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# 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%

# Purpose of PFP 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 PFP services, including
  - community-based health care officers
  - FP trainers
  - community health supervisors and
  - community health workers.

# Intervention Method

The four-pronged approach of the PFPF initiative includes:

- Advocacy to create an enabling environment for PFPF 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 PFPF counseling by CHWs
- Supportive supervision and Monitoring



Key Messages	Household Counseling Visit				
	Pre gnc y	24-48 Hrs	w/in 7 days	6 wks PP	3-4 mos PP
HTSP	X	X	X	X	X
Essential newborn care, EBF	X	X	X	X	
LAM	X	X	X	X	X
Return to fertility		X	X	X	X
Transition to FP from LAM	X	X	X	X	X
Discussion FP side effects			X	X	X
Referral to HF contraceptive methods			X	X	X

# 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

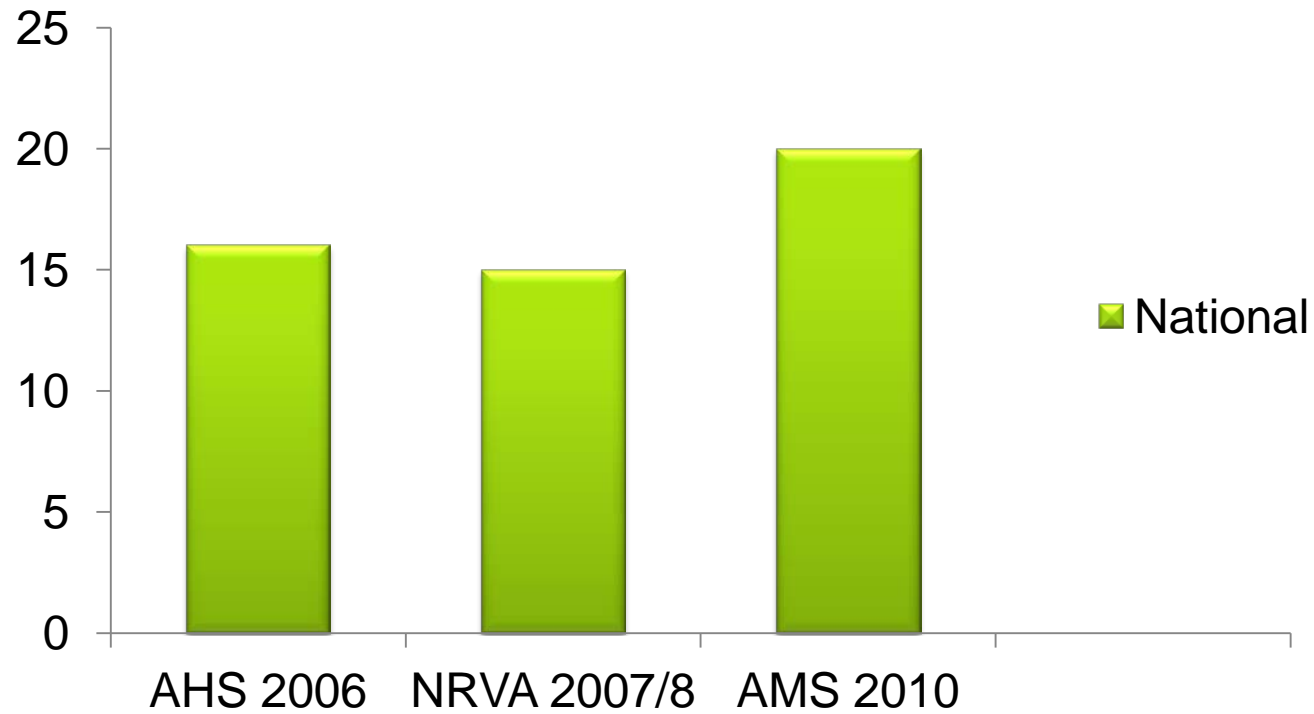
**Health Counsel, Religious leaders, Village leaders/  
elders Village members,  
Family Health Action Group  
CHWs**

## State Intervention

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

# Results

## CPR at National Level





# Conclusions

- Trained CHWs are competent to provide PFP 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 remains 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 PFP 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