



PATHFINDER



Training Report: Quality Assurance and Supportive Supervision Training

January 30, 2025
Quetta, Balochistan



QZ CATALYST
INSPIRE STRATEGIC BRILLIANCE

Training Report: Quality Assurance (QA) and Supportive Supervision (SS) Training

The training on **Quality Assurance** and **Supportive Supervision** was conducted on January 30, 2025, at Serena Hotel, Quetta, as part of the **Qadam Ba Qadam Initiative** to strengthen Post-Pregnancy Family Planning interventions.

This report provides a comprehensive overview of the training's objectives, key sessions, participant engagement, and commitments made by key stakeholders to ensure the effective implementation of Quality Assurance and Supportive Supervision strategies across the province.

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Acronyms

- ✚ ANC – Antenatal Care
- ✚ BHMIS – Balochistan Health Management Information System
- ✚ CPR – Contraceptive Prevalence Rate
- ✚ DoH – Department of Health
- ✚ DHIS2 – District Health Information System 2
- ✚ FP – Family Planning
- ✚ FP2030 – Family Planning 2030 Commitment
- ✚ IRMNCH – Integrated Reproductive, Maternal, Newborn, and Child Health
- ✚ IUCD – Intrauterine Contraceptive Device
- ✚ LARC – Long-Acting Reversible Contraception
- ✚ LHV – Lady Health Visitor
- ✚ LHW – Lady Health Worker
- ✚ MNCH – Maternal, Newborn, and Child Health
- ✚ MEC – Medical Eligibility Criteria
- ✚ MMR – Maternal Mortality Ratio
- ✚ MoNHSR&C – Ministry of National Health Services, Regulation, and Coordination
- ✚ PAFP – Post-Abortion Family Planning
- ✚ PPFP – Post-Pregnancy Family Planning
- ✚ PWD – Population Welfare Department
- ✚ QA – Quality Assurance
- ✚ QZC – QZ Catalyst
- ✚ RHC – Rural Health Center
- ✚ SS – Supportive Supervision
- ✚ TFR – Total Fertility Rate

1. Background & Rationale

Pakistan has long recognized the need to strengthen Post-Pregnancy Family Planning (PPFP) services to improve maternal and child health outcomes. Despite efforts at the national and provincial levels, gaps persist in governance, coordination, capacity-building, and data standardization—hindering the effective implementation of family planning (FP) services.

To address these challenges, Pathfinder International's *Qadam ba Qadam* Initiative was launched, building on the work initiated by the Ministry of National Health Services, Regulation, and Coordination (MoNHSR&C) after the FP2030 East Asia Hub PPFP Workshop in Kathmandu (Oct-Nov 2023). The initiative aims to scale up PPFP interventions nationwide by tackling systemic barriers and ensuring high-quality FP service delivery.

With technical support from QZ Catalyst, a series of strategic interventions were implemented to strengthen Quality Assurance (QA) and Supportive Supervision (SS) in PPFP service delivery. As part of this effort, a National Focal Persons' Workshop was conducted in September 2024, where provincial action plans were developed for Sindh, Punjab, Khyber Pakhtunkhwa (KP), and Balochistan, standardizing the implementation of QA and SS frameworks across these regions.

Through consultations with healthcare stakeholders, several key challenges were identified, necessitating targeted interventions and capacity-building initiatives:

- Limited understanding of QA and SS among healthcare providers, leading to inconsistent application of best practices.
- Inconsistent FP service implementation across healthcare facilities, impacting service quality and accessibility.
- Lack of standardized FP data collection and reporting, leading to monitoring and evaluation gaps.
- Limited remote supervision mechanisms due to infrastructural and technological barriers, affecting oversight in remote and underserved areas.

To address these issues, Pathfinder International and QZ Catalyst developed a comprehensive training program to equip healthcare providers in Balochistan with practical QA and SS skills, ensuring improved oversight, service quality, and patient-centered care in FP services.

To support the scaling-up of Postpartum and Post-Abortion Family Planning (PPFP & PAFP) services, QZ Catalyst developed a range of resource materials designed to enhance service delivery, supportive supervision, and monitoring mechanisms:

Resource Development for QA and SS Implementation

- **Provincial Action Plans (Sindh, KP, Punjab, Balochistan)** – Comprehensive roadmaps outlining governance structures, service delivery improvements, and monitoring frameworks for integrating PPFP & PAFP into routine healthcare services.
- **Quality Assurance (QA) Framework for PPFP & PAFP** – A structured guide emphasizing service quality, provider accountability, and patient-centered care, ensuring alignment with high-impact FP practices.
- **Supportive Supervision (SS) Guidelines with Remote Supervision Components** – A mentorship-based framework to enhance healthcare supervision at mid-management levels, integrating in-person and remote (digital) supervision models.

Additionally, several practical toolkits were developed to support these guidelines:

- **Step-by-Step Toolkit for Effective Supportive Supervision (Urdu & English Versions)** – A structured resource to help supervisors conduct systematic visits, provide targeted feedback, and monitor quality improvements.
- **Supportive Supervision Worksheets for Healthcare Providers** – A tracking and assessment tool to help supervisors identify service gaps, implement corrective actions, and measure quality improvements in PPFP & PAFP services.
- **Infection Prevention Checklist & Presentation** – A comprehensive training resource covering hygiene protocols, sterilization procedures, and waste management strategies to strengthen infection prevention practices in healthcare facilities.
- **Guide on Data Management, Quality, & Use** – A detailed manual focused on improving data accuracy, reporting consistency, and data-driven decision-making, ensuring effective FP service monitoring and evaluation at facility and district levels.

Recognizing the need to institutionalize QA and SS mechanisms, provincial governments took formal steps to integrate these frameworks into policy:

- Sindh, KP, and Balochistan officially endorsed the Provincial Action Plans for PPFP, leading to the establishment of Task Forces at both provincial and district levels to oversee implementation. These Task Forces will conduct quarterly review meetings to ensure effective scaling-up and integration of PPFP into routine healthcare services.
- In January 2025, the Departments of Health and Population Welfare in Balochistan and KP formally adopted the QA Framework and SS Guidelines as official provincial reference materials, reinforcing service quality, accountability, and supervision mechanisms for family planning services.

Following the endorsement of QA and SS resource materials, Training of Master Trainers (ToMT) sessions were conducted at the Provincial and District levels, engaging healthcare professionals from:

- Department of Health (DoH)
- Population Welfare Department (PWD)
- Integrated Reproductive, Maternal, Newborn, and Child Health (IRMNCH) programs

By aligning government policies, capacity-building initiatives, and quality improvement frameworks, the *Qadam ba Qadam* Initiative is playing a pivotal role in strengthening Pakistan's FP service delivery systems. This approach ensures that QA and SS become integral components of sustainable healthcare practices, improving maternal and child health outcomes nationwide.

2. Training Objectives

The training was aimed at:

- Equip participants with strategic knowledge of QA principles and their application.
- Introduce modern SS techniques to foster continuous service improvement.
- Enhance skills in digital supervision methodologies for remote monitoring.
- Develop actionable work plans to integrate QA and SS into routine healthcare practices.
- Encourage inter-departmental collaboration for sustainable FP service delivery.

3. Methodology

- **Interactive Presentations:** Use presentations to introduce concepts, supported by visual aids and real-world examples.
- **Co-Working Sessions:** Facilitate collaborative discussions to generate insights and share best practices.
- **Brainstorming:** Encourage creative thinking to develop actionable strategies for QA and SS.

4. Strengthening Capacity for Quality Assurance and Supportive Supervision

Following the endorsement of resource materials in Balochistan and KP, QZC conducted Training of Master Trainers at both the Provincial and District levels, bringing together participants from the Departments of Health (DoH), Population Welfare Departments (PWD), and Integrated Reproductive Maternal, Newborn, and Child Health (IRMNCH) programs. These trainings, held in January 2025 in Quetta, Balochistan, and February 2025 in Peshawar, KP, aimed to strengthen capacity for Quality Assurance (QA) and Supportive Supervision (SS) among healthcare providers. These trainings focused on:

- **Modern Supportive Supervision Practices** – Transitioning from traditional oversight to a collaborative, mentorship-based approach for quality improvement.
- **Remote Supervision Strategies** – Utilizing digital tools and innovative methods to enhance service delivery in remote and resource-limited areas.
- **Identifying and Addressing QA and SS Gaps** – Engaging participants in case-based learning and real-world problem-solving to recognize and mitigate service quality challenges.
- **Developing Action Plans for Implementation** – Ensuring trained personnel integrate QA and SS principles into routine facility-level practices for sustained impact.

To support these trainings, QZC developed additional resource materials, including:

- **Training Presentations & Facilitator Guides on QA and SS** – Structured training content designed to equip healthcare providers with practical knowledge, tools, and methodologies for effective QA and SS implementation.
- **Case Studies on QA and SS** – Real-world examples showcasing successful applications of quality assurance principles, highlighting best practices and lessons learned to enhance service delivery

5. Training of Master Trainers on QA and SS

5.1. Opening Session & Welcome Remarks

The training commenced with a warm welcome from Mr. Bilal Ahmed, Provincial Manager, Pathfinder International, who emphasized the importance of improving maternal health through Post-Pregnancy Family Planning and Post-Abortion Family Planning services. He highlighted the *Qadam ba Qadam* Initiative, which focuses on scaling up these services through policy development, training, data management, and quality assurance. Acknowledging the support of the Provincial Departments of Health and Population Welfare, he stressed the need for accurate data recording to guide interventions and improve service quality. The training aimed to enhance participants' technical skills and implementation capacity, ensuring better access to family planning services and safer birth spacing practices across the province.



Following this, Dr. Iftikhar Ahmed, from QZ Catalyst, provided an overview of the training, introducing the concepts of Quality Assurance and Supportive Supervision and outlining the agenda for the day. His introduction set the stage for an interactive and engaging learning experience, ensuring participants understood the importance of Quality Assurance and Supportive Supervision in strengthening FP services.

To create engagement and collaboration, all participants were invited to introduce themselves, sharing their names, designations, and locations. This introductory round helped create a sense of community and collaboration, allowing attendees to familiarize themselves with their peers and colleagues, many of whom play key roles in implementing FP services at the provincial and district levels.

5.2. Pre-Test and Post-Test: Objectives and Purpose

To assess baseline knowledge and evaluate the effectiveness of the training, a pre-test was conducted at the beginning of the session. It aimed to measure participants' understanding of Quality Assurance and Supportive Supervision in FP services, identifying knowledge gaps and areas for improvement. At the end of the training, a post-test using the same questionnaire was administered to assess knowledge retention and learning outcomes. A detailed analysis of the pre-test and post-test results is provided separately in this document.

5.3. Detailed Overview of Training Sessions

5.3.1. Session 1 Report: Defining Quality Assurance in healthcare

As an icebreaker, the facilitator invited participants to share their experiences and perspectives on Quality Assurance, Supportive Supervision, and Monitoring in family planning services. Dr. Ambreen Mengal, Director Technical (PWD), shared that the PWD is actively working to integrate QA and SS across all its programs, ensuring that any field-related issues in family planning services are identified and addressed in real time. She highlighted that PWD has conducted five trainings for Lady Health Visitors (LHVs) on postpartum family planning, and she herself has served as a facilitator in these sessions.

Dr. Ambreen further elaborated on her experience of working in a trust organization for over 12 years, where she has been involved in supervising antenatal care (ANC) services, conducting ultrasound screenings,

and guiding women on nutrition and medication. She emphasized that supervision in healthcare extends beyond routine monitoring, it involves mentorship, data management, and ensuring quality service delivery. She also mentioned her role in training women to administer subcutaneous contraceptive injections (Sayana Press DMPA-SC) and the recent Memorandum of Understanding signed between her organization and the Government of Balochistan to expand such initiatives.

The facilitator then asked participants how they define QA in healthcare. Responses included:

- *“QA involves identifying errors in reported data, comparing it with field data, and rectifying discrepancies to ensure accuracy.”*
- *“It is the process of following national and international healthcare standards to ensure consistent, high-quality service delivery.”*

The session objectives were then presented, followed by an overview of Quality Assurance (QA) and its relevance to healthcare services. The facilitator emphasized a patient-centered approach, highlighting that QA should be designed for the benefit of patients, ensuring that healthcare services are accessible, comprehensible, and responsive to their needs. Participants were encouraged to consider how QA frameworks can be integrated into their own work settings to enhance service quality and improve maternal and child health outcomes.

The first session, **“Defining Quality Assurance (QA)”**, was led by Dr. Munazza Haris and focused on introducing participants to core QA principles in healthcare, particularly within Postpartum Family Planning (PPFP). The session emphasized how QA improves maternal and child health outcomes, addressed existing gaps in PPFP services, and provided practical tools and frameworks to enhance healthcare quality.

The session aimed to familiarize participants with Quality Assurance (QA) concepts in healthcare, particularly in family planning (FP) services, while highlighting its crucial role in improving maternal and child health outcomes. It provided an overview of QA tools, frameworks, and strategies essential for ensuring high-quality service delivery. Additionally, the session emphasized interactive discussions to actively engage participants and prepare them for practical QA implementation in their respective healthcare settings.

The key topics covered were:

- **What is Quality Assurance (QA)?** – Introduction to QA as a systematic process aimed at maintaining and improving healthcare standards.
- **QA in the Context of PPFP** – Examining how QA principles enhance family planning services.
- **Core Principles of QA in Healthcare** – Discussing patient-centered care, evidence-based practices, and continuous improvement.
- **Pakistan’s Commitment to FP2030** – Reviewing the country’s progress and strategies to scale up PPFP initiatives.
- **Challenges in FP Service Delivery** – Identifying gaps in QA implementation across health facilities.
- **Integration of FP Across Contact Points** – Discussing the role of health facilities, community health workers, and digital health innovations.
- **Comprehensive QA Frameworks for PPFP Improvement** – Providing an overview of facility-level, community-level, and system-strengthening frameworks.

The session was highly interactive, with participants actively engaging in discussions to clarify key Quality Assurance (QA) concepts. Dr. Samina Bugti (DPC, MNCH) inquired about ensuring consistent QA implementation across remote healthcare facilities. In response, Dr. Munazza emphasized the importance of capacity-building through standardized training programs and the use of remote supportive supervision tools, such as checklists and digital reporting mechanisms, to maintain uniformity.

Expanding on QA measurement, Dr. Yasmeen (MSU, Quetta, PWD) sought insights into key indicators for evaluating QA success in Postpartum Family Planning (PPFP) services. Dr. Munazza outlined both quantitative and qualitative indicators, including the number of supervised visits, FP counseling quality scores, client satisfaction levels, and contraceptive uptake rates. Participants highlighted that continuous improvement in service delivery and patient outcomes can be assessed by tracking the number of patients using a contraceptive, their satisfaction levels, and the documented effectiveness of FP services. They also emphasized that improvement should be monitored through accurate data and follow-up visits to ensure that services are meeting patient needs effectively.

Further contributing to the discussion, Dr. Tahira Mumtaz Umrani (Incharge, RHS) asked how QA contributes to increasing FP acceptance among postpartum women. In response, Dr. Munazza explained that structured QA interventions ensure consistent, high-quality FP counseling, which fosters trust and informed decision-making, ultimately leading to higher contraceptive uptake. Participants also stressed the importance of data accuracy and interdepartmental collaboration, particularly between clinicians and family planning clinics, to ensure that patients receive comprehensive and coordinated care.

As the discussion progressed, the sustainability of FP services was also explored. Participants shared that for FP to be sustainable, it is essential to ensure service availability, continuous staff training, and skilled personnel who can counsel antenatal and postpartum women effectively. Postpartum family planning (PPFP) was further explained with examples, emphasizing its role in improving maternal and child health outcomes.

Closing the session, Dr. Munazza emphasized that for sustained improvements in FP services, QA frameworks must be effectively implemented at the facility, community, and system levels. She highlighted the importance of a data-driven approach in monitoring, evaluating, and refining QA interventions, enabling healthcare providers to identify service gaps and implement targeted improvements for enhanced service quality and accessibility. Participants reinforced this by reflecting on how successful QA implementation should lead to reduced maternal mortality (MMR), improved FP services, fewer postpartum complications, and better pregnancy spacing to address the high unmet need for contraception. The session provided participants with a deeper understanding of QA implementation, measurement, and its impact on FP service quality and sustainability, equipping them with practical approaches to enhance service delivery in their respective domains.

5.3.2. Session 2: Principles of Supportive Supervision (SS)

The second session, titled “**Principles of Supportive Supervision (SS)**”, was led by Dr. Munazza Haris. This session focused on shifting the perspective of supervision from a traditional fault-finding approach to a collaborative, problem-solving model that strengthens healthcare service delivery. Dr. Munazza introduced participants to modern SS practices, emphasizing mentorship, two-way communication, and continuous improvement rather than top-down monitoring.

The session aims to introduce key principles of SS and its application in family planning and reproductive health services. It will emphasize the critical role of SS in enhancing healthcare provider performance, improving service quality, and achieving better patient outcomes. Additionally, the session will review

various SS tools and strategies for effective implementation, including supervision checklists, performance monitoring frameworks, and digital supervision tools. To reinforce learning, participants will engage in discussions and interactive exercises, enabling them to explore practical ways to apply SS in real-world healthcare settings.

Key Topics Covered Were:

- **Understanding Supportive Supervision (SS)** – A shift from traditional supervision to a mentorship-based approach.
- **The Role of SS in Healthcare** – How SS enhances provider performance, strengthens service delivery, and improves patient care.
- **Core Principles of SS** – Two-way communication, problem-solving, and capacity building rather than fault-finding.
- Types of Supervision:
 - **Managerial Supervision** – Focuses on administrative efficiency and policy alignment.
 - **Technical Supervision** – Builds service delivery capacity, ensures adherence to quality standards, and provides ongoing mentorship.
- **Prioritization of Healthcare Providers for SS** – Identifying high-priority providers for immediate support and categorizing medium- and low-priority providers for follow-ups.
- **Monitoring and Documentation** – Using supervision checklists, performance tracking tools, and digital reporting to evaluate provider progress.
- **Introduction to Remote SS Approaches** – Discussing the need for digital supervision tools to address logistical and infrastructural challenges in rural and remote areas.

Like the previous session, the session too was highly interactive, with several participants raising critical questions regarding the practical application of Supportive Supervision (SS) in family planning services. Dr. Sabiha Zahid (LMO, SKBZ, Quetta) initiated the discussion by asking, *“How can we ensure that Supportive Supervision is not misinterpreted as traditional oversight by healthcare workers?”* Similarly, Dr. Noreen Gul (Population Welfare Department) inquired about *“the essential tools supervisors should use to track progress and support providers effectively.”*

In response, Dr. Munazza emphasized the importance of clear communication and role clarity to ensure that supervisors are perceived as mentors rather than inspectors. She highlighted the need for structured orientation sessions for both supervisors and supervisees, fostering a positive perception of SS. Furthermore, she provided an overview of essential tools such as supervision checklists, provider performance tracking sheets, and feedback forms. She also stressed the significance of real-time documentation using digital reporting platforms, which can enhance transparency and efficiency in supervision.

Another pressing concern was raised by Dr. Nasreen (In-charge MSU Loralai, PWD), who questioned, *“How do we incorporate supportive supervision in districts where supervisors have limited time and resources for field visits?”* Habiba M. Jumma (Assistant Director, PWD) extended this discussion by asking, *“How can SS be aligned with current performance evaluation frameworks?”*

Addressing both questions, Dr. Munazza introduced the concept of remote supportive supervision, which utilizes WhatsApp, video conferencing, and digital checklists to provide continuous support and monitoring without frequent field visits. She suggested integrating SS metrics into existing Key Performance Indicators (KPIs) and aligning them with Quality Assurance (QA) frameworks. This approach ensures that SS does not duplicate routine performance assessments but rather complements them by fostering a supportive and improvement-driven culture.

Dr. Munazza concluded the session by reinforcing that Supportive Supervision represents a paradigm shift from traditional monitoring to a mentorship model that encourages problem-solving, capacity-building, and continuous quality improvement. She emphasized that employing structured tools such as checklists, feedback mechanisms, and real-time digital tracking can enhance the efficiency of SS and ensure consistent quality monitoring. Recognizing the challenges in resource-limited settings, she advocated for the adoption of remote SS approaches to bridge gaps, enabling supervisors to engage with providers through digital platforms. Dr. Munazza urged that SS should be seamlessly integrated into existing healthcare structures to avoid imposing additional burdens on providers, thereby driving quality improvements at facility, district, and provincial levels. She called upon participants to implement SS strategies in their respective work environments, fostering continuous learning and mentorship for frontline healthcare providers.

5.3.3. Session 3: Infection Prevention

Dr. Iftikhar conducted a brief refresher session on Infection Prevention (IP) aimed to serve as a quick refresher for participants, reinforcing the need for consistent infection prevention practices in routine clinical work. The session was structured to highlight key principles of infection prevention in healthcare and postpartum family planning (PPFP) settings, as outlined in the Infection Prevention Checklist.

The session covered essential aspects of infection control practices, focusing on hand hygiene, sterilization, waste management, and infection prevention in postpartum family planning (PPFP) services. Dr. Iftikhar emphasized proper handwashing techniques, the use of personal protective equipment (PPE), and maintaining strict hygiene protocols in healthcare settings. The discussion also included methods for sterilizing medical instruments, safe handling of reusable items, and proper disposal of infectious waste to prevent cross-contamination. Additionally, specific guidelines for infection control during contraceptive procedures, such as IUD insertions and implants, were highlighted to ensure patient and provider safety.

Participants engaged in a short discussion on practical challenges in implementing infection prevention protocols in their district health facilities. Some raised concerns regarding resource constraints (availability of PPE, sterilization materials) and the need for continuous monitoring of infection control measures. Dr. Iftikhar concluded by reinforcing the importance of adherence to IP protocols, especially in maternal and reproductive healthcare settings, to ensure patient and provider safety.

Participants acknowledged the practicality of the session, and some suggested follow-up trainings for healthcare staff at the district level.

5.4. Interactive Case Study Session on QA and SS:

After the two technical sessions on Quality Assurance (QA) and Supportive Supervision (SS), participants engaged in case study discussions to apply key concepts to real-world scenarios. The case studies, presented via PowerPoint, illustrated challenges in postpartum family planning (PPFP) services and provided structured approaches to addressing them.

The PowerPoint presentation introduced two case scenarios highlighting key challenges in PPFP service delivery. The first case study focused on QA at a Tehsil Headquarters Hospital (THQ) serving a population

of 50,000, where only 25% of postpartum women opted for contraception, significantly below the 50% target. Several key issues were identified, including counseling gaps, as only 30% of postpartum women received FP counseling during antenatal visits. Additionally, provider skills were lacking, with some staff hesitant to discuss long-acting reversible contraceptives (LARCs). Weak data monitoring systems meant that facility records were incomplete, and service gaps were not regularly reviewed. Furthermore, cultural resistance and low male involvement contributed to hesitancy in adopting contraception, further limiting the impact of PPFP services.

The second case study examined SS in a Rural Health Center (RHC) serving a population of 40,000, where only 18% of postpartum women received contraceptive counseling. Key issues included irregular FP counseling during antenatal and postnatal visits, with providers often missing opportunities to engage with women about family planning. Additionally, many healthcare providers lacked updated knowledge on FP methods, reducing their confidence in discussing contraceptive options. Poor data recording and monitoring further hindered progress, as counseling sessions and contraceptive uptake were not systematically documented. Both case studies underscored the need for structured interventions, including provider training, better data tracking, and culturally sensitive approaches to improving contraceptive uptake and FP counseling



Following the case study presentations, participants engaged in structured group work sessions, conducted in two phases, the first focusing on Quality Assurance Framework, followed by the second on Case Study Analysis on both QA & Supportive Supervision.

5.4.1. Applying the QA Framework: Strengthening Systems for Quality FP Service Delivery

For the first group work, participants were divided into six subgroups and tasked with analyzing the key elements from the three core frameworks of the QA Framework, namely, Facility-Level Service Delivery Framework, Community-Level Demand Creation Framework, and, Policy and System Strengthening Framework. Each subgroup focused on different components of the QA framework, addressing facility, community, policy, and client-level challenges. Dr. Iftikhar and Mr. Zaeem from QZ Catalyst facilitated the discussions, ensuring that participants remained focused on identifying critical gaps and developing practical, solution-oriented strategies for improving FP service delivery.

Group 1: Facility-Level Service Delivery: This group identified key challenges affecting provider capacity, monitoring systems, and adherence to WHO criteria for contraceptive use.

- **Lack of Provider Knowledge & Skills in PPFP IUCD Insertion.** *Solution:* Providers should undergo tailored competency-based training using the MEC Wheel approach, adjusting counseling based on patient-specific conditions like diabetes or hypertension. The group also emphasized the need to debunk myths (e.g., misconceptions about IUCDs affecting future pregnancies or BTL stopping menstruation).
- **Inadequate Monitoring & Supportive Supervision.** *Solution:* Regular data entry and adherence to checklists should be ensured to track compliance with infection prevention control (IPC) standards and patient eligibility criteria.

- **Limited Knowledge of WHO Medical Eligibility Criteria for Contraceptive Use, *Solution:*** Supportive supervision and standardization of protocols should be enforced to ensure evidence-based contraceptive provision.
- **Lack of Respect for Patient Autonomy & Counseling Techniques: *Solution:*** The GATHER technique should be implemented to ensure effective, respectful, and patient-centered counseling.

The group emphasized the need for comprehensive facility readiness, covering provider skills, supply chain management, and quality assurance mechanisms to improve service delivery.

Group 2: Community-Level Service Framework: This group examined community-based FP service accessibility and proposed solutions for ensuring adequate infrastructure and proper data documentation.

- **Limited Access to FP Services in Private Clinics & Postnatal Wards: *Solution:*** Establish designated FP service spaces in private clinics and near postnatal wards to improve commodity availability and provider accessibility.
- **Lack of Proper Data Management at the Service Provider Level: *Solution:*** Data registers should be standardized and regularly monitored to ensure accuracy and quality. Regular quality improvement meetings should be conducted to address service gaps.
- **Inadequate Sterilization & Decontamination Practices: *Solution:*** Implement strict sterilization protocols and routine audits, with compliance checks and corrective actions taken through continuous monitoring.

The group highlighted facility readiness as a critical determinant of service quality, ensuring that data-driven decision-making leads to sustainable improvements in PPFP service delivery.

Group 3: Policy & System Strengthening: This group focused on ensuring sustainable FP service implementation through policy improvements and system-wide changes.

- **Weak Referral Systems & Contraceptive Supply Chain Gaps: *Solution:*** Strengthen referral pathways, ensure adequate contraceptive supply, and provide continuous monitoring of contraceptive stock levels.
- **Inadequate Staff Knowledge of PPFP & Commodity Management: *Solution:*** Implement regular refresher training programs on PPFP service provision, contraceptive methods, and data reporting.
- **Lack of Regular Data Entry & Quality Assurance Mechanisms: *Solution:*** Establish daily data entry and validation systems, ensuring quality standards in data recording, reporting, and utilization for decision-making.

The group reinforced the importance of standardized data collection, accuracy, and system-wide quality assurance measures to enhance service effectiveness and policy impact.

Group 4: Client Knowledge, Attitudes, & Practices: This group explored barriers to FP adoption, including low reproductive literacy, misconceptions, and lack of informed counseling.

- **Limited Sexual & Reproductive Health Literacy Among Clients: *Solution:*** Pre-marital counseling and reproductive health education should be incorporated into community engagement programs.
- **Prevalence of FP Myths & Misconceptions: *Solution:*** Community-based awareness campaigns should address common misconceptions (e.g., FP causing cancer or infertility).

- **Providers & LHWs Lacking Knowledge on FP Commodity Side Effects:** *Solution:* Capacity-building programs for LHWs and CMWs should be expanded to include one-on-one FP counseling and integration of FP discussions into ANC, PNC, and child health clinics.
- **Limited Male Involvement in FP Decision-Making:** *Solution:* Conduct male partner counseling sessions, emphasizing the positive impact of FP on family well-being and addressing cultural concerns.

The group emphasized the need for a client-centered approach, ensuring that FP services are tailored to individual needs and made more accessible through informed decision-making.

Group 5: Community, Household, & Cultural Norms: This group discussed how cultural and social norms influence FP decision-making and identified strategies for improving FP awareness at the community level.

- **Lack of Community Knowledge on FP & Breastfeeding Practices:** *Solution:* Increase community education on inter-pregnancy intervals, safe breastfeeding, and FP benefits through community health sessions.
- **Dominance of Religious Leaders & Cultural Norms Against FP:** *Solution:* Engage religious scholars, media, and community elders to advocate for FP and dispel misconceptions.
- **Early Marriages & Limited ANC Utilization:** *Solution:* Promote maternal health education programs to delay early pregnancies and improve ANC coverage.

The group emphasized the role of education and community mobilization in shifting cultural perspectives toward FP acceptance.

Group 6: Gender, Power Dynamics & Decision-Making: This group focused on gender disparities, power dynamics, and decision-making challenges in FP adoption.

- **Young Girls & Newly Married Couples Lacking Decision-Making Power:** *Solution:* Strengthen female education and economic empowerment programs to enhance awareness and self-agency in FP decision-making.
- **Male Partners & Household Decision-Makers Excluding Women from FP Discussions:** *Solution:* Implement household-level counseling targeting male partners and shared decision-making models within families.
- **Traditional & Cultural Barriers to FP Adoption:** *Solution:* Conduct structured family awareness sessions led by LHWs and healthcare providers to normalize FP discussions and informed choices.

The group concluded that empowering women and engaging men in FP decision-making is critical for enhancing contraceptive acceptance and usage.

Participant Reflections & Experience Sharing: The training workshop provided a platform for participants to reflect on real-world challenges, share on-ground experiences, and discuss practical solutions to improve family planning (FP) services. Their insights underscored the barriers faced by both providers and clients while also highlighting the potential for impactful interventions.

- A participant shared their experience, stating: "Many women come to our clinics without prior knowledge of family planning. They simply say, 'Yeh ho gaya hai jee, ab aap kuch karain' (This has happened, now do something). They only seek FP services after an unintended pregnancy occurs."

- Dr. Ambreen Mengal (Director Tech, PWD) emphasized the importance of capacity building, stating: *"Many providers are not comfortable discussing LARCs. Refresher training on counseling techniques and hands-on practice will improve service delivery."*
- Ms. Mishal Qadir (Tutor, Public Health School, DoH) pointed out: *"Men's resistance to contraception remains a major barrier. We need LHW-driven awareness campaigns that involve husbands and community leaders."*
- Engr. Gulkhanda Aziz (BHMIS Cell) emphasized strengthening data monitoring, stating: *"Without proper tracking, we won't know if our interventions are working. Using DHIS2 for real-time FP service monitoring is crucial."*

5.4.2. Case Study Analysis: Implementing Quality Assurance and Supportive Supervision for FP Services

During the second group work session, participants were encouraged to adapt the hypothetical case studies to reflect the realities of their respective districts and healthcare facilities. Each group was tasked with identifying additional gaps and formulating an action plan to enhance service delivery and supervision.

Participants were divided into two groups:

- **The QA Group** focused on improving service delivery by identifying gaps, prioritizing interventions, and proposing measurable indicators for tracking progress.
- **The SS Group** worked on strengthening supervision mechanisms to enhance contraceptive counseling and uptake.

To ensure clarity on measurable indicators, Dr. Iftikhar provided an explanation of quantitative and qualitative indicators, emphasizing that qualitative indicators are derived from a group of quantitative indicators, helping to identify trends such as client satisfaction levels and facility attendance rates.

QA Group: Strategies for Improving PPFP Services: The participants from the QA group shared their deliberations and explained how the group prioritized gaps based on severity and proposed measurable indicators to track improvements.

Key Indicators Identified:

- Number of visits by record keepers to the facility.
- Number of clients attending the facility.
- Number of households visited by service providers.
- Number of distant visits to remote areas.
- Number of clients opting for specific contraceptive methods

Proposed Action Plan:

- Surveillance visits to monitor and assess service provision gaps.
- Training of LHVs and LHWs on FP counseling and contraceptive methods.
- Hands-on workshops for data entry training to improve accuracy in reporting.
- Enhancing provider skills through on-the-job training and competency-based learning.

SS Group: Strengthening Supervision for FP Counseling: The SS group worked on enhancing provider supervision and improving counseling consistency through structured interventions.

Key Issues Identified:

- Counseling gaps, clients were not given adequate time during ANC visits.
- Cultural norms were not considered, leading to ineffective FP counseling.
- Lack of diverse communication methods, especially for LARC awareness.
- Inadequate data collection, making it difficult to track counseling effectiveness.

Indicators & Recommendations:

- Number of providers trained at health facilities on FP counseling and PPFP.
- Number of clients counseled for FP using GATHER or other counseling methods.
- Number of clients receiving LARC insertions as a measure of method acceptance.

Proposed Action Plan:

- On-the-job training for LARC insertion to enhance provider competency.
- On-the-job training for FP counseling to ensure providers are equipped with necessary skills.
- Training of LHWs on counseling skills for PPFP to strengthen community-level awareness.
- Ensuring the availability of contraceptives at healthcare facilities to prevent stockouts and service delays.
- Enhancing data recording and tracking mechanisms, ensuring that counseling sessions are documented separately in registers, including whether the client was counseled and whether they agreed to adopt FP methods.

Group Work & Participant Reflections: The group discussions provided an opportunity for participants to share on-ground challenges and practical solutions to improve QA and SS in FP services.

- Dr. Iram Taj (Assistant Director, PWD) emphasized the need for a standardized checklist for FP counseling, stating: *"If all facilities follow a common checklist, we can ensure every postpartum woman gets the same level of counseling."*
- Dr. Noreen Gul (PWD) highlighted the importance of tracking tools for supervision, stating: *"Supervisors should have a dedicated FP tracking sheet to monitor counseling and uptake rates."*
- Ms. Sara Nawaz (MNCH Program, DoH) stressed the need for remote supportive supervision, explaining: *"Many facilities are understaffed, and frequent visits aren't feasible. WhatsApp-based supervision or video check-ins can help maintain oversight."*
- Naheed Hanif (District Officer, Kalat) pointed out the need for capacity building and provider training, stating: *"Many providers are not comfortable discussing LARCs. Refresher training on counseling techniques and hands-on practice will improve service delivery."*
- Ms. Mishal Qadir (Tutor, Public Health School, DoH) emphasized the role of community-driven demand creation, stating: *"Men's resistance to contraception remains a major barrier. We need LHW-driven awareness campaigns that involve husbands and community leaders."*

The session concluded with a collective agreement that effective supervision, data accuracy, and continuous provider training are essential to ensuring quality FP service delivery and strengthening client trust in FP services.

6. Concluding Session

6.1. Concluding Thoughts from Participants

The training concluded with reflections from participants, highlighting key takeaways and commitments for strengthening Quality Assurance (QA) and Supportive Supervision (SS) in Family Planning (FP) services. Participants expressed appreciation for the interactive nature of the training and emphasized the need for ongoing capacity-building efforts to sustain improvements in service delivery.

- *"You should arrange a dedicated training session on quality data collection and data entry to ensure accuracy in monitoring FP services."*
- *"The sessions were highly engaging, allowing us to actively participate and share experiences."*
- *"We learned a lot from each other, and the interactive format made the sessions more effective."*
- *"As service providers, we are constantly working in the field, this training was a valuable opportunity to step back, reflect, and enhance our skills."*

Dr. Iftikhar shared an important principle with participants, emphasizing the Quantity, Quality, and Time approach as a key metric for assessing facility performance, widely used in the corporate sector, and explained its application in healthcare service delivery.

Additionally, several commitments emerged from the discussions, reflecting the joint efforts of the Department of Health (DoH) and the Population Welfare Department (PWD) to institutionalize QA and SS practices:

- DoH and PWD will collaborate to formalize QA and SS processes within routine FP service delivery.
- Monitoring frameworks will be developed to systematically track implementation progress.
- Quarterly review meetings will be conducted to assess the impact of QA and SS initiatives.

Through continuous capacity-building, interdepartmental collaboration, and data-driven monitoring, QA and SS will play a pivotal role in strengthening FP service delivery across Balochistan, ensuring sustained improvements in healthcare quality and accessibility.

Bridging Communication Gaps: A Direct Government Response to FP Challenges: One of the most significant outcomes of this training workshop was its role in bridging the communication gap between governmental and non-governmental healthcare facilities, enabling a direct dialogue on challenges and potential solutions for improving family planning (FP) services.

During the discussion, a participant from Sheikh Zaid Hospital raised concerns about the lack of FP clinics, highlighting that patients are often forced to purchase contraceptives from the market, with IUCDs being expensive and frequently unavailable. This brought to light a critical service gap in FP accessibility within non-governmental facilities.

Recognizing this challenge, Dr. Ambreen from the MNCH Program immediately proposed a solution, stating that if there is sufficient patient demand, the hospital should formally request contraceptive supplies from the MNCH program. This direct government commitment—arising as a result of this workshop—demonstrates how training events can facilitate essential discussions, leading to real-time solutions that will benefit many potential FP clients.

By creating collaboration between public and private healthcare sectors, this training has ensured that FP services reach a broader population, addressing critical supply gaps and enhancing accessibility for underserved communities. This outcome highlights the power of structured training workshops in creating

opportunities for interdepartmental coordination and immediate policy interventions, ultimately strengthening FP service delivery at multiple levels.

6.2. Closing Remarks

The closing session of the training workshop was honored by the presence of Secretary Health Balochistan, Mr. Abdullah Khan, who was briefed on the workshop's objectives, training content, and its alignment with the ongoing efforts in Post-Pregnancy Family Planning (PPFP).

Mr. Bilal Ahmed from Pathfinder International provided an overview of the Qadam Ba Qadam initiative, highlighting Pathfinder's ongoing work in strengthening PPFP services across Balochistan. Dr. Munazza Haris then presented a summary of the training workshop, emphasizing its role in building capacity for Quality Assurance (QA) and Supportive Supervision (SS) in FP service delivery.

Remarks by the Secretary Health Balochistan: Mr. Abdullah Khan, in his closing address, reflected on his own experience as a trainee during a USAID-organized workshop on Supportive Supervision in 2007-08. He shared how this training shaped his approach, stating: *"Since then, I have always practiced a supportive approach. Whenever I visit a health facility, I do not focus on shortcomings to penalize staff but rather identify gaps and work on corrective measures. This strategy has brought tangible improvements in healthcare services across Balochistan."* He highlighted key improvements achieved through supportive supervision, citing:

- Expansion of Basic Health Units (BHUs) from 600+ in 2006 to 750 today.
- Increase in functional labor rooms from 120 to 150 across Balochistan.
- Persistent gaps in District and Tertiary Headquarter Hospitals, where issues such as lack of anesthetists or non-functional blood banks hinder service delivery.

Emphasizing the integration of Family Planning (FP) and Reproductive Health (RH) services into primary healthcare stated: *"If we want to improve maternal and neonatal health indicators, FP & RH services must be made available at the primary healthcare level. Without this, MNCH indicators will not improve. Similarly, unless immunization coverage reaches 80-85%, maternal and child health outcomes will remain suboptimal."*

He stressed the importance of adopting a holistic health model, integrating environmental, agricultural, and socio-economic factors rather than limiting efforts to a traditional healthcare service model. During his remarks, the Secretary engaged participants in an interactive discussion, asking:

"What is Quality Assurance?" Participants responded that QA means ensuring that services align with patient needs, fostering effective communication, and maintaining integration and collaboration across departments.

"How should communication between the patient and healthcare provider take place?" He reinforced that communication should be patient-centered, ensuring that providers give complete and comprehensible information while encouraging patients to ask questions and make informed choices.

"Are PPFP services available at tertiary care facilities?" Participants confirmed the availability of PPFP services from 9:00 AM to 2:00 PM but noted the need for family involvement to enhance service uptake.

"Is there effective coordination between departments?" It was clarified that BTL (Bilateral Tubal Ligation) cases are referred to PWD, and FP services are available in Loralai, Khuzdar, Quetta Civil Hospital, and Saiban.

Addressing FP Service Gaps at Sheikh Zaid Hospital: Commitment for Improved Access: The Secretary was briefed that Sheikh Zaid Hospital currently lacks dedicated FP services and has no FP commodities, highlighting the existing gap and the MNCH Program's commitment to providing contraceptive commodities. However, recognizing this shortfall, the Secretary proposed the establishment of an FP corner within the hospital, where a Family Welfare Worker (FWW) could be stationed to ensure service provision. The Secretary added: *"When a doctor expressed willingness to offer FP services if the necessary equipment were made available, along with respective counselling and service provision skills to the healthcare workers"*.

6.3. Certificate Distribution

The certificate distribution ceremony marked the successful completion of the training workshop, recognizing participants' engagement and dedication. Mr. Abdullah Khan, Secretary Health Balochistan, presented Certificates of Participation, which were jointly signed by the Department of Health (DoH), Population Welfare Department (PWD), Pathfinder International, and the Lead Trainer. Workshop trainers and facilitators acknowledged the participants' active contributions. The ceremony served as a motivational conclusion, reinforcing the importance of sustained efforts in implementing Quality Assurance and Supportive Supervision in FP services across the province.



7. Conclusion & Way Forward

The Quality Assurance and Supportive Supervision Training successfully strengthened the knowledge and skills of healthcare providers and supervisors in improving FP service delivery in Balochistan. The interactive discussions, case study analyses, and hands-on group work allowed participants to apply QA and SS principles in real-world scenarios, reinforcing problem-solving, mentorship, and data-driven decision-making in FP services.



The pre-test and post-test results demonstrated substantial improvement in participants' understanding, with many showing remarkable progress. Participants acknowledged the need for continuous capacity-building and highlighted QA and SS as key drivers of sustainable FP service quality. Furthermore, the training bridged communication gaps between the Department of Health (DoH), the Population Welfare Department (PWD), and non-governmental healthcare facilities, leading to practical solutions for improving contraceptive access and supervision mechanisms.

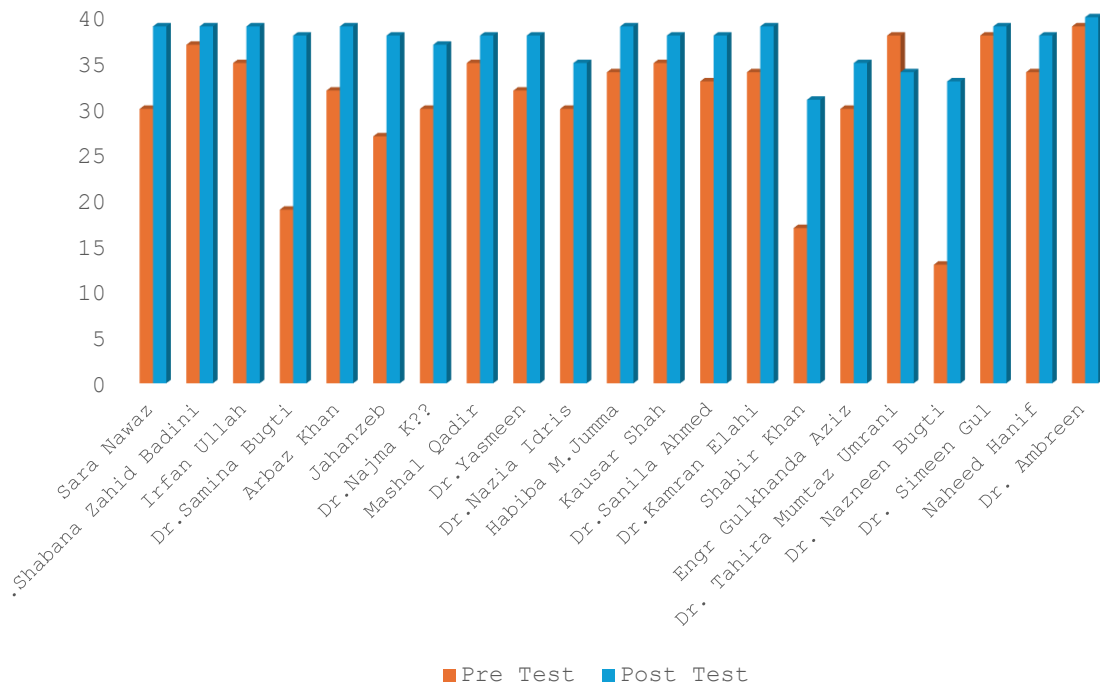
Commitments from key stakeholders included:

- Institutionalizing QA and SS within FP service frameworks.
- Strengthening interdepartmental collaboration between DoH and PWD.
- Enhancing data collection and monitoring mechanisms to track progress.
- Conducting quarterly review meetings to assess implementation impact.

Moving forward, continuous refresher trainings, structured mentorship programs, and digital supervision tools will be crucial in sustaining QA and SS practices across Balochistan. The training outcomes and participant reflections reaffirm the importance of data-driven decision-making, interdepartmental

coordination, and structured quality improvement initiatives in strengthening post-pregnancy and post-abortion FP services.

8. Pre-Test vs. Post-Test Performance Overview



As shared earlier in this document, this report offers a comparison that enabled facilitators to gauge improvements in participants' understanding and assess the overall impact of the training. The pre and post-tests not only functioned as a diagnostic tool but also served as a learning catalyst, helping participants identify key areas to focus on throughout the training. The key **objectives** of the pre-test were to:

- Establish participants' prior knowledge of QA and SS concepts.
- Identify existing gaps that the training would address.
- Provide participants with an overview of key learning areas to focus on.
- Encourage active engagement, motivating participants to seek answers to challenging topics.

The pre-test scores varied significantly, with some participants scoring **below 20**, indicating gaps in foundational knowledge. In contrast, the post-test scores demonstrated substantial improvement, with most participants scoring **above 35**, reflecting an enhanced understanding after the training. Some key observations were:

- Pre-Test Scores ranged from **13 to 40**, with several participants below 30, highlighting areas requiring further learning. Post-Test Scores showed consistent improvement, with most participants scoring above 35, demonstrating better comprehension of QA, SS, and FP concepts.
- **Top Performers:** Several participants achieved perfect or near-perfect scores, demonstrating a strong grasp of key concepts after the training.
- **Most Improved Participants:** The following individuals exhibited notable improvement in knowledge:
 - Dr. Samina Bugti (Pre-Test: 19, Post-Test: 38)
 - Dr. Nazneen Bugti (Pre-Test: 13, Post-Test: 38)

- Shabir Khan (Pre-Test: 17, Post-Test: 31)

Key Areas of Improvement in Post-Test: Several concepts showed notable improvement, indicating that participants grasped these topics more effectively after the training:

- **Understanding Supportive Supervision (SS) Principles:** Participants recognized SS as a participatory, problem-solving approach rather than a top-down, fault-finding process, and they appreciated the importance of two-way communication, collaborative problem-solving, and recognizing good practices.
- **Key Steps in Quality Assurance (QA) for Family Planning:** Most participants correctly identified essential QA steps, including training providers, integrating FP into maternal health services, and strengthening referral systems.
- **Integration of FP Across Health Touch Points:** Participants demonstrated a better understanding of how FP services can be integrated into ANC, PNC, and child immunization clinics to improve access and ensure continuity of care.
- **Benefits of FP Service Integration in Maternal Healthcare:** The post-test indicated a stronger comprehension of how FP integration helps prevent closely spaced pregnancies, enhances maternal-child health outcomes, and expands FP access for underserved populations.
- **Role of FP Counseling During Postnatal Care (PNC) Visits:** Participants gained clarity on how FP counseling during PNC visits supports informed decision-making and ensures the continuity of FP services.

Key Learnings and Areas for Further Improvement: A few areas require continued reinforcement:

- **Missed FP Counseling Opportunities:** Some participants initially struggled to identify situations where FP counseling should be provided, such as child immunization visits and labor ward admissions.
- **Interdepartmental Collaboration Between DoH and PWD:** Although understanding of collaborative roles improved, further practical application of this knowledge is necessary.
- **Addressing Barriers to FP Uptake:** While participants improved in identifying FP counseling strategies, continuous efforts are needed to tackle cultural myths, misconceptions, and increase male engagement.

Conclusion and Recommendations: The pre-test and post-test result clearly demonstrate the positive impact of the training program, with remarkable improvements in participants' understanding of Quality Assurance, Supportive Supervision, and FP service integration. The majority of participants enhanced their knowledge, with several achieving near-perfect scores in the post-test.

Recommendations for Future Training: Future refresher sessions will help reinforce these learnings and address remaining challenges. Continued reinforcement of FP counseling strategies through case studies and role-playing exercises will enhance practical application. Strengthening interdepartmental collaboration by conducting joint training sessions for DoH and PWD staff will ensure a more coordinated approach to service delivery. Additionally, addressing persistent barriers to FP uptake, particularly cultural myths, misconceptions, and male involvement in FP counseling, will be crucial for improving accessibility and acceptance of FP services.

9. Annexure

9.1. Agenda



Training QA SS
Agenda - v3.pdf

9.2. Attendance Sheet

- **Department of Health (DoH), Balochistan**
 - Dr. Saeeda Rehman – SLMO, SPH ILH
 - Dr. Irum Ismail – Planning Officer
 - Dr. Sanila Ahmed – SLMO, SKBZ
 - Dr. Sabiha Zahid – LMO, SKBZ, Quetta
 - Sara Nawaz – Program Coordinator, MNCH
 - Dr. Yasmeen – LMO, MEU
 - Dr. N. Nauman – Consultant
 - Dr. Samina Bugti – DPC, MNCH
 - Dr. Simeen Gul – PC, MCH + Health Department
 - Dr. Kamran Elahi – DPC, LHW Health
 - Dr. Nazia Idrees – LMO, Gynae, SPH Quetta
 - Abdullah Shegazi – HEO, LHWs Program
 - Naheed Hanif – District Officer, Kalat
- **Population Welfare Department (PWD), Balochistan**
 - Dr. Kausar Shah
 - Dr. Noreen Gul
 - Habiba M. Jumma – Assistant Director, PWD
 - Dr. Ambreen Mengal – Director Tech, PWD
 - Dr. Nazneen Bugti – Incharge, RHS
 - Dr. Tahira Mumtaz Umrani – Incharge, RHS
 - Dr. Saba – Incharge, RHS
- **BHMIS & Data Systems (Health Sector-Related) & Other Staff Members**
 - Engr. Gulkhanda Aziz – BHMIS Cell
 - Sabir Khan – BHMIS-DGHS
 - Mr. Irfan Ullah – Supervision (Junior)
 - Jahan Zaib – Account Assistant
 - Arbaz Khan – Junior Clerk
- **Pathfinder International**
 - Muhammad Bilal – PM, Pathfinder
 - Najeebullah – Pathfinder
 - Wali Muhammad – Provincial Lead, Pathfinder
 - Nazia Farroukh – PC, Pathfinder
- **QZ Catalyst (Trainers & Facilitators)**
 - Dr. Munazza Haris – Trainer, QZC
 - Dr. Iftikhar Sauro – Director Programs, QZC
 - Zaeem Qazi – Director Operations, QZC



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10. Resource Materials



Step-by-Step Toolkit
for Effective Supportiv



Matrix Tool for
Developing a Training



Facilitator Guide for
Hypothetical Co.docx



Supportive
Supervision Workshee



Pre and Post Test for
Participants.docx



Infection Prevention
Checklist with Scoring



QA & SS PPT-QbQ



IP PPT