

## So Close to the Last Mile: Closing the ANC–PNC Gap

### INTRODUCTION

The Primary Healthcare – Doorstep Delivery Project (PHC-DSDP) implemented by RADS with funding support Gates Foundation looked maternal healthcare services in **5,010 urban poor households** in Orangi, Karachi and Dhoke Hassu Rawalpindi. Our findings show that maternal care is built around delivery, not continuity. **Women are reaching facilities for delivery, but many are not receiving the optimal package of care before and after birth services.** The main services gap is therefore not access but lack of continuity and delivery of essential (basic package) of maternal care services pathway.

### KEY FINDINGS

**Facility delivery is high, but the optimal care package is rarely given: 83–89% of births** are occurring in health facilities, yet only **19% women in Karachi** and **11% in Rawalpindi** receive the full continuum of care: four or more antenatal visits, facility delivery, and postnatal care within 48 hours.

**High drop out during antenatal care:** Any antenatal care is reported by **69% of women in Karachi** and **57% in Rawalpindi**, but completion of four or more ANC visits falls to **50%** and **33%**, respectively.

**Postnatal care is the weak:** Only **43% women in Karachi** and **29% in Rawalpindi** receive postnatal care after delivery, leaving many mothers and newborns without follow-up during the critical period after birth.

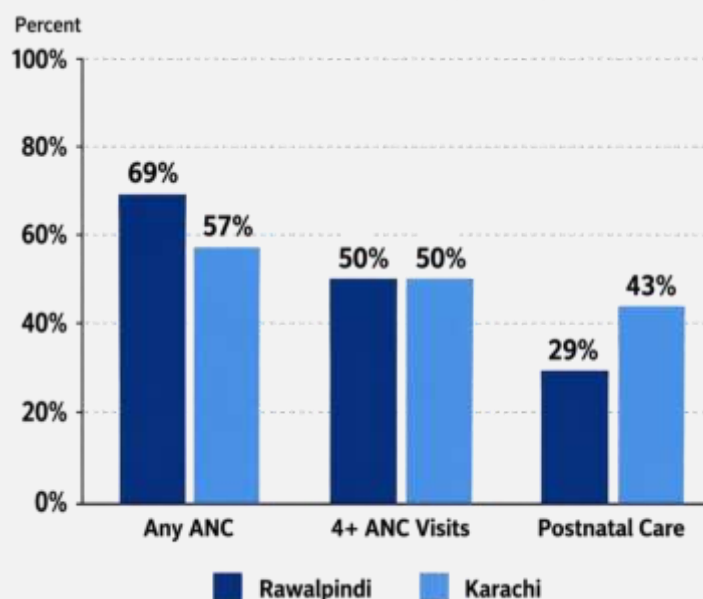
**Table 1: Maternal Delivery Care in Urban Poor Communities**

Indicator	Rawalpindi (RWP)	Karachi (KHI)
Facility Delivery	83%	89%
Home Delivery	17%	11%
Skilled Attendance	76%	64%
Caesarean Section	28%	39%

### POLICY RECOMMENDATIONS

- Easy Digital Tools can track every pregnant woman across the full care pathway:** Register pregnant women at household or facility level and track completion of ANC visits, facility delivery, and PNC within 48 hours.
- Schedule post delivery follow-up:** Before discharge, new mother should be given the PNC appointment, referral contact, and instructions for danger signs and newborn care.
- Dropouts can be Reduced:** Use phone reminders, outreach community health worker visits, and digital household follow-up to bring women back for missed ANC and PNC visits.

**Figure 1: Maternal Care Coverage Comparison by City**



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