

# Jhpiego in Pakistan

## Quick Facts

**Estimated total population:<sup>1</sup>**  
184.5 million

**Maternal mortality ratio:<sup>1</sup>**  
276/100,000 live births

**Infant mortality rate:<sup>1</sup>**  
74/1,000 live births

**Under-five mortality rate:<sup>1</sup>**  
89/1,000 live births

**Total fertility rate:<sup>1</sup>**  
3.8

**Contraceptive prevalence:<sup>1</sup>**  
26.1% (modern methods)  
35.4% (all methods)

**HIV prevalence:<sup>2</sup>**  
0.1%

**Births with skilled provider:<sup>1</sup>**  
52.1%

Sources:

<sup>1</sup> Pakistan Demographic and Health Survey 2012–13;

<sup>2</sup> UNAIDS 2010 Report on the Global AIDS Epidemic.

## Background

Pakistan, home to more than 184 million people, is the sixth most populous country in the world. In response to this figure, along with a population growth rate of 2%, Pakistani government officials recognize that population is the most urgent issue in national development. In addition to a high unmet need for family planning (FP), Pakistan's maternal mortality ratio is much higher than that of its neighbors, due in large part to the fact that 52.1% of all births in Pakistan are assisted by a skilled birth attendant.

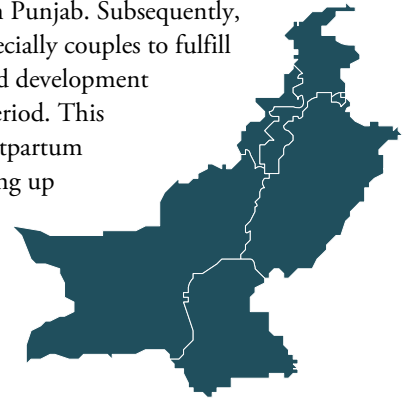
Jhpiego is addressing these critical public health issues through collaboration with national and local government, training institutions, private practitioners and health educators. Jhpiego began working in Pakistan in 1997, providing technical assistance for an evaluation of Greenstar's social marketing training program. From 2000 to 2004, Jhpiego provided further technical assistance to the Averting Maternal Death and Disability Program in Pakistan, led by UNICEF. For the next two years, Jhpiego worked with the Futures Group International under the Key Social Marketing Project, funded by the U.S. Agency for International Development (USAID). From 2006 to 2010, Jhpiego partnered with the International Rescue Committee under the USAID-funded Primary Healthcare Revitalization, Integration and Decentralization in Earthquake-affected areas (PRIDE) Project, which sought to improve primary health care services for earthquake-affected populations in northern Pakistan. Under the PRIDE Project, Jhpiego: 1) applied its Standards-Based Management and Recognition (SBM-R<sup>®</sup>) approach to improve primary health care services, 2) implemented an emergency obstetric care initiative in Bagh District, and 3) strengthened midwifery training at three midwifery schools. More recently, from 2007 to 2011, Jhpiego worked under a sub-award with Population Council on the USAID-funded Family Advancement for Life and Health (FALAH) Project, providing technical assistance to reposition FP as a health intervention and ensure provision of high-quality FP services. Under an award from the Research and Advocacy Fund—a grant-making fund led by the British Council and financed by the UK Department for International Development (DFID) and the Australian Agency for International Development (AusAID)—Jhpiego conducted a randomized trial study to introduce a strengthened postpartum care package.

Currently in Pakistan, Jhpiego is working with multiple donors and partners on several initiatives, all of which are described below.

## Current Program Highlights

**Strengthening and Sustaining Postpartum Family Planning (PPFP)**  
With funding from the Packard Foundation, Jhpiego conducted a rapid participatory analysis in Punjab Province of PPFP interventions in the public and private sectors. Using results from this analysis, Jhpiego led a Technical Working Group, composed of key government and private sector stakeholders, in the development of a comprehensive

PPFP strategy and an operational plan for demonstrating the potential for PPFP scale-up in Punjab. Subsequently, Jhpiego and its partners worked in Mandi Bahauddin District to empower women and especially couples to fulfill their reproductive health needs, thereby contributing to a broad range of positive health and development outcomes by addressing the unmet need for FP, strategically focusing on the postpartum period. This intervention resulted in an increased adoption of a wide array of PPFP methods among postpartum women visiting the targeted health facilities. Currently under this initiative, Jhpiego is scaling up the project interventions in four divisions of Punjab with the support of the Departments of Health and Population Welfare, Punjab.



### Averting Maternal, Newborn and Child Deaths

The FATA-KP Health Program (FKHP) is a five-year (September 2012 to October 2017) initiative under USAID's Maternal and Child Health Integrated Program (MCHIP), implemented in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP) Regions. FKHP aims to save the lives of mothers, newborns and children in seven target districts of Malakand Division (Malakand, Swat, Shangla, Buner, Upper Dir, Lower Dir and Chitral) and four selected agencies of FATA (Bajaur, Mohmand, South Waziristan and Orakzai). According to the 1998 census (annual growth rate of 2.8% adjusted for 2013), the population is 6,469,173 in KP and 2,034,057 in FATA. Of the total population in KP and FATA program districts and agencies, 22% are women of reproductive age, 2.7% are children aged 0–1 year and 13.4% are children aged 1–5 years. FKHP addresses the critical need to strengthen the provision and utilization of services proven to reduce maternal, infant and child mortality and morbidity by improving the state of intermediary MNCH indicators. The program is designed to build a household-to-hospital continuum of care model to improve availability of and access to integrated, high-quality services for MNCH and healthy timing and spacing of pregnancy. FKHP works closely with provincial and district/agency stakeholders to implement key, evidence-based interventions to achieve the identified goals.

### Maternal and Child Health Program, Component 2a: MNCH Services

USAID/Pakistan's Maternal and Child Health Program is a six-year program comprising five components. The MNCH Services Component, implemented by MCHIP/Jhpiego in Sindh Province, aims to prevent maternal, newborn and child deaths by ensuring skilled birth attendance through a total market approach, empowered community, timely referral of obstetric and neonatal complications to an emergency obstetric and newborn care facility, and improved access to child care. The legacy of the Component is to leave behind 1,000 high-quality MNCH Centers that provide seven basic MNCH services, conduct at least 20 deliveries each per month and are linked with emergency obstetric and newborn care facilities through an active referral and transportation system. The project's main strategies are to:

- Support all cadres of skilled birth attendants (doctors, Lady Health Visitors and community midwives) to ensure provision of a full range of high-quality MNCH services through public and private health facilities
- Set up transport and telecommunication systems for improved referral and transport in the event of complications
- Mobilize communities through multiple strategies to create and sustain a demand for high-quality MNCH services
- Reduce postpartum hemorrhage by promoting the use of oxytocin and misoprostol
- Reduce birth asphyxia by providing Helping Babies Breathe® training to skilled birth attendants
- Reduce newborn sepsis through the application of chlorhexidine
- Facilitate the development of a viable ecosystem for MNCH services in Sindh by addressing bottlenecks and improving the functioning of the market system

### Reinvigorating the Postpartum IUD (PPIUD) using a Low-Cost Simulation Model

With funding from Saving Lives at Birth: A Grand Challenge for Development, Jhpiego is evaluating a simulation model in Pakistan for PPIUD training. The model is designed to be a low-cost, portable and realistic training tool and job aid that improves the capacity, competence and confidence of service providers. It allows for continuous, self-paced training that can be taken to remote parts of the health system, thus expanding use of the PPIUD and preventing poor health outcomes for mothers and newborns. This initial trial in Pakistan will build the evidence base on the effectiveness of the simulation model before it is rolled out in other countries. The main objectives of this study are to measure: 1) acceptability and appropriateness of the updated PPIUD training simulation model among trainers, learners and clients; 2) feasibility of this technology through feedback from trainers, learners and clients; 3) confidence of trainees during training as related to the use of the updated model; and 4) retention of provider skills associated with the model. This nine-month study will be conducted at training sites of partner organizations/institutions. As a primarily qualitative study, it will use focus group discussions and key informant interviews to

collect information from trainers, trainees and clients on their perceptions of the training using the simulation model, as well as data from knowledge assessment questionnaires administered to trainees before and after their training using the models.

## Sukh Initiative

Funded by the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation and the Aman Foundation, the four-year Sukh Project has the goal of contributing to a 15% increase in the contraceptive prevalence rate for modern methods across a population of approximately one million people in Karachi. Building on momentum from national and international donors and the Government of Pakistan's desire to expand access to high-quality FP in Karachi's growing urban population, Jhpiego is working to prepare public sector stakeholders, including maternity homes and clinics, to offer a range of modern FP services, as well as high-quality PPF and postabortion care/postabortion family planning (PAFP) services in Karachi. The two main focus areas of the Jhpiego-led service delivery activities are to: 1) increase choices of modern methods for all women utilizing FP; and 2) drive an increase in the contraceptive prevalence rate in targeted areas by capitalizing on increasing access to FP during the underutilized postpartum period and at underutilized public health facilities. Using a training approach that minimizes health care providers' time away from their workplace and leverages existing FP resources in the province, Jhpiego aims to achieve the following project outcomes in the selected intervention areas of Karachi:

- Outcome 1: Enhanced enabling environment (policy, sectorial and community levels) for delivery of quality FP services
- Outcome 2: Increased supply of and access to a broad range of FP, PPF and PAFP services at public sector health facilities
- Outcome 3: Improved quality of FP services, including PPF and PAFP, in public sector health facilities

## Demonstrating Increase in the Use of PPF

In the Mardan District of KP, Jhpiego is building on the previously mentioned Strengthening and Sustaining PPF Project in Mandi Bahauddin to pilot-test PPF interventions designed to increase FP access and utilization of services among postpartum women, ultimately contributing to a decrease in the unmet need for FP and an increase in contraceptive prevalence. Other innovative approaches under this project include: 1) FP service provision in the birthing room (immediate postpartum insertion of the intrauterine contraceptive device [IUCD]); 2) "low-dose, high-frequency" training for health care providers, integrated with supportive supervision and on-the-job mentoring, to build and sustain high levels of competency; 3) utilization of a low-cost simulator (Mama-U) to teach FP skills; and 4) involvement of private sector community midwives in providing postpartum IUCD services. This work is being implemented through the Health and Nutrition Innovation Fund (HANIF), a granting mechanism—supported by DFID and led by the Futures Group Europe Limited—that fosters and promotes innovations in reproductive health, MNCH and nutrition.



Mother and baby at health care facility, Pakistan.

## Key Accomplishments

### Under the Strengthening and Sustaining PPF Project

- From September 2012 to November 2013, a total of 77,088 married women of reproductive age were seen at intervention sites across two provincial- and six district-level facilities; of these, 40% were pregnant and 22% were in the postpartum period. A total of 51,649 women were counseled on PPF; of these 8,480 (or 16%) accepted a PPF method (primarily the PPIUCD).
- As a result of the project, interval IUCD uptake increased by 23%.
- FP counseling conducted at antenatal clinics led to a gradual increase in the number of clients counseled for FP, from 21% to 69% over six months.

### Under MCHIP

- Seven key services (antenatal care; postnatal care, including newborn care; family planning; basic emergency and obstetric care; maternal, infant and young child nutrition; immunization; and child health, including services for pneumonia and diarrhea) are being establishing and strengthened at more than 600 public and private facilities in 10 districts.
- From October to December 2014, 2,061 MCHIP-trained Lady Health Workers (LHWs) held 6,888 community support group meetings and reached 84,034 women through support groups.
- As of December 2015, MCHIP-trained skilled birth attendants resuscitated 730 newborns, and 476 MCHIP-trained skilled birth attendants inserted 3,090 contraceptive implants.

- As of December 2015, 1,145 LHWs across two districts have been trained to provide counseling and distribute chlorhexidine to prevent newborn sepsis. MCHIP also imported 10,000 chlorhexidine gels and distributed these gels to pregnant women for application to newborns.
- Together with the chlorhexidine distribution, MCHIP is rolling out the community-based counseling on misoprostol for the prevention of postpartum hemorrhage (PPH). As of December 2015, MCHIP trained 1,522 LHWs to counsel pregnant women on the use of misoprostol for PPH prevention.

### Under the FALAH Project

- FALAH districts saw an 8.5% increase in contraceptive uptake, an additional 2% annually over non-project districts. Furthermore, the median duration of modern contraceptive use increased from 33 to 48 months.
- Jhpiego facilitated a process involving all stakeholders that resulted in updated national service delivery guidelines for FP, which are now available and in use.
- Training capacity has been built by training six staff in no-scalpel vasectomy (NSV) and 23 staff in minilaparotomy, and by strengthening three NSV and three minilaparotomy sites.
- Health care providers have been trained in basic and advanced courses for client-centered FP services. These courses focus on FP methods, counseling, infection prevention, medical eligibility criteria, and healthy timing and spacing of pregnancy. In addition, health care providers were trained to provide IUD services in the 20 districts. Jhpiego was responsible for training the master trainers, who in turn have trained other health care providers.

### Under the PRIDE Project

- In Bagh District, the emergency obstetric care initiative resulted in an increase in facility-based deliveries from about 400 in the first quarter of 2008 to more than 1,200 in the first quarter of 2010. This increase in institutional deliveries contributed to an increase in skilled birth attendance.
- Jhpiego strengthened eight public sector health facilities to provide emergency obstetric services 24 hours a day, seven days a week. In addition, the patient referral system was strengthened through referral protocols, mobilization of the community and training of ambulance drivers.
- Jhpiego used the SBM-R approach to improve primary health care services at 126 health care facilities in 14 clinical areas, including maternal health, infant health, primary health and basic emergency obstetric care. Due to these efforts, the quality of services at selected health facilities greatly improved between June 2007 and March 2010, from an average score of 14% of standards reached to 67%.

### Partners and Donors

- Jhpiego's current donors in Pakistan are USAID, DFID, the Packard Foundation, Bill & Melinda Gates Foundation, Aman Foundation and the partnership for Saving Lives at Birth: A Grand Challenge for Development.
- Counterparts in Pakistan include the Ministry of Population Welfare, Ministry of Health, the Pakistan Medical and Dental Council and the Pakistan Nursing Council, as well as leading medical colleges and private and nongovernmental sector representatives.
- Past and current international partners include International Rescue Committee, Population Council, Management Sciences for Health, Futures Group International and Futures Group Europe Limited, Greenstar Social Media, Health and Nutrition Development Society, Mercy Corps, Rural Support Program Network, Save the Children, PATH and John Snow, Inc.

### References

Joint United Nations Programme on HIV/AIDS (UNAIDS). *2010 Report on the Global AIDS Epidemic*.

National Institute of Population Studies and ICF International. 2013. *Pakistan Demographic and Health Survey 2012–13*.