Community Based Postpartum Family Planning in Afghanistan

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27 May, 2013
Background

- Maternal mortality ratio: 320/100,000 live births
- Neonatal mortality rate: 35/1000 live births
- Child mortality rate: 102/1000 live births
- Total Fertility Rate: 5.1
- Contraceptive Prevalence Rate: 20%

Afghan Public Health Institute et al, 2010
UNICEF et al, 2012
CSO and UNICEF, 2012
Purpose of PPFP Program

- To increase CPR
- To improve met need for pregnancy spacing
  - at least 24 months between the birth and the next pregnancy
- To strengthen the capacity of the MoPH in provision of PPFP services, including
  - community-based health care officers
  - FP trainers
  - community health supervisors and
  - community health workers.
Intervention Method

The four-pronged approach of the PPFP initiative includes:

- Advocacy to create an enabling environment for PPFP services e.g. involving community and religious leaders
- Capacity building to equip health workers with knowledge and skills to deliver the intervention package
- Provision of house to house PPFP counseling by CHWs
- Supportive supervision and Monitoring

<table>
<thead>
<tr>
<th>Key Messages</th>
<th>Pregnancy</th>
<th>24-48 Hrs</th>
<th>w/in 7 days</th>
<th>6 wks PP</th>
<th>3-4 mos PP</th>
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<tr>
<td>Essential newborn care, EBF</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>LAM</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Return to fertility</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Transition to FP from LAM</td>
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<tr>
<td>Discussion FP side effects</td>
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<td>Referral to HF contraceptive methods</td>
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Advocacy Plan

NATIONAL LEVEL
- MOPH (Community Based Health Care (CBHC), Reproductive Health (RH), Policy and Planning, Grant Contract Management Unit (GCMU))
- Partners and donors

PROVINCIAL LEVEL
- Provincial Health Director (PHD)
- Provincial Health Officers (PHOs)
- Implementing NGOs

DISTRICT LEVEL
- District Hospital, Hospital Staff, District Authorities
- Community Health Workers (CHWs)
  - Trainers,
  - Community Health Supervisors (CHSs)

COMMUNITY LEVEL
- Health Counsel, Religious leaders, Village leaders/elders
  - Village members,
  - Family Health Action Group
- CHWs
State Intervention

- MoPH with the support of Jhpiego and MSH revitalized the FP through PPFP
  - Standardized the training package for Community Health workers (CHWs)
  - Advocated PPFP through initiating LAM as a gateway to other methods to achieve healthy pregnancy spacing
  - Developed performance standards for PPFP for the CHW supervision using SBMR methodology
  - Integrated PPFP into the health system
Results

CPR at National Level

- AHS 2006
- NRVA 2007/8
- AMS 2010

National
Conclusions

- Trained CHWs are competent to provide PPFP services that extends to provide birth spacing for two or more years.
- Community women have increased access to family planning through community based distribution by CHWs who are frequently respected members in their communities.
- By using the benefits of healthy spacing of pregnancies, LAM and transition to other methods, family planning has been accepted in a traditional culture like rural Afghanistan.
Challenges

- Insecurity and geographical barriers remain a challenge to replicate health care worker trainings at provincial and district levels.

- Staff turnover results in some health facility staff not being oriented on PPFP services.
Lessons Learned

- Community and religious leaders involvement, as active partners, is integral to increasing demand for FP methods
- LAM is an acceptable method of contraception in a religiously conservative environment
- Expanding access to services at the community and household levels is important for increasing utilization