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Research and Development Solutions Policy Brief
Series: 2021-52

A LOW-COST, HIGH-COVERAGE, URBAN OUTREACH FAMILY PLANNING PROGRAM

THE CHALLENGE

Pakistan's CPR (34%, DHS 2017-18). remains stagnant despite political commitment, allocated budgets and large-scale family planning programs. Of the few programs that managed to effectively increase CPR the central element was "community outreach" with heavy emphasis on voluntary counseling on fertility preferences combined with immediate provision (or referral) of FP methods i.e., the Lady Health Workers (1993-98), Marie Stopes Society (2008-09) and the Sukh Initiative (2015-18).

Following 2012 London FP 2020 summit to increase Pakistan's CPR to 50%, [1] considerable donor funding was channel into NGO implemented programs. Some common conclusions drawn from the 2017 PHDS that many users remain unconvinced of the need for FP despite high unmet need; NGO/donor supported and Government programs continue to ignore young couples and often recycling the same users without reaching out to additional users and do little to address the very high discontinuation rates etc. On the Government side funding remained largely unchanged despite high level advocacy and governance initiatives (CCI). Most importantly government costs per capita for FP far exceed the private sector or regional averages.2 And new programming is still dominantly supply sided centered and run through static clinics or shops.[3,4]

THE URBAN LABORATORY

Dhok Hassu Programming Salient Points

CPR increased by

14% in the first year (from 32% to 46%) and remained at

40% one year after the intervention stopped

Drop out was

7% among additional users

- Female outreach workers earn USD 25-125 a month
- Costs are USD 1.6 per household visit or USD 11 per woman served with FP services
- Being community based, the program is flexible and adapts quickly to local needs
- The program uses existing local resources from the community without needed large external interventions or investments

An urban research and demonstration site was established in 2015 by RADS and AHKRC to test development interventions. Our Theory of Change is that any increase in income of women (and their households) will lead to improved mobility and autonomy for women which will translate into better reproductive health of the them and improved health outcomes their family along with higher realization of rights by the women. All interventions seek to improve the income generation ability and to enhance agency among women of the community.

The Dhok Hassu area comprises of 4 union councils among urban slums in Rawalpindi, with a population of 278,000 (45,000households). There are 3 government and 116 private schools; one government dispensary and no lady health workersHowever, 109 private healthcare providers practice in the area.

RADS (the research partner) conducts an annual survey that includes questions about demographics, reproductive health and women's autonomy. Additional modules are included to respond to projects. The annual survey in November 2017 had shown a contraceptive prevalence of 32% (31% in October 2016), nearly all with modern methods and around 17% of these with condoms, and an unmet need of 41%.

AN URBAN SLUM LOW-COST FAMILY PLANNING OUTREACH MODEL

In 2018, a locally evolved low-cost FP program was integrated into the existing ecosystem. It built upon economic incentives with community women, involved their husbands in FP promotion, and engaged local women as outreach workers (called Aapis). Aapis generated income through outreach and by selling common commodities to their neighbors and by referring potential users to local public and private providers

for FP services. The program worked with government's Population Welfare Department for supplies and referrals and trained some local private providers in FP services.

DHOK HASSU TIIMELINE

2015-17 Urban laboratory initiated in Dhok Hassu community liaison work

2017 25 Aapis Recurited , trained in entrepreneurship

2018 36 Aapis Recurited , trained in counseling for FP

2019 9 Aapis Retained for HH FP visits

Job Portal/ agency for men and women

2020 9 Aapis for HH FP visits

Andaaz tailoring community women stitching brand launch

Covid work support

2021 9 Aapis for HH FP visits

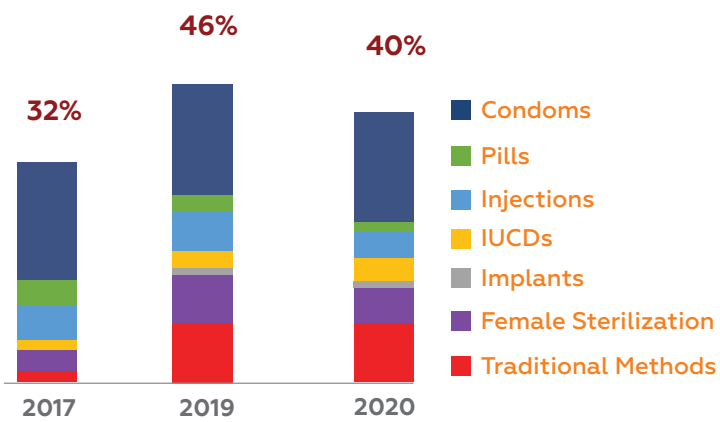
Andaaz tailoring brand growth

Expansion to other Communities

INTERVENTION METHODOLOGY

Aapis were initially identified from among local women that would generate an income by selling household and health products to their neighbors. All of these women had previously felt it difficult to even leave their homes unchaperoned. They were trained (supported by the USAID Ambassador Fund Program) in outreach, entrepreneurship and other interpersonal skills and were given a starter grant. Thereafter, around 25 women – called Aapis - were able to generate Rs. 3,000-15,000 (USD 25-125) a month, sometimes doubling their household income.

CPR CHANGE IN DOKH HASSU



In the year 2, with support from the Punjab Population Innovation Fund (PPIF), 36 Aapis received additional training in special counseling skills using an modification of cognitive behavior therapy (mCBT) through a training regime developed by the Department of Behavioral Studies (DBS) at the National University of Science and Technology (NUST). Aapis then visited households to create demand for FP in the communities while also generating profits through sales of common women-child need/demand products or from referrals (for a fee) to private health providers for FP services. If they faced refusal to use FP, they applied mCBT to open a dialogue with local women and their husbands about the benefits of FP and preventive health. This dialogue was led by current FP users from these communities - positive deviance inquiry - in community meetings to recast FP as a social norm.These community sessions were held by male and female social mobilizers with support from the Aapis.

INTERVENTION RESULTS AFTER YEAR ONE

Households reached	33,289 (75%)
Follow up visits	8,173 (25%)
Baseline CPR (from survey)	32% (14,400 users)
Baseline unmet need	41%
Additional users	6,339
Additional CYP served	28,387
CPR at 12 months (from survey)	46%
mCPR at 12 months (from survey)	39%
Estimated Discontinuation	25%
Costs per HH reached	PKR 190 (USD 1.60)
Cost per women served with FP	PKR 1,469 (USD 10.50)
Cost per CYP	PKR 578 (USD 4.13)

Women who wanted to start or continue condoms or pills were given these for free (granted by the Punjab Population Welfare Department - PWD). Those that wanted an injection, IUD, implant or tubal ligation were referred to either a nearby government or private healthcare provider. Nine local providers were trained in quality FP services in support from the PWD and the NGO FPAP. Aapis also followed up within 1-2 weeks after someone initiated FP to ask about side effects and discontinuation. Aapis were given Rs. 3,000 (USD 25) monthly for data collection; while expanding their sales during household visits.

REAL TIME DASHBOARD AND HOUSEHOLD MAP

Progress was documented and followed using an online dashboard; which also include performance heat maps. The team reviewed the data weekly to identify actions such as which households need to be revisited, which condom or pills users may be approached to consider LARCs and if particular gaps existed in programming.

CURRENT RESULTS

As of April 2019 (15 months into the intervention) 36 Aapis had visited 37,400 HHs (82% MWRA in the community) and recruited 7688 additional FP users (21% FP uptake in HH visits, 14% additional FP users). Condoms or pills or tubal ligation (referrals) contributed 38% and LARCs or injections 67% of new users. A total of 8100 counseling sessions had been conducted with approximately 27% success in conversion to new users per session. Annual household survey conducted in February 2019 showed CPR of 46% (mCPR 39%) with 3% LARCs. This constituted a 14% increase in CPR over the past 12 months at the cost of USD 10.50 per woman served and USD 4.13 per CYP.

After PPIF grant concluded, 9 Aapis were retained with internal funding. They cover 600-800 households a month. Annual survey conducted 12 months after the grant concluded showed that CPR had declined to 40% and mCPR to 32%.

PROGRAM AND POLICY IMPLICATIONS

1. The Aapi model is a low cost and effective option for urban family planning and women's economic engagement to empower underprivileged women in urban slums.
2. The model costs around one-sixth of current public (lady health worker) or private sector programs of rural outreach and can be the potential solution to energize urban slums.
3. The successful initial women's Economic-RH model must be scaled up to other Rawalpindi urban slums – estimated population 1-1.5 million) to demonstrate citywide coverage.
4. The role of unsubsidized private sector for FP remains untested and may be tested during scale up, to promote sustainability.

References:

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2. Abbas K, Khan AA and Khan A. Costs and Utilization of Public Sector Family Planning Services in Pakistan. JPMA 2013. 63 (4, suppl 3) S33-S39

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Funding support for the work was provided by Punjab Population Innovation Fund (PPIF) Grant cycle 1 (2017-2019) to Akhter Hameed Khan Resource Center (AHKRC).

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