Measuring Institutional Sustainability of Family Planning Training Units: Evidence from Pakistan

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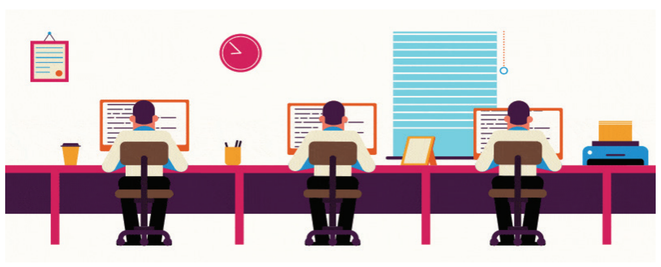
Background

- In 2017 the Government of Pakistan updated its FP2020 commitment, aiming to achieve a contraceptive prevalence rate (CPR) of 50%.
- Pakistan's CPR dropped from 35% to 34% from 2012 to 2017, with use of modern methods dropping from 26% to 25% (DHS).
- Research evidence from Pakistan shows that quality of family planning (FP) service delivery in the public sector is more important than physical access (Mustafa et al., 2015), and this can be achieved only though a trained and skilled health workforce.
- Jhpiego established Family Planning Training Units (FPTUs) at 22 health facilities from 2011 to 2017:
  - 12 FPTUs were situated in Punjab, and 10 in Sindh.
  - FPTUs were fully equipped to facilitate high-quality FP trainings, and each unit comprised a furnished classroom, a clinical skills lab, an equipped labor room, and a counseling counter.



Program Intervention

MCSP conducted an assessment of the FPTUs from July–November 2017 to:

- Assess the financial and operational sustainability of FPTUs;
- Obtain views from key provincial stakeholders with regards to provision of voluntary FP in public sector;
- Assess the FPTUs capacity to provide high quality FP trainings.

Methodology

A mixed methods research methodology was adopted:

- An **Administrative Tool** gathered qualitative data through in-depth interviews (IDIs) with key stakeholders at the Provincial Departments of Health (DOH) and Population Welfare Departments (PWD).
  - In total, 10 IDIs were carried out: 6 in Punjab and 4 in Sindh
- A **Technical Tool** collected quantitative data on utilization and sustainability of FPTUs through interviews with gynecologists, resident doctors, registrars, and medical officers/in-charge of FPTUs.
- Interpretive analysis was carried out on responses gathered during IDIs, and descriptive analysis was performed on quantitative data.

Results—Administrative Assessment

- The DOHs do not allocate budget for FP commodities and instead obtain them from the Federal Government's Central Warehouse in Karachi.
- Stock-outs occur frequently at health facilities because of poor forecasting and increased demand of implants, whereas PWDs do not face regular stock-outs at their facilities.
- The DOHs earmark a nominal budget for FP trainings, and no budget is apportioned for maintenance, repairs, and upkeep of FPTUs.
- PWDs allocate sufficient funds for training of their technical staff on FP and provide training to DOH staff as well (either funded by donor agencies or at request of DOH).
- Quality Management Units at health facilities do not record data on FP related trainings and/or provision.

Results—Technical Assessment

- No master trainer was available at 17% (n=2) of health facilities in Punjab and 50% (n=4) in Sindh (see Figure 1).
- At PWD facilities, no master trainer was available at 33% (n=4) of facilities in Punjab and 20% (n=2) in Sindh.
- FPTUs at health facilities in Punjab were relatively more equipped with essential infrastructure as compared with those in Sindh (see Figure 2).
- At 67% (n=8) of counseling counters, a qualified counselor was available in Punjab, but only 30% (n=3) had one available in Sindh.
- Antenatal Care Counters were functional at all FPTUs, but 50% had no informational materials.

Figure 1: Unavailability of master trainers in Punjab and Sindh

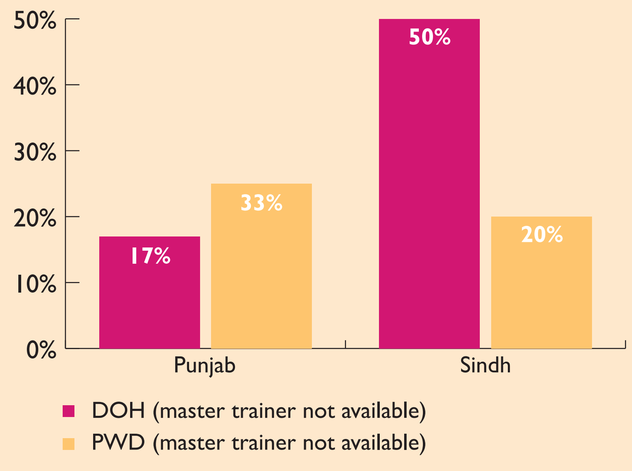
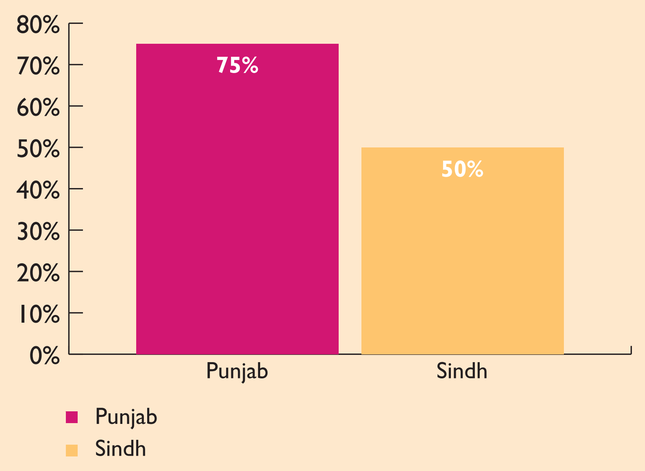


Figure 2: FPTUs equipped with essential infrastructure



Recommendations

Key recommendations from this assessment concerning policies and practices for optimal utilization of FPTUs and FP care include:

- Establish counseling centers/counters at health care facilities at the primary, secondary, and tertiary levels;
- Ensure regular availability of a trained clinical counselor at counseling centers;
- Ensure availability of master trainers at FPTUs;
- Allow provision of additional FP commodities (e.g., Jadelle, Sayana Press) through the private sector to address stock-out situations in public sector facilities;
- Strengthen procurement process for FP commodities and supplies;
- Streamline commodity forecasting to reduce frequent stock-outs;
- Include a component on quality of care in all FP trainings;
- Improve monitoring, evaluation, and accountability through independent data collection by the Pakistan Bureau of Statistics and Parliamentary Group on Population and Development.

Conclusions

- To meet the growing need for comprehensive, voluntary FP, the Government of Pakistan needs to increase budgetary allocation for FP programs and ensure efficient allocation and use of existing resources.
- An increased private sector role in FP provision and commodities should be explored, including:
  - Financing of commodity supplies through a combination of government subsidy and private investment;
  - Social marketing-subsidized products sold through commercial channels;
  - Private health insurance for employers and businesses.

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