



REDUCING MATERNAL AND NEONATAL MORTALITY

PROJECT UPDATE OCTOBER 2012

For every

100,000

live births,

319 women die of pregnancy related causes in rural Pakistan*

3/5 births

take place in the home*

(PDHS 2006-7)

This project aims to develop a community based approach to reduce pregnancy related mortality. By implementing specific interventions in an area not served by the Lady Health Worker program, and comparing it with a similarly sized and demographically matched non-intervention area, the research will explore whether locally driven mechanisms can eliminate the three delays experienced in receiving emergency obstetric and neonatal care (EmONC).

This research is being implemented by RSPN in Dadu, Sindh, in partnership with TRDP and HANDS.

THE THREE DELAYS



Lack of knowledge and delays in deciding to seek healthcare



Transportation to healthcare facility



Receiving treatment at the healthcare facility

INTERVENTION STRATEGY



Community mobilization through male and female Community Resource Persons (CRPs)



Forming Village Health Committees (VHCs) to support women and children



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

RESULTS



Over **2200*** / **2405 MWRAs** visited
*average figure
Over **91%** women educated on EmONC and referred for services



Rs 114,435 raised by VHCs
58 women transported for delivery



123 institutional deliveries
384 women availed antenatal services at least once



216 pregnant women vaccinated for Tetanus Toxoid, 96 neonates immunized

RESEARCH AND ADVOCACY FUND VISITS DADU



RAF/DFID officials being briefed at the Mother and Child Health Center Khudabad

August: Representatives from RAF and the Department for International Development (DFID) visited Dadu for a firsthand look at the project's interventions. They attended a VHC meeting, observed the group meetings conducted by the male and female CRPs, and met with community members at all levels of the intervention and learned about the positive change the project has had on their lives. In a meeting with government health officials in Dadu, the DSM of PPHI was pleased to share that referrals of women to the MCH center had increased significantly since the project's inception. RAF officials expressed deep satisfaction with RSPN's and its partners' oversight of the ongoing activities that have resulted in an increased awareness among the target population for maternal and child health. The visitors suggested that strengthening the coordination with health sector stakeholders by updating them regularly would also be useful for ensuring the project's success.

EQUIPPING LOCAL HEALTH FACILITIES

September: As part of RSPN's efforts to ensure the sustained provision of EmONC services by strengthening the overall healthcare system, essential healthcare equipment was supplied to the Basic Health Units of Khudabad and Kamal Khan, and to the Maternal and Child Health Facility in Khudabad. The equipment was provided by HANDS, after consulting the People's Primary Healthcare Initiative (PPHI) and the Executive District Officer for Health in Dadu.

POLIO CAMPAIGN

October: As part of the Expanded Programme for Immunization, RSPN participated in the polio campaign in Dadu, and facilitated the immunization of 357 children under the age of six months, and 4,110 children under 5 years. Eight CRPs were trained to give vaccinations, and in 23 villages CRPs assisted EPI vaccinators on a voluntary basis by identifying children eligible for vaccinations and mobilizing parents to have their children vaccinated.



A community resource person delivering polio drops to a young boy in Khudabad

DISSEMINATION WORKSHOP



Chairperson of TRDP addressing the audience at the dissemination workshop

Photo Credit: HobusFocus Photography

October: A national level dissemination workshop was organized in Karachi to share the findings from the project's baseline survey. The workshop was attended by prominent researchers and other stakeholders in the field of maternal and child health, along with representatives from RAF, TRDP and HANDS. The chief guest was DG Health Sindh, Dr. Ferozuddin Memon, who commended RSPN, HANDS and TRDP on their work in Dadu. He advocated the need to develop long-term, integrated and sustainable approaches to improve Pakistan's health sector, and welcomed suggestions to incorporate the baseline research findings into policies at the central government level.

ACHIEVEMENTS	Referred to a Health Facility	Visited a Health Facility	Referred to a Health Facility	Visited a Health Facility
1st Antenatal Checkup	366	384	Risky pregnancies	16
2nd Antenatal Checkup	167	298	Deliveries	148
3rd Antenatal Checkup	66	208	Postnatal Checkup	54
4th Antenatal Checkup	21	112	Neonatal Checkup	54
More than 4 Antenatal Checkups	14	82		68

AMINA'S STORY

EDUCATING COMMUNITIES ON MOTHER AND CHILD HEALTH:

“The idea of going to a hospital always made me nervous. I was afraid I wouldn't be treated well there”

Although Amina has seven children, this was her first time giving birth in a hospital without a traditional birth attendant, or *dai*.

Amina is 40 years old, and has been married 20 years. She lives in Abdullah Khushk, a small village in the district of Dadu, Sindh, which has no local schools or health facilities nearby. Since it is not covered by the government-run Lady Health Worker program, there is a general lack of information about healthcare in the village, particularly for women, who are often not permitted to leave home unaccompanied.

Although Amina has had three miscarriages, she had no knowledge of antenatal care practices or birth preparedness until she met Shahida, the Community Resource Person for the village. As a CRP, Shahida is responsible for educating the women of Abdullah Khushk on issues of mother and child health. “She referred me to the hospital for antenatal checkups every month, encouraged me to save money, and helped me get transport from the Village Health Committee so I could go to the hospital,” said Amina.

During Amina's antenatal checkups, the doctor warned her of the health risks involved in giving birth at home, particularly because of her age. The local *dai* agreed, and encouraged her to go to the hospital. When the time came for the baby to be born, the dai took Amina to the civil hospital in Khudabad where, contrary to her fears, she received swift treatment free of cost. Amina gave birth to a baby boy, and she and her son are now happy and healthy. She has also been counseled in birthspacing practices and family planning methods, which she can avail from the nearest health facility.



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