PPFP Qualitative Assessment
“Improving Postpartum Care for Mothers and Newborns in Pakistan”

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Background: Pakistan

- Pakistan MNCH demographics above MDG 4 & 5 Goals
  - MMR - 276/100,000 live births
  - NMR - 54/1000 live births

- Known Factors Affecting MNCH include
  - Low socioeconomic status of women
  - High risk pregnancy
  - Poor access to health services
  - Nutrition
  - Cultural, religious & personal beliefs

- Pakistan’s NMNCH Program is making efforts to expand PPC/FP standards however no national policy exits

- Current CPR 34%, only 22% women use any kind of FP in first year after delivery
Study Method/ Intervention

- 18 months Cluster Randomized Trial
- Unit of randomization is a Rural Health Center (RHC)
- Study divided into five phases

1. Formative Phase
2. Adaptation of PPC
3. Intervention Phase
4. Assessments Base & End
5. Analysis & Dissemination
Formative Phase

- 8 FGDs (79 participant)
- 16 in-depth interviews
- Participant groups:
  - women who delivered their babies in/ outside a health facility in the past six months
  - husbands and mothers-in-law of women who delivered in/ outside a facility in the past six months
  - Facility and community health provider
- Analysis: Ethnographic approach
What are the **barriers** to women and families accepting and accessing PPC/FP services in facilities and in their homes?

- gender
- ethnicity
- economic status
- urban/rural
- poverty
- literacy level
- flood displacement
- security
- decision-making power
- number of years married
- age
- Education
- provider performance
- quality of care
Objectives of Formative Phase

- Examine the factors influencing utilization of PPC/FP
- Inform revision and finalization of the PPC package and service model to reduce barriers to service access
- Aim to ensure that mothers receive their first postpartum consultation within 48 hours of birth, with subsequent visits at four to six weeks and four to six months

**Figure:** Prospective Unmet need among women in the first year postpartum

Source: FP needs during the extended postpartum period; Analysis of Pakistan Demographic Health Survey 2006-07; ACCESS-FP, 2009
Findings of Qualitative Research: Community

- Postpartum concept in community is initial few days
- PPC care are not considered necessary; however LHW are acceptable and welcomed
- PPFP decision makers are husband and wife
- Husband can act as barrier and opportunity- uptake of FP
- Misconception and myths
- Gender discrimination
- Increase demand
- Transport is a big barrier to utilization of PPC/FP services.
- Dietary counseling in PPC/FP
Findings of Qualitative Research: Health Providers

- Healthcare providers are not fully aware
- Not confident in knowledge and provision of PPC/FP services
- Capacity building of Government staff for provision of proper PPC/FP services is needed
- Community Providers like LHWs can play an important role in the mobilization of PPFP demand generation as compare to CMW
- Cultural factors such as privacy of female clients during post-partum period should be focused and addressed
- Public versus private sector reliance as community perceives cost related with quality
Conclusion

- Community perceives community providers as the most acceptable and best option in provision of PPFP because they are in regular contact with mothers.
- Community members are not aware that Health facilities are open 24/7.
- Community has perceived association of educational status and awareness level of women with utilization of PPFP.
- Culturally, most health providers identified Breastfeeding as a method of FP in Postpartum time frame.
- Health providers are not confident and aware of PPFP.