



FIGO-SOGGP Project in rural Sindh, Pakistan: experiences gained and lessons learned

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Community-based Interventions to Reduce Maternal and Perinatal Mortality and Morbidity in Rural Sindh, Pakistan

2006 – 2010

Sindh – one of four provinces in Pakistan



FIGO Committees and Working Groups

Task Oriented Committees :

- **Safe Motherhood & Newborn Health (SMNH) – one of ten projects**
- **Gynecologic Oncology**
- **Ethical Aspects of Human Reproduction and Women's Health**
- **Woman's Sexual & Reproductive Rights**
- **Fistula**

Working Groups:

- **Prevention of Unsafe Abortion**
- **Combating Cervical cancer**
- **Menstrual Disorders.**
- **Pelvic Floor Medicine and Reconstructive Surgery**

“Business” Committees:

- **Audit Committee**
- **Publications Management Board**
- **Finance Committee**



Project area profile

- About 100 km from Karachi
- Project area pop. approx. 200,000
- 3 public sector facilities within radius of 5 km for including 1 comprehensive, 1 basic EmONC, i first aid

Selected on basis of

Need – no O & G in these public sector facilities

2 of 3 facilities had functioning LR's and op theatres - renovated by UNFPA

Partners

- District government
- National Committee for Maternal and Newborn Health (NCMNH)
- Midwifery Association of Pakistan (MAP)
- UNFPA
- RADO (local rural development organisation)

Specific Objectives

- To **increase community awareness** regarding pregnancy-related complications, and the need to avail skilled care during pregnancy and labour.
- To **improve** essential and emergency obstetric **services**, as well as newborn care in the community and healthcare facilities.
- To **monitor and evaluate the impact** of these interventions at the community as well as facility level.
- To **disseminate** widely the **findings and lessons learned** for improved policy planning and programming.

Improving essential and emergency obstetric services

Interventions

Provide health personnel

An obstetrician, medical officers and midwives at SZMC
(comprehensive EmONC)

Medical officers and midwives at RHC Gharo (basic EmONC)

Lady Health Worker (LHW) at Basic Health Unit, Ghariwah

Train

9 community midwives

Provide necessary equipment and medication

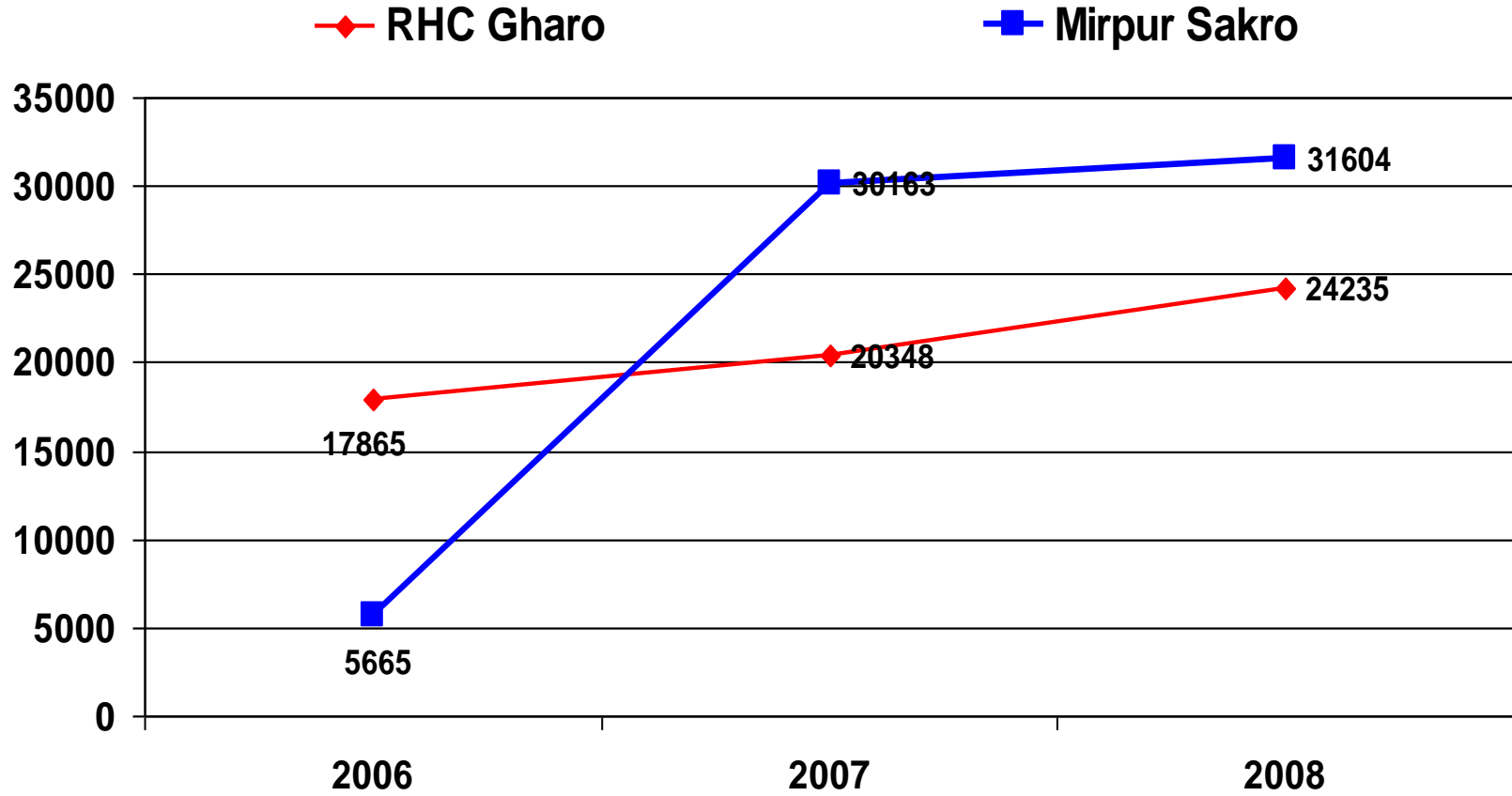
Staff recruited at SZMC, Mirpur Sakro for CEmONC

Staff	FIGO-SOGP	UNFPA	Government
OBGY Consultant	2		
LMO's	2	1	
Paediatrician	1		
Staff Nurse	1		1
Midwives	2	1	
Focal Person	1		
Anaesthetist	1		
OT Technician	1		
Generator Operator	1		
Lady Cleaner	1		

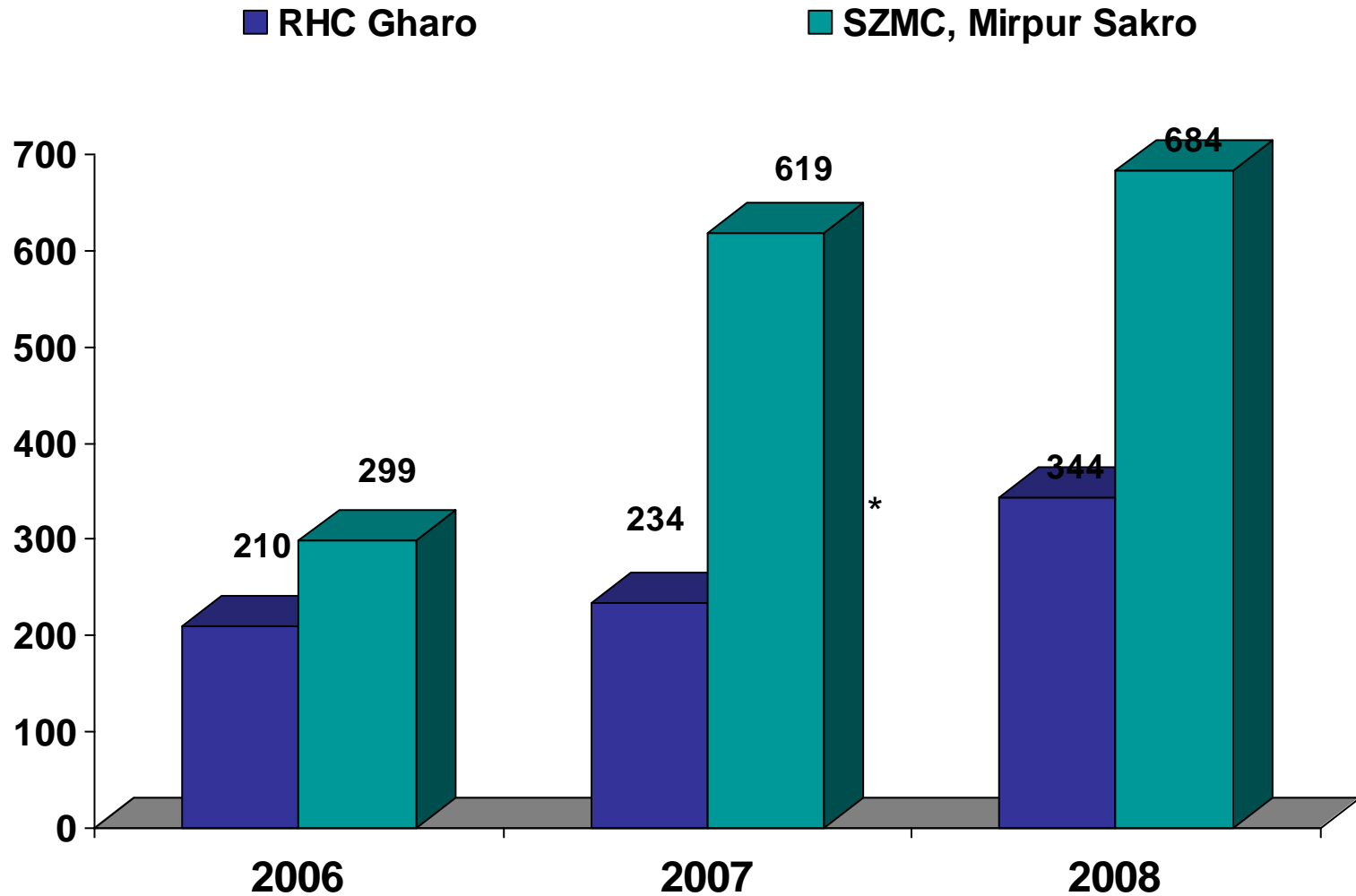
Training of Healthcare Providers

- **Infection Prevention – (PMA)**
- **An orientation workshop for traditional birth attendants (TBAs) - (MAP)**
- **Appreciative inquiry Workshop - (WRLH)**
- **MVA – (NCMNH)**
- **EMONC (UNFPA)**

Increase in OPD (Female)

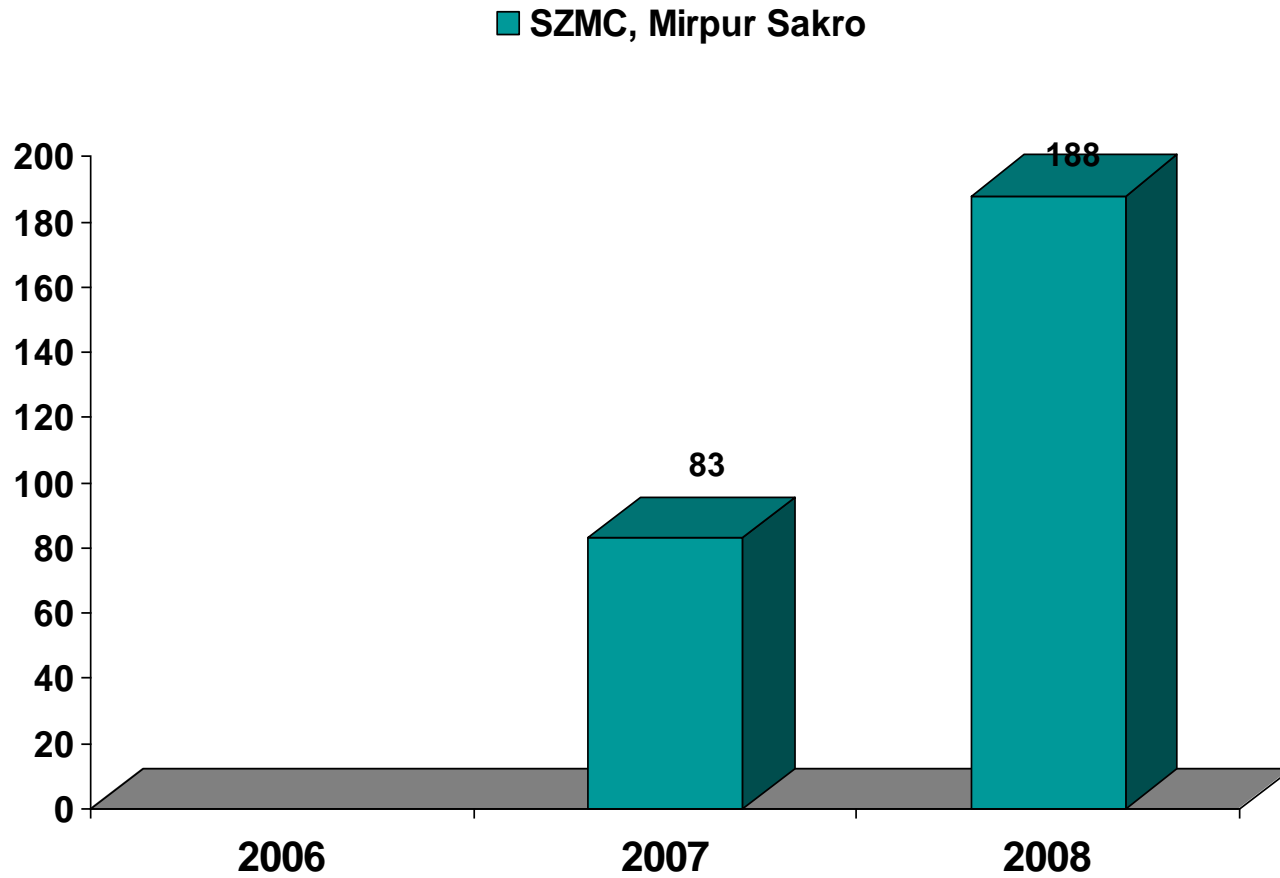


No. of Deliveries



* - The no of deliveries is less construction work carried out in female block.

No. of LSCS Mirpur Sakro SZMC



Challenges faced

- Resistance from the District government (taking over its job, filling vacant posts)
- Some resistance from UNFPA team (“invasion of territory”) – due to change in UNFPA team
- Appointment of an obstetrician – Karachi doctor (100 km away)
- A lady Medical Officer employed by UNFPA trained for 4 months in obstetric skills at JPMC – posted in an adjoining area after training
- Few trained midwives (LHVs) in area, a few LHWs (antenatal care, immunizations, family planning methods, not trained in birth attendance)
- Community resistance initially in allowing local girls to train as midwives

Challenges faced (contd)

Up gradation of blood banking facilities at SZMC
Mirpursakro

Security

Accommodation for doctors and midwives

Strict vigilance to ensure fairness and correct
utilization of resources

SUSTAINABILITY!

Lessons learnt

To ensure retaining health personnel and sustainability of services

- local persons have to be trained
- if possible, have to be trained locally
- gradual taking over by government is essential, but turnover of appointees on government posts frequent due to lack of suitable persons available locally
- **difficult to retain an obstetrician!**

Task-shifting/sharing considered essential

More local doctors needed to be trained (general practitioner being trained in obstetric skills by the obstetrician (plan afoot for CEmONC training by end of year)

Increase in the number of health personnel, esp midwives and LHWs necessary

Work of these requires supervision



FIGO recognised need for capacity-building of societies of O&G with an important component of task-shifting/sharing - a new Initiative ready to be launched

It would achieve this by strengthening partnerships with other professional organisations (FIGO is a member of PMNCH)



Task-shifting not a new concept

In use for decades in family planning services

In obstetrics, nurse-practitioners trained in CS

In PAC, midwives trained in use of MVA

Successful task-shifting in India (FOGSI with the MOH and Family Welfare, MacArthur Foundation, and with WRA) – training of medical graduates (generalists) in obstetric skills, newborn care, and administering anaesthesia



Thank you!

Achievements

- Strengthening of three (03) health facilities in the project area:
 - Sheikh Zayed Medical Centre – For CEmONC
 - RHC Gharo – For basic EmONC
 - BHU Ghariwah – For ante & Postnatal & newborn care & emergency referrals
- Availability and accessibility of transport in emergencies
- Liaison with community leaders and workers
- Community sensitization and awareness
- Development and dissemination of IEC material.
- Improved referral by trained TBA's
- Installation of HMIS
- Recruitment for training of nine community midwives .