RSPN

RAF
Working Towards Millennium Development Goals
Research & Advocacy Fund

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REDUCING PREGNANCY RELATED MORTALITY

Research on Removing Three Delays For Improving Access To Quality Emergency Obstetric and Neonatal Care (EmONC) in Non-LHW Covered Areas of Pakistan

PROJECT OVERVIEW

Research on Removing Three Delays For Improving Access To Quality Emergency Obstetric and Neonatal Care (EmONC) in Non-LHW Covered Areas of Pakistan

This sixteen-month project aims to develop a community based mobilization approach by comparing an intervention area with a non-intervention area to see if the three delays that overwhelmingly result in pregnancy-related mortality can be avoided. The interventions are focused on increasing the level of skilled birth attendance and institutional deliveries in the area, and improving the uptake of EmONC services. To avoid bias, mixed type baseline/end line surveys and training of health care personnel have been designed for both intervention and control areas, but interventions are reserved for only one of the two similar sized, demographically matched communities. This research project started on 15th January 2012 and is being funded by Maternal and Newborn Health Programme Research and Advocacy Fund. The project is being implemented by Rural Support Programmes Network (RSPN) in Dadu, Sindh, in partnership with Thardeep Rural Development Programme (TRDP) and Health and Nutrition Development Society (HANDS).

THE THREE DELAYS

INTERVENTION STRATEGY

1 Lack of knowledge and delays in deciding to seek emergency healthcare services

Community mobilization through male and female Community Resource Persons (CRPs) to address the first delay

2 Delay in reaching the appropriate health facility for medical care

Developing community support mechanisms such as Village Health Committees (VHCs) for ensuring the transport in emergency cases to address the causes of second delay

3 Delay in receiving treatment from healthcare facility

Strengthening the health system (BHU, MCH center, DHQ) for delivery of quality EmONC services to address the third delay

PROJECT INTERVENTION STARTED IN LATE APRIL 2012

80
CRPs
(40 Male + 40 Female)

40
VHCs

SOCIAL MOBILISATION

Village Health Committees and Community Resource Persons Community dialogues were held in each cluster to form VHCs and select CRPs. CRPs create awareness for EmONC issues. VHCs are responsible for supervising CRPs and providing community support.

REGISTRATION OF TARGET POPULATION

CRPs are responsible for registering married couples, neonates and extended family members from their assigned population on a continuing basis.

Married couples registered by CRPs
2390

304
of registered are pregnant

3
Rounds of meetings conducted

GROUP MEETINGS

The male and female CRPs began group meetings with MWRAs, husbands and extended family members. Three rounds of meetings were conducted to educate community members on antenatal care, birth preparedness, neonatal and postnatal care

HOUSEHOLD VISITS

Female CRPs conduct household visits with MWRAs and pregnant women to discuss issues of antenatal and neonatal care, birth preparedness and the importance of maternal health and institutional deliveries. Visits began in July 2012.

1939
Women visited

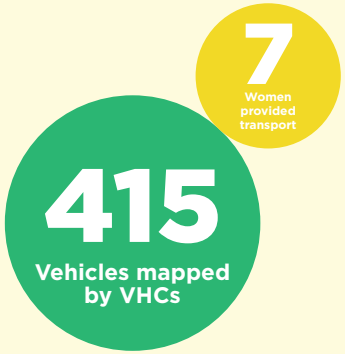
Services availed by
178
women

224/304
Pregnant women referred

REFERRAL SYSTEM

Female CRPs educate women on the importance of institutional deliveries and refer pregnant women and neonates to basic and comprehensive EmONC facilities.

WHAT WE ARE DOING

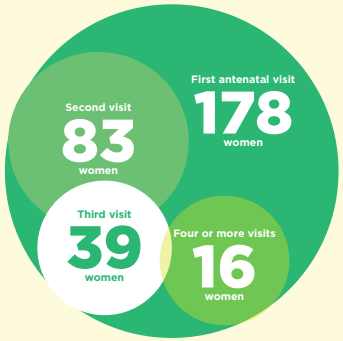


EMERGENCY TRANSPORTATION SUPPORT

VHCs mapped the number of vehicles available, and received consent from their owners to provide transport for pregnant women to health facilities. There are 413 vehicles in 35 clusters, including cars, wagons, jeeps, Suzuki pickups, rickshaws, tractor trolleys, motor cycles and donkey carts. VHCs are providing emergency transport to families identified as poor.

FUND RAISING

The VHCs are primarily responsible for raising funds to be used for emergency transport services. They have been using techniques such as collecting voluntary contributions from members, donations from affluent locals, and Zakat.

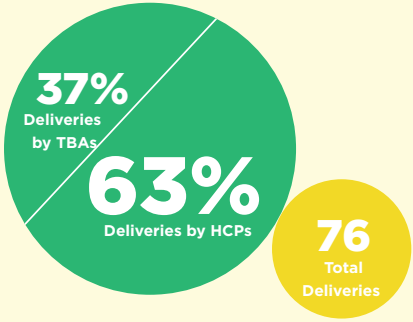


AUDIT AND IMPROVEMENT OF HEALTH SERVICES

A Woman Medical Officer makes weekly visits to the health facilities in intervention and control UCs and provides on the job coaching and supervision of the health care providers. She also extends support to the health facility staff in data maintenance related to the project at facility level.

TRAINING OF HEALTHCARE PROVIDERS

19 TBAs were trained to handle safe deliveries and refer complicated deliveries to EmONC facilities. 25 female Health Care Providers from the DHQ and BHUs have also been trained in basic and comprehensive EmONC services, in both intervention and control areas of the project.



PROJECT ADVISORY COMMITTEE

A Project Advisory Committee has been formed to discuss issues related to the project and make specific recommendations. The committee comprises of eminent researchers and experts in field of maternal, neonatal and child health. So far, it has had one meeting in Karachi.

Baseline Survey Findings

For this study a Quasi Randomized Trial was used to compare an intervention area with a non-intervention or control area. Intervention area was the non-LHW covered rural population of UC Khudabad of Taluka in District Dadu. Total non-LHW covered population of the UC is 19,913. Non-intervention UC was Kamal Khan located in Taluka Johi of District Dadu and has non-LHW covered population of 28,575.

Respondents were given a list of 12 common pregnancy related symptoms and asked which ones they knew of. On average, 87% women and 58% men were able to identify at least one symptom.

Awareness of Pregnancy Related Complications

	Khudabad		Kamal Khan	
	Husband (n=501)	Wife (n=517)	Husband (n=551)	Wife (n=580)
Bleeding	33%	21%	30%	23%
Severe Abdominal Pain	6%	8%	12%	13%
Convulsions	8%	3%	12%	2%
Severe Headache	21%	31%	51%	43%
High Fever	16%	16%	36%	22%
Severe Weakness	10%	21%	23%	30%
Blurred Vision	4%	20%	8%	31%
Swollen Hands/Face	5%	10%	10%	16%
Difficulty Breathing	6%	10%	7%	23%
Loss of Conscious	2%	4%	2%	2%
Acc/ Reduced Fetal Movement	1%	2%	2%	1%
Water Breaks	0%	0%	0%	0%
None	0%	0%	0%	0%

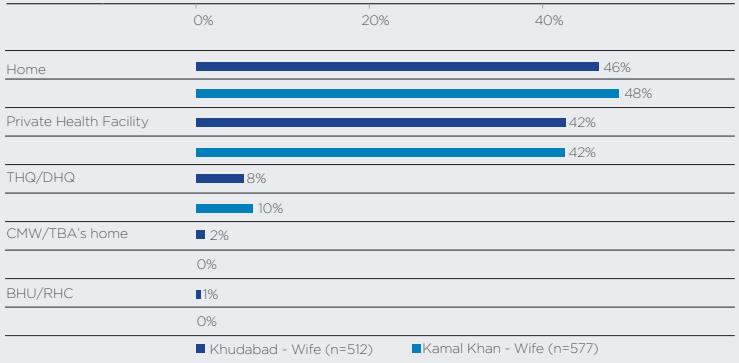
Family elders are the main source of information on pregnancy related complications for couples. Far fewer husbands than wives have any source of information at all, which suggests that birthing and related issues are considered a woman's domain and that husbands tend to be uniformed.

Sources of Information on Complications During Pregnancy

	Khudabad		Kamal Khan	
	Husband (n=322)	Wife (n=373)	Husband (n=516)	Wife (n=492)
Family Elders	43%	82%	52%	76%
Trained Health Provider	25%	5%	29%	11%
Friend	9%	3%	4%	3%
LHW	2%	1%	0%	0%
Community Volunteer	1%	1%	0%	1%
Radio TV	2%	0%	0%	0%
Other	3%	0%	1%	0%
No one	15%	8%	13%	9%

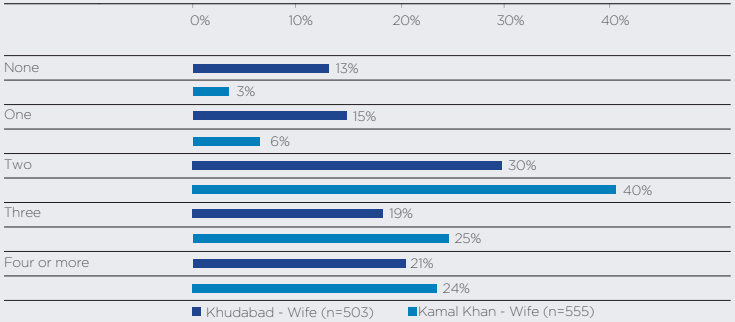
Women were asked where they gave birth to their last child.

Place of last delivery



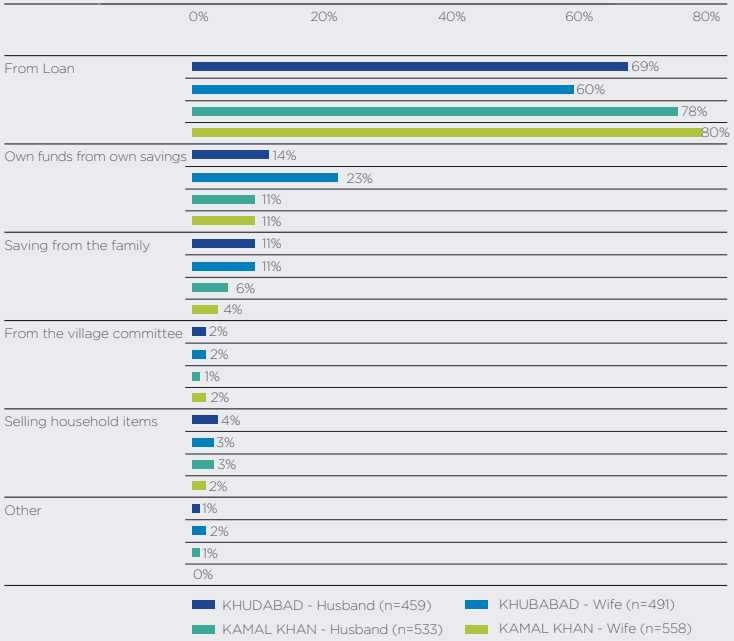
The WHO recommends at least four antenatal care visits during a pregnancy. However, only 21% women in Khudabad and 24% in Kamal Khan had four or more visits throughout their last pregnancy. The research showed that although women counted any kind of healthcare check-up during pregnancy as an antenatal visit, most visits were in fact to seek care for specific symptoms. Preventative care, thus, is a low priority for most women.

Number of ANC/ Healthcare Visits



For 72% women in Khudabad and 81% women in Kamal Khan financial arrangements were the most important aspect of birth preparedness. However, in a majority of cases these funds come from loans. Although families give importance to saving money for birth, they are unable to meet these costs on their own and are forced to rely on external sources of funds.

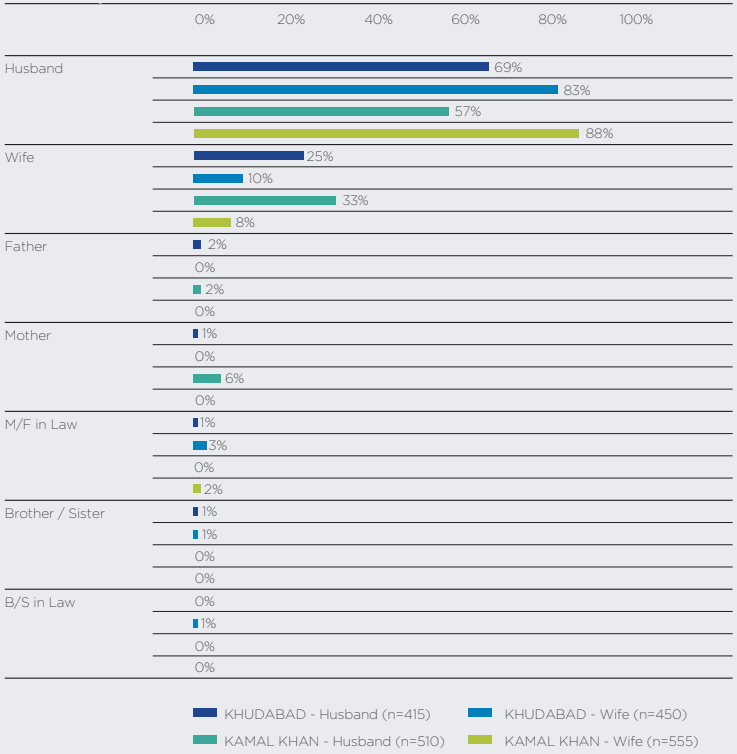
Source of Funds for Treatment or Delivery



In 4 out of 5 cases in these communities, the decision to seek potentially lifesaving treatment during pregnancy or labour does not lie solely with the woman, but with her husband.

Interestingly, the research found that husbands believed the decision making process was far more inclusive than what their wives felt it to be. The wives also felt that their in-laws had a lot more say in the decision than what the husbands thought. These differences underscore persisting male/in-law dominated decision making in households, where although the husband feels that the wife is included in decision making, this is not the case.

Decision-maker for Seeking Treatment



ZAREEN'S STORY

Raising Awareness for Maternal and Neonatal Health

Zareen was pregnant for the seventeenth time when the RAF project began in her village. She lives in Karam Khan Lund, a village of Union Council Khudabad and has been married to Zahoor, her first cousin, for 20 years. She lives in an extremely restrictive household and cannot leave home without permission from her husband and mother in law.

Despite becoming pregnant almost once year, she had no knowledge of contraceptive methods or birth spacing practices. When Zareen met with CRPs at the village group meetings and during their visit to her home, she learned of the importance of maternal and neonatal health. Until now all her deliveries, except for one, have taken place at home, and she has had 10 miscarriages. She spoke to her husband, who had attended the male group meetings in the village and gotten information on maternal and child health. Together they convinced her mother in law to let her avail healthcare services at a MNH centre. In her last 3 months of pregnancy she received monthly antenatal checkups at a health facility which she had been referred to by a CRP, and delivered her baby at the District Head Quarter, Dadu.

While talking about her delivery experience she said, "Delivery of my baby at the hospital was a very nice experience; I was well treated and received attention from the health care providers. I am glad the CRPs helped me make an informed decision for a safe delivery in the hospital."

She is grateful to the project's staff helping her realize the importance of antenatal checkups and hospital deliveries. She plans to visit the BHU very soon to obtain contraceptives and begin birth spacing.

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