Introducing Integrated Post abortion Family Planning services in Punjab-Pakistan

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Pakistan

- 6th Populous Country of the world
- Total fertility rate was 6 children per woman in late 1980s followed by 4.4 in 2001-02
- In 2004, TFR was 3.8 and it was 3.5 in 2012
- The national study shows that in 2012, an estimated 623,000 Pakistani women were treated for complications resulting from induced abortions
- Quality of care and poor access are issues in the provision of FP in Pakistan.
- There is need to strengthen the family planning programme and improve the quality and coverage of post-abortion services.
- Evaluation results suggest that family planning counseling and services be provided to potential clients at the time of admission, as well as before discharge.
Types of Providers accessed by Women for Obtaining Abortions, by Residence and Economic Status

Poor Non poor Poor Non poor Poor Non poor Poor Non poor

TBAs | LHVNs/Nurses/Midwives/FMT | Doctor/Gynaecologist
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Urban

2002 2012
45 40
34 27

2002 2012
39 42
40 38

Rural

2002 2012
40 38

Source: Health Professionals Survey
PAC Cases Treated in Public and Private Sector

- Public sector: 38%
- Private sector: 62%

Source: Health Facilities Survey
Post Abortion Family Planning

PAFP is a subset of FP for the prevention of unintended pregnancies/abortions for at least 6 months.

*Key Elements:*

- **Healthy Timing & spacing of of Pregnancies**
- Providing access to FP Counseling and Services in across continuum of care in MNCH Services
- Expanding choice for highly effective modern contraceptives
Strengthening Post abortion Family Planning in Pakistan

- PAC introduction supported by the DOH/DOPW and Packard (Sep 2011 - Dec 2013) followed by scale-up in four divisions of Punjab.

- Expanded access of PAC clients to a range of contraceptives including LARC by involving community health workers.
Goal of strengthening PAC Program in Punjab

To strengthen the foundation of PAC-PAFP Services resulting in:

- Skilled & Competent service providers
- Higher functioning In service educational institution – CoEs
- Providing access to FP Counseling and Services in across continuum of Post abortion care
Implementation Cycle

Stakeholders Involvement

Advocacy

Capacity Building

Integration of Services

Creating awareness

Improving Quality of Services

Regular Reporting and Recording
Centres of Excellence

- **Faisalabad Division**
  - Allied Hospital & FHC
  - DHQ Hospital & FHC

- **Multan Division**
  - Nishtar Hospital & Family Health Clinic

- **Rawalpindi Division**
  - Holy Family Hospital & FHC
  - DHQ Hospital

- **Sahiwal Division**
  - Haji Qayyum Hospital
  - DHQ Hospital & FHC
  - Services Hospital- Lahore
  - Lady Willingdon Hospital-Lahore
  - Lady Aitchison Hospital-Lahore
PAC Clients-Age Group and Parity

PAC Client - Age Groups

Equal to or <35 yrs 93%

>35 yrs 7%

PAC Clients - Parity

No children 17

1-2 children 27

3-4 children 39

>=5 children 10

Series1
Overall 46% Acceptance has been seen for PAFP
Phased Expansion of PAC

Pilot (Donor funded)

“Strengthening of Postpartum/Post abortion FP”

Scale Up in 4 Divisions (Donor+Govt)

“Strengthening and Sustaining PPFP/PAC-PAFP”

Complete Scale Up (Govt)
Across 36 districts of Punjab

“Strengthening of Postpartum/Post abortion FP”
Program Results

- **First time ever**, Government has taken full ownership with commitment and dedication to scale-up PAFP trainings across the whole province utilizing the CoEs.
- Government has utilized the pool of Master Trainers trained by Jhpiego team and mobilized the existing resources
- A **teamwork and strong collaboration** of different Government departments including IR-MNCH, USAID-DELIVER and Jhpiego with the Chief Minister Initiative (Road Map Team)
- Availability of commodities ensured at the public facilities.
- **Pakistan Nursing Council** has incorporated PAC into new Community Midwifery Curriculum
- **LARCs have been included in the Punjab PC-1** and **Essential Health Package**
- The **demand has increased during last few years** because of the satisfied clients motivating and referring other friends and relatives for services.
- Misoprostol has been added into Essential Drug List
- Government has endorsed PAC guidelines and provided MVA kits to RHC levels
Program Results

- The **demand has increased during last few years** because of the **satisfied clients** motivating and referring other friends and relatives for services.
- Post abortion FP messages will be managed through Punjab Health Line to address myths and misconceptions - **Tele Health Component**
- Punjab can lead other provinces to make **Provincial PAC-PAFP Strategy** by better Advocacy & Experience Sharing
Recommendations

- Integration of Post abortion Family Planning across facilities-Missed opportunity
- Counseling is essential for the PAFP acceptance before discharge
- Consultations and working with advocacy forums helps in creating enabling environment
- Policy influencers need to be sensitized more on the severity of issue as the resources are getting limited
- Task sharing/Task shifting
- Knowledge translation into High Impact practice for policy development at national level
The Jhpiego Way !