innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Community Based Postpartum Family Planning in Afghanistan

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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

	Household Counseling Visit				
Key Messages	Pregnancy	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)

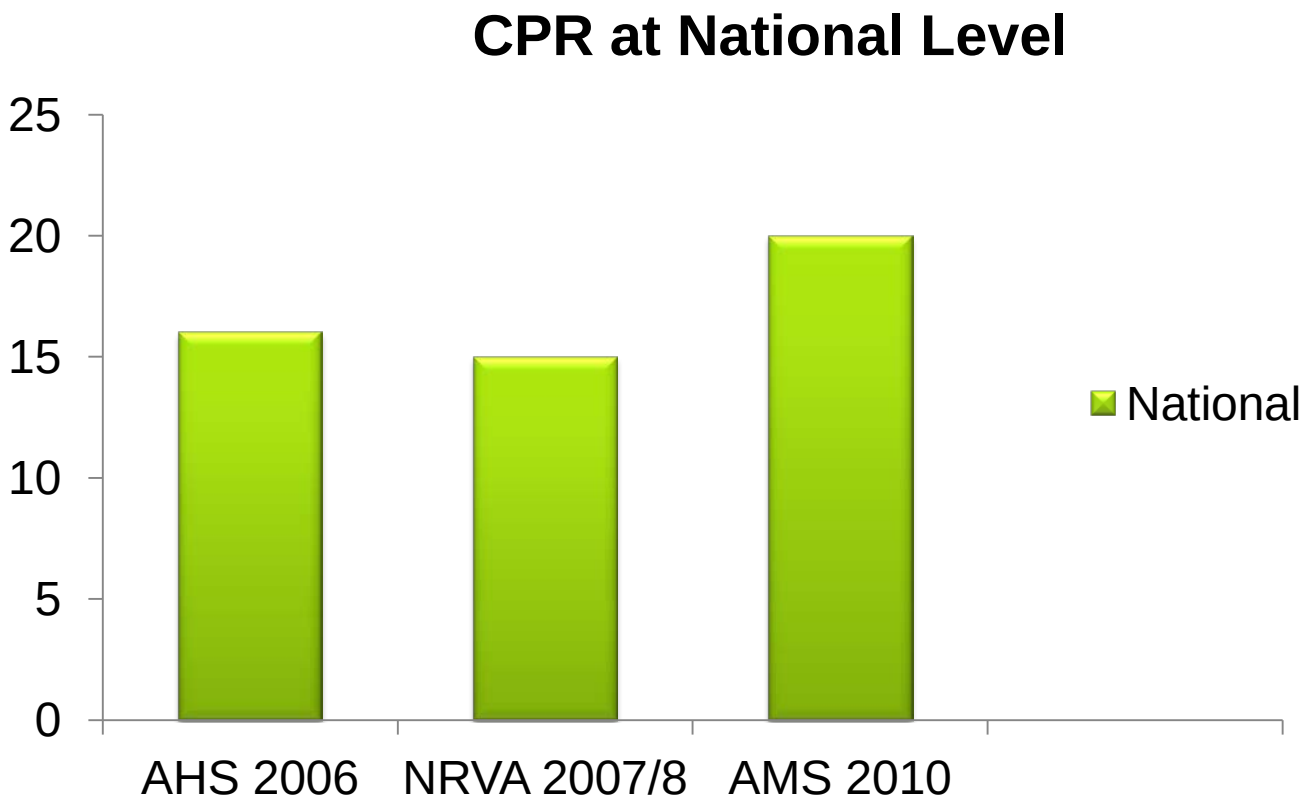
COMMUNITY LEVEL

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 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
25
20
15
10
5
0
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 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 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