

Assessment of Promoters & Barriers to Effective Health Services for Women & >5 Children in Communities – Muzaffargarh 2012



Executive Summary

Maternal, newborn and child health is a priority developmental sector in Pakistan. Being a signatory of Millennium Development Goals (MDG), government is striving hard to reach the MDG 4 & 5 targets by 2015. However, Pakistan is still far from its MDG target for reduction of Under 5 Mortality Rate (U5MR) which is (52/1000) and actually has the fourth largest number of under-five deaths in the world. The Maternal Mortality Ratio (MMR) was 350/100,000 in 2000-2001 and 276/100,000 in 2006-2007, and is also far from the MDG target for 2015 (140/100,000).

Generally, the health status of Pakistan's population is unsatisfactory mainly because of the deficiencies of the country's healthcare system. Adverse health determinants like illiteracy (46%),¹ unemployment, gender inequality, social exclusion, rapid urbanization, environmental degradation, and natural disasters are also prevalent. The overall gaps in the service delivery system such as insufficient focus on prevention, gender imbalance, weak human resource management and planning, and insufficient funds allocation and delayed disbursement have created huge gaps in infrastructure rehabilitation, access to quality services, health-related human resource availability and management and capacity building needs.

The passage of 18th amendment has shifted this burden on to the provincial governments, which still lag behind in policy formulation, planning and implementation. The absence of coordination cell at the federal level may jeopardise the priority health targets even further. The government of Punjab, through health department has initiated a limited project, in coordination with development partners, under the name of Chief Minister's Initiative for Attainment and Realization of MDGs (CHARM). It is a step in the right direction to improve the MNCH service delivery and utilization of available health facilities by strengthening the existing infrastructure, besides carrying forward the NMNCHP initiatives; but is currently limited to 7 flood affected district in southern Punjab including 14 BHUs of district Muzaffargarh.

¹ Federal Bureau of Statistics. National Education Census, 2005. Islamabad, Pakistan: Government of Pakistan, 2005.

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In Muzaffargarh District, one of most flood affected districts of 2010 floods in Pakistan, the situation is even gloomier. According to the District Health Information System (DHIS) report for October-December 2010, 47% of mothers received Ante-Natal Care (ANC) from health facilities/Basic Health Units;² only 7% of mothers delivered at a facility; 40% of pregnant mothers received TT2 against tetanus, and 22 maternal deaths were reported through Lady Health Workers (LHWs). A survey of January 2011 showed that only 36% of women receive postnatal care⁵.

The World Vision Pakistan has initiated Child Health Now initiative, and at present working in union council Kharak in tehsil and district Muzaffargarh. Contech International has conducted this survey for the assessment of promoters and barriers to effective health services for women and children under the age of 5 years in the communities.

To accomplish this assignment, 150 household interviews were conducted with CBAW of 15 to 49 years of age having at least one child under 2 years or lactating or pregnant at the time of survey, besides FGDs with mother and fathers of children under 5 years each, along with 40 client exist interviews with the same category of parents or gradins and CBAW leaving the public health facility after consultation, as there was no private health facility available in the union council. To record the health care providers perspective, the CCAs were conducted with 5 LHWs, LHV and TBAs each serving in the community, besides FGDs with the group of LHV and LHWs working in union council Kharak. This survey evaluated the MNCH health delivery status of 3 BHUs of UC Kharak, along with catchment area RHC and referral health facility DHQH Muzaffargarh.

To accomplish the objective requirements, the second target area of the survey was management, implementation and policy sector. During the survey in local area research, SSIs were conducted with all key partners starting from EDO-H, District officer PWD, programme managers of 3 vertical programme including NPFP&PHC, NMNCHP and EPI. The management perspective of key LHH and CMWs trainer was made part of this research.

²Household Survey, World Vision Pakistan, January 2011.

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At national /provincial level the 3 MNCH strategic policy and management partners of vertical programmes were interviewed at provincial metropolis in Lahore, besides programme coordinator EPI at federal level. The KIIs were conducted with MNCH project managers with UNICEF and UNFPA, one each and recorded the donor perspective to understand the barriers and available windows of opportunity.

The salient survey findings are as below:

- 80% of the surveyed population is in the range of low or very low income group and 63% of them are not earning beyond Rs: 15,000/- per month. Half of the respondents were illiterate; while among the rest 33% just had primary education or religious and madrassa education. Poverty constraints affected health seeking behaviour, convalescence, and breast feeding practices of pregnant and recently delivered women.
- The lack of awareness, prevalent illiteracy and socioeconomic conditions in this rural community has created a vicious cycle, making it difficult to access functional health facilities for better treatment and care or seeking skilled health care, rather than depending on unskilled TBAs (59%) especially during home deliveries. Also signifying the need of more community based skilled birth attendants is the fact that there should be 1 CMW for at least 10,000 population; whereas at present only one CMWs has completed training, and even she is awaiting deployment.
- Most of the non-functional status of first level primary health public health facilities, regarding MNCH services, has left the community with no choice but to converge toward private health care providers, especially in case of emergency. As a result public health sector is catering for only 14% of the deliveries, besides 21% by the private health sector. Still 65% of the deliveries are taking place at home.
- The community based health care providers (LHWs) have been successful in promoting the ANC and PNC visits in UC Kharak, and 74% respondents sought ANC, mostly at private health facility (63%) besides public health facility (29%). Similarly, 73% of the respondents received two injections of TT. Still safe

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- delivery practices and use of CDK was limited to 53% of deliveries, while only 29% received postnatal care after their last delivery.
- With regard to newborn care, 96% of newborns were given bath within 24 hours of delivery and breast feeding was started only in 52% of respondents. Out of these 37% mothers did not provide colostrum to their newborn.
 - The public demand for better health care and utilization of functional health facility is evident from community recognition and trend to seek health care support from BHU Mondka providing preventive and Basic EmONC, working under CHARM initiative 24/7. Also in BHU Makwal there was partial utilization of services which were being provided 8/6; however, BHU Dewala was a totally non-functional facility as far as MNCH services are concerned.
 - The community identified LHWs as one of the community based health care providers delivering services at household level, but Pregnant women rely largely on family elders for guidance and advice during pregnancy.
 - The NMNCHP programme has supported all 13 RHCs and 3 secondary health care facilities in the district to work as 24/7 MNCH facilities for Basic and Comprehensive EmONC respectively.
 - The NFP&PHC supporting 14 (20%) of primary health care BHUs through CHARM initiative, including 2 BHUs by partner agencies, are delivering 24/7 Basic EmONC out of 71 in district Muzaffargarh.
 - Overlap and programme priorities and dichotomy exist in management and information system at district and provincial level.
 - In the aftermath of 18th amendment, vertical programmes and PWD are facing management, development and implementation constraints, as well as lack of separate budgetary fund allocation for health in the district government financial allocations, hampering district health management teams' developmental plans.