

Research on Addressing Three Delays in Accessing Emergency Obstetric and Neonatal Care in Non-LHW Covered Areas of Pakistan

WORKSHOP FOR DISSEMINATION OF BASELINE SURVEY FINDINGS



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INTRODUCTION

This is a sixteen month research project being conducted by RSPN in collaboration with HANDS and Thardeep Rural Development Programme (TRDP). The project is funded by the Research and Advocacy Fund (RAF) and is being implemented in Dadu, Sindh.

The research explores sustainable community management options to address the three delays in accessing EmONC, specifically in non-LHW covered areas of Pakistan. These delays overwhelmingly lead to maternal and neonatal mortality. The project aims to increase demand side access to existing health services by improving awareness of men and women (with a focus on gender and socially excluded) regarding the importance of EmONC services. It also seeks to increase women's ability to access necessary health services, by developing community based logistical support mechanisms, and improve supply side access to health services through collaboration with Department of Health and PPHI to strengthen the existing health facilities and train Traditional Birth Attendants (TBAs). The research will ultimately assess whether interventions being implemented increase skilled birth attendance or institutional deliveries, and whether they improve uptake of EmONC services.

The research follows a quasi non-randomized design, where an intervention community is being compared with a similar sized and demographically matched community where no community based intervention is implemented. The intervention area for the project is Union Council (UC) Khudabad and the non-intervention area is UC Kamal Khan. A baseline survey was conducted in both UCs to assess the existing knowledge, attitudes and practices surrounding maternal and child health related issues. The baseline survey was conducted during the months of March and April 2012 and consisted of the following components:

1. Quantitative survey
2. Birth audit survey
3. Qualitative assessment
4. Health facility assessment

OBJECTIVE OF WORKSHOP

The purpose of the workshop was to share key findings from the baseline survey with the project's stakeholders, which included policy makers, politicians/legislators, government health officials, academia, media representatives, national and international donors, and other Non Governmental Organizations working on research and advocacy for maternal and child health issues. The workshop followed a presentation format followed by a Q&A session, and lasted 2.5 hours in total. The following agenda was prepared in advance and was shared with all invitees.

Time	Session	Methodology	Facilitator
1100-1115	Registration		
1115-1120	Welcome note	<ul style="list-style-type: none"> Plenary 	Mr. Khaleel Ahmed Tetlay, Chief Operating Officer, RSPN
1120-1125	Introduction to Research and Advocacy Fund (RAF)	<ul style="list-style-type: none"> Presentation 	Dr. Wajiha Ghias, Manager Grants, RAF
1125-1135	Introduction to the project	<ul style="list-style-type: none"> Presentation 	Mr. Bashir Anjum, Specialist Social Sector, RSPN
1135-1200	Presentation of baseline survey findings	<ul style="list-style-type: none"> Presentation 	Dr. Adnan Khan, Research Consultant
1200-1215	Q&A session	<ul style="list-style-type: none"> Discussion 	Mr. Bashir Anjum/ Dr. Adnan Khan
1215-1220	Remarks from HANDS		Dr. Shaikh Tanveer Ahmed, Chief Executive, HANDS
1220-1225	Remarks from TRDP		Mr. Naseer Nizamani, Chairperson, TRDP
1225-1240	Remarks by Chief Guest		Dr. Ferozuddin Memon, DG Health, Sindh
1240-1250	Vote of thanks		Mr. Khaleel Ahmed Tetlay, Chief Operating Officer, RSPN
1250-1345	Lunch		

ATTENDANCE

The workshop was held at the Pearl Continental Hotel, Karachi and was attended by approximately 85 persons. In addition to the speakers mentioned above, Dr. Yasmeen Qazi, Senior Country Advisor at the David & Lucile Packard Foundation was also present. Members of the Project Advisory Committee (of which Dr. Qazi is also a member) also attended the workshop.

PROCEEDINGS

After a brief welcome by the Communications Officer, and recitation from the Holy Quran, Khaleel Ahmed Tetlay formally welcomed all guests the workshop. He was followed by Dr. Wajiha Ghias who presented an introduction to RAF.



Bashir Anjum then gave an overview of the project, describing the three delays that lead to maternal and neonatal mortality. This was followed by the presentation on key baseline survey findings, by Dr. Adnan Khan. During the presentation, Dr. Adnan highlighted some of the major issues existing in the target community regarding knowledge, attitudes and practices surrounding pregnancy, childbirth, postnatal care and neonatal care. He also discussed issues related to birth preparedness such as how community members generate funds and arrange transport etc.

Dr. Adnan's presentation was followed by a robust Q&A session which lasted approximately 30 to 40 minutes. A summary of the questions and answers are below:

	Asked by	Question/Comment	Answered by	Answer
1	Dr. Arshad Mahmood, Population Council	How has the research design incorporated specific indicators to measure overall project success?	Dr. Adnan Khan	The same sampling frame and survey questions will be used for the endline survey as were used in the baseline. Change in percentage of skilled birth attendance is an example of a direct indicator of project success.
2	Begum Imtiaz Kamal, Maternity & Child Welfare Association of Pakistan	Commented on lack of ANC visits, saying that most visits were curative rather than for ANC, and agreed that postnatal care is very infrequent. Asked why TBAs were trained and how giving them clean delivery kits factors into the success of this research project.	Dr. Adnan Khan	When choosing where to deliver, most people look at convenience as the deciding factor. This leads to maternal and neonatal deaths. TBAs were trained so that they can identify complicated delivery cases to combat mortality, and given clean delivery kits so that when household deliveries take place, they are at least one with adequate equipment.
3	Dr. Obaid-ur-rahman, DOH Dadu	What specifically did you see in health facilities regarding EmONC, and what policy recommendations can you make based on this research to institutionalize necessary changes in the health sector?	Dr. Adnan Khan	The 9% bad outcomes are to do with the poor quality of services at health facilities i.e., third delay. BHUs are open until only 2pm and are highly understaffed. We also conducted an audit of health facilities that shows many inadequacies in service provision that need to be addressed.
4	Dr. Inayat Thaver, Chief Executive Mustashaar	Commented that while it is good to collect information from both men and women, it is usually found that both have very different levels of knowledge for same issues, especially in the case of maternal and child health. Also saw a disconnect between what increasing number of referrals will do to address the three delays	Dr. Adnan Khan, Bashir Anjum	Agreed that there is a large difference between knowledge levels. As for the three delays, they all lead to a delay in care seeking, and so increasing referrals to health facilities for deliveries and antenatal checkups, as well as increasing the level of skilled birth attendance is a logical indicator of whether or not the three delays are being avoided.
5	Dr. Yasmeen Qazi, David & Lucile Packard Foundation	Asked how the second research question in the project will be measured and tracked? How are health systems being held accountable? What are the prospects for post-project sustainability?	Dr. Adnan Khan, Bashir Anjum	VHCs are responsible for monitoring the work of CRPs and holding them accountable. Health facilities were struggling in first 4 months of the project but have now been provided equipment which they didn't have before. We are exploring sustainability options such as social marketing by CRPs.
6	Dr. Laila Gardezi, Greenstar Social Marketing	Why are people opting for private facilities instead of government ones when they go for institutional deliveries? Isn't cost a concern?	Dr. Adnan Khan	People mostly opt for private facilities because the services and treatment they receive in government facilities is very poor.

GUEST SPEAKERS

After the Q&A session, Dr. Shaikh Tanveer Ahmad Chief Executive of HANDS was asked to share a few words about HANDS' involvement in the project. This was followed by some remarks from Dr. Naseer Nizamani, Chairperson of TRDP who also made some comments about TRDP's contribution to this research.



In the end the chief guest, Director General Health, Dr. Ferozuddin Memon was invited to make some comments. He appreciated the presentation and commended HANDS, TRDP and RSPN on its work. He said that maternal and child health is a multi-sectorial issue in which the community and civil society institutions have to fight together to bring about a change in behavior. He advocated the need to develop long-term, integrated and sustainable approaches to improve Pakistan's health sector, and welcomed suggestions to incorporate research findings into policies at a central government level.



Some end remarks were made by Khaleel Ahmed Tetlay, followed by lunch. This workshop was organized by RSPN's Trainings Coordinator, Asim Nazeer and Communications Officer, Laila Hussain. Communications material was developed to be distributed during the workshop, which included a research brief, folder, banner, name tags etc. This material was developed by the Communications Officer.

