







Khud Ko Pehchaano Punjab Population Innovation Fund















Fawad Shamim

General Manager Programs, NBD and **Regulatory Affairs** Master in Business Administration



Aiman Haroon Program Manager Master of Science in Public Health (ongoing)



Dr. Huma Naz Sr. Manager – Training & Implementation



Muhammad Alam Head of Social Mobilization Master In Economics



Muhammad Orangzaib Sr. Officer – M&E Master in Public Health Pharm-D (Doctor of Medicine)



Asra Izhar Manager Human Resources Master in Business Administration













Presentation Outline

- o Introduction to PPIF and GSM
- o Introduction of team
- o Project Orientation
- o Pakistan Population Profile
- Sexual & Reproductive Health & Rights
- o Preparation and pre-screening before marriage
- Healthy Timing & Spacing- HTSP
- o Orientation of Family Planning Methods
- o Gender & Sex
- Gender Based Violence and its Mitigation Strategies
- Mentorship Program and Seed Funding



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Punjab Population Innovation Fund

PPIF is a non-profit, public-sector company, established to render financial and technical assistance to innovative projects for population planning, improving access, and generating demand for family welfare services in Punjab.















GREENSTAR SOCIAL MARKETING PAKISTAN





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Mission







Contributing to the development of Pakistan through Family Planning & Family Health Solutions











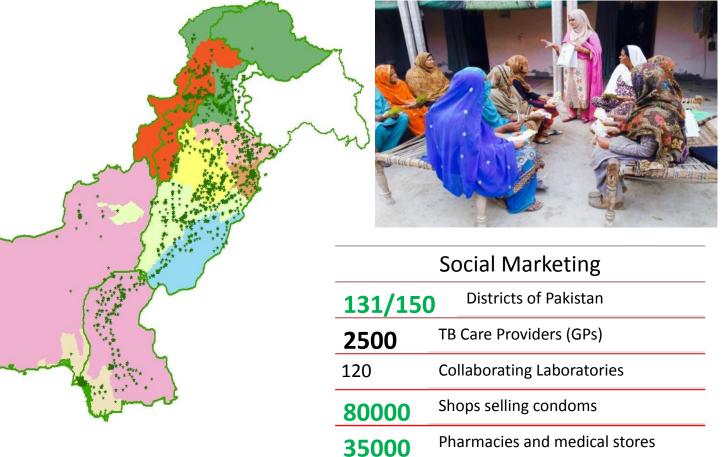


National Capacity and Competency

| 96/150 | Districts of Pakistan | |
|--------|-----------------------|--|
| 7000 | Service Providers | |
| 23 | GSM Trained (Doctors) | |
| 46 | GSM Medical reps | |
| 250 | GSM Outreach Workers | |
| 20 | Products (Subsidized) | |
| | | |

Impact of GSM work

National CYP contribution: 13% Share of Private sector: 33%











in **"36"** districts across Punjab for **family** planning, sexual and reproductive health, post-abortion care, self-care, nutrition, **TB/HIV** services

ch & Impact in Punjab in the last 10 years





- 39,600 retail outlets
- 38,000 pharmacies
- Marketing and Sales support team
- National Distributor

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- 2,792 Women Healthcare providers at Sabz Sitara Family Health Clinics,
- 963 general practitioners (GPs) providing TB Care
- 1 2,000 Service providers combatting diarrhea-related









Project Orientation

- 600 master trainers trained in Pre-marital Counselling in 30 Universities/colleges.
- 12000 young people provided with Pre-marital Counselling
- 30% increase in the number of young men and women
 - Basic knowledge about Sexual Reproductive Health and Rights (SRHR).
 - Knowledge of at least three modern methods of contraception.
 - knowledge of Healthy Timing and Spacing of Pregnancy (HTSP)
 - Myths and misconceptions about Family Planning
 - Gender-based violence GBV
 - GBV preventive strategies















Problem Statement

Social Aspect

of Population Size Implications

















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Pakistan Population Profile

- 5th most populous country in the world
- >220 million population
- Around 64% 130 million population < 30 years</p>
- Around 50% of population are women
- ► Growth rate 2.4
- CPR 34% Modern 25% Traditional 9%
- ► Fertility rate 3.8



64 percent of the nation is younger than 30, and 29 percent of Pakistanis are between 15 and 29 (an age group that we define as the youth). Pakistan now has more young people than it has ever had, and this is forecasted to continue to increase until at least 2050.



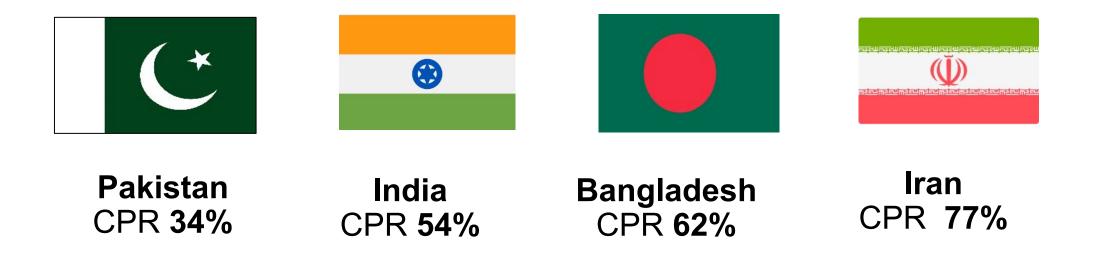








Contraceptive Prevalence Rate (CPR)



*Pakistan plans to achieve universal access to RH by 2020 and to raise CPR to 55% by 2030





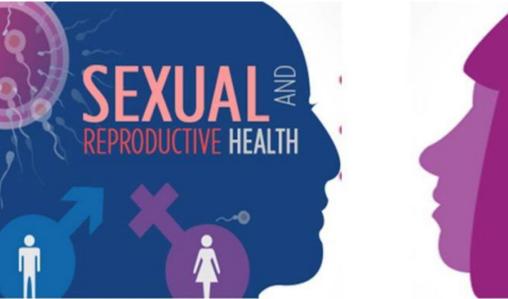








Part I Sexual and Reproductive Health and Rights (SRHR) 101















Objectives

- By the end of this session, you will be able to know
 - The importance of health and well being
 - Definitions of reproductive and sexual health
 - Sexual and reproductive health and rights and what comprises SRHR
 - SRHR needs of Youth
 - Barriers to SRHR
 - Puberty
 - Must haves to obtain Sexual Health







What is Health??

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Health & Wellbeing

What is Health?

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease.
- Identifying physical, emotional, and social aspects of health, including SRH

Physical: body parts, nocturnal emission, vaginal discharge, urethral discharge, menstruation, hair growth, breast development, voice changes, infertility, pregnancy, abortion, infections

Mental: feelings such as love, pain, depression, hope, and happiness. Irritability, curiosity, anxiety, stress, aggression, confusion, excitement.

Social: marriage, divorce, separation, job, education, peer pressure, poverty, rape, relationships, family planning











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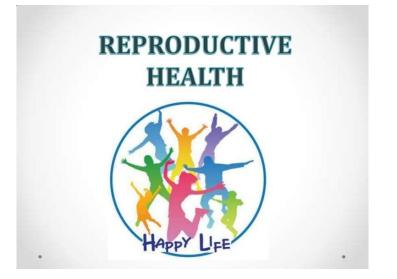




Reproductive health

•A state of complete physical, mental and social well-being and not merely the absence of disease or disability...

.....in all matters related to the **reproductive system** and to its **functions and processes**.













What is sexual health?

• A state of complete physical, mental and social well-being in relation to sexuality, and not merely the absence of disease or disability.

Sexual health requires a **positive and respectful approach to sexuality** and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences **free from violence**.













SRHR Includes:

1- Access to sexual and reproductive health care
2- Information on sexual and reproductive health
3- Autonomy in sexual and reproductive decision making







Essential Package of SRHR









Barriers

- Gender inequality
- Lack of access to education
- Lack of financial independence
- Lack of basic healthcare
- Socio-cultural and religious norms.











SRH Needs of Youth

Very young adolescents need *accurate, unbiased* information about sexuality and reproductive health from their **peers and parents**.

Overall, young people have **limited access** about their sexual and reproductive health.

















Conti...SRH Needs of Youth

- What changes to expect during puberty, including information about menstruation and nocturnal emissions.
- Gender roles, gender norms, and expressions of gender.
- Relationships.
- Violence, consent, and bodily autonomy.
- Sexuality, personal values, tolerance, respect, and inclusion.
- For girls who are married, contraception, healthy timing and spacing of pregnancy, and healthy pregnancies.













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Physical Changes in Boys & Girls

| BOY | S GIRL |
|---|---|
| ll to 1,1 years old & approximately until 15 or 16. | 9-13 Years Old |
| • testosterone and other hormones cause physical changes. | • Hair growth in underarms & the pubis |
| The converting of the start | Breast development |
| The sexual organs start growing and preparing for reproduction. | Ovaries grow larger and start producing hormones. |
| • increase in height and weight. | Menstrual cycles start |
| | Hips widen |
| Hair grows in the | a Mainhé and unlight ingrange |
| pubic area, the underarms, the face, and the legs. | Height and weight increase due to changes in the body's structure |
| The vocal chords change, | |
| so the voice grows deeper. | Sweat glands become more active. |
| Some develop acne. | D LL 11 |
| The reproductive system starts | Problems with acne may arise. |
| working & they can procreate. | Mood swings become more |
| for any of they can procreated | frequent due to hormone production. |







To obtain sexual health, a person must

















Part II

Preparation for Marriage













Objectives

- By the end of this session, you will be able to know
 - The importance of Pre-marital counseling
 - Medical counseling
 - Genetic counseling
 - Must have Pre-screening tests
 - Pre-marital screening program













Why prepare before Marriage?

- It is essential to understand the family medical history
- Go through pre-screening tests to avoid any unforeseen medical ailments in the coming generations
- Allows the beneficiaries to discuss clear expectations about goals, individual needs, expectations, and planning for the family
- Enables the couples to go through any gynecological or medical examination before the marriage











Premarital Counselling

 Premarital counseling is a type of family therapy that helps couples prepare for marriage, and help to ensure that you and your partner have a strong, healthy relationship.









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Medical Counselling

The aim is to diagnose diseases

 Transmitted to the other partner: STI, TB, HIV, HBV

Represent a risk factor during pregnancy

- cardiac disease
- chronic renal disease
- renal transplantation
- Affect reproductive function

Female

 fibroid, genital hypoplasia, anovulation, menstrual disorders, hirsutism

Male

 Undescended testes, varicocele, azoospermia, physical disability.



























Genetic Counselling

Aim

- Identify individuals at risk of having a child with the genetic disorder
- Indications or those at a higher risk
- adolescence pregnancy
- unnecessary resort to induction of abortion
- birth of unwanted child

Age > 35: Down syndrome:

- 1/2000 at 20 y
- 1/500 at 40 y
- 1/32 at 45 y
- uncontrolled fertility
- high risk pregnancy (too early, too many & too close together)

First cousin marriages

- share large groups of identical genes (1/16): increasing the risk of recessive diseases, particularly if there is a family history
- Muscular dystrophy
- Sickle Cell Anemia
- Thalessemia





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Family Planning Counselling

Aim of Contraception are reduction of the hazards of

- adolescence pregnancy
- unnecessary resort to induction of abortion
- birth of unwanted child

Explain the hazards of

- uncontrolled fertility
- high risk pregnancy (too early, too many & too close together)

Methods:

- Natural barrier & chemical
- IUCD, injectables & implants
- Oral Contraceptive Pills
- Emergency contraception, if required





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Medical Tests before Marriage

- medical tests
- Blood group compatibility test
- Genetically transmitted test
- STD test





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Pre-marital Screening Program

A beneficiary must get these tests done before marriage

- Blood group
- Complete Blood Count
- Haemoglobin electrophoresis
- HBs Ag
- Anti-HCV
- Anti-HIV
- HIV-Confirmation by Western blot Method















Healthy Timing & Spacing-HTSP















Objectives

- By the end of this session, you will be able to know
 - The importance and benefits of Health Timing and Spacing of Pregnancy
 - Statistics of silent deaths due to unwarranted pregnancies
 - Consequences of high fertility rate and unwanted pregnancies
 - Age-appropriate spacing













Health Benefits of Family Planning

To reduce the risk of adverse Maternal, Perinatal and Infant outcomes







WHO fact sheet on adolescent pregnancy: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy









Consequences of High fertility Rate and Unwanted Pregnancies

- 10 million pregnancies annually
- 4 million unwanted pregnancies
- 2.6-2.8 million abortions
- 12,000 women die every year due to complications of unsafe abortions and unwanted pregnancies
- 1200 women are dying every month because of unsafe abortions and unwanted pregnancy

Around 7 A320 Airbus planes crash... No Headlines!















Healthy Timing

Delay first pregnancy until at least 18 years of age



WHO fact sheet on adolescent pregnancy: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy













Healthy Timing

Avoid Pregnancy after 34 years of age



UNICEF, Facts for Life. 3rd ed. New York: United Nations Children's Fund (<u>http://www.unicef.org/ffl/text.htm</u>), 2002; WHO/UNFPA. Pregnant Adolescents: Delivering on Global Promises of Hope. Geneva, World Health Organization, 2006.













Healthy Spacing



Recommendation for spacing after a live birth:

Interval before attempting the next pregnancy of at least 24 months

or

Birth-to-birth interval of at least 33









World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing.







Healthy Spacing



Recommendation for spacing after miscarriage

Minimum interval to next pregnancy should be at least six months

World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing.

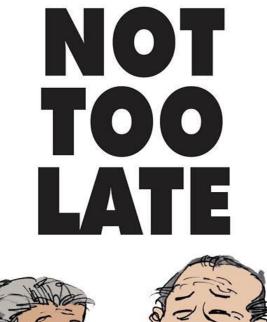




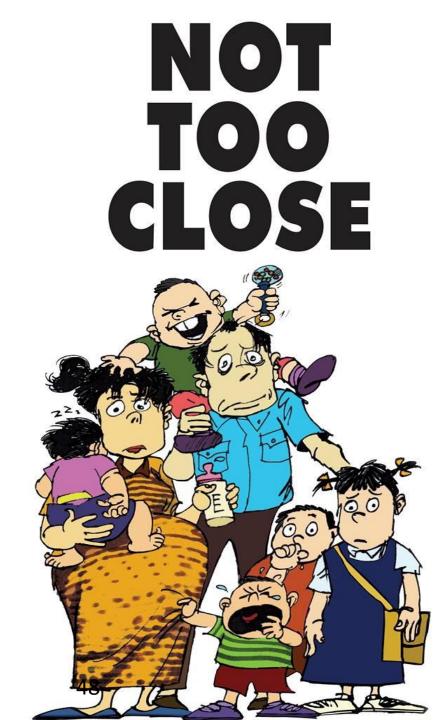


NOT TOO EARLY















Part IV Family Planning Methods









Objectives

- By the end of this session, you will be able to know
 - The definition of Family Planning
 - Various methods of Family Planning
 - Short term
 - Long term
 - Permanent
 - Debunk the myths and misconceptions of Family Planning methods





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Family Planning is the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods.

*working definition used by the WHO Department of Reproductive Health and Research [WHO, 2008]





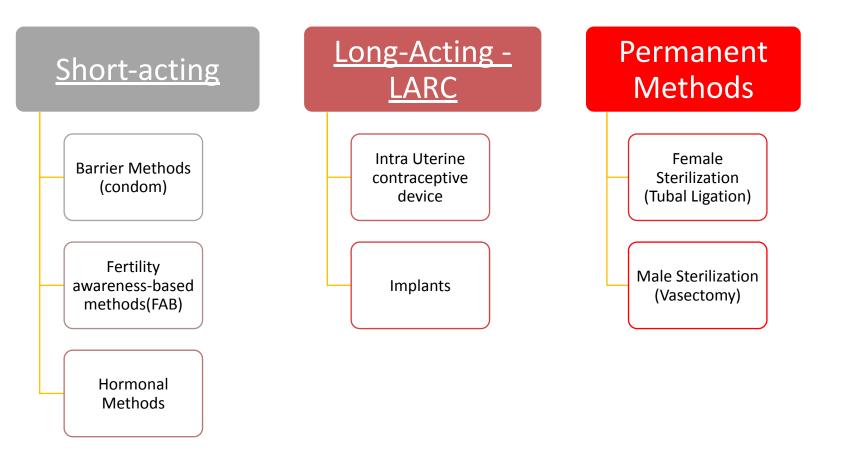








Contraceptive Methods







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Group Activity

- •Divide participants into 4 groups
- •Give each group a method of contraceptive
- Every group will present its findings on the benefits and disadvantages
- •Trainer will then debrief













- 1- Barrier Methods
 - Condom
- 2- Fertility awareness-based methods(FAB)
- 3- Hormonal Methods
 - Pill OCP
 - Pill POP
 - Emergency contraception
 - Injection
 - Patch















- 1- Barrier Methods
 - Male condoms
 - Female condoms
 - Diaphragm
 - Spermicidal foam









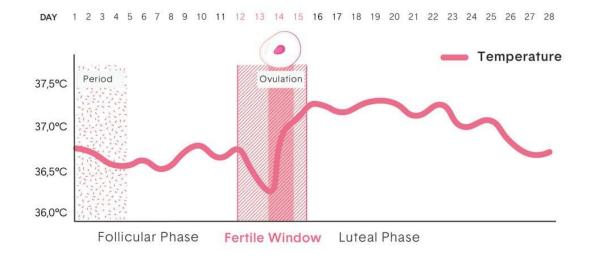


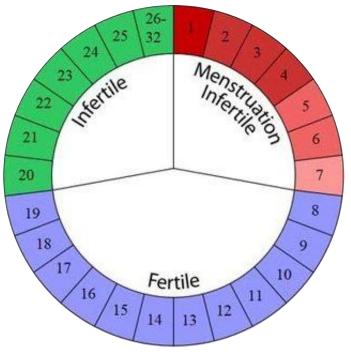






- 2- Fertility awareness-based methods (FAB)
- Basal body temperature
- Safe days









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- **3- Hormonal Methods**
 - Pills OCP

POP

- Emergency contraception
- Injections













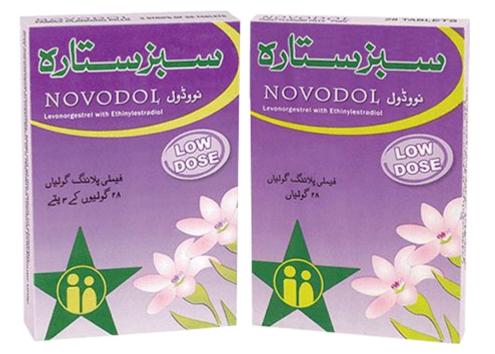


Oral Contraceptive Pill – Novodol

- Regulation of Menstrual cycle
- Treatment of Endometriosis

uniab Population

- Reduction in risk of endometrial cancer and ovarian cancer
- Decrease functional ovarian cyst
 - 21 white colored tablets -Levonorgestrel 0.15mg Ethinylestradiol 0.03mg
 - 7 brown tablets containing Ferrous Fumarate 75mg















Emergency Contraception – Best within 72 hours

• Levonorgestrel – 2 tab



















Women Who May Need Emergency Contraception

- •Have unplanned, unprotected intercourse
- •Used a condom that may have leaked or broken
- Missed multiple COCs
- Late for injectable
- •Failed in using withdrawal method of contraception













- 50mg/ml Norethisterone and 5mg/ml Estradiol Valerate.
- Nova Ject 2 months
- DepoQueen three months
 - 150 mg/ml Medroxy progesterone acetate,

















Timing of Injection

- Days 1 to 7 of the menstrual cycle
- Anytime during the menstrual cycle when you can be reasonably sure the client is not pregnant
- Postpartum:
 - Immediately if not breastfeeding
 - After 6 months if using LAM
- Postabortion: immediately or within first 7 days







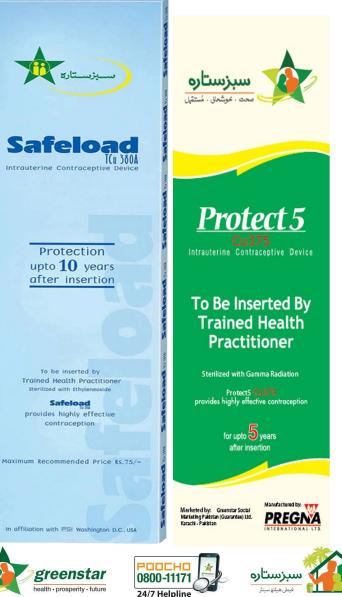


Long Acting - LARC

- Intra Uterine contraceptive device
 - Cu-T(safeload/protect 5)
 - Mirena
- Implants
 - Implanon
 - Jadelle













Permanent Methods

Female sterilization (Tubal ligation)

Male sterilization (Vasectomy)













Rumors, Myths and Misconceptions





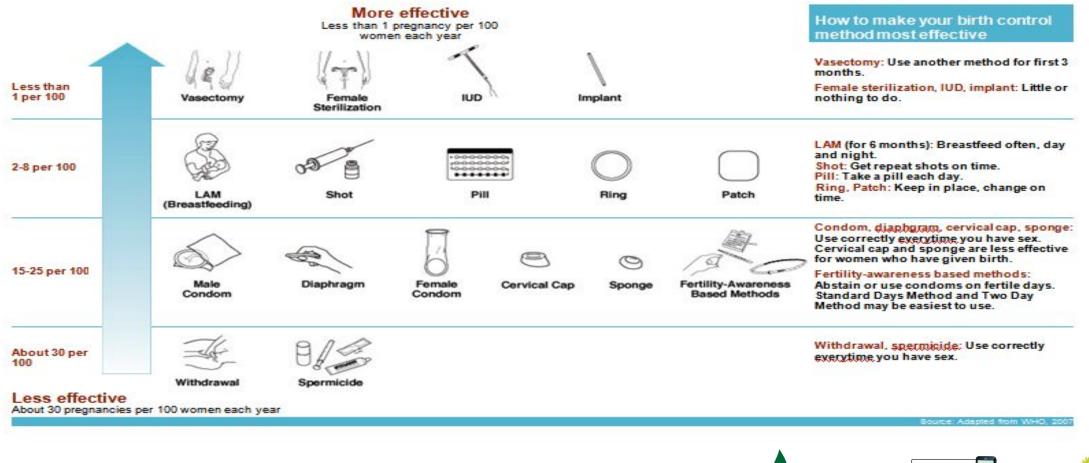








Comparing effectiveness of birth control methods



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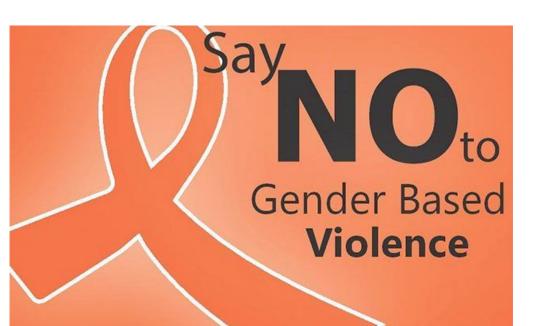






Part V

Gender Based Violence & & Mitigation Strategies







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Objectives

- By the end of this session, you will be able to know
 - Differentiate sex and gender
 - Identify gender roles/norms and society's factors that come into play
 - what is gender-based violence
 - Statistics about gender-based violence in Pakistan
 - Mitigation strategies to address Gender-based Violence













Gender and Sex





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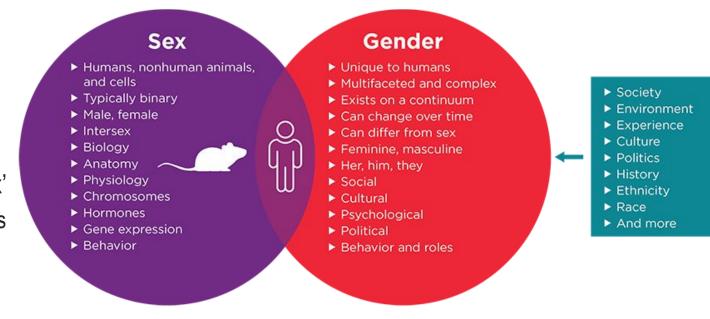






Gender & Sex

- •Is there a difference? Yes, on one level
 - -Sex is biological male, female, also intersex (reproductive differences based on genitalia, chromosomes, hormones)
 - •Also refers to sexual acts, as in 'having sex' -Gender is 'the structure of social relations that centers on the reproductive arena, and the set of practices that bring reproductive distinctions into social processes' (Connell 2002: 10)
 - •Gender underlies assumptions regarding 'masculine' or 'feminine' behavior

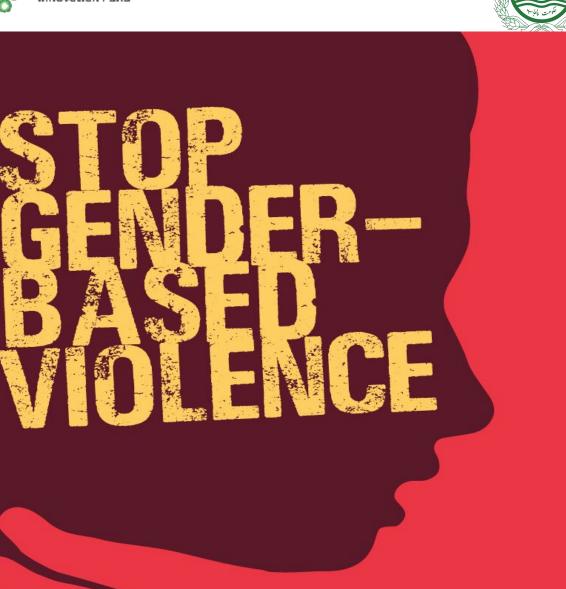












Definition

Gender-based violence (GBV): Violence against someone on the basis of their gender. GBV is an abuse of power against the oppressed.

- Physical
- Sexual
- Emotional
- Financial
- Violence against children,
- Intimate partner violence,
- Femicide















Gender Based Violence

- Pakistan is placed on 145th spot in a survey of 146 countries, Gender gap report by WEF
- 135th Educational indicator
- 143rd Health and survival indicator
- 95th Political empowerment
- Sustainable Social Development Organization (SSDO) surveyed in Punjab, Sindh and Islamabad and reported 26134 cases
 - 19271 cases of kidnapping of women
 - 4460 rape cases
 - 823 cases of domestic violence















Gender Based Violence

Domestic Violence (Physical, sexual, emotional, economic and physiological), Human Trafficking

• Domestic Violence Helpline in Punjab: 1043

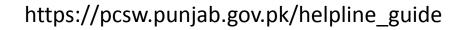
Skills to prevent Sexual Violence

Provide Opportunities to Empower and Support Girls and Women

•Report when an incident is seen

Workplace harassment

- Whistleblowing in the HR department
- Zero tolerance policies must be implemented against any sexual and physical















Part VI

Seed Funding













Social Action Projects:

- The training must be completed by February 2023
- After the successful completion of ToT and trickledown training, Greenstar will invite the beneficiaries of your university to send their ideas for working in communities
- Each university will submit only one proposal
- Only the top 5 proposals will win the seed grant
- The winning team will win a seed grant of Rs. 50,000 (each) to impart the learnings in the community as social action projects













GSM Customer Segments

The customer would open the GSM app, click on the hamburger icon and will see a button "Health and Wellness," as shown in the picture below. After selecting "students"

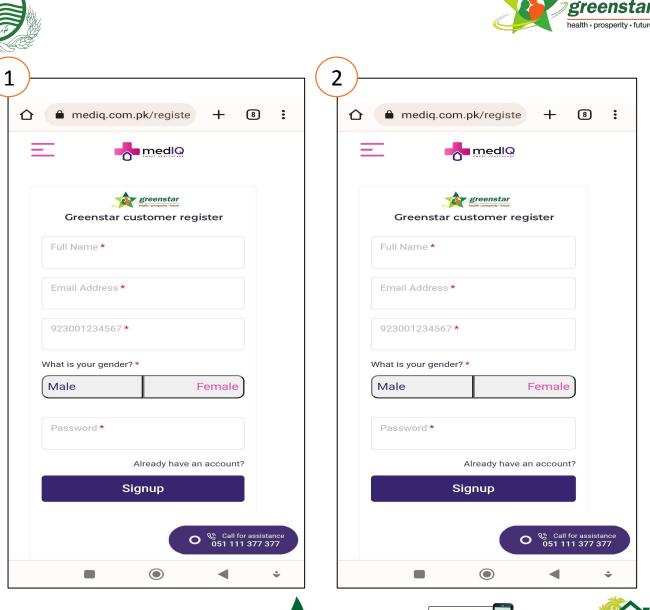


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| | Counseling Cards (English) | | | | | | |
| | FIGO Dosage Card | | Health work | (ers | Students | | |
| | Enofer | | | | | | |
| | Pharma Products | | | | | | |
| Ŷ | Patient Entry | | | | | | |
| • | About Us | | | | | | |
| | Our Youtube Channel | | | | | | |
| | Our Facebook Group | | | | | | |
| Ô | Health and Wellness | | | | | | |
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Signup & Login Screens

- After selecting the student tab, it would take them to the mediq sign-up page of the web app.
- Students would have to sign up by filling up the form.









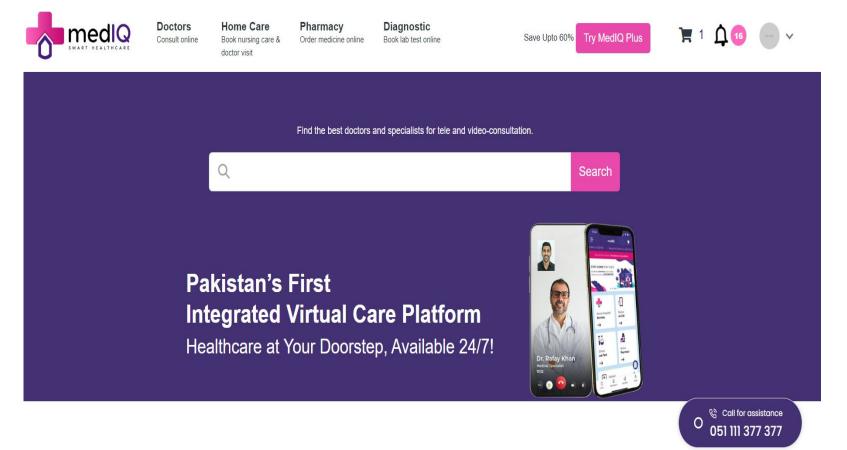






After login – Home Screen

- Both students and Sitara Bajis would signup on the GSM app.
- After Clicking the respective buttons, they would land on to homepage of the web app.









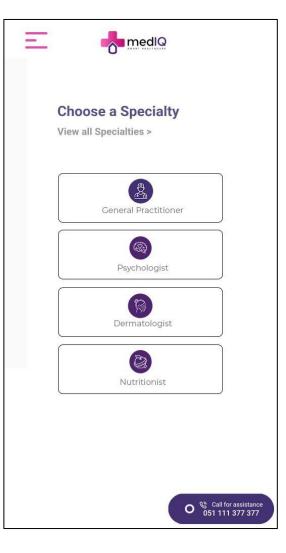




Selecting Online Doctors for Teleconsultation

After signing up, they would see the doctor specialist list

By selecting the doctor, they can book a consultation from the web app







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Pricing - Students

| GP Doctors | |
|------------------------------|---------|
| GP Price | PKR 400 |
| Discounted Price for GSM | |
| Customers (shown on app) 50% | PKR 200 |

| Other Discounted Services | 3 |
|---------------------------|-----|
| All other Specialists | 25% |
| Medicine | 8% |
| Labs | 15% |

| Other Discounted Services | 3 |
|---------------------------|-----|
| All other Specialists | 25% |
| Medicine | 8% |
| Labs | 15% |

*Psychologists will be available for Students at a fixed price













Checkout for GP

- GP doctors would be available 24/7 at 50% off the price
- Customer must select the doctor from the list and click on checkout
- GP will reach out to the customer within 2-15 mins

| Checkout Form | |
|---------------------------------------|--|
| | Sea |
| eer 24e90e1a45db | Dr. Hammad Raza @ Proc Verified VIEW PR |
| | Dr. Hammad Raza @ Perc veriler MBBS, MPH BOOK APPC |
| - Online | General Practicose |
| | 28 Years Ro, 500 Experience |
| bexample.com | Dr Sara Zafar @ PMC Witted VIEW PR |
| ۰ (ا | MBBS |
| • • • • • • • • • • • • • • • • • • • | ★★★★★ (4.65) General Pracetoner |
| treet | 12 Years Rs. 500 Experience |
| | Dr Nadia Waheed 🕑 Mic Withed |
| | BOOK APPO |
| - Colore | ★★★★★(4.33) General Practitione |
| 2234 | 10 Years Rs. 350 Experience |
| Submit | Dr Hooriya Qazi @ mic worked VIEW P |
| | BOOK APPO |
| Online | ★★★★★(5) General Paustison 10 Years Rs. 350 |
| | Experience |
| | Dr Fazal Rehman @ PMC verified VIEW PP |







Checkout for Specialist doctor

- Doctors from 31 specialties will be available on an appointment basis at 50% off the price
- Customer has to select from the available date and time and click on checkout
- Several payment options are available at checkout

| medlQ | | |
|---|---|---|
| Personal Information | Personal Information | Dr Sahar Akhlaque MBBS, FCPS, MCPS |
| First Name Last Name | First Name Last Name | Gynecologist |
| Add First Name! | Add First Name! | 35 |
| Email Phone 923325541940 | Email Phone 923325541940 | Wed Thu Fri S 31 Aug 2022 1 Sept 2022 2 Sept 2022 3 Sep |
| Payment Method | Payment Method | 07:00 AM 07:45 AM 08:30 AM 09:1 |
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| Credit/Debit Card | Credit/Debit Card | 07:30 AM 08:15 AM 09:00 AM 09:4 |
| I have read and accept Terms & Conditions | I have read and accept Terms & Conditions | Proceed to Pay |
| Confirm and Pay | Confirm and Pay | |
| Download medIQ App! | Download medIQ App! | Download medIQ App! |
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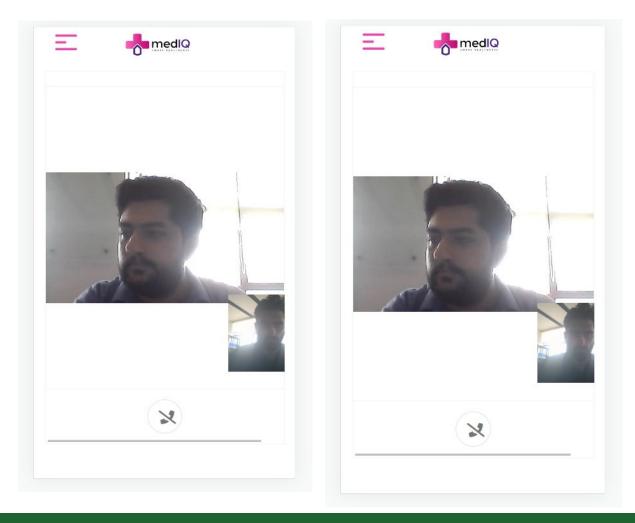








Video Call - Teleconsultation



 After a booking is confirmed in the appointments section there will be a button of "Join Doctor" which will lead to

doctor video call.

• *it is important to reload the page to see "join doctor" at the time consultation was booked

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Summary/Key Take Away Messages

- All human beings have SRHR rights and are allowed to practice them
- Pre-marital counseling is essential to prepare for the individual as well as the family's well-being after marriage
- 1 pre-screening blood test can save many lives from genetic anomalies
- A couple must discuss their family planning needs before they get married to address any unforeseen changes
- Family planning can keep a mother healthy, which will lead to a happy family and household
- Gender-based violence is an abuse of power, and it must be mitigated through behavior change, helpline, and empowerment
- Complete the trickle trainings by February 2023













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