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## Final Report

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### List of Acronyms

AGAHE	Association for Gender Awareness & Human Empowerment
APH	Ante partum hemorrhage
BHU	Basic Health Unit
CHP	Community Health Promoter
CHA	Community Health Activist
DHMC	District Health Management Committee
DHO	District Health Officer
DHDC	District Health Development centre
DHQ Hospital	District Head Quarter Hospital
D.G. Khan	Dera Ghazi Khan
DCO	District Coordination Officer
DCNP	District Coordinator National Program
DOSW	District Officer Social Welfare
DPWO	District Population welfare Officer
EmOC	Emergency Obstetric Care
EDO-H	Executive District Officer Health
EDO-CD	Executive District officer Community Development
IMR	Infant Mortality Rate
IEC	Information Education Communication
LHV	Lead Health Visitor
LHW	Lead Health Worker
LHS	Lead Health Supervisor
MNCH	Mothers Newborn and Child Health
MMR	Maternal Mortality Rate
NP-FPPHC	National Program for family planning and primary health care
PRA	Participatory Rural appraisal
PPH	Post Partum Hemorrhage
RH	Reproductive Health
RHC	Rural Health Centre
SBA	Skilled Birth Attendants
TBA	Traditional Birth Attendant
TT	Tetanus Toxide
UC	Union Council
VNF	Voluntary Network Forum
WMO	Women Medical Officer

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## **Executive Summary;**

“Aaghosh” Health Project implemented by Association for Gender Awareness & Human Empowerment (AGAHE) in two UCs (Khakhi and Piaganh) of district Dera Ghazi Khan aimed at bringing behavior change in support of strengthening, accessing and utilization of maternal health care services through advocacy at district and Union Council level, social mobilization in the communities and service delivery. “Aaghosh” signifies the warmth of mother’s lap relating the name of the project with its objectives. The overall objective of the project was “to Increase utilization and quality of maternal health care services” and the specific objectives were “to increase awareness among women of reproductive age regarding safe motherhood practices”, “to increase availability and improve management of maternal healthcare services” and “to increase the number of deliveries conducted by Skilled Birth Attendants (SBA)”. The overarching approach was to innovate by bringing a paradigm shift from just focusing on strengthening of health systems at service delivery level to create a demand among community for improved health services and an urge to access and utilize the available services. The innovative approach led towards planning the activities which were on the one hand closely embedded and well knit to bring community on board to do the most accurate and timely health related decisions and on the other hand created an urge/action among service providers (government & private) to improve the service delivery.

The activities included project orientation workshop, health sessions with (8-10) male and female of reproductive age, orientation of TBAs, LHWs and female school teachers on project activities and referral services, training and refresher of TBAs on safe delivery and LHV on EmOC, formation of Voluntary Network Forum (VNF) and quarterly meeting of VNF, Revival and strengthening of District Health Management Committee (DHMC) and its quarterly meeting, Identification orientation and quarterly meeting of Community Health Activists (CHAs), Revival of and Strengthening of Sehat Committees, conduction of high risk screening camp, provision of missing materials to increase the vaccination storage at BHU level, Provision of safe delivery kits to SBAs.

### **Expected Key Results:**

1. District Health Management Committee revived and strengthened to leverage resources, capacities and capabilities for the target area.
2. 2 Voluntary Network Forums (6 members in each VNF at UC level) formed in 2 Union Councils and quarterly meetings held.
3. 30 community health activists (10 female & 05 male volunteers from each target UC) identified and trained on health issues to improve pre and post neonatal care and immunization
4. 40 LHWs (20 from each target UC) got orientation on project activities and reproductive health
5. 40 Traditional Birth attendants (20 TBAs from each target UC) trained on safe deliveries & linked with existing health facilities for referral.
6. 20 LHV/Skilled Birth Attendants (SBAs) trained on safe deliveries.
7. 15 group sessions with mothers and 5 group sessions with fathers arranged each month in each target UC.
8. 40 Sehat Committees (20 from each target UC) revived and strengthened.
9. 80 female teachers (from government & private schools) trained on maternal health and reproductive health.
10. 4 High Risk Screening Camps (2 in each target UC) arranged for awareness raising and provision of health services.

11. Health facilities identified and trained LHWs, TBAs, LHV/SBAs linked with these facilities to handle complicated deliveries.

### **Achievement of the Project:**

- District Health Management Committee (DHMC) was Revived and strengthened and its quarterly meeting were regularized to address the health issues at district level. In the quarterly meeting of DHMC progress of health department was shared and next planning and on going developmental work was shared. That was a great achievement of the that health issues and their corrective were discussed on the district level with the concerned officials.
- Voluntary Network forum was formed at UC level all the members of VNF were selected with PRA approach. Active and Effective Moulvi and NGO representative and Councilors were added in VNF. VNF members monitored the vaccinator for compliance of vaccinator visits and expand vaccination coverage through their active involvement. General health related issues were addressed through VNF participation like appointment of LHV in the BHU Loharwala UC Paiganh and speedy construction of new building for BHU Khakhi in UC Khakhi.]
- Five male and ten female Community Health Activists (CHAs) were identified and trained on health issues to improve pre and post neonatal care and immunization through peer education in the community. Their quarterly meetings were regularized in the meeting all they share their progress and how they conveyed their messages in the community and best way of message conveying was discussed.
- Forty two Lady Health Workers (LHWs) were oriented about project activities and referral services.
- Forty Traditional Birth Attendants (TBAs) were trained on safe deliveries for five days in District Health Development Centre (DHDC) Dera Ghazi Khan during the training two days practical demonstration of given knowledge was ensured in DHQ Hospital Dera Ghazi Khan. During training TBAs were linked with health facilities for strengthening of referral system.
- Twenty LHVs were trained ion Emergency Obstetric Care EmOC for five days. During the training trainees were trained on obstetric care in case of any emergency.
- Forty health sessions ten with male and thirty with female of reproductive health were conducted in both targeted UCs. 3477 male and female were oriented and trained about safe delivery, delivery preparedness, and antenatal and post natal care and TT vaccine. In the one hundred health sessions fifty in each target UC and three hundred one hundred and fifty in each target UC were conducted male and female of reproductive age respectively.
- Forty sehat committees were revived and strengthened with the consultation of LHWs and community participation to ensure the community participation for health related matters.
- Eighty female school teachers were oriented on project activities and referral system. They were oriented about how they can play their effective role for the betterment of maternal and newborn health.
- Four high risk screening camps two in each target UC were conducted. In the camps pregnant women were examined by the gynecologist and referred to concerned health facility in case of any complication. 397 pregnant women examined in four high risk screening camps and health education as given them.
- All the oriented and trained TBAs, LHWs and SBAs were linked with health facilities for referral in case of complication in any delivery in their respective area. So the three delays 3Ds could be managed.

During the project implementation a lot of successes were achieved in major achievements the Number of Antenatal Check ups in concerned BHUs was increased, TT vaccination coverage and its numbers were increased through monitoring of VNF for compliance of vaccinator visits and vaccination storage was improved at BHU level, in the community awareness regarding health as increased, DHMC was revived and its quarterly meetings were regularized to address the district level health issues, two active VNFs were formed a lot of local health issues were addressed by the VNF i.e improve the drainage system in the village that a major cause of Malaria and other diseases in the community.

There are some success stories which will be expressed in next portion of the report.

During project implementations following lessons were learnt.

Though community involvement is a difficult task in the beginning but is very helpful in the long term achievement of results, sustainability and ownership of the project, any action should not be conducted until the written approval of higher authorities.

During project implementation a lot of field experiences were gained on the base of practical work a strong recommendation is to continue and expand this pilot to achieve its long term and sustainable results.

## **Detailed Report:**

Pakistan has made progress in reducing the under-five mortality rate (U5MR) from 130 per 1,000 live births in 1990 to 97 per 1,000 live births in 2006. However, preliminary findings of the most recent Pakistan Demographic & Health Survey show that there has been increase in the neonatal mortality rate from 49 per 1,000 live births in 2000-2001 to 54 per 1,000 live births in 2006-2007. This increase is of serious concern and does not bode well for the maternal mortality ratio, estimated at 320 per 100,000 live births in 2005.

The data seems to indicate that overall living standards may have improved, as reflected in the positive trend of U5MR. However, if seems as a composite indicator, basic health service performance may have deteriorated. Only 34% of women deliver in a health facility and only 22% receive skilled postnatal care within 24 hours of delivery. The 2004/05 Social Audit also found availability of government health services to have risen from 67 % in 2002 to 77% in 2004, but the percentage of household making regular use of government services fell from 29% and 23%, while use of unqualified practitioners increased.

The lack of appropriate health facilities and awareness is a condition endemic in urban centers as much as rural areas, the greater part of deliveries in both areas are conducted by traditional birth attendants who are to the greater part untrained. Professional care during the pregnancy remains limited due to lack of functional health facilities, trained medical professional and resources, which further poses challenge to Emergency Obstetrics Care (EmOC). High illiteracy rates among the female population and diversity in cultural norms act to further aggravate an already desperate situation.

The success of EmOC however, requires the targeting of the first delay, the delay in reaching the decision to seek health care at all. This requires that special attention to be paid to the dynamics of the family unit itself. The family and the community must be able to recognize the need for emergency services in the case of obstetric complications and similarly know when and where and when to find the care. Transportation, financial support and other forms of support must come from within the community itself.

Keeping in mind the existing situation of district and community people, TACMIL health pilot project was

implemented in two UCs of district Dera Ghazi Khan. The objective of the project was set according to the need in the community. Major causes of High maternal mortality rate and infant mortality rate are unawareness in the community, untrained TBAs, three delays and poor management and non availability of health services in the health facilities. To overcome the above mentioned origins following objectives were set.

## **Overall Objective:**

“To Increase utilization and quality of maternal health care services in UC Paiganh and Khakhi in Tehsil & District D.G. Khan” and specific objectives of the project were

## **Specific Objectives:**

1. To increase awareness among women of reproductive age regarding safe motherhood practices.
2. To increase availability and improve management of maternal healthcare services.
3. To increase the number of deliveries conducted by Skilled Birth Attendants (SBA)

## **Geographical Area:**

For the implementation of pilot two UCs named Khakhi and Piaganh were selected with the close consultation of health department and by analyzing the health situation of the area. There were main mouzas in each target UC comprising over small hamlet with scattered population. The selected area was purely rural and people has low literacy rate, living in feudalism, male dominant families, non availability of transportation in case of any emergency were the salient characteristics of the UCs. Population of the both UCs was 87686 according to projected population from 1998 census. In the target area there were two BHUs one in each target UC and their concerned RHCs were also target for the referral mechanism.

## **Implementation:**

For the achievement of the objectives of the pilot following major activities were planned and conducted.

- Base line of the project was conducted in which all the implementing area was mapped and information was collected that can help in the implementation of the project. The purpose of the base line was to draw a clear picture of the area according to its actual geographical, institutional and human characteristics i.e total population of the selected area, location and hamlets, major source of income of the local community, social as well as educational institutions, health care providers and available health facilities and key persons of the community and management who can ply a vital role in the project implementation and over all know how of the area. Base line was conducted in the very starting of the project before any other activity.
- Individual orientation meetings with district level and local stake holders were conducted for the individual orientation of the project. The main purpose of the individual orientation was first detail introduction of the project with that stake holders and these meeting were held in the offices of the that particular personality i.e DCO, EDO-H, DHO, Program director DHDC, DCNP, DDOH, EDO-E, representatives of local NGOs, EDO-CD, DOSW, DPWO, MOs of the concerned BHUs and Nazims and councilor of the UCs.

- Project orientation Workshop was conducted for the orientation of project to all direct and indirect relevant persons so they can be able to understand the project thoroughly. Project orientation was conducted December 31, 2009 in Pakeeza Hotel Faridi Bazar Dera Ghazi Khan and that was starting days of the project just after base line and individual meetings.
- Total four hundred health sessions with male and female of reproductive age was one of the major activities of the project and health sessions were conducted from third month of the project to the end of the project. . Main purpose of the health sessions was to aware the participants about reproductive health issues, ANC, PNC, nutrition, cleanliness and rest during pregnancy, delivery preparedness plan to control three delays and danger signs during pregnancy and after delivery and role of male members in these circumstances. Health sessions were conducted in the targeted community in common, accessible for 8-10 participants and neutral place in the community. Place of the health sessions was selected with consultation of CHAs and participants of that sessions. Total 300 health sessions with female and 100 health sessions with male were conducted in almost entire community of the both UCs
- Orientation of 42 LHWs of both UCs was separately conducted in the respective BHU of the UC. On March 13, 2009 seventeen LHWs of UC Khakhi were oriented in BHU Khakhi and on June 2, 2009 25 LHWs of UC Paiganh were oriented in BHU Loharwala UC Paiganh. Purpose of the orientation was, aware them about project and their specific role in the project and how they will perform that role. Orientation was given about the project objective and role of NP-FPPHC and specifically LHWs. Role of the LHWs in the project was to aware people especially pregnant women about their health and pregnancy care and refer them to the nearest and relevant health facility in case of any complication during pregnancy and after delivery and aware them about the importance and need TT vaccination during pregnancy and important for themselves and their children.
- Orientation of 40 (20 from each UC) local TBAs were oriented about the project activities and their role in the project. Purpose of the orientation was to orient the TBAs regarding their role i.e conduction of safe delivery and refer patient in case of complication. Orientation was conducted the common and accessible place of the UC. Orientation was conducted February 11 and 26, 2009 in union council Paiganh and Khakhi respectively.
- Orientation of eighty female school teachers was oriented on project activities and their role in the project. The main purpose of the orientation of female school teacher was to orient and train them about the reproductive issues and their role in case of any problem with community member. Female teacher being a key person in the community has a key role in the community. Community people respect them and follow the instruction of female teacher considering her an educated lady and a teacher also. On April 8, 9, 2009 twenty female teachers were oriented and trained in each UC per day.
- Revival and strengthening of DHMC and its quarterly meeting were held on regular basis. Revival and strengthening of the DHMC was conducted for creating a district level forum to discuss district level health issues and can be tackled on district level. Its quarterly meetings were held for review the district on quarterly basis and planning should be made. DHMC was organized on district level and its four quarterly meetings were held on regular basis. .
- Identification and quarterly meeting of 5 male 10 female CHAs per UC were conducted in project duration. In the start of the project male and female CHAs were identified through consultation of local community. Those people were selected as a CHA who have their influence in the community and entire community could be approached through their influence. CHAs were identified for awareness raising regarding reproductive health through peer education. Quarterly meetings of CHAs were conducted at common place in community and during

quarterly meetings previous progress was shared and planning was made how awareness can be created in a an effective way.

- VNF was formed on each UC level and purpose of the VNF formation was to tackle health issues on UC level with community participation and vaccinator visits could be compliance through monitoring of VNF. Quarterly meetings of VNF were ensured in which progress was shared and next planning made regarding health issues and for the compliance of vaccinator visits.
- Training of TBAs on safe delivery was conducted for five days in DHDC Dera Ghazi Khan. The purpose of the training was to train the untrained TBAs on safe delivery so the number of deliveries conducted by SBAs could be increased that is major step to decrease the IMR and MMR by handling delivery process properly. During the training two days practical demonstration of the given knowledge was conducted in DHQ Hospital for two days. Total 40 TBAs were trained twenty TBAs were selected from each UC for the training. Training was conducted from March 13, 2009 to March 20, 2009 in DHDC D.G Khan.
- Training of 20 LHVs on EmOC was conducted in DHDC Dera Ghazi Khan for five days. The purpose of the training was to train the LHVs on the Emergency Obstetric care (EmOC). We oriented TBAs, LHWs, and Female school teachers on referral to health facility in case of any complication during delivery and need was created in the community for fulfilling that need SBAs were trained how to tackle that emergency situation traing was started on 9th June and ended on 13th June 2009.
- Revival and strengthening of Sehat committees were done with the consultation of LHWs and local communities; it was on going activity for the activation of sehat committees formed by LHWs. Sehat committees were revival and activated for expansion of community participation in health education and awareness as well as handling health issues. Meetings were conducted with the members of sehat committees and inactive members were changed with active one with consultation of LHW and local community.
- Improvement of vaccination storage at both BHUs was conducted with the consultation of health official and staff of concerned BHU. The purpose of improving vaccination storage was to improve the capacity of BHU according to need created in the community by different project activities.
- High Risk screening Camps were conducted for the screening of pregnant women in the union council. Two high Risk Screening Camps were arranged in each UC. 397 pregnant women were examined in the camps by experienced gynecologist. The examined women were referred to suitable health facility in case of any complication and instructed about the proper and regular ANC. High Risk Screening Cams were conducted for flung areas of the UC to full fill the created needs of the community people through different project activities i.e health sessions, peer education by CHAs, Sehat committees and I.E.C material. In the High Risk Screening Camp health education was given to participants of the camp.

## **Major Activities Conducted and achievement:**

Following major activities were conducted for the achievement of set objectives.

## **Base Line/ Mapping:**

Before starting project activities in the field, base line was conducted for mapping the targeted area geographically as well as institutionally. In the base line following information of the targeted area was collected for better implementation of project activities. Total population of the both UCs

was 87686 comprising over three mouzas in each UC and population was scattered in small hamlets. One BHU was in each UC and ten and seven private practitioners UC Khakhi and Paiganh Respectively. There were ten male and ten female primary school in UC Paiganh and UC Khakhi boys primary school were 12 and girls primary schools were 11 and there were two boys middle school in UC khakhi and a high school for girls was on UC Paiganh.

Diarrhea, anemia and hepatitis were the main diseases in the community. Agriculture was the main profession of community people and according to 1998 census there are 48% female and 5 % male in population with high 3.42 population growth rate. Key persons among the community and district level stake holders were identified.

## Individual orientation with stake holders:

Individual orientation meetings with stake holders were conducted for the orientation of project that is being implemented by AGAHE. The main purpose of the activity was to orient the stake holders about the project objective and their specific needed cooperation in the project. Individual meetings were conducted for the orientation of the project. Individual orientation was given all district as well UC level stake holders i.e DCO, EDO-H, DHO, Program director DHDC, DCNP, DDOH, EDO-E, representatives of local NGOs, EDO-CD, DOSW, DPWO, MOs of the concerned BHUs and Nazims and councilor of the UCs. This orientation played a major role for developing coordination with the stake holders that as very useful for achieving the targets timely and effectively.

## Project orientation work Shop:

Project orientation workshop was conducted on December 31, 2008 in Pakeeza Hotel Fareedi Bazar Dera Ghazi Khan. Main purpose of the project orientation work shop was to orient the all concerned officials and stake holders from the line department and community about the project objective and methodology and activities. All the district level stake holders and health department officials, NGOs representatives, media persons and local government officials participated in the orientation work shop. All the participants were oriented about project objective, activities and methodology of the activities by Mr. Mubarak Ali Sarwar president AGAHE. After the detailed and comprehensive presentation of the project Dr. Umer Farooq Ahsan Program Director DHDC D.G Khan elaborated the importance and need of the project specifically in district Dera Ghazi Khan. After that Nazims of concerned UCs presented their thoughts about the project. At the end of the workshop all the participants were invited to question about any query in their mind regarding project details. A commitment flyer was displayed and the participants were invited to sign that flyer who commits to assist in the project implementation and all the participants signed that commitment flyer.



DHO, D.G Khan is signing  
Commitment Flyer

## Health Sessions:

Total 400 health sessions were planned during entire project duration one hundred with men of reproductive age of both UCs and 300 hundred with women of reproductive age in both UCs. Main purpose of the health sessions was to increase awareness among the men and women of reproductive age regarding pre and post natal care, TT vaccination, delivery preparedness plan to eliminate three delays and nutrition of pregnant women. These sessions were conducted in the local community with the help of CHAs and local influential. Preparation of Health sessions was completed one day before the session's conduction by selecting a suitable place in the community with the consultation of local community all the targeted participants were invited for participation in the session. Sessions were started from the more deprived community according to the need of the community, after completion of that location next location was started. Health sessions were started from January 2009 and were completed in month of September. Total target of the session with women of reproductive age was three hundred that was achieved timely. Three hundred sessions were conducted with women of reproductive age one hundred and fifty sessions were conducted in each target UC and 2739 female of reproductive age attended the sessions and got orientation about the ANC, PNC, importance of TT vaccination, Delivery prepared plan to decrease three delays that is a major cause of MMR, nutrition, cleanliness and rest during pregnancy, danger signs during pregnancy and corrective measures. The main focus in the sessions were pregnant women, secondly married with reproductive age, thirdly mother in laws were the main focus in the health sessions.



One hundred sessions were conducted with men of reproductive age; fifty sessions were conducted in each target UC. Health sessions were arranged at the common and accessible place in the community. Sessions were started from comparatively backward area of the UC and after completion of that population other location was selected for the sessions. In the health session with male community members' role of male family members during delivery preparedness and during pregnancy was emphasized. To control three delays timely arrangement of money, transport and suitable and accessible health facility is a major thing and male family member can play an important role to control three delays. During the health sessions importance of TT vaccination was discussed for controlling the misunderstanding about vaccination in the community. Male CHPs were responsible to conduct session with male community members and total 881 males participated in male health sessions



## Orientation of TBAs,

Orientation of TBAs was conducted on project orientation and referral system and how they can play



their role for improvement of referral system in case any complication in delivery. Twenty TBAs per UC were oriented on the accessible location of the UC. TBAs were selected with consultation of local community by assessing their role regarding deliveries in the community. TBAs were oriented by the female CHP of AGAHE on project activities, their role in the project and referral system in case of complication. They were oriented about the objective and main activities and expected key results of the project. Role of TBAs in the pilot was emphasized especially. There is a key role of TBA in the community persons believe in the traditional methods of delivery handling and if the TBAs will aware them about the delivery preparedness and ANC and PNC than they will definitely act upon the given awareness. Orientation of TBAs was very important activity of the project that can be helpful in achieving the objective of the project.

## Orientation of LHWs

Total 42 LHWs were oriented about project activities and referral system and their role in the project 17 and 25 LHWs were oriented from Khakhi and Paiganh Union council respectively. Orientation was given in their respective BHUs during orientation they oriented about how they can play their role and assist the AGAHE team in achieving project targets. Being a key person in the community an LHW can play a key role for health indicators in the community especially RH. Community mobilization and involvement is a difficult task but it can be achieved through LHW and a major activity of revival and strengthening of sehat communities was only possible through LHW involvement and cooperation. Total target of the project was to orient 40 LHWs from both UC. LHWs can play a vital role for the achievement project objectives through awareness raising and referral system and revival of sehat committees.



## Orientation of Female School Teachers:

Teacher is key person of the community that is declared as a builder of the nation. Being a builder of the nation his/her declaration is a very effective in the change in the community. For achievement of the first objective of the project that is "To increase awareness among women of reproductive age regarding safe motherhood practices" may be achievable through involvement of teachers and female teachers are very helpful because they transfer knowledge regarding reproductive easily. For the awareness raising and referral system it was planned to orient the female teachers regarding project activities RH issues and referral mechanism and their role in the project.



Total 80 female teachers were oriented about the project activities and referral in case emergency 40 female teachers were oriented from each UC. Orientation was given by female CHP in the respective UCs in two days twenty in each per day.

## Quarterly meeting of DHMC:

First of all DHMC was revived and strengthened through individual meeting of high officials. Meeting was conducted with DCO, EDO Health, EDO Education and Deputy Director Information and DHO for strengthening the DHMC, First of all first orientation meeting was conducted in which orientation of the project and District Health management Committee (DHMC) was discussed. All the participants were oriented about his specific role in the committee. After that orientation quarterly meetings were conducted and district level health issues were discussed and decided how to tackle and cope with. DCO Dera Ghazi Khan was the chairman and EDOH was the secretary of DHMC. DHO, EDO, EDO-CD and DO information were the members of the committee. This was the forum in which district level health issues could be discussed and plan to tackle effectively. Total Four quarterly meeting were held and outcomes of the regular meetings were regular delivery and timely provision of medicines at health facilities, speedy construction of new building of BHU Khakhi, improvement in the cold chain of vaccine, regular provision of contraceptive material to health care providers, arrangement of heavy generator in DHDC for energy back up during training and office work and planning for the provision of ultrasound machines at every RHC. DHMC meeting was arranged with consultation of all members and an official letter was delivered by EDO Health being general secretary of committee. After the meeting minutes were provided to all participants.



## Formation of VNF and its quarterly meeting:

Two Voluntary Network Forums (VNF) were formed one at each UC level. VNF comprised over six persons, UC Nazim was chairman of VNF, secretary union council was secretary of VNF also, and a councilor of the concerned UC, representative of local NGO, and Imam Masjid and concerned LHS were the members of VNF. For the formation of VNF local community and key persons were consulted about the selection of an active



councilor, an Imam Masjid, and representative of local NGO. VNF was formed for the compliance of vaccinator visits and to cope with the health issues at UC level. First orientation meeting conducted with all the VNF members in which project orientation was given and they were oriented about their role in the VNF. After first orientation quarterly meetings were conducted in both UCs and all the meetings were held in UC offices of concerned UC. Quarterly meeting were conducted to discuss existing health situation of UC and planning of cope with the health issues and monitoring plan of vaccinator. Four meetings were held in each UC on quarterly basis.

All the participants actively participated in the meetings and discussed health issues in detail and planned to tackle the issues with the community participation.

In the meeting general health issues of the UC were discussed and strategy was made for resolving. In the meeting monitoring plan of vaccinator was prepared and duty was assigned for vaccinator monitoring. Major achievements of the VNF are the compliance of vaccinator visits increase the number of TT vaccination through compliance of vaccinator visits and using personal, influence for the TT vaccination awareness, improvement in the drainage system of the UC that was major cause of sewerage and malaria especially among children.



## Identification of CHAs and their quarterly meeting:

Total 30 CHAs were identified and among those ten and twenty were male and female respectively. Five male and ten female CHAs were identified in each targeted UC. All CHAs were identified through the process of influential identification process. Community people were consulted for identification of CHA. Selection was made on following parameters i.e.

- Preferably educated
- Having influence at least at village level.
- Can move in the community.



- Willing to work with project.
- Acceptable by the community.

Main purpose of the identification of CHAs was select advocates in the community who convey the message and transfer the knowledge reproductive health in the community so awareness regarding MNCH and RH. CHAs were specifically identified and involved in the awareness raising for the achieving specific objective one that is "To increase awareness among women of reproductive age regarding safe motherhood practices" After the selection process an orientation meeting was conducted with them at UC level in that meeting all CHAs were oriented about

the project activities and their role in the project and how to perform their role in a better and effective way. After that their quarterly meeting meetings conducted in which their progress and next planning was discussed. Target of the each CHA was to convey the messages of the project to ten persons per month through peer education. Quarterly meeting of male and female CHAs were held separately in each UC.

Orientation and quarterly meetings of male CHAs were facilitated by male CHP and during the meeting CHAs were asked about how many persons have oriented and aware by them and what changes you observed in the community by awareness raising. In each UC five male CHAs were invited for sharing their progress and planning for better results in the community. Four quarterly meeting were held in the project period and five members were participants in each meeting in each UC.



In each targeted UC quarterly meetings of female CHAs were held, in the each meeting progress was shared and planning for better working was done. All female CHAs presented their working in the field and shared their success stories of their work one by one. In every meeting ten female CHAs of the respective were participants of the meeting.

## High Risk Screening Camp:

Different activities were conducted for the awareness raising in the community regarding RH, ANC and PNC. By awareness raising need is felt in the community but many people can fulfill their need due to their domestic problems and social circumstances. For the fulfilling of their created need some services were delivered ion the community in this regard High Risk screening Camp were planned to conduct in far flung area of the target community. There were four targeted High Risk Screening Camps two per UC. Two high Risk Screening camps were conducted in each UC in far



flung area to provide services to deprived community. Venue of the camp was selected with the consultation of local community and on the basis information collected during filed work. In four camps 397 pregnant women were examined by the gynecologist and considering the need of the community facilities of ultra sound and sugar tests were provided in the camps. Camps were started at about 9:00 am and were closed at nearly 4:00pm. If there was any complication in pregnancy women were referred to the relevant health facility. During camp health education regarding RH was given to the participants of the camp.

## Training of TBAs on Safe delivery:

Forty TBAs were trained on safe delivery for five days. Training was conducted in DHDC Dera Ghazi Khan. Dr. Umer Farooq Ahsan program Director DHDC and Dr. Rukhsana Rehman WMO BHU Chabri Zeereen were the master trainers in training. Training was conducted to achieve the specific objective three of pilot “To increase the number of deliveries conducted by Skilled Birth Attendants (SBA)”

In the training participants were trained



about the antenatal care (ANC), vaginal bleeding in early and later pregnancy, APH and elevated blood pressure, normal labor, stages of labor, unsatisfactory progress of labor and PPH, how to manage in case of any complication, Immediate care of newborn new born examination and care of new born during first 28 days. During the training participants were engaged in practical demonstration of their given knowledge for two days in DHQ Hospital Dera Ghazi Khan. During the practical demonstration they observed and

practically handled the normal deliveries managed the three stages and examine the newborn. Trainees were trained about the pre partum intra partum and post partum in the delivery. They were trained about the condition in case that patient must be referred to the nearest health facility for her care and proper treatment. They were also trained on the use of safe delivery kit and its benefits and demerits for not using. Training of TBAs was arranged to increase the number deliveries by skilled birth attendants. At the end of the training a closing ceremony was arranged in which training certificates were given to the participants.

## Training of LHV's on EmOC:

Five days training of LHV's on Emergency Obstetric Care (EmOC) was conducted in training hall of DHDC Dera Ghazi Khan. Training was for the capacity building of LHV's for the proper handling of emergency situation during and after delivery. After three months of that training a one day refresher was conducted. LHV's from public health facilities and private



practitioners LHV were the participants of the training. In the training twenty LHVs (Ten from each UC) were trained from each UC on EmOC and two days were conducted their practical demonstration of the training. Improper handling of any complication during delivery is major cause of Mater and newborn deaths to tackle that situation this training was arranged to capacitate LHVs. In the training participants were trained about how to tackle the emergency situation during delivery. This activity was done to achieve third specific objective of the project i.e to increase the number of deliveries by skilled birth attendants (SBAs), and second objective. "To increase availability and improve management of maternal healthcare services" after training SBAs were provided safe delivery kits to conduct safe deliveries by using kits to prevention from infection during delivery. At the closing ceremony of the training Dr. Pervaiz Haider Altaf Executive district Officer Health (EDO-H) was chief guest of the ceremony and he distributed the training certificates among the participants and declared the capacity building of health care providers as a most right direction step towards achieving the targets of health indicators.

## Provision of Safe delivery kits among SBAs:

For indresing the cases of infection during delivery that is an main cause of maternal deaths it was decided to provide safe delivery to SBAs. During project implemetation 20 LHVs and 40 TBAs were trained on EmOC and safe deliveries repectively. At the innitial level you can say for creating an habit for the use of safe delivery kits twenty and fifteen kits were provided to 20 LHV and 15 TBAs respectively. Total ine thousand safe deliver kite were perovieded to SBAs. On the eve of safe delivery kits distribution ceremony Dr. Pervaiz Haider Altaf EDO-H was the chief guest of the ceremony and he highly apparciated the step taken by AGAHE in Aaghosh health project.



He declared the safe delivery kit a very usefull thing for the delivery that can prevent client from infection during delivery that may cause of maternal new born death. He distributed the among SBAs with his own hands and emphasised the use kits in every delivery.

## Improvement of Vaccination storage at BHU:

To achieve the second specific objective of the project that is "To increase availability and improve management of maternal healthcare services" vaccination storage improvement was planned in the project targets. For the need assesment of the respective BHUs a physical visit of BHU and a meeting with BHU staff was conducted. In physical visit arrangement of vaccination storage at BHUs was keenly checked and identified flaw areas that must be improved and corrected. During the meeting things were and steps were decided those was necessary o be taken for the improvement of vaccination storage. In this regard electric reparing for referegirator, stablizer for refefigirators, vaccine carrier, ice boxes for vaccine



storage and water coolers and furniture for the clients who visit BHU for vaccination was decided to be provided in BHUs. This decision was discussed with EDO-H and he approved it by considering it very necessary for vaccination storage. Through different activities of the project we were creating awareness about the importance and need of vaccination in the community for the fulfillment of the created need as it was a dire need that was necessary to fulfill.

## Statistical data of achievements:

### 1. Number of UCs focused in each target districts?

#	Districts focused	UC Covered (please give names of UCs)	No. of villages	Population (Approximately)
1	Dera Ghazi Khan	Paiganh	12	46,768
2		Khakhi	8	40,918

### 2. Number of health facilities focused?

Total no of health facilities in selected district	Number of target health facilities*	Population in catchment area of target facilities
100	5	87686

### 3. Gender segregated beneficiaries' of advocacy and awareness interventions:

Activity	Male Participants	Female Participants	Total Participants
<b><u>Orientation Sessions</u></b>			
Project Orientation Work shop	55	13	68
Orientation sessions with district level stake holders	15	12	27
Orientation session for religious leaders o project orientation	8	0	8
Orientation session for Community Health Activists	10	20	30
Orientation session for Traditional Birth Attendance	0	40	40
Orientation session for Lady Health Visitors	0	20	20
Orientation sessions of Lady health workers	0	42	42
Orientation session for Female Teachers	0	80	80
<b><u>Awareness campaign</u></b>			
Community Health Sessions	881	2739	3477
Peer Education	1000	2000	3000
Health education in the High Risk Screening Camps	580	1021	1601
<b><u>Meetings:</u></b>			
Quarterly meeting with CHAs	40	80	120
Quarterly meeting of VNF	40	8	48
Quarterly meeting of DHMC	71	7	78
<b>Grand Total</b>	<b>2700</b>	<b>6082</b>	<b>8782</b>

### 4. Gender segregated data of subject specific trainings :

Subject of Trainings	# of Trainings	Male Participants	Female Participants	Total Participants
Training on Safe Deliveries of TBAs	1		40	40

Training on Emergency obstructed Care of LHVs	1		20	20
Refresher Training Of TBAs on Safe Deliveries	1		40	40
Refresher Training of LHVs on EmOC	1		20	20

Publications	Subject
<b><u>IEC Material</u></b>	
Broachers	“Aaghosh” project interventions
Posters	ANC instructions for health care providers
Flyers	Delivery preparedness plan
Banners	Trainings, Orientations, Meetings, Camps and Refreshers
Pamphlets	Camp Awareness Raising in the community
Flip Charts	pictorial and descriptive Information regarding RH

**5. Gender segregated data of :**

	Newly Formed	Reactivated	Male Members	Female Members
Sehat Committees		39	228	222
Voluntary Network Forums	2		10	2

**6. Approximate number of beneficiaries through ‘Mass Media Campaign’ using:**

**a) Radio messages;**

Activity	Subject	Approximate Beneficiaries
<b><u>On Print Media:</u></b>		
News Papers	High Risk Screening Camp, Training of LHVs, TBAs and Female School Teacher, Safe delivery kits distribution, District health management committee, Refresher Training of LHVs, TBAs and LHWs	4000

**7. Gender segregated data of beneficiaries using TACMIL funds, receiving medical aid through:**

**a) Medical camps;**

Activity	Beneficiaries				
	Male Patients	Female Patients	Male Neonates	Female Neonates	Total
High Risk Screening Camps (4)		397			397
<b>Grand Total</b>		<b>397</b>			<b>397</b>

**8. What had been impact of capacity building for:**

**a) Health Care Providers;**

Trainings of TBAs on Safe deliveries and training of LHVs on emergency Obstructed Care (EmOC) help to increase the level of their knowledge and Professional skills improved by the training. TBAs who were untrained birth attendants and have no knowledge how to tackle the delivery and where to refer in case of complication after training TBAs were well versed about the safe delivery conduction and refer in case of any complication. Their knowledge was refreshed again after five

month of the training so they can be able to manage the deliveries effectively. After the training they were able to guide their client more effectively.

LHVs were also capacitated through five days and refresher training on Emergency Obstetric care (EmOC) after the training they were able to manage the emergency in the delivery more active and effective way.

**b) Decision Makers;**

They feel their responsibility to provide health related knowledge on grass root level. They understand the problem of community more efficiently and can play their role in solving of health related issues. Decision maker i.e Nazim Councilor and management of health department and members of DHMC were capacitated regarding the management of health issues and now they can plan and tackle health issues in more effective way.

**c) Community:**

Community was well aware about the antenatal post natal checkups and nutrition requirement during pregnancy and delivery preparedness to cope with three delays in a better way. Now the community members have awareness regarding TT vaccination, ANC, PNC, Cleanliness during pregnancy and nutrition during pregnancy in the result vaccination coverage and numbers of clients have been increased. People of many locations from both UCs were refused to vaccinate their women and children now that locations have been covered by the vaccinator and this was made possible through awareness raising in the community.

## **Lessons Learned:**

- Technical support and facilitation provided by TACMIL Health project team has been very helpful for achievement of results during the reporting quarter. The support provided has also added value to improve financial and narrative reports by AGAHE.
- Though community involvement is a difficult task in the beginning but is very helpful in the long term achievement of results.
- Any action should not be conducted until the written approval of higher authorities.
- Community involvement in the project activities is necessary for its community acceptance and its stability.
- Community resource mobilization for their issues is a difficult task but it can create a great change in the community resolving the health issues.
- Early responsible for the approval of any activity can play a vital role in the performance.
- Approval of every thing from the higher authority creates a hurdle in the conduction of activities timely.
- Along with the awareness raising services should be provided in the community to meet their created and realized needs.

## **Success Stories:**

Please press control and click the links:

[Attaining the impossible.doc](#)

[Awareness is a great tool.doc](#)

[Awareness of AGAHE.doc](#)

[Behaviour change for saving life. doc](#)

## Conclusions and Findings:

In short Aaghosh health project was very beneficial for the unaware community. Through this project awareness was created in the community through sessions and community activists awareness creates needs in the community ultimately and to fulfill the health need regarding delivery and health services TBAs and LHVs were trained and health facilities were prepared through DHMC. After implementation of this pilot project results of the project could be assessed in ANC in BHUs and safe deliveries by the skilled attendants' delivery preparedness and TT vaccination coverage especially among pregnant women.

Number of Antenatal checkups was increased and TT vaccination coverage was expanded and number of vaccinated women was increased. Vaccinator's visits were compliance through monitoring of VNF.

## Limitations: (Bottlenecks & Suggested Solutions)

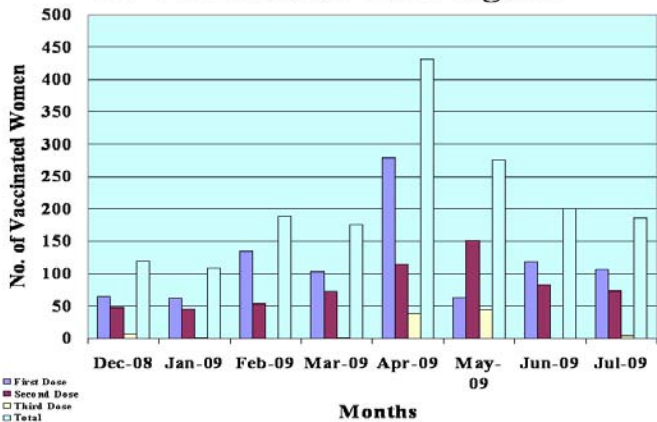
Bottle Necks	Suggested Solutions
Insufficient mobility support for project staff in the both UCs	One more vehicle may be added for the field team for effective implementation of project activities.
Absence of written approval of revised scope of work	Written approval for revised scope of work may be given as early as possible.
Absence of written approval of BCC material	Written approval for BCC material may be granted ASAP.
Feudalism and illiteracy was a hurdle in the implementation of project interventions.	
Lack of coordination with health department at secretariat level was hurdle in the implementation and create coordination with health department	Coordination should be created at upper level for the effective implementation of the project in the field.

## Impact Assessment:

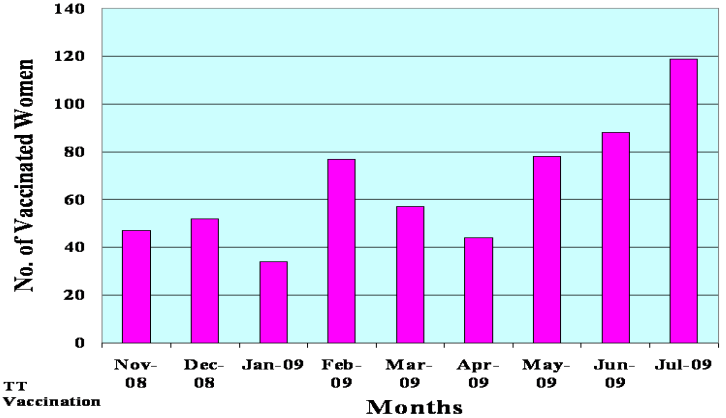
Aaghosh health project was implemented on October 2009 in two UCs of district Dera Ghazi Khan due to lack of awareness in the community ratio of ANC, PNC and deliveries at BHU was very low. Through awareness raising in the community number of ANC, PNC and deliveries at BHU was increased at satisfactory level.

Formation of VNF with participation of local key persons was a great achievement through monitoring of

**TT Vaccination UC Paiganh**



**TT Vaccination UC Khakhi**

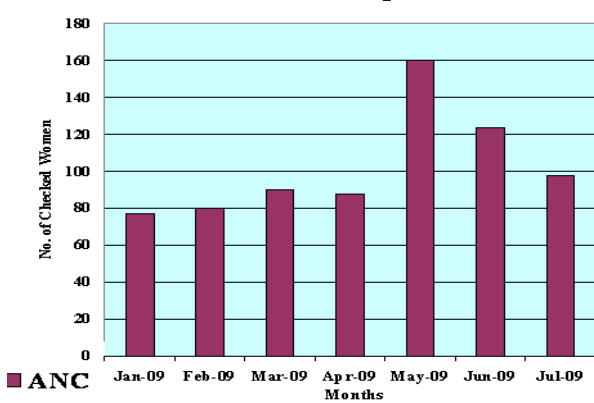


VNF vaccinators visits were compliance and their progress regarding TT vaccination was increased. Formation of VNF and its involvement resolving health issues was an innovative idea and not done before the project. VNF is a great example of sustainability of the project. Members of VNF are local people and they will continue their struggle for tackling the health issues of their community.

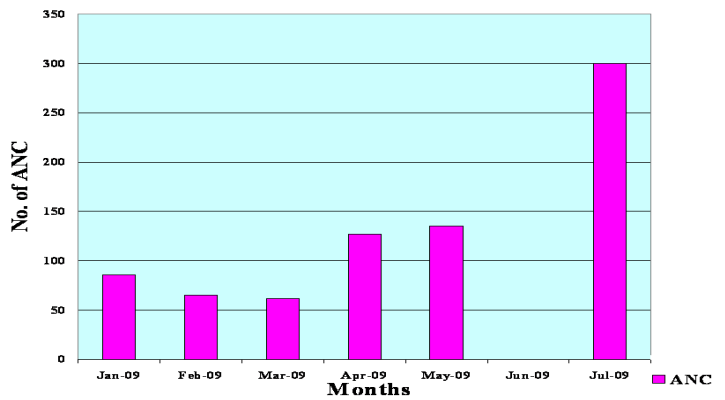
Revival and strengthening of DHMC was a step for the sustainability of the project. Through this pilot health issues can be resolved and planned developmental works at district level this was not doing before this pilot implementation. In this project sehat committees were activated with the help and consultation of LHWs, activeness of the sehat committees is a guarantee of sustainability of the pilot.

In the following table is going be presented showing the effects of the project on BHUs performance and TT vaccination coverage.

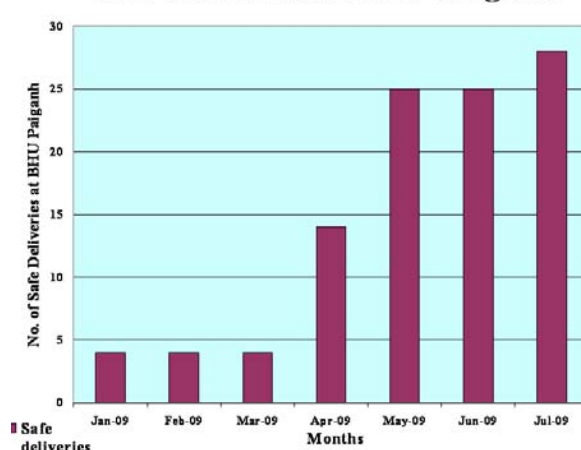
**Ante Natal Checkups BHU Khakhi**



**Ante Natal Checkups at BHU Paiganh**



**Safe deliveries at BHU Paiganh**



## **Recommendations/ Suggestions:**

- A letter from higher health authorities may be forwarded for the cooperation with the project team for successful project implementation.
- Before implementation of the project in the field a centrally project orientation must be arranged in which orientation should be given to all concerned federal, provincial secretaries and EDO at district level.
- I.E.C material should be printed centrally and printed material to avoid the branding requirement restriction from the donor.
- Project duration should be minimum two years to observe the outcomes of the project.
- Time to time transfer of the officer should be controlled to avail the benefits of coordination.
- More effective liaison and coordination with health department at District, Province and Federal level by TACMIL Health Project
- Catchments area of the health facilities should be redefined because in the current situation health facility is not easily accessible to community of catchments area.
- A survey should be conducted for the medicine requirement of the health facility so that the medicines should be more relevant according to the most prevailing diseases in the catchments area of the health facility.
- Health plan should be prepared at starting of fiscal year at district level in which development works and non development works should be planned according to need and allocated budget.
- Safe delivery kits must be provided all SBAs untrained birth attendants should be controlled with an iron hand.
- Presence of in charge at health facility should be ensured and field visits of medical officers should be planned.
- Project implementer staff should be trained on that specific project implementation by the project.
- Budget should be allocated for the service delivery only awareness raising in the community is the source of dishearten of the community.