

COUNTRY PROFILE: PAKISTAN

PAKISTAN COMMUNITY HEALTH PROGRAMS
DECEMBER 2013



Advancing Partners & Communities

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JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infection
CHW	community health worker
CMW	Community Midwives
DMPA (IM)	Intramuscular Depo-Provera
FAM	fertility awareness methods
FP	family planning
HIV	human immunodeficiency virus
IUD	intrauterine devices
LHW	Lady Health Workers
MCH	maternal and child health
MNCH	Maternal Neonatal and Child Health
MOH	Ministry of Health
NGO	non-governmental organizations
ORS	oral rehydration salts
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
VCT	voluntary counseling and testing (HIV)

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, NGOs, combination, etc.)? <i>Please list all that you are aware of.</i> <i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i>	Pakistan currently has two community health programs, both of which are implemented by the Provincial Districts of Health.	
		The Lady Health Worker Program is the primary health care program operating at the community level. It is supervised by the Government of Pakistan, through each Provincial Department of Health.	The Community Midwives Initiative is the maternal and neonatal child health program operating at the community level. It is supervised by the Government of Pakistan, through each Provincial Department of Health.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	The Lady Health Worker Program was created in 1994 by the Government to address the health workforce shortage in rural areas and urban slums. The program is active nationwide.	The Community Midwives Initiative was introduced into the National Maternal Neonatal and Child Health (MNCH) program policy in 2008. Prior to formal Government implementation, several international nongovernmental organizations (NGOs) piloted the model. The current status of the program's scale-up is unavailable.

3	<p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions, if known.</i></p>	<p>The program operates nationwide and focuses on rural areas and urban slums. Half of all trained Lady Health Workers (LHW) work in the Punjab region.</p>	<p>The program operates in rural settings where antenatal and postnatal care and skilled birthing is difficult to access.</p>
4	<p>If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.</p>	<p>There are currently no plans for additional scale up.</p>	<p>Information unavailable</p>
5	<p>Please list the health services delivered by community health workers (CHWs¹) under this program. Are these services part of a defined package? Do these services vary by region?</p>	<p>The Lady Health Worker Program provides health promotion, prevention, and curative services across a variety of health areas. Specifically, Lady Health Workers mobilize communities; deliver information and education messages for water, sanitation, hygiene, family planning, maternal health care; and administer first aid and treatment of minor ailments.</p> <p>These services are part of a defined package and do not vary by region.</p>	<p>The Community Midwives (CMW) Initiative provides skilled antenatal and postnatal care to pregnant women; attendance at home deliveries; mobilization of communities around maternal and newborn care; and family planning services. In some areas, Community Midwives provide child health services.</p>
6	<p>Are family planning (FP) services included in the defined package, if one exists?</p>	<p>Family planning services are included in the defined package of services delivered by the Lady Health Worker Program.</p>	<p>Family planning services are included in the defined package of Community Midwives services.</p>
7	<p>Please list the family planning services and methods delivered by CHWs.</p>	<p>The Lady Health Worker program provides information, education, and method counseling across all methods; distributes condoms, oral pills, and subsequent doses of injectables in the community; and refers for additional services.</p>	<p>Community Midwives provide information and education across all methods and distribute condoms, oral pills, and injectable contraceptives.</p>
8	<p>What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?</p>	<p>Lady Health Workers work out of their homes and visit clients by foot.</p>	<p>Community Midwives reach clients in their homes.</p>

¹ The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	There is only one cadre of health worker in the program. Lady Health Workers provide primary health care services in their communities.	There is only cadre of health worker in the Community Midwives Initiative. Community Midwives provide maternal and child health services in the communities in which they live.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Tasks do not vary as there is only one cadre of health workers. All LHWs provide the same package of services.	Tasks do not vary as there is only one cadre of health workers. All CMWs provide the same package of services.
11	Total number of CHWs in program? <i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i>	LHWs There are about 100,000 trained LHWs working throughout Pakistan. Of those, 48,000 LHWs work in the Punjab region.	CMWs Currently there are 12,000 trained CMWs working throughout Pakistan.
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? <i>Please break this down by cadre, if known.</i>	LHWs LHWs must be female, have completed eight years of formal education, be a resident of the community they are serving, be at least 18 years of age, and be accepted by the community. Preference is given to married women.	CMWs CMWs must be female between the ages of 18 and 35 years, live in the community where they work, have experience working in the community, and completed 12 years of formal schooling. It is preferred that CMWs are married and have achieved a score of 45% on their science exams.
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. <i>Please break this down by cadre, if known.</i>	LHWs LHWs receive a 15-month training at the start of their service, followed by monthly refresher trainings. The 15-month training is broken down into several components. The first three months is classroom training, followed by 12 months of on-the-job training.	CMWs CMWs receive an 18-month comprehensive training. The first 12 months of the training is classroom-based at a midwifery school. Classroom-based training focuses on basic knowledge of deliveries. The remaining six months of training is held at Practical Training Sites. During practical trainings, CMWs are trained on antenatal and postnatal care, family planning, and conducting home deliveries.

14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	<p>LHWs</p> <p>LHW training is comprehensive and allows LHWs to take on their full role at the end of training. Refresher trainings allow LHWs to obtain up-to-date skills and knowledge.</p>	<p>CMWs</p> <p>CMWs receive comprehensive training approved by the Pakistani Nursing Council for their entire package of services. The training curriculum ensures CMWs participate in deliveries and witness both normal and complicated deliveries prior to completing training.</p>	
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	<p>LHWs</p> <p>LHWs deliver information and education messages for water, sanitation, and hygiene; family planning information and education, method counseling, and distribution of contraceptives; maternal health care including antenatal and postnatal care and coordination with CMWs and health centers for safe deliveries; first aid for minor ailments; and treatment for diarrhea, malaria, and acute respiratory infections (ARIs).</p>	<p>CMWs</p> <p>CMWs provide skilled antenatal and postnatal care to pregnant women; attend deliveries; mobilize communities around maternal and newborn care and family planning services; distribute contraceptive methods in their communities; and in some areas provide referrals for immunizations, oral rehydration salts (ORS), and long-lasting insecticide treated nets.</p>	
16	Please list which family planning services are provided by which cadre(s), as applicable.		LHWs	CMWs
		<i>Information/education</i>	Condoms, oral pills, injectables, implants, intrauterine devices (IUDs), emergency contraception	Standard days method (SDM), condoms, oral pills, injectables, implants, IUDs, emergency contraception
		<i>Method counseling</i>	Condoms, oral pills, injectables, implants, IUDs, emergency contraception	Condoms, oral pills, injectables, emergency contraception
		<i>Method provision</i>	Condoms, oral pills, and subsequent dose of injectables	Condoms, oral pills, and injectables
		<i>Referrals</i>	Injectables, implants, IUDs, and permanent methods	Implants, IUDs, emergency contraception, and permanent methods

17	Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	LHWs LHWs distribute condoms, oral pills, ORS, and immunizations in their community.	CMWs CMWs distribute condoms, oral pills, and injectable contraceptives in their communities.
18	Are CHWs paid, are incentives provided, or are they volunteers? <i>Please differentiate by cadre, as applicable.</i>	LHWs LHWs receive an annual salary of approximately US\$435.	CMWs CMWs receive a retainer fee of 2,000Rs (US\$32) per month for services provided. In addition, CHWs also charge for services provided on top of the 2,000Rs.
19	Who is responsible for these incentives (Ministry of Health (MOH), NGO, municipality, combination)?	LHWs LHW salaries are incorporated into the Provincial Ministry of Health budget and are paid by the Government of Pakistan.	CMWs CMWs retainer fees are incorporated into the Provincial Ministry of Health budget and are paid by the Government of Pakistan.
20	Do CHWs work in urban and/or rural areas?	LHWs LHWs work primarily in rural areas. LHWs also serve urban slums.	CMWs CMWs work in rural areas.
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	LHWs Yes, LHWs must be residents of their communities they serve in order to be qualified for their role.	CMWs Yes, CMWs must be residents of their communities in order to be qualified for their role.
22	Describe the geographic coverage/catchment area for each CHW.	LHWs One LHW serves 1,000 people.	CMWs One CMW serves 5,000 people.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	LHWs LHWs serve clients in their own homes and walk to visit clients in their homes.	CMWs CMWs serve clients in their homes.
24	Describe the CHW role in data collection and monitoring.	LHWs LHWs complete data collection forms on a monthly basis, which document total population, births, deaths, and recorded illnesses.	CMWs CMWs submit monthly reports containing antenatal and postnatal services provided, deliveries conducted, maternal and child deaths in her catchment area, and referrals placed and received.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	<p>Both the Lady Health Worker Program and the Community Midwives Initiative are managed by the Provincial Department of Health. Pakistan has a fully decentralized management system. The health system is divided by:</p> <ul style="list-style-type: none"> • Provincial • District • Tehsil • Union Council 	
26	Is the MOH responsible for the program, overall?	Direction for both programs is provided by the Provincial Departments of Health.	
27	<p>What level of responsibility do regional, state, or local governments have for the program, if any?</p> <p><i>Please note responsibility by level of municipality.</i></p>	Provincial Departments of Health are responsible for the implementation of both programs in their individual districts.	
28	What level of responsibility do international and local NGOs have for the program, if any?	Both programs are implemented via the Provincial Department of Health. There is no known NGO involvement at this time.	
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, both LHWs and CMWs are government health extension workers and receive compensation from the provincial budgets.	
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	<p>LHWs</p> <p>LHWs are supervised by district supervisors and district coordinators. The mechanism for supervision is well established.</p>	<p>CMWs</p> <p>The CMWs are supervised currently by MNCH district coordinators.</p>
31	Where do CHWs refer clients for the next tier of services? Do lower-level	LHWs	CMWs

	cadres refer to the next cadre up (of CHW) at all?	LHWs refer clients to the health facility they are associated with for skilled deliveries and serious health problems.	They refer patients and clients to public sector health facilities in their catchment area	
32	Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i>		LHWs	CMWs
		<i>SDM/Fertility awareness methods (FAM)</i>	Not applicable	Not applicable
		<i>Condoms</i>	Not applicable	Not applicable
		<i>Oral pills</i>	Not applicable	Not applicable
		<i>Intramuscular Depo-Provera (DMPA (IM))</i>	Health facility for first dose, not applicable for subsequent doses	Not applicable
		<i>Implants</i>	Health facility of Population Welfare	Health facility of Population Welfare
		<i>IUDs</i>	Health facility of Population Welfare	Health facility of Population Welfare
		<i>Permanent methods</i>	Health facility of Population Welfare	Health facility of Population Welfare
		<i>Emergency contraception</i>	Health facility of Population Welfare	Health facility of Population Welfare
33	Are CHWs linked to other community outreach programs?	Both programs are linked to other community outreach programs. The extent of these linkages is ad hoc; however, both cadres are actively engaged in polio eradication activities.		
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Both LHWs and CMWs attend monthly meetings at health facilities. These meetings are jointly held by provincial or district supervisors, LHWs, and CMWs.		
35	What links exist to other institutions (schools, churches, associations, etc.)?	No specific linkages to other institutions exist.		
36	Do vertical programs have separate CHWs or "share/integrated"?	Both programs provide integrated services, though CMWs focus heavily on maternal and newborn health. There are plans to integrate these programs to alleviate duplication of services.		

37	Do they have data collection/reporting systems?	Both programs use monthly reporting mechanisms to collect service and disease surveillance data.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The Lady Health Worker Program and the Community Midwives Initiative are both funded by the Government of Pakistan's Provincial Departments of Health's budget.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	Both LHWs and CMWs work closely with local health facilities. They access medications and other commodities from these facilities.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information unavailable

V. POLICIES

41	<p>Is there a stand-alone community health policy? If not, is one underway or under discussion?</p> <p><i>Please provide a link if available online.</i></p>	<p>Each program has a distinct policy under the Provincial Department of Health.</p> <p>The Lady Health Worker program is incorporated into the National Program for Family Planning and Primary Health Care PC-I, The Lady Health Worker Program 2010-2015.</p> <p>The Community Midwives Initiative can be found within the Maternal Newborn and Child Health Program policy 2006-2012.</p>
42	<p>Is the community health policy integrated within overall health policy?</p>	<p>Both program policies are integrated into the National Health Policy 2009 and the Primary Health Care Policy. After devolution of the National Ministry of Health, the policies are reflected in provincial health sector strategies.</p>
43	<p>When was the last time the community health policy was updated? (months/years?)</p>	<p>The LHW policy was updated in 2010 and the CMW policy was updated in 2006.</p>
44	<p>What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)</p>	<p>Both programs are implemented nationwide.</p>
45	<p>Does the policy specify which services can be provided by CHWs, and which cannot?</p>	<p>Both policies outline a package of services to be delivered by LHWs and CMWs that provide very clear guidelines on what services can and cannot be provided.</p>
46	<p>Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?</p>	<p>Both the LHW and CMW program policies provide specific guidance on which family planning methods can be provided by LHWs and CMWs, and when referrals must be made. As noted previously, LHWs and CMWs can provide condoms, oral pills, and injectables, and must refer for other methods.</p>

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO PAKISTAN COMMUNITY HEALTH SERVICE PROVISION

Intervention		Lady Health Workers				Community Midwives			
		Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
Family Planning	Services/Products								
	SDM/FAM					X			
	Condoms	X	X	X		X		X	
	Oral pills	X	X	X		X		X	
	DMPA (IM)	X	X		X	X		X	
	Implants	X	X		X	X			X
	IUDs	X	X		X	X			X
	Permanent methods				X				X
	Emergency Contraception	X	X		X	X			X
HIV/AIDS	Voluntary counseling and testing (HIV) (VCT)								
	Prevention of mother-to-child transmission (of HIV) (PMTCT)								

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)								
	Zinc								
	ORS			X					X
	Immunizations			X					X
Malaria	Bed nets								X
	Indoor residual spraying (IRS)								
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)								
Water, Sanitation, and Hygiene (WASH)		X							



ADVANCING PARTNERS & COMMUNITIES
JSI RESEARCH & TRAINING INSTITUTE

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Web: advancingpartners.org

