



Preventing Maternal and Neonatal Deaths Through Integrated MNCH Services and Focusing on Day of Birth in Five Districts of Sindh, Pakistan

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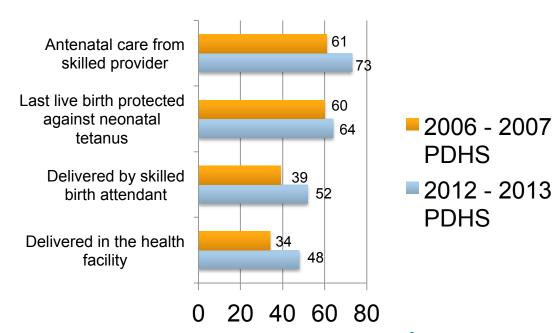
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USAID Pakistan's MCH Program Component 2:

MNCH Services Project - Sindh, Pakistan

Pakistan-Maternal and Neonatal Health

- One in every 14 children born died before reaching their first birthday (PDHS, 2012-13)
 - 60% of deaths occur during the neonatal period and majority within first day and within first hour of birth
 - Despite steady decline in the IMR, neonatal mortality (55 per 1,000 live births) remains stagnant







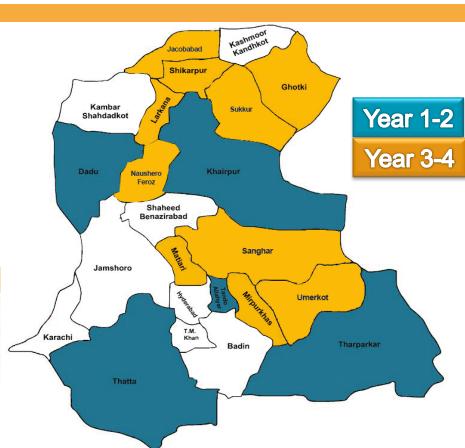
USAID Maternal and Child Health Program, Pakistan

- Objective: To improve the quality of MNCH services across Sindh, in both public and private health sectors
- Project Site: 15 focused districts of Sindh Province
- Project Duration: 2012-2017

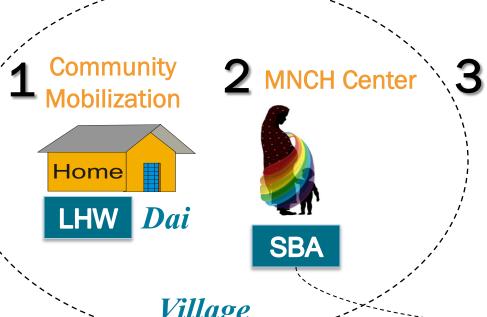
Type of Health Facilities

	31	
TYPE	CATEGORIES	NUMBER OF FACILITIES IN YEAR
		2
Public	DOH	34
	PPHI	78
Private	CMWs	58
	Commercial	33
	NGO	13
	Total	216

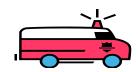




Conceptual Model



Telehealth & Referral



4 Comprehensive **EmONC**



Village





Day of Birth Package of Services

Facility-Based:

- 1. Safe and clean normal delivery
- 2. Utero-tonic (Oxytocin and Misoprostol) for the mother
- 3. Chlorhexidine for the newborn
- 4. Helping babies breathe
- 5. Postpartum family planning choices
- 6. Referral and transportation availability

Community-Based:

- 1. Misoprostol for the mother
- 2. Chlorhexidine for the newborn
- 3. Referral and transportation availability





Safe and Clean Normal Delivery

1,201	SBAs trained in PCPNC
53,420	Deliveries in MCHIP supported facilities
38,513 (70%)	Received oxytocin as part of AMTSL after delivery of baby







Cord Application of 7.1% Chlorhexidine

1,200	LHWs trained in 2 districts
40,000	Chlorhexidine tubes procured
20,000	Newborns received chlorhexidine
300	Mothers monitored for compliance
97%	Compliance rate (application within 24 hours)









Use of Misoprostrol

1201	SBAs trained
1200	LHWs trained in advanced distribution
3225	Miso tablets procured and advanced distribution in community (non-USAID fund)







Helping Babies Breathe

403	SBAs trained
212	MNCH centers equipped with HBB supplies
53,420	Deliveries reported
1889	Babies needed resuscitation
1850 (98%)	Babies revived after HBB







Postpartum Family Planning Choices- FP counseling and PPIUCD

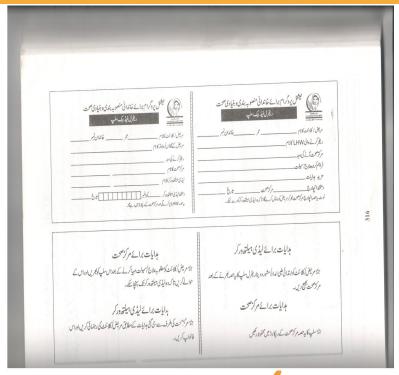
91	SBAs trained
7,989	FP counseling during ANC and PNC
4,884	Total deliveries reported
1042 (21%)	Total PPIUCD inserted
379 (8%)	Within an hour PP period
663 (13%)	Inserted in C/Section





Referral and Transportation Availability

840	Transporters trained
216	Health Facilities
907 (1 quarter)	Referred from community to BEmONC







Challenges

Public Sector

- All FLCFs out-sourced to a local NGO (PPHI)
- Facility readiness
 - Human resource: availability, frequent turnover and absenteeism
 - Lack of commodities and supplies
 - Poor physical infra-structure
- Lack of quality improvement
- Data recording and reporting of existing and new monitoring
 indicator through DHIS

Private sector

- Non-regulatory private sector
- No data collection mechanism
- Availability of SBAs for capacity building activities

CMW-owned HFs

 Low performance in trainings (HBB, PPIUCD)



Lessons Learned

- Multiple stakeholders for MNCH services approached with different strategies
- A successful model of partnership (technical support through MCHIP and physical resources through PHHI)
- Capacity building plans by type of SBAs
- Monitoring of additional/new indicators by inserting a sticker in existing DHIS registers



