



Progress Report for the year 2009

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“AAGHOSH” (Technical Assistance for Capacity building in Midwifery Information and Logistics (TACMIL) District D. G. Khan

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.

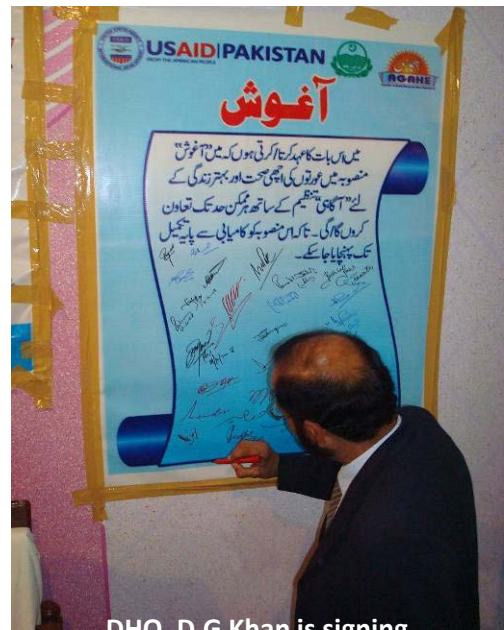
Diarrhea, anemia and hepatitis were the main diseases in the community. Agriculture was the main profession of community people and according to 1998 census there are 48% female and 5 % male in population with high 3.42 population growth rate. Key persons among the community and district level stake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



DHO, D.G. Khan is signing

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.

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 meetings 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 on 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's were the participants of the training. In the training twenty LHV's (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 LHV's. 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 kits to SBAs. During project implementation 20 LHVs and 40 TBAs were trained on EmOC and safe deliveries respectively. At the initial 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 one thousand safe delivery kits were provided 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 appreciated the step taken by AGAHE in Aaghosh health project.

He declared the safe delivery kit a very useful thing for the delivery that can prevent client from infection during delivery that may cause of maternal newborn 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 assessment 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 decided those were necessary to be taken for the improvement of vaccination storage. In this regard electric repairing for refrigerator, stabilizer for refrigerators, 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 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 it was a dire need that was necessary to fulfill.



Activity wise Progress of PAIMAN Project district Vehari:

Awareness Sessions with Religious Leaders and Community Notables

Religious leaders and community notables are the agent of social change and behavioral change in the community therefore this segment of the society is used as an advocate for MNCH.



Awareness sessions with religious leaders and community notables have been conducted in five union councils. Total 91 Religious leaders from all sects and religions and Community influential person i.e Namberdars, councilors, lady councilors and nazims participated in the sessions. They were motivated to play their effective role for community awareness regarding mother, newborn and child health (MNCH). All these things were related to the thoughts and ideology. Religious leaders and community influential persons are considered the key persons and can play a leading role for health education and community mobilization and motivation so they were mobilized and oriented how they can play their leading role for mother and newborn health.

Meeting at School/ Awareness Session with Teachers:

Teacher is considered as a builder of the nation and a teacher being an educated, self motivated, respectable person in the community can play a leading role for awareness raising, social mobilization and behavioral change in the community. Considering the role of teachers for MNCH, local male and female teachers were oriented about the antenatal, post natal, neonatal, importance and protocol of TT vaccination. The role of the teachers and how they can play that was especially emphasized. Among three sessions total 133 teachers were oriented including 56 male and 77 female from both public and private schools of the targeted community.



Awareness Session with Community:

The main purpose of the awareness session with community is to focus direct targeted group of the project so they can be aware about the mother and newborn health and what and how they can play their role according to their responsibilities in the family. In the sessions following preventives were tried to be promoted.

For mother and Child health:

- At least four Antenatal Checkups are necessary.
- Eat more food and take proper rest during pregnancy and drink milk and eat fruits.



- Take Folic Acid tablets during pregnancy and six months after child birth.
- Complete the course of TT vaccination especially pregnant women.
- For safe delivery, availability of SBA and clean and airy place for delivery and money, transportation must be arranged for any complication during delivery.
- Make sure that the hands of SBA and the instruments being used during delivery are sterilized.
- Referral to the nearest appropriate health facility in case of any complication during pregnancy or right after delivery.

For the decreasing Infant mortality rate:

- Cut and tie the umbilical cord with clean blade and string.
- Start breast feeding within an hour of child birth.
- Keep the baby warm and cover with dry cloths after birth and give bath after six hours.
- Till six month of age all mothers are to practice breast feeding only and continue breast feeding till two years of age.
- A Minimum of three years gap is necessary between two consecutive child births for mother and child health.
- Complete EPI course of every child to protect the child from diseases.



Total 227 community persons including 154 male and 73 female participated in the awareness sessions. Male participants were oriented about their role regarding MNH in the family and they were motivated to play their role effectively. Female participants were oriented about the ANC and PNC and newborn care and motivated to complete their TT shots and convey these messages in the community.

Street Theatre:

Street theatres were arranged to mobilize and aware community members regarding MNCH and their role and responsibilities through a performance of a script. For awareness raising and community mobilization in the community, street theatres are a best tool to convey the message of MNCH in the community. Three theatres were arranged in the rural areas and total participants were 522 including 320 male and 202 female community members.



Theatres were performed by trained performers who perform the script highlighting mother and newborn and child health issues and common practices in the community regarding MNCH and role of different family members regarding MNCH.

Health Camps:

Three free health camps were organized in the far flung area to fulfill the health needs of community. Doctors and paramedical staff were arranged for Antenatal, Post natal check ups of women and medical services for children and



general patients. There were 1677 total beneficiaries of camp including 608 men and 1069 women and children. In the Camps renowned Gynecologist, Eye specialist, Child specialist and General physicians were invited for the Antenatal and Post natal, ultra sound and general checkups of the patients. Stalls of different organization were arranged for awareness raising through health education in the community. General medicines and clinical lab facilities were provided for the visiting patients, particularly for the pregnant women and children.

Social Mobilization Event:

Social mobilization events were arranged to emphasize the importance of MNCH in the community through conduction of different activities i.e speech competitions, quiz and poetry competition and events celebration and celebration of national and international days. District level renowned personalities participated in the events to mobilize community presenting him/her self as an example. Three social mobilization events were conducted on quarterly basis and total 1530 community persons including male female children participated in the event and got orientation and knowledge of health education.



Training of TBAs on Safe delivery:

Delivery conducted by untrained Traditional Birth Attendants (TBAs) is a major cause of high maternal and infant mortality rates in Pakistan. This ratio can be decreased through training of TBAs on safe delivery. In this regard AGAHE trained sixteen TBAs from community for eight days on safe delivery and how to manage common complications during delivery and to promote use of clean delivery kits to control infection during delivery.

Training of Traditional Birth Attendants (TBAs) was conducted on August 11 to 18, 2009 in AGAHE office Vehari. TBAs were trained regarding Antenatal Care, Delivery Preparedness plan, bleeding during early pregnancy, bleeding during later pregnancy, Elevated blood pressure with headache, Normal labor, Stages of labor, Care of mother and child after child birth and Referral in case of complication to the health facility. In the training participants were learnt through practical



with dummy exercise. Clean delivery kits were

Quarterly Follow up Meetings of TBAs:

Quarterly follow up meetings of TBAs were conducted to refresh their knowledge, clear their



ambiguities regarding their knowledge given in the training and collect their progress regarding deliveries conducted, referred patients in case of complication and use clean delivery kits in how many cases. Two follow up meeting have been conducted with sixteen trained TBAs on quarterly basis. Trained TBAs have conducted 298 safe deliveries after their training using clean delivery kits and large number of community members have benefited through their knowledge. TBAs were emphasized to play their role for the success of TT vaccination through coordinating with TT vaccination teams during after the campaign.

TT vaccination Campaign:

Tetanus is serious infectious disease among the mothers and children. Said disease can be controlled through TT vaccination of pregnant women and children and other human beings. AGAHE has completed two rounds of TT vaccination with close coordination of health department of district Vehari to achieve the target, at least two shots to every pregnant woman during her pregnancy. To achieve the target planning meetings were conducted with health department officials, vaccination teams were formed and vaccination and monitoring plans are prepared to cover all targeted community. Along with vaccination community was being aware and mobilizes regarding importance of TT vaccination and its protocol through walks, display of banners and public and mosque announcements. Total 1142 pregnant women have been vaccinated in two TT campaigns.



Meetings at Health Facilities:

Meetings at each public health facility were conducted on every month to increase coordination with staff members of health facility regarding increase coverage of Expanded Program on Immunization. In the meeting detail planning was made to change health seeking behavior of community in the catchments area of that health facility, awareness raising regarding MNCH and increase the utilization of healthy facilities. Staff members of NP, FP-PHC were closely coordinated regarding list enlisting the pregnant women defaulter cases for TT campaign.

