Constructing the Pathway for Mother and Child Healthcare in Marginalized Rural Areas

Case Studies - July 2013
District Jhelum, Punjab Province
& District Skardu, Gilgit Baltistan Province, Pakistan
Who We Are

Civil Society Human and Institutional Development Programme (CHIP) is a leading non-profit organization that works for improving and strengthening the functional capacities of individuals, organizations and institutions. It has its head office in Islamabad, field offices in Sohawa, Sanghoi, Bhakkar and Skardu.

Our Vision

An Aware and Organized Society Capable of Realizing its Own Development.

Our Mission

Enabling individuals and organizations to make more effective and efficient development efforts through the provision of value-led Human & Institutional Development (HID) services.

Our Values

CHIP, being a value led organization promotes its core values of honesty, dedication and commitment. These values are dominantly visible in procedures adopted.
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## Acronyms

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<tr>
<td>BIU</td>
<td>Basic Health Unit</td>
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<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<td>Civil Society Human and Institutional Development Programme</td>
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<td>DHQ</td>
<td>District Health Quarters</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>FAP</td>
<td>First Aid Post</td>
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<td>FLCF</td>
<td>First Level Care Facility</td>
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<td>Km</td>
<td>Kilometers</td>
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<td>LHW</td>
<td>Lady Health Worker</td>
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<td>LHV</td>
<td>Lady Health Visitor</td>
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<td>MCHC</td>
<td>Mother and Child Health Centre</td>
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<td>RHC</td>
<td>Rural Health Centre</td>
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<td>Sq.</td>
<td>Square</td>
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<tr>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<td>TT</td>
<td>Tetanus Toxoid</td>
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<td>VHC</td>
<td>Village Health Committee</td>
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Preface

The project “Strengthening the Health System in the Areas Deprived of Immunization and Mother and Child Health Care Services” aims to improve maternal, neonatal and child health in district Jhelum of Punjab province and district Skardu of Gilgit – Baltistan of Pakistan. Improvements will be brought by strengthening health system in the areas deprived of immunization and maternal, neonatal and child health services.

This series of case studies highlights the impact of the GAVI Alliance funded project “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services” implemented by Civil Society Human and Institutional Development Programme (CHIP) in 15 villages across district Jhelum and 20 villages across district Skardu since 2009.

Here, through the eyes of the direct project beneficiaries (mothers, household heads, community leaders), stakeholders (district health department, village health committees) and project created communal healthcare providers/facilitators (health promoters, Skilled Birth Attendants, volunteer vaccinators,) we learn how access to healthcare was created, health facilities strengthened and awareness on the need for mother and child healthcare raised in the impoverished rural communities of districts Jhelum and Skardu for the very first time.

We learn of challenges that include poverty, complete lack of awareness on immunization and the need for maternal and infant healthcare and patriarchical decision making structures, in the struggle of communities and the health department to create a culture of accessing timely healthcare. By seeing how these were overcome through liaison between rural communities and the district health department, we receive an insight into the success of the project and what the future holds for the mothers and children of rural areas in districts Jhelum and Skardu.

Although landmarks have been achieved in over-turning negative community attitudes against immunization, ante, post and neo-natal checkups and infant healthcare in communities through the reoperation of defunct health facilities in distant rural areas, many more milestones remain to be achieved, and many more challenges must be overcome to truly convince communities and at times, the direct beneficiaries themselves, of the indispensability of timely healthcare and immunization.
Securing a Healthy Future for the Children of Noorpur

Spread over a stretch of eight km of fertile agricultural fields and rocky hills, the idyllic beauty of the village of Noorpur, lying an hour away from the urban city of Jhelum, betrays the challenges that were faced by its young mothers and children prior to the implementation of the project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services” funded by GAVI Alliance that is being implemented by CHIP in the village.

In a village without basic public health facilities, knowledge of and an understanding of the need for ante, post and neonatal checkups, contraception and immunization was alien prior to 2010. “Daughters-in-law were not even allowed to take Paracetamol - people believed it was a contraceptive!” exclaimed Firdous bibi, the gregarious 35 year old Lady Health Worker of village Noorpur. She has been serving the community for what will soon be two decades. “Vaccinators would be shooed away as families here were convinced that the polio drops and vaccines were a government scheme to reduce the birth rate by making children impotent.”

Firdous bibi was joined by the local health promoter, 38 year old Kulsoom Mehmood, who was trained by CHIP to create awareness in the community on topics in maternal and infant healthcare. Together with the SBAs, Saira Anwar and Munawar Arshad whose social mobilization and mother and child health service delivery skills are also being strengthened under the project since 2010, they have a formed a dynamic team that engage in interactive communication exercises to empower women to seek healthcare and provide professional healthcare services, such as deliveries and general checkups free of cost.
“According to our observations, EPI coverage was no more than 50 to 60 percent, two to three years ago,” explained Kulsoom bibi. “But today, we can confidently say that EPI coverage has exceeded 90 percent!” Arriving at these outstanding figures was no easy feat in a village where females rarely study beyond the fifth grade and decision making on health related matters remains deeply patriarchal.

Two doors away from Firdous’s home, 30 year old Zeenat Pervaiz cradled eleven month old Sultan Arif gently in her arms whilst visiting her in laws for the afternoon. Zeenat recently moved with her husband to a separate house at a distant end of Noorpur – an anomaly in rural communities where joint family living structures prevail. As Kulsoom and Firdous take permission to enter the house, Zeenat gleamed.

“Zeenat’s mother-in-law (Ayesha Abdul) would not allow her to receive ante natal checkups. She felt that she had given birth without any medical assistance, so what merited Zeenat special attention. Because of her stubbornness, in only seven years, Zeenat suffered four miscarriages, all in her third month.” Zeenat glanced at the door worriedly as Kulsoom bibi spoke. “With Firdous, I held three one-on-one sessions here to convince Ayesha bibi of the need to let Zeenat at least receive Tetanus Toxoid (TT) vaccine and go for prenatal checkups. We invited other women to observe and participate in our dialogue so that they too could understand the necessity for maternal healthcare.”

As a result of their concerted efforts, Ayesha bibi allowed Zeenat to receive a TT vaccine and undergo prenatal checkups when she was pregnant with Sultan, resulting in his birth in July 2011. “We had to hold another series of sessions to make sure she allowed Sultan to be immunized!” commented Firdous bibi. As they prepared to return home, Zeenat proudly shared that she has already undergone her first prenatal checkup at RHC Khalaspur. “Now that I know how to secure the life of my children, nothing will stop me from going to the doctor.”
Creating the Path to 100% EPI Coverage – One Mother at a Time

On a barren portion of the Tilla Jogian mountain range overlooking the ephemeral Nala Pinhar\(^1\), situated over 73 km from Jhelum city, lies the idyllic village of Pind Swika. Despite the seemingly desolate terrain, it possesses one of the most fertile wheat fields in rural Jhelum. Its agricultural prosperity however, has not translated into socioeconomic development. Until two months ago, when the Pind Swika BHU was made operational, due to its geographically isolated location, locals lacked access to public health facilities – even today, the only way out of the village is through vehicle created pathways on the dry riverbed, which too are inundated during the monsoon months.

Even now, the BHU is rarely visited by locals due to its isolated location deep within the jungles of Tilla Jogian. Nonetheless, its operationalization is a major achievement. Having been established in the 1980s, the BHU was on the verge of being shut down until the community was given the opportunity to liaise with the district health department under the project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services” that is being funded by GAVI Alliance and implemented by CHIP. The only alternative health facility offering comprehensive services for mother and child healthcare, RHC Khalaspur, lies at a distance of over two hours – a journey that cannot be covered in emergencies, or afforded by most families.

\(^1\) River
“Most families here, including mine, did not even know children were supposed to be immunized or that expecting mothers should receive TT vaccinations. But now that we know, everyone in the community is joining hands to protect the health of our women and children,” narrated 20 year old Humayun Sultan, the male health promoter of Pind Swika while waiting for Zakia Ahmed to arrive at the local community office.

Forty-eight year old Zakia bibi entered the community office holding Iman Fatima tightly in her arms. She gave birth to Iman, her eighth child, 11 months ago at home under the supervision of the SBA Bushra Perveen. Despite her denials, the birth has taken a toll on Zakia’s health. Like Iman, who is evidently malnourished, Zakia herself is extremely frail. “By the grace of God, I have never miscarried,” said Zakia. “All of my children – from my eldest who is 19 years old now received the important injections.” Further investigation by Humayun revealed that none of her seven children completed the immunization course. “Well, at least they received some of the injections. I did not know there was a course to complete. But I am making sure Iman receives all her doses!”

Iman has yet to receive her second dose of vaccination against measles. Zakia is waiting for the vaccinator to visit the village as she missed his previous visit two months ago. “Rukhsana has been telling me for the past two years to have mercy on myself and to get an operation for birth control. She said that I should focus on educating and feeding the children I have, instead of having more” said Zakia. Rukhsana Rafhat is the local female health promoter.

Zakia’s husband, who manages livestock, barely earns 30 USD a month. However, tubal ligation would have been conducted free of cost at the RHC. Unwilling to elaborate her reasons for avoiding the procedure, Zakia added, “I no longer need it, as I am certain my menopause will start soon. But I do think I should have it done two years ago when Rukhsana told me to.” Although awareness on the need for immunization and family planning is making progress in Pind Swika, as Zakia’s ambivalence indicates, persistent efforts will have to be continued fervently by health promoters to ensure timely immunization of children and a culture for actively acquiring maternal and infant healthcare.
The Champion of Safe Child-Births

A single lane road winds across a hilly, barren terrain to lead into the impoverished village of Hoon. Here, locals derive their livelihood from agriculture and poultry farming. With average incomes limited to 35 USD, even setting aside two dollars for public transportation fees to acquire basic health services at the DHQ in Jhelum or the RHC in Khalaspur limits the abilities of families to invest in mother and child healthcare.

“Five years ago, no one would get their children immunized! Today, because of what we have learned during theater shows and from Fehmida, no family will turn away a vaccinator,” exclaimed 35 year old Rehanna Kausar while sitting on a charpai of her four bedroom mud and brick house where she lives with her husband, seven children, brother and sister-in-law.

Thirty five year old Fehmida Ahmed had been providing limited ante, post and neo-natal care in Hoon since the death of her mother-in-law, Nazeer Begum - the village’s only SBA – five years ago. It was only in 2009, following her capacitation as a health promoter and SBA that she began assisting in childbirth. For the very first time, women in the impoverished village have the opportunity to give birth in sterile, safe environments and a companion willing to accompany them to the RHC around the clock.

“I know that we would have been unable to arrange the delivery of my daughter at the RHIC once my water bag broke,” explained Rehanna. Fehmida delivered her daughter Sakina, seven months ago. The journey to the RHC Rehanna refers to, would have taken over an hour across the hilly terrain and broken roads. Most families, like Rehanna’s, are further unable to afford the 20 USD fee required for arranging a private car to make the journey in emergencies.
“When my water bag broke, I summoned Fehmida immediately. She went to the bedroom where I intended to deliver Sakina and said it was too dirty. I was in too much pain to do anything, so she quickly contacted my sister Shaheen who lives in the next street. Her house is brand new with tiled floors and even has a water pump, which we don’t. She first sterilized a room there, and then she came back and helped me walk to it. The delivery took seven hours, but we were both healthy at the end of it” Rehanna said glancing down at Sakina adoringly. “Eleven days after Sakina’s birth, I went to the RHC upon Fehmida’s insistence to undergo the operation for birth control. My husband asked me to do it a few years ago; I had some doubts that she managed to remove in the days following Sakina’s birth.”

Fehmida’s husband, a drug addict has been unemployed for most of their married years. As a SBA however, she has found a means to support her family of four. “For the delivery of Sakina, my husband paid Fehmida 10 USD – she did not ask for it, we gave it out of our own happiness. We also gave her wheat, sugar and grains. If we had more to spare, we would give it happily!” quipped Rehanna.

As a result of her capacity building under the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services” being implemented by CHIP in 15 villages across Jhelum, Fehmida has emerged as a champion of safe childbirth in Hoon. Having undergone a thorough training process, including a two week exposure visit at RHC Khalaspur, she successfully administered 15 childbirths in 2011 alone. Further, no infant or maternal mortalities have been recorded since she began providing her services - a true achievement in a village where women were resigned to give birth under the supervision of unskilled family members or SBAs.
The Model Volunteer Vaccinator of Skardu

Located on a towering, barren mountain off the Karakoram highway, over 60 km away from Skardu city, a treacherous ascent over a narrow stone path that remains buried under deep snow during the long winter months leads into the village of Khar Bashu. During the short summer, the distant village is bustling as residents hurriedly harvest seasonal fruits and crops for sale in Skardu city.

“Until 2009 at least two maternal and infant deaths would take place each year in Khar Bashu. If we add up fatalities from the three other villages on this mountain, it was ten to fifteen,” shared the 20 year old health promoter of Khar Bashu, Syed Mustafa. “Over the past three years, at least in my knowledge, there have been no deaths in this area.” Under the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services” being implemented by CHIP in 15 villages across Skardu, Khar Bashu has become home to two active health promoters, a volunteer vaccinator and gender-segregated VHCs that provide community members important information on mother and child healthcare through monthly health sessions, theatre shows and informal dialogue.

“When I began working in 2009, women were afraid of vaccines - they did not know what was in them and why they were necessary for themselves, or their children. They would simply refuse to listen when I would try to clarify their doubts during door-to-door information

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2 Neighboring villages include Nazimabad, Sultanabad and Matillo Bashu
sessions,” explained the 22 year old volunteer vaccinator of Khar Bashu, Muhammad Reza. He has been capacitated by CHIP under numerous trainings, including a week long exposure visit to the Skardu DHQ where he learned about the composition, perseveration and administration of vaccines.

Reza did not allow the initially negative response of the community deter his ambition of contributing to enhanced EPI coverage in the area. “Not more than 70 percent of children were vaccinated in Khar Bashu before I began my work. Even out of these, most either received the dosage late or missed certain doses altogether. But today, each mother and child in Khar Bashu is immunized on time.” Achieving full coverage was not an easy feat. “I accompany the government vaccinator during his quarterly visits to the village to make sure he visits each home and maintain a separate record of women and children who require immunization. I also distribute EPI cards to families between visits.” Reza continues to hold door-to-door information sessions on a bimonthly basis to re-educate females and household heads on the need for immunization. This is one of his most challenging tasks as it requires him to travel two hours on foot from his home in Nazimabad down to Khar Bashu almost daily.

“Five years ago, government vaccinators would not visit for two years at a time and no one here cared!” he emphasized. “But now, families demand immunization and even contact me for information if the vaccinator does not visit on his scheduled time. This helps me as in the winter months, if the visit is delayed indefinitely, I have to contact the Civil Dispensary Matillo Bashu and provide a list of required vaccines. They are then ordered from the DHQ, stored and delivered to my home on the day I intend to administer them.”

To maintain the impact of his work, Reza envisions the creation of a network of volunteer vaccinators. “I am already training my good friend and neighbor Arif Hussain as a potential volunteer vaccinator. I am also considering training one youth in each village on this mountain for this role to make sure we reach everyone and that no child or woman is deprived in the future.”
Acquiring Mother and Child Healthcare is a Necessity in Ranga

Located on a plain situated seven km away from Skardu city, snow capped peaks tower over the impoverished village of Ranga. “Before I started working as a SBA in 2007, many women in Ranga would give birth with the help of their mothers-in-law. If she did not have any experience in handling a birth, we would all say a prayer for the poor woman!” exclaimed Malika Farmaan, the 40 year old SBA of Ranga while fluffing floor cushions in the carpeted living room of her modest home.

Despite its proximity to the city, acquiring emergency transport to DHQ Skardu remains daunting for its impoverished residents. “Our elders would unanimously disagree with the need for maternal checkups or deliveries in hospitals. They felt it was a waste of money mainly because even reaching the DHQ is so expensive,” explained Abid Hussain, the 27 year old health promoter of Ranga. “We have to set aside 15 USD first to hire a private car. Then on top of that, we have to purchase medicines.” Where average incomes do not exceed 100 USD and joint family living systems prevail, economic pressures on families restricted the prioritization of healthcare in household budgets until implementation of the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services” was initiated by CHIP in 2009. “Because of their participation in activities such as health sessions and theater shows that CHIP conducted on mother and child health, they are finally accepting that despite its difficulty, setting aside money for healthcare of daughter-in-laws is a necessity.”

Taking a seat on a wooden chair next to Abid, Malika began to narrate her development as a SBA. “I was managing child-births as a SBA since 2007 and I thank God, no mother or child lost their life under my care. But then CHIP came to our village, and I participated in trainings where
I learned about things I did not think were serious before, like the timely immunization of babies and pregnant women as well as means to determine whether a child-birth will be complicated and require a C-Section.”

Pausing momentarily to adjust her dupatta\(^3\) on her head, she continued, “When Shabana Iftikhar came to me, she was pregnant with her first child. She was only 18 years old herself! I kept checking her during her pregnancy but in the eighth month, I felt the baby was positioned upside down. I gave her a referral card for the DHQ immediately. She went there with her husband and got an ultrasound that confirmed my diagnosis. Even the expected delivery date they gave to her was the same as mine!” she gleamed. “On the day of the delivery in June this year, I accompanied her to the DHQ for her C-Section as her husband was busy. The operation went smoothly and only lasted two hours. She was discharged three days later with her son but I keep checking up on them. They are both healthy.”

Malika excused herself to retrieve her delivery kit from her bedroom. As she returned she added, “Three days ago, I also administered the birth of Nargis Ghulam’s third child, a baby boy. I used this kit CHIP gave me to make sure she would not suffer from an infection during the child-birth.” She proudly opened the kit to reveal its contents - nothing. Between July 2010 and 2012, Malika has administered 56 childbirths in Ranga. “I do not take any money for my services as people here are very poor. It is an honor that I am able to help my people this way. I am just waiting for my refills now - meanwhile I have spread the word that I have run out of supplies so that the families can prepare the material requirements themselves after consulting me.”

Shutting the kit, Malika continued, “Although my skills have improved immensely, I am never over-confident. Where I am not sure about symptoms a mother or child is displaying, I refer them to the DHQ immediately. I may be illiterate but I understand where my expertise ends, and the need for a diagnosis by a doctor begins.”

\(^3\) A piece of cloth draped across the head by women to preserve modesty.
Improving Mother and Child Healthcare

Serving the Mothers of Hussainabad

Forty year old Zehra Ali, the LHW of Hussainabad was washing clothes in the courtyard of her seven bed-room home that is situated on a busy road leading to Skardu city, six km away. Inside, the first room on the left serves as the village Health House where women can receive free medication, contraception and referrals to public health facilities around the clock. Despite its proximity to the DHQ and being home to numerous health facilities, an understanding of the need for accessing mother and child healthcare was not established until CHIP began implementing the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services” in 2009.

“I have been working as the LIHW since 2004. In 2009, when I became the village health promoter, CHIP included me in trainings where I learned how to check blood pressure, fever and the symptoms of diseases that were afflicting women and children in our village such as anemia and pneumonia. I even learned about danger signs of pregnancy that indicated the need for a checkup by a gynecologist. Because of this, I was able to direct a number of women to the Skardu DHQ and Reproductive Health Center in our village for checkups and deliveries well in time,” explained Zehra while walking through her kitchen garden towards the Health House. “CHIP even provided my Health House with a blood pressure monitor, a weighing machine for infants, thermometer and a torch. I also received a batch of high quality medicines to distribute as the stock I received from the District Health Department had run out. I feel this support helped me improve my performance as a LHW, and through that, granted me stronger influence as a health promoter.”
At the Health House, Zehra leads monthly awareness raising sessions to share her knowledge on immunization, nutrition and other key topics in mother and child healthcare. “Through the health sessions, I have equipped women with knowledge to know what kind of care they need and in emergencies, decide for themselves whether they or their child must go to the DHQ for a check-up immediately.” In a village where household heads strongly resist maternal checkups, childbirths in hospitals and the immunization, Zehra’s success in empowering women to take the lead in making health decisions is not a minor accomplishment.

“I began my work as a health promoter addressing the concerns of family elders regarding the impacts of immunization on children and the benefits of maternal healthcare. Now that they are convinced it is safe and essential, women are allowed to come to me for a consultation even at 10 pm in the night. Before, days would go by, and no one would visit the Health House!” Today, the village of Hussainabad holds one of the strongest mother and child healthcare delivery systems in the 20 villages being targeted under the project in Skardu. It is home to a functional public dispensary that includes a fully equipped labor room, a fixed vaccination point and a Reproductive Health Center that is staffed by an LHV.

Additionally, the incidence of timely immunization has also been enhanced in the village. “When the official vaccinator visits, I ensure all women and children who need to be immunized gather at the Health House early in the morning” explained Zehra while going through a register recording details of visitors to the facility. “Then I accompany the vaccinator and go door-to-door to target those who may not have heard about his visit or were too busy to come to the Health House. If a child or woman requiring immunization is not in the village that day, I follow-up with them upon their return to ensure that they receive the vaccination either from the DHQ or at our local dispensary!”
Empowering the Male Household Heads of Malikpur

A warm breeze blew through neatly cobbled streets. Forty-seven year old Riaz Hussain hurried into the community office of the village of the densely populated village of Malikpur, located 40 km away from Jhelum city. As a leading member of the VHC established under the GAVI Alliance support funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services” being implemented across 15 impoverished villages surrounding Jhelum city by CHIP, he has been at the forefront of interventions to link communities with public health facilities and departments.

“In 2008, Shahida Perveen and her new born child died shortly after she gave birth at home. Her husband only started making arrangement for a vehicle to take her to Jhelum after the child passed away. By the time Shahida reached the public hospital, it was too late for her as well.” Malik paused to wipe beads of sweat away from his forehead.

“None of us understood what happened that night. Later, during CHIP trainings on recognizing danger signs during deliveries, we learned she had died of septicemia. Although we cannot turn back time, now we are at least learning ways of stopping such accidents from happening again”
Until 2009, a culture of seeking maternal and infant healthcare was absent in Malikpur. Amongst numerous reasons, this included the lack of a public health facility within the village premises. Poverty further restricted families from prioritizing nominal expenditures related to accessing free public healthcare in distant facilities, such as transportation costs. But this changed with the creation of the VHC in 2009, the initiation of awareness creating communication exercises that included theatre shows highlighting the importance of maternal and infant healthcare and medical camps.

“In 2010, we facilitated a forum which the VHC members, representatives of the district health department and BHU Darapur medical staff attended” highlighted CHIP Social Organizer, Bilal Safdar. During this pioneering forum, maternal and infant healthcare needs and gaps in Malikpur were extensively discussed. The effort culminated in the organization of regular health camps in Malikpur until 2011. “The VHC played an integral role in making the camps a success - they made all the logistical arrangements and motivated the community to attend,” continued Bilal. “Fifty women and children were vaccinated and received free checkups in the first camp alone.”

Nodding his head in agreement, Riaz added, “We have maintained a register of listing the diagnosis and follow up points given by the doctor, Dr. Mazhar Hayat and BHU staff during the health camps. As they will not resume for a few months, we are making sure all women and children who require follow-up checkups and medicines visit the BHU in Darapur.”

Most importantly, as a result of the project, male household heads have been empowered to ensure the newly created culture for accessing healthcare by mothers and infants is sustained. The male VHC has designated three female volunteers to accompany the government vaccinators to ensure that no child is skipped. Flipping through the pages of the register, Riaz added, “We have also learned that if our wives or daughter-in-laws are giving birth at home, we must make sure the room is clean and the birth attendant is well groomed. If the birth has to take place in BHU Darapur, we start making transportation plans at least a month in advance.”
Saving Shahida’s Life

Hidden away between the formidable stone peaks of the Himalayas, 45 km away from the city of Skardu lies the quaint village of Sermik. When summer is at its peak, steppes full of ripe fruits and vegetables are harvested by women against the roars of the mighty River Indus that rushes by below.

Sikander Abbass, a kind-faced, 30 year old school teacher of the public Boys High School Sermik, sat with his son, eight year old Wasif Ali in the living room of his home. His wife, 28 year old Shahida Sikander, who is also a teacher at one of Sermik’s 12 schools, was running errands in Skardu city with their daughter. Both Shahida and Sikander are members of the VHC that was established under the GAVI Alliance project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services” being implemented by CHIP since 2009 in 15 villages across Skardu.

“Shahida gave birth to our two children, Wasif and Fatima at home. We did not have a tradition of taking our wives to hospitals for child-birth unless it was an obvious emergency at the time. If any woman were to even say she wanted to give birth in a hospital, our elders would be offended,” narrated Sikander. In August 2011, after 12 years of marriage, Shahida fell pregnant with their third child.

“When CHIP started helping our village, they gave us quite a few trainings on mother and child health, including one on safe delivery practices that I attended. I am also the member of the VHC and participate regularly in the health sessions that they organize tri-monthly. During one of these sessions, I learned about the signs of anemia which left me worried as Shahida was displaying all the symptoms I had learned of.” Sikander’s well-founded fears were confirmed during a neonatal checkup Shahida underwent upon his insistence at the local dispensary.
“Upon the recommendation of the LHV there, I admitted her into the Skardu DHQ two weeks before her expected date of delivery. I spent over 300 USD on transportation and medicines, even though the delivery was conducted free of cost.” Timely action by Sikander saved Shahida’s life - while waiting for her delivery, Shahida learned that her blood type was different from that of her unborn child.

Syed Ijlal Hussain, an active member of the VHC, interjected saying “It took us five full days to arrange for Shahida’s blood type, A-, as it is very rare. We, the VHC, contacted a district level volunteer blood donation group to find a suitable donor!”

Due to concerted efforts by Sikander and the VHC, Shahida successfully gave birth and was discharged from the hospital with her baby a day later. But fate had other plans for her newborn son. “After a month and a half, our son fell ill again with double pneumonia. We admitted him into the DHQ for twelve days after which he was discharged. The night we brought him home, he died.” Sikander’s voice faltered as he composed himself. “We did not notice till we woke up for prayers early in the morning. We buried him the same day.”

Holding Wasif close to him, he continued to speak solemnly saying, “I am grateful that at least Shahida’s life was saved during this entire ordeal. It is now our mission to prevent such an incident from ever taking place again in Sermik. If I see someone trying to acquire un-prescribed medicines for their baby, I stop and tell them to take the child to a doctor instead. In health sessions of the women’s wing of the VHC, Shahida fervently reminds women to get regular checkups during pregnancy, to deliver in the hospital or in the presence of a SBA and to make sure they and their child are healthy by regularly consulting the LHV or visiting the DHQ.”
Improving Mother and Child Healthcare

Winning the Fight against Nature

Across a rugged pathway carved into the sides of a formidable mountain standing at over 8000 sq. feet above sea level, lies the scenic village of Harzapa, situated an hour away from the city of Skardu. Until 2009, when CHIP began supporting the area under the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother and Child Health Services,” its geographically isolated location compounded by frequent landsliding and heavy snow-fall, left women and children entirely deprived of access to health-care.

“If there was ever an emergency, we would have to carry the ailing woman down the mountain on a charpai!” exclaimed Abid Hussain, the male health promoter and member of the Harzapa VHC. “We barely had any cars that we could use to reach the DHQ- how could we, when we did not even have electricity in our villages until till three years ago!” The junior technician of the FAP, Nisar Hussain, who was assessing an infant with a cough, nodded his head in agreement while adding, “Even if a car were available who could afford to pay 30 USD to reach Skardu?”

For the population of over 9000 inhabiting Harzapa and neighboring villages of Sandapa and Gonopa in an area known as Chunda, an FAP was established in 1992 and an MCHC as early as 2005. Yet, the latter was not operational until 2009. “They stationed a non-local nursing assistant here who would not report for duty more than two times a week for just a few hours. Her presence barely made a difference,” explained Nisar.
The toll of overlooking the need for mother and child healthcare was heavy. “I would say, there were easily three maternal and five infant mortalities each year in Chunda,” explained Abid. “What is worse is that until CHIP came to our villages in 2009 and helped us organize into male and female VHCs, we did not even know that we had the means\(^4\) to stop the deaths all along!”

As a result of the participation of VHC members in monthly district-level health forums organized by CHIP, they were able to establish linkages with the Skardu District Health Department. Dialogue with the District Health Officer, Syed Sadiq Shah resulted in the appointment of a non-local LHV at the MCHC in 2009. Shortly afterwards, Mehreen Hussain Muhammad, a former LHW who was also capacitated as a SBA under the project, was enlisted as the local midwife for the MCHC.

“During the health forum in January 2011, we told Sadiq Shah sahib\(^5\) that there was no electricity or running water in the MCHC. Within a few weeks, the entire FAP and MNCH were temporarily wired and a traditional heating system was installed so that we could use it for emergency deliveries and checkups late at night or in the winter,” explained Nisar while showing the neatly arranged rooms of the MCHC. “He also arranged for the re-construction of the boundary wall of the MCHC, the entry ramp and provided this wheelchair and stretcher to make it accessible.”

At the District Health Department Skardu, Syed Sadiq Shah is busy planning further interventions to operationalize MCHCs in distant rural areas. “We will be starting a free-of-cost ambulance service from Chunda to the DHQ Skardu and Benazir Shaheed Memorial Hospital by August 2012. What we have done for the MCHC Chunda is just the beginning of our efforts to bring mother and child healthcare at the door-steps of rural communities – not the end! EPI coverage in Skardu today is 83 percent but in partnership with rural communities and CHIP, we are aiming to enhance coverage to 100 percent coverage within the next five years through similar interventions!”

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\(^4\) He refers to the MCHC  
\(^5\) Title of respect for men.
Creating Sustainable Access to MCH in Rural Jhelum

The RHC Khalaspur, located at a distance of two hours from Jhelum city, bustled with the chatter of women and cries of children waiting for their diagnosis by the Senior Medical Officer, Dr. Mazhar Hayat. The RHC is the only source for holistic Mother and Child Health Services for residents of distant villages who do not have the time to, or cannot afford to undertake a journey to the DHQ in Jhelum city. For a nominal fee of 7 PKR, children can access immunization and checkups whereas women can receive ante, post and neonatal care, including the opportunity to deliver in sterile, fully equipped maternal ward under the supervision of a qualified doctor, midwife or LHV twenty four hours a day.

“There is no doubt that until CHIP started raising awareness in nearby villages on the mother and child healthcare, the number of women visiting us for checkups and deliveries was negligible. Today, at least ten women visit each day for maternal healthcare alone!” shared Dr. Mazhar while sitting in his neat, brightly lit office. He excused himself momentarily to give instructions to a newly inducted nurse for preparing a female patient for an ultrasound. “In my opinion, a major reason for the increasing number of visits has been the equipment, furniture and infrastructural support CHIP has been providing us since 2009. Before that, it was difficult to even enter it on foot, let alone on an ambulance!” In 2010, CHIP renovated the road leading into the RHC and installed a ramp at its’ entrance to make it accessible.

At the District Health Department Jhelum, the District Health Officer, Dr. Capt. Asif Ali Khan, said “Public health units such as RHC Khalaspur and the BHU in Darapur were grossly
underutilized until a few years ago. This was puzzling as only a 7 PKR fee is required for availing services, ranging from consultations to child-birth! Even prescribed medicines are given free-of-cost,” he highlighted while his colleague, Dr. Zameer Hussain Minhas, the Mother and Child Health In-charge of the District Health Department Jhelum sat by. “According to our analysis, a number of factors, including poverty, lack of access to public transport, high cost of private transportation as well as a general lack of awareness on mother and child healthcare contributed to this phenomenon. In impoverished villages where couples can have up to eight children, even setting aside 10 USD to rent a car to the RHC is taxing.”

Laying his pen down on the table, Dr. Khan proceeded to explain another important reason for the limited utilization of rural public health facilities until recently. “The Government of Pakistan constructed and equipped BHUs in the mid 1980s on land communities themselves dedicated to ensure ownership and utilization. But where communities did not think it was important for a woman to give birth under the supervision of a qualified birth attendant or for children to be immunized, they chose to allocate distant plots! In Pind Swika, the BHU is located in its mountainous jungle that the locals themselves are afraid to visit.”

Under the GAVI Alliance funded project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services,” in 2009 the District Health Department joined hands with CHIP and rural communities to upgrade and operationalize defunct or barely operational BHUs of Darapur, Dhok Loona, Chottalla and Pind Swika, through infrastructural support, posting of LHVs and provision of equipment, furniture and medical supplies. As a result of these efforts, the BHUs of Dhok Loona and Pind Swika that were on the verge of being shut down, were instead made functional for the very time in decades. “EPI coverage in our District was around 84 percent in 2008 and increased to 96 percent in 2011. It is very impressive, but was not reflective of what was at times below average coverage in certain villages. Through the strengthening of the rural health units as well as the training of LHWs and vaccinators by CHIP, our department has improved its healthcare delivery. Today, we are dedicated to maintaining these results - I personally visit each health unit in our district to make sure it’s’ performance is up to mark!”
An Overview of the Project
“Strengthening the Health System in the Areas Deprived of Immunization and Mother and Child Health Care Services”

The project aims to improve maternal, neonatal and child health in district Jhelum of Punjab province and district Skardu of Gilgit – Baltistan of Pakistan. Improvements will be brought by strengthening health system in the areas deprived of immunization and maternal, neonatal and child health services. In addition to this, the targeted communities will be organized and facilitated to adopt and access maternal, neonatal and child health care facilities. Support will also be extended for improving the quality and outreach of public sector facilities. Moreover, local human resources will also be developed for extending quality maternal, neonatal and child health care services to remote areas.

Project Goal
Maternal, neonatal and child health improved in district Jhelum of Punjab province and district Skardu of Gilgit – Baltistan province of Pakistan.

Project Purpose
Health system strengthened in the areas deprived of immunization and maternal, neonatal and child health services.

Project Results
- Functional Village Health Committees Linked with FLCF for Extending Quality Health Services.
- Quality of Services of FLCF Improved for mother child health care.
- Trained Local Human Resources Available for Extending Improved mother child Health Services.
- Awareness Level of Communities Increased Regarding Improved Mother Child Health Care Practices.

Major Achievements (2009 – 2013)
- 20 Village Health Committees formed and trained in Skardu and 15 in Jhelum who have coordination with District Health Department.
- 10% increase in deliveries conducted at First Level Care Facilities in Skardu and 41% increase in Jhelum.
- Trained 20 Skilled Birth Attendants in Skardu and 17 in Jhelum.
- 27% increase in births conducted by SBAs in Skardu and 5% in Jhelum.
- 35% increase in mothers vaccinated for TT in Skardu and 26% in Jhelum.
- 41% increase in children referred for immunization to FLCF in Skardu and 21% in Jhelum.
- 75% increase in mothers with knowledge of ORS in Skardu and 77% in Jhelum.
- 67% increase in mothers with knowledge about danger signs of pregnancy in Skardu and 88% in Jhelum.