

Lead Organization: Rural Support Programmes Network (RSPN)
Partner Organizations: Health and Nutrition Development Society (HANDS)
 Thardeep Rural Development Programme (TRDP)
Name of Principal Investigator: Mr. Bashir Anjum

Project Objective: To develop and demonstrate a community based intervention model to remove the three delays for Improving Access to EmONC in areas not covered by LHWs.
 To generate robust evidence to push for scaling up of proven, community based cost effective interventions with focus on improving EmONC services and access for the poor and marginalised communities in non-LHW covered Areas.

- Rationale:**
- Maternal mortality rate (MMR) is 276 /100,000 live births
 - Neonatal mortality rate (NMR) is 58 / 1,000 live births.
 - These rates are higher in rural areas;
 - Mortality is attributed to three delays
 - decision to seek medical care
 - to reach the appropriate facility and
 - in receiving care are.
 - These delays are grounded in socio-cultural structure, poverty and institutional capacity;
 - Non LHW covered areas are mostly located at far flung rural area where poor and marginalized rural communities do not have access to basic Maternal, Neonatal and Child Health Care information and referral points for EmONC

Methods for Research Projects:
Study design: Quasi experimental community based trial

Data collection : Quantitative (KAP Survey at Base line and End line and Qualitative (FGDs) and Assessment of Birthing Practices

Data Analysis: Univariate correlations, multiple and mixed regression analysis, ecological association to measure association or correlation. Comparison of baseline and end line surveys and progression on program data to analyze trends

Geographical locations: District Dadu in Sindh

Population under study: (24500 in Intervention UC Khudabad and 26000 in non Intervention UC Kamal Khan)

Results/Progress
 Project staff hired and given orientation, Community Resource Persons (CRP) identification started, Base line survey in process

Policy and Practice Change Implications

The evidence from this research will be used to advocate for the replication of the CRP approach for addressing the causes of three delays and improving the access of women to EmONC services in non-LHW covered areas provided that BHUs and DHQs are fully functional for provision of basic and comprehensive EmONC services.

- Project Outcomes**
- Primary: To Increase the referral for complicated deliveries
 - Secondary: To increase skilled birth attendance or deliveries in facilities

Project Design

