

National Programme for Family Planning & Primary Health Care (NP for FP & PHC)

A - INTRODUCTION/ BACKGROUND

The National Programme for FP and PHC also known as the Lady Health Workers' Programme (LHWP) was launched in 1994. It was initiated in response to the need to serve the underserved and poor communities of the rural and semi urban areas. The rationales for such an initiative was:

- High maternal and children mortality rates
- Comparatively weak demographic transition
- High proportion of vulnerable population
- Low utilization of static health care facilities

It is a countrywide Programme for provision of FP and PHC services with community participation. The programme constitutes deployment of lady Health workers (LHWs). Each LHW serves a population of 1,000 people that form approximately 150 families. The health services provided by the LHWs are through monthly home visits and static health houses established within their residence. She is supported by a health committee and a women's group that are voluntary boards formulated by her for assisting her to provide health services as required. The programme also hires Lady Health Supervisors (LHSs) who provide monitoring and supervision support to the LHWs.

Levels of Responsibility

Federal MoH FPIU	PHC Policy formulation, National Reporting, Internal M & E, Curriculum development, Training, Programme, Procurement/ Distribution, Operational Planning and budgeting, Financial Accounting, MIS System
Provincial Health Department PPIU	Internal Monitoring, Programme Reporting, District LHW Allocation, Operational Plan Implementation, Accounting and Budgeting, Payroll, Organization of Training, Distribution, MIS Data Collection
District Health Office DPIU	LHW-FLCF Allocation, Supervision, LHW Firing, LHS- Hiring/ Firing, Training, Operational Plan Implementation, Distribution of supplies, Vehicle maintenance, Accounting, Programme Reporting, HMIS Data Collection
FLCF	Selection of LHWs, Training of LHWs, Collation of MIS Data, Organizing Kit replenishment, Providing meeting point for LHWs and LHS

In its current structure, the Programme can be seen to be centrally funded and directed from the Federal level, but with key operational decisions taken at the provincial and district levels. These operational decisions have a major impact both on the efficiency with which services are delivered and their impact on health outcomes.

B - OBJECTIVES/ TARGETS

Goal

To contribute to poverty reduction by improving the health of the people of Pakistan

Objectives

One major objective of the Programme is to increase utilization of effective promotive, preventive and curative services at the community level particularly women and children in poor and underserved areas

Sub Objectives

1. Develop the necessary health manpower by selection, training and deployment of 110,000 LHWs throughout the country.
2. Provide promotive, preventive, curative and rehabilitative services to which the entire population has effective access
3. Bring about community participation through creation of awareness
4. Expand family planning services availability in urban slums and rural areas of Pakistan

Programme targets

The Programme expects to contribute to the following national health targets through its interventions in the communities by 2011

1. Reduction of IMR from 85 to 55 per 1000 births
2. Reduction of MMR from 400 to 180 per 100,000 live births
3. Increase in the contraceptive prevalence rate from 22% to 42% in rural areas and 40% to 58% in urban areas
4. Increase immunization coverage in children aged 12 -35 months fully vaccinated from 45% to 80% in rural areas and from 64% to above 90% in urban areas
Increase TT-5 immunization coverage amongst women of childbearing ages from 12% to 40%
5. Increase in the % of children being exclusively breastfed till age of 6 months from 18% to 50%
6. Increase in births assisted by skilled attendants from 12% to 30% in rural areas and 43% to 80% in urban areas covered by the Programme

C - IMPLEMENTATION STRATEGIES

The NP for FP & PHC is a key component of the Government's Poverty reduction strategy. It plays a significant role in gender mainstreaming and women empowerment by creating job opportunities to rural women

The objectives are to be achieved through the following Implementation Strategies:

- Improvement of the utilization of health facilities by bridging the gap between the community and health services in the country through LHWs/
- Gradual integration of existing health care delivery Programme like EPI, malaria Control, Nutrition, MCH within the National Programme.
- Prevention and treatment of minor ailments like primary eye illnesses, malaria, scabies, intestinal worms, anemia, ARI, diarrhea and simple injuries.
- Promotion of immunization activities and prevention of communicable diseases. This will be done in liaison with the EPI programme.
- Improvement of the nutritional status of mothers and children and reduce the prevalent malnutrition by half.
- Reorganization and integration of LHWs.
- Creation of an efficient supply system on a continuing basis in order to assure drugs, vaccines and family planning materials.
- Inter-sectoral action and coordination at all levels between the health sector and other relevant agencies.

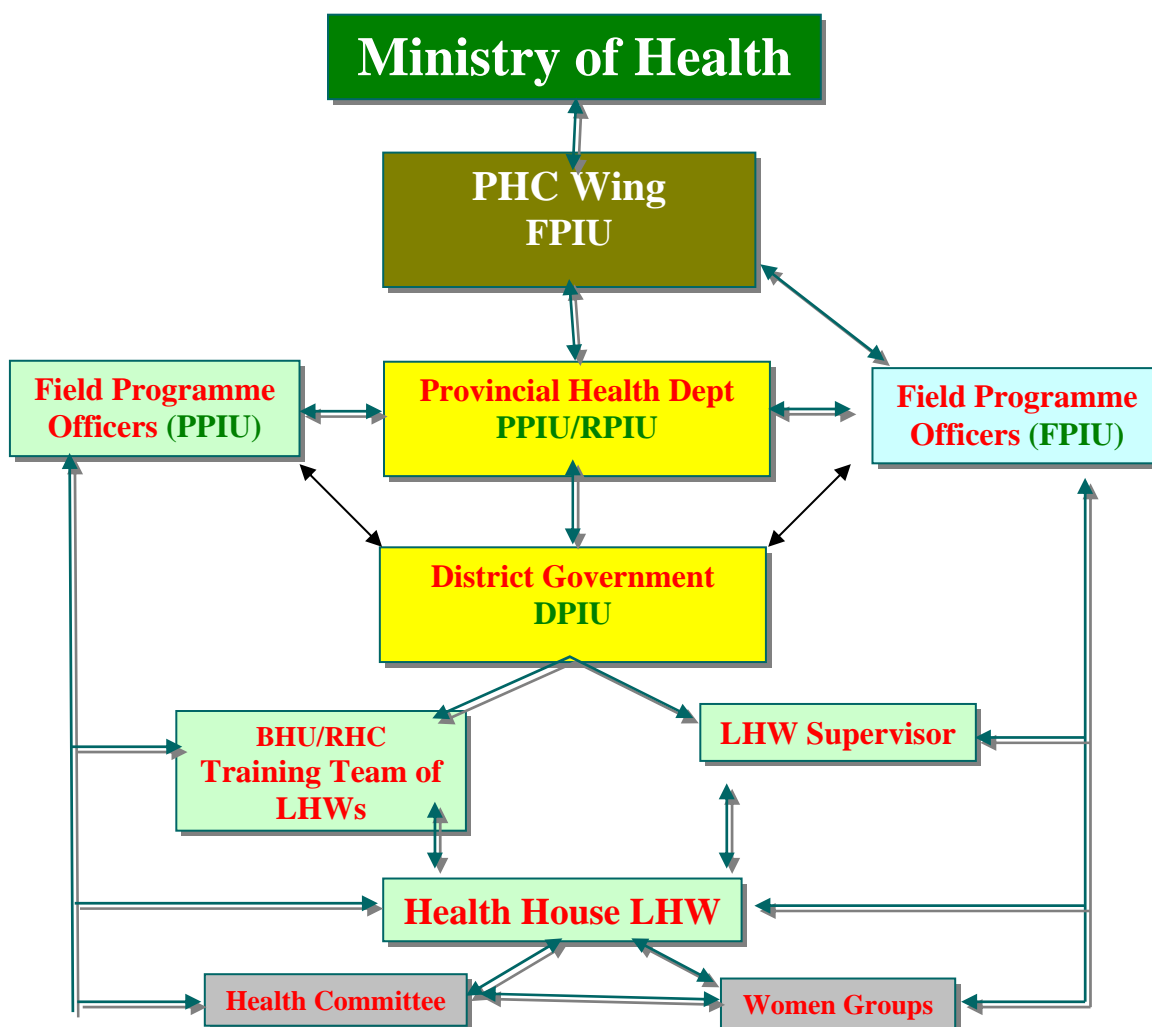
D - ANNUAL BUDGET

Major Object		Budget Allocation FY 2007-08 (Rs. In Million)
A01	Employees Related Expenses	3,513.809
A02	Project Pre-investment Analysis	10.000
A03	Operating Expenses	1,308.544
A031	Fees	0.010
A03203	Communication	8.475
A033	Utilities	4.987
A034	Occupancy Costs	22.680
A038	Travel and Transportation (Training Domst, TS, Transportation, POL)	333.547
A03903	Printing and Publications	31.628
A03907	Advertising & Publicity	87.246
A03927	Purchase of Drug & Medicines	800.775
	Others (Misc.)	19.196

A04	Pension	2.500
A06	Entertainment & Gifts	0.770
A09	Physical Assets	3.572
A092	Computer Equipments	2.865
A096	Plant and Machinery	0.403
A097	Furniture & Fixture	0.304
A13	Repair and Maintenance	52.805
TOTAL		4,892.000

E - ORGANIZATION/ PERSONNEL

ORGANIZATION



DETAIL OF PERSONNEL

PPIU/ RPIU Staff	Punjab	Sindh	NWFP	Balochi stan	AJK	FANA	FATA	ICT	TOTAL
MIS Coordinator	1	1	1	1	1	1	0	0	6
Logistic Officer	1	1	1	0	1	1	0	0	5
Field Program Officer	17	13	7	6	2	2	2	1	50
Data Analyst	1	1	1	1	1	1	1	1	8
Account Supervisor	45	36	26	25	8	6	6	0	152
LHWs	45,623	19,519	13,136	5,640	2,591	1,172	1,377	289	89,347
LHSs	1,631	835	525	236	116	59	51	11	3,464
Drivers	1268	785	467	252	118	69	53	12	3,024

F - ROUTINE SERVICES PROVIDED

- Mobilization of community
- Liaison between formal health system and community
- Health education and community awareness
- Provision of Primary Health Care services to communities
- Provision of family planning services.
- Prevention and treatment of minor ailments
- To promote Skilled Birth Attendance
- Support other vertical programs (nutrition, immunization, TB, Malaria, others)

G - SPECIAL PROJECTS

The projects noted down were undertaken in selective districts with the support of development partners.

Development Partners	Project
UNICEF	Child Health Week in selective districts
FALAH	Optimal birth spacing and Emergency Contraceptive Pills
Aga Khan University	Role of Vitamin A in reduction of neonatal mortality
World Food Programme	Provision of blended food to children 6-24 M through LHWs

H - ACHIEVEMENTS DURING THE YEAR

COMPONENT WISE PERFORMANCE

1 - TRAININGS

National Programme has inbuilt mechanism of Basic as well as Refresher Trainings for Lady Health workers all over the provinces and regions. The activities during FY year 2007-08 are as follows:

Activity	Accomplished
3 months basic training of LHWs	1196 LHWs started their training in 25 districts during this period.
Refresher Trainings of LHSs on Supervisory manual	242 LHSs in Balochistan completed their 12 days TOT on Supervisory manual.
8 Federal level Workshops for Refresher training of LHWs on following subjects: <ul style="list-style-type: none"> ▪ Optimal Birth Spacing Interval (OBSI) ▪ Injectable Contraceptives ▪ Child Health ▪ Revised LHW-MIS 	96 Provincial Master Trainers were trained on subjects.
Refresher training of LHWs across the border, on subjects noted above : <ul style="list-style-type: none"> ▪ Optimal Birth Spacing Interval (OBSI) ▪ Injectable Contraceptives ▪ Child Health ▪ Revised LHW-MIS 	99.4 % working LHWs completed trainings in their districts
TOT on Primary Eye care in provinces of NWFP and Sindh (in collaboration with National program for prevention and control of blindness)	<ul style="list-style-type: none"> ▪ 2 TOT workshops at Peshawar and Hyderabad. ▪ 5547 LHWs completed their training in 5 districts of Punjab.
Child Health week (in collaboration with Unicef)	<ul style="list-style-type: none"> ▪ Trained 28 Master trainers from 6 Unicef districts in one federal workshop at Islamabad ▪ All working LHWs in these districts completed trainings in their districts. ▪ Child Health week celebrated on 21st to 28th April 2008.

2 - LOGISTIC SECTION

- Logistic section remained busy in process of procurement of medicines and contraceptives. Procurement orders worth Rs.1068 million were made to different firms, however due to financial cut in third quarter only Rs. 500 million were paid to firms.
- The seasonal medicines like Powder ORS, Syp. Chloroquine and Cotrimoxazole were distributed in the field well before summer and Monsoon season.

3 - MIS SECTION

- The Program has taken the initiative to computerize the Human Resource Database. About 90,000 records of LHWs and LHS have been computerized.
- In order to improve the quality of Data and their timely submission to Provincial and Federal PIUs , Training on LHW-MIS Software was given to District Coordinator , Field Program Officer (FPOs) and District Account Supervisor in all the Provinces.
- For purpose of timely disbursement of stipends to Lady Health Workers, Computerized payroll system was developed. Now in 1st Phase, 30 Districts have started to generate the Computerized Payroll.

4 - OTHER ACTIVITIES

I - INTER-PROVINCIAL MONITORING VISIT

Inter-provincial visits are traditional events in National programme. The officers from Ministry of Health and Provincial Health Department, Managers from federal PIU, Provincial and District PIUs, and representatives of collaborating agencies such as UNICEF, UNFPA and WHO participated in these visits. Last inter-provincial visit was conducted in NWFP on 15th-17th June, 2008. The districts selected were Abbottabad, Mansehra and Haripur. On last day experience sharing and recommendations for improvement of programme operations were finalized in comprehensive de-briefing session.



Participant visiting RHC in Abbottabad during filed visit

II - CRASH MONITORING OF REFRESHER TRAINING IN SINDH

National programme has a cascade system of trainings by which the LHWs get their basic and refresher trainings at their respective Facilities. In order to review the training process and to assess the knowledge and skills of LHWs, a crash monitoring plan was prepared to monitor the Refresher trainings on “Involvement of LHWs in giving Contraceptive Injectables” in month of March, 2008. With the help of checklist, post-test and individual skill test, the knowledge and skills of the LHWs was monitored by the Monitors from FPIU and PPIU Sindh. Result of this unique exercise were encouraging as mean knowledge score of LHWs came out to be 85. The Programme intends to replicate such activities in future in other provinces/ regions as well.

III - ALL PROVINCIAL COORDINATORS REVIEW MEETINGS

In order to review the progress of the Programme in various provinces/ regions, review meetings of all Provincial /Regional Coordinators are an integral and regular feature of National Programme. These quarterly meetings which are attended by all provincial/regional coordinators along with representatives from collaborating agencies give real opportunities to go through strengths and weakness for all implementing units and to find ways for taking the programme ahead.



IV – “2008” YEAR OF LADY HEALTH WORKER

It was great pleasure for Programme when Federal Minister for Health announced, “The ministry of health has declared 2008 as the year of Lady Health Worker and the decision has been taken to acknowledge the contributions of these “Lady Soldiers on foot” that safeguard the health needs of the community”. A number of activities were planned to celebrate that year.

V - EXPANSION/ INCREASE OF LHWS:

In compliance to the Prime Minister 100 day’s agenda and Cabinet Decision, a concept paper/ action plan was prepared for recruitment of 10,000 LHWs by end of June 2008 .The process of advertisement and test/ interviews were carried out, and spot verification was completed.

VI - REPRODUCTIVE HEALTH PROJECT (RHP)

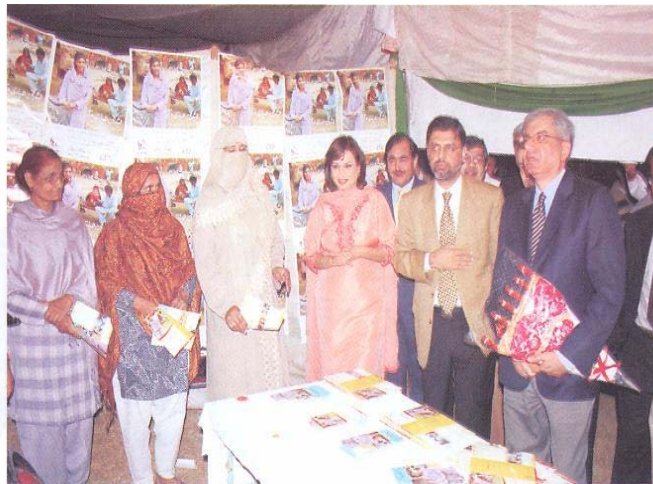
RHP working in 34 backward districts, in last year of project life remained successful in completing its quota for recruitment of LHWs. Similarly targets for procurement of 16 drug and 3 non-drug items were achieved.

VII - COMMUNICATION CELL

National Programme for Family Planning and Primary Health Care established a communication & publications cell with the technical assistance of Pakistan Initiative for Mothers and Newborns (PAIMAN) in November 2007. The aims and objectives envisaged for this cell included: development and implementation of a well informed and evidence-based communication strategy for the programme, suggesting mechanisms to improve communication capacity of its workers and supervisors.

- The cell developed a research proposal that broadly looked into the information gaps in the existing communication strategy of the program.
- The cell conceptualized and produced the first issue of Urdu newsletter *Rabata* for the 96,000 Lady Health Workers and their supervisors. This newsletter was mailed to all the workers and their supervisors directly at their home addresses.

The cell also conceptualized and produced the first issue of *Primary Health Care Communiqué*, a quarterly publication in English for advocacy with partners.



VIII - PRIMARY EYE CARE

Primary Eye care module was developed for lady health workers jointly by LHW programme and National Programme for Prevention and Control of Blindness. As a consequence, 764 Master Trainers and 5547 LHWs in 5 Districts of Punjab were trained on subject. Another 12000 LHWs were planned to be trained in next year.

IX - SPRINKLES – MICRO NUTRIENT SACHET

Iron deficiency anemia (IDA) is major public health problem in Pakistan. There is an increasing body of peer-reviewed literature to support that “micronutrient Sprinkles” is an effective strategy to improve the nutritional value of home-prepared complementary foods and thus to reduce the burden of iron deficiency among children.

In Pakistan, Micronutrient initiative in collaboration with Lady Health Worker’s Program piloted this intervention in 04 districts of the country in October-December.2007. Baseline and Post intervention surveys were conducted and it has been proven that the use of sprinkle sachets for a period of 02 months has reduced anemia significantly in children under 02-years of age.

X - MOVING TOWARDS COMPREHENSIVE DOTS

About 900 LHWs were trained on effective health care and support to Anti TB treatment in 8 Districts under subject project. National TB control Programme and GFATM Round-6 are partners in this project.

XI - SUPPORT GROUP METHODOLOGY

PAIMAN is working with Lady Health workers Programme to build the capacities of lady health workers so that they can effectively contribute towards mobilization of communities and families for ultimately improving maternal and newborn health LHWs are being provided a five days training on support group methodology, use of IEC material and revitalization of male health committees. So far 6496 LHWs have been trained. After getting training, LHWs constitute four groups each comprising of 8 to 15 women, in their geographically assigned communities.

XII - LHW TUJHE SALAAM

In commemoration of “Year of LHW” Save the children in collaboration with LHWP and Health departments planned to organize events in each of PAIMAN district to pay tribute to LHWs. The theme of each event is “**LHW Tujhay Salaam**”. Two such events were organized in district Jhelum and Khanewal. Almost 2300 community members and LHWs



participated in these events. Awards were distributed among best performing LHWs and LHSs to acknowledge their efforts and encourage them.



I - CHALLENGES

- ❖ **LOW LITERACY RATE;** One of the reasons of not completing the target is the low literacy rate among the females and these are the most needy and deprived areas.
- ❖ **POORLY FUNCTIONING HEALTH SYSTEM:** The issue of making it functional needs to be taken up with the provincial departments of health.
- ❖ **LAW AND ORDER SITUATION** in some districts of NWFP, FATA and Balochistan.

J - WAY FORWARD

1 - EXPANSION OF THE PROGRAMME

The expansion of programme will be in phased manner. Approximately 20,000 new LHWs will be recruited every year for the next five years.

2 - INTRODUCTION OF ACCELERATED EDUCATION SCHEME

Low literacy particularly among females is one of the hindrances in expansion of the programme in remote areas. As a pilot project accelerated education scheme would be

introduced in these districts with collaboration of institute like Allama Iqbal Open University.

3 - ROLE OF LHWS IN ROUTINE EPI

Based on experience for involving LHWS during the campaign for vaccination against Tetanus it was decided to allow LHWs give routine vaccination. In NWFP around 2500 LHWs have been trained and another 2500 LHWs are under training. It is planned to replicate the same in other districts with lower coverage of EPI.

4 - MALE SOCIAL MOBILISERS/ WORKERS

In some areas it is difficult for female to move around in the community for promoting Primary Health Care and family planning. To overcome the issues there is proposal to recruit male mobilizes with slightly different scope for work.

5 - SUPPORT TO COMMUNITY MIDWIVES (CMWs) THROUGH LHWP

In view of the services of LHWs and the fact that LHWs are well accepted in the community it is proposed that trained LHWs having required education qualification with 5 years experience should be preferred for selection as community midwives.

6 - WARE HOUSES AND TRANSPORT

Warehousing of the commodities at provincial, district and health facility level is one of the major issues being faced by the programme. The estimated annual procurement is around one billion which is likely to increase with the expansion of the programme. To handle such a huge quantity ware-houses are needed at all levels. For this purpose provision of at least one mini truck to each district is being considered.