tracker that monitors changes in community attitudes, implementing result based management, using well-recognized indicators like CYP, and CPR, and building risk mitigation measures)
Replicate male-led support groups and create a non-monetary reward and recognition system for all FFWCs based on their contribution to the promotion of FP/SRH in their communities.	Build better partnerships and network (working with specialist partners in non-core areas of program management, wider commitment from PWD including on boarding Health Department)
Update the Centers' location information and directional signs and have simple uniform center branding.	Ensure the effective use and integration of technology (especially for awareness raising and performance reporting at FWCs.)
Provide sanctioned staff strength at each Centre before expecting performance, for a well-resourced center does deliver results.	Carry out proactive brand building and visibility.
Install a timely, truthful and technology-enabled FWC performance reporting system.	Conduct evidence-based advocacy in partnership with leading advocacy organizations, whereby evidence is generated via its on-field implementation.

# Acronyms

ACPL	Action Consulting Private Limited
AFD	Agence Française de Développement
CIPP	Context, Input, Process and Product
CPR	Contraceptive Prevalence Rate
CPROP	CPR Objectives in Punjab
CSO	Civil Society Organizations
CYP	Couple-Years of Protection
DAC	Development Assistance Committee
FGD	Focus Group Discussion
FP	Family Planning
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistants
GATHER	Greet, Ask, Tell, Help, Explain, and Return
IDI	In-depth Interview
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MdM-F	Médecins du Monde, France
OJT	On-Job Training
PAPAC	Pakistan Alliance for Post abortion Care
PMCB	Pre-Marital Counselling Booklet
PWD	Punjab Welfare Department
QOS	Quality of Service
SO	Specific Objectives
SRHR	Sexual and Reproductive Health Rights
TFR	Total Fertility Rate
TNA	Training Need Assessment
TOC	Theory of Change
UNDP	United Nations Development Program
WOM	Word-of-Mouth

# References

- 1 Proposal AFD-PUNJAB - DEC- MdM -PWD 2017, p.6
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- 3 [https://en.wikipedia.org/wiki/CIPP\\_evaluation\\_model](https://en.wikipedia.org/wiki/CIPP_evaluation_model)
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- 8 <https://pwd.punjab.gov.pk/overview>
- 9 Ibid



Working in France and 64 countries worldwide, Doctors of the World - Médecins du Monde is an independent international movement of campaigning activists who provide care, bear witness and support social change. Through our 355 innovative medical programmes and evidence-based advocacy initiatives, we enable excluded individuals and their communities to access health and fight for universal access to healthcare.

