

## Rapid Situation Assessment of Family Planning in Pakistan: Exploring Barriers and Realizing Opportunities

**Authors :** Waqas Abrar

**Abstract :** Background: Pakistan is confronted with a formidable challenge to increase uptake of modern contraceptive methods. USAID, through its flagship Maternal and Child Survival Program (MCSP), in Pakistan is determined to support provincial Departments of Health and Population Welfare to increase the country's contraceptive prevalence rates (CPR) in Sindh, Punjab and Balochistan to achieve FP2020 goals. To inform program design and planning, a Rapid Situation Assessment (RSA) of family planning was carried out in Rawalpindi and Lahore districts in Punjab and Karachi district in Sindh. Methodology: The methodology consisted of comprehensive desk review of available literature and used a qualitative approach comprising of in-depth interviews (IDIs) and focus group discussions (FGDs). FGDs were conducted with community women, men, and mothers-in-law whereas IDIs were conducted with health facility in-charges/chiefs, healthcare providers, and community health workers. Results: Some of the oft-quoted reasons captured during desk review included poor quality of care at public sector facilities, affordability and accessibility in rural communities and providers' technical incompetence. Moreover, providers had inadequate knowledge of contraceptive methods and lacked counseling techniques; thereby, leading to dissatisfied clients and hence, discontinuation of contraceptive methods. These dissatisfied clients spread the myths and misconceptions about contraceptives in their respective communities which seriously damages community-level family planning efforts. Private providers were found reluctant to insert Intrauterine Contraceptive Devices (IUCDs) due to inadequate knowledge vis-à-vis post insertion issues/side effects. FGDs and IDIs unveiled multi-faceted reasons for poor contraceptives uptake. It was found that low education and socio-economic levels lead to low contraceptives uptake and mostly uneducated women rely on condoms provided by Lady Health Workers (LHWs). Providers had little or no knowledge about postpartum family planning or lactational amenorrhea. At community level family planning counseling sessions organized by LHWs and Male Mobilizers do not sensitize community men on permissibility of contraception in Islam. Many women attributed their physical ailments to the use of contraceptives. Lack of in-service training, job-aids and Information, Education and Communications (IEC) materials at facilities seriously comprise the quality of care in effective family planning service delivery. This is further compounded by frequent stock-outs of contraceptives at public healthcare facilities, poor data quality, false reporting, lack of data verification systems and follow-up. Conclusions: Some key conclusions from this assessment included capacity building of healthcare providers on long acting reversible contraceptives (LARCs) which give women contraception for a longer period. Secondly, capacity building of healthcare providers on postpartum family planning is an enormous challenge that can be best addressed through institutionalization. Thirdly, Providers should be equipped with counseling skills and techniques including inculcation of pros and cons of all contraceptive methods. Fourthly, printed materials such as job-aids and Information, Education and Communications (IEC) materials should be disseminated among healthcare providers and clients. These concluding statements helped MCSP to make informed decisions with regard to setting broad objectives of project and were duly approved by USAID.

**Keywords :** capacity building, contraceptive prevalence rate, family planning, Institutionalization, Pakistan, postpartum care, postpartum family planning services

**Conference Title :** ICFP 2019 : International Conference on Family Planning

**Conference Location :** Sydney, Australia

**Conference Dates :** January 30-31, 2019