Perspectives and practices of client, provider and marketing worker of an effective family planning social franchise intervention in rural Pakistan: qualitative enquiries

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Background:

- Pakistan DHS 2006-7 records overall modern contraceptive use at 22% and 17.7% for rural areas
- Unmet need was documented at 25%
- Several studies in Bangladesh, Senegal, and Tanzania found that contraceptive use was higher in areas where clients felt that they were receiving good quality care.
SURAJ Model

Intervention Strategy:

- Responding to low CPR and high unmet need, MSS launched a “fractional social franchise” model
- Branded as SURAJ which means sun
- Implemented in 18 underserved rural districts of Pakistan
- Aimed to increase the demand, access, choice, quality and affordability of FP services
SURAJ model (continued)

Main components:

- Train and accredit 100 local private health care providers
- Train and accredit 100 Field Workers Marketing
- Launch an Output Based Aid (OBA) Voucher Scheme for IUD
- Marketing and branding
- Increase accessibility and equity
- Promote LTCM
SURAJ model (continued)

Operational research:

- This was 18-months operational research study to assess the effectiveness of SURAJ franchise model in improving reproductive health of the women living in the rural and underserved areas of Pakistan.
- Mix method pre and post test study design was used
- Need of targeted communities was assessed qualitatively through sixteen (16) FGDs
- Baseline household survey with married women of reproductive age was conducted before the inception of the project
- Midline qualitative studies employing FGDs and IDIs were conducted with SURAJ providers, FWM and clients in the mid of the project
- Endline survey was conducted at the completion of the project
- The present study/presentation is based on the findings of midline qualitative studies
Perspectives and practices of SURAJ clients, providers and FWMs

Objectives:

- To document the perspectives of the SURAJ clients regarding various components of SURAJ services, family planning, modern contraception, barriers, marketing worker, voucher scheme, marketing and branding, and project sustainability.

- To document the perspectives and practices of SURAJ providers and marketing workers pertaining to family planning, modern contraception, SURAJ services, barriers and challenges, voucher scheme, marketing and branding, and project sustainability.
Methods:

Study design:

- The present study is a qualitative exploratory study and utilized thematic analysis approach
- Employed Focus Group Discussions (FGD) and In-depth Interviews (IDIs)
- FGD and IDI guides were developed and pre-tested
- Informed consent was obtained
- 8-10 women participated in the FGDs
- Both IDIs and FGDs lasted for 1-1.5 hrs, on an average
Methods (continued)

Purposive Sampling:
- Purposively conducted with selected SURAJ clients, PPs and FWMs
- 12 FGDs and 36 IDIs were conducted with both Suraj voucher and referral clients
- 2 FGDs were conducted with FWMs; while 15 IDIs were conducted with PPs and FWMs

Study area:
- Study with SURAJ clients was conducted in six randomly selected intervention districts of Sindh and Punjab provinces of Pakistan
- Study with PPs and FWMs was conducted in two intervention districts of Sindh and Punjab provinces

Study Periods:
- FGDs and IDIs with SURAJ providers were conducted in January, 2010
- FGDs and IDIs with SURAJ clients were conducted in August, 2010

Data Analysis:
- Thematic analysis using an adapted constant comparison analysis process
Findings of the triangulation of two data sets

Clients’ perspective:

- Increased knowledge of and positive attitudes towards FP and modern contraception
- Identified FWM as the most common source of knowledge followed by Suraj signboards and other women
- Almost all of the clients reported use of IUD
- Reported IUD as the most preferred method
- Cited effectiveness, long term, fewer visits to the clinic, fewer complications and higher level of satisfaction as reasons for preferring IUD over other methods
Findings of the triangulation of two data sets (continued)

Clients’ perspective:

- Almost all appreciated the level of cleanliness, area reserved for IUD insertion, sterilization of instruments, standards of privacy and confidentiality and associated these variables with quality.

- Also qualified and experienced services provider, free of cost services [voucher] and courteous attitude of service provider and FWM were highly appreciated and associated with quality of care.
Findings of the triangulation of two data sets (continued)

- Providers’ and FWMs’ perspective:
  - All of the PPs claimed that IUD insertion and infection prevention were the most important part of MSS training.
  - Medical training increased their capacity to provide quality FP services.
  - Medical training also increased their image and prestige in their respective communities.
  - Both PPs and FWMs reported that for women IUD was the most preferred methods of family planning followed by pills and condoms.
  - PPs claimed that due to their partnership with MSS and community mobilization efforts of FWMs, their clientele significantly increased from 3 to 20 per-weeks.
  - Both considered voucher as the most important component of Suraj model and equally beneficial for them as well as the community.
Findings of the triangulation of two data sets (continued)

Clients’ and provider perspective:

- Both of the study groups shared that community perceptions and attitudes towards family planning are changing.

- Change in attitude is believed to have been brought by increasing financial cost of raising large number of children, rise of education and various FP, marketing and mobilization activities.

- Majority said that Suraj marketing activities (Suraj signboards, etc) were very important and regarded them as vital in locating the Suraj centre and creating FP awareness.
Findings of the triangulation of two data sets (continued)

Role of field worker marketing:

- PPs claimed due to community mobilization efforts of FWMs, their clientele significantly increased

- Clients stated that the role of FWM had been crucial in influencing peoples’ attitudes towards family planning and contraception

- Trained on counseling
- Mobilization and sensitization
- Voucher distribution
- Refer clients to the private providers
- Follow-up of clients to ensure continuity and side-effect management
Knowledge Contribution:

- The Suraj intervention had a significant effect on several determinants of contraceptive behaviour including contraceptive knowledge and family planning approval.

- The intervention increased the proportion of women reporting use of modern contraceptives and increased use of IUD for birth spacing.

- Efforts aimed at promoting modern family planning use in rural Pakistan must address issues of affordability, accessibility, and quality of care.
Knowledge Contribution

- The present findings provide the evidence that social franchising models like Suraj can effectively improve utilization of quality services by the poor.

- The voucher scheme provided access to the poor women living in underserved rural areas.

- In addition, provision of quality services and awareness raising efforts by Suraj model, increasing cost of rearing children and increasing levels of education were also cited as reasons for the positive change in attitudes.
THANK YOU