

COMMUNITY MIDWIVES PLUS PROJECT IN SINDH

Strengthening the Community-Based Healthcare System

This research brief is one of two briefs, describing findings from "Strengthening Community-based Health Care System through Community Midwives Plus Project in Sindh". This brief focuses on the overall project.

The community-based health system in Pakistan operates at the most basic level, especially in rural areas. Community health workers (CHWs) include Lady Health Workers (LHWs) and Community Midwives (CMWs), who are the mainstay of the community-based health system. CMWs were introduced in 2007 by the Government of Pakistan. Their main purpose is to provide reproductive health services, including antenatal, delivery, postnatal, and family planning (FP) services. The role of LHWs is not specific to reproductive health, but their support for the CMWs is essential for optimal results in communities. However, the latest data indicate that CMWs have not been actively engaging in the communities due to several reasons.



Community Midwives Plus Project

In 2019, the Population Council, with the help of the Health Department of Sindh, carried out a pilot project in Tando Allah Yar district—involving CMWs as important components of the community-based healthcare system, especially in regard to FP service provision. CMWs were provided trainings to improve their knowledge, specifically regarding postpartum family planning (PPFP). They were also given essential equipment for their birth stations, including a regular supply of contraceptives.

Results of this project highlighted that, due to the support provided to the CMWs, there was a community-wide increase in FP service uptake. Additionally, the knowledge and skills of the CMWs regarding FP and PPFP increased. CMWs, as FP service providers, also gained the community's confidence and trust. A regular supply of contraceptives also helped CMWs to provide FP services effectively.

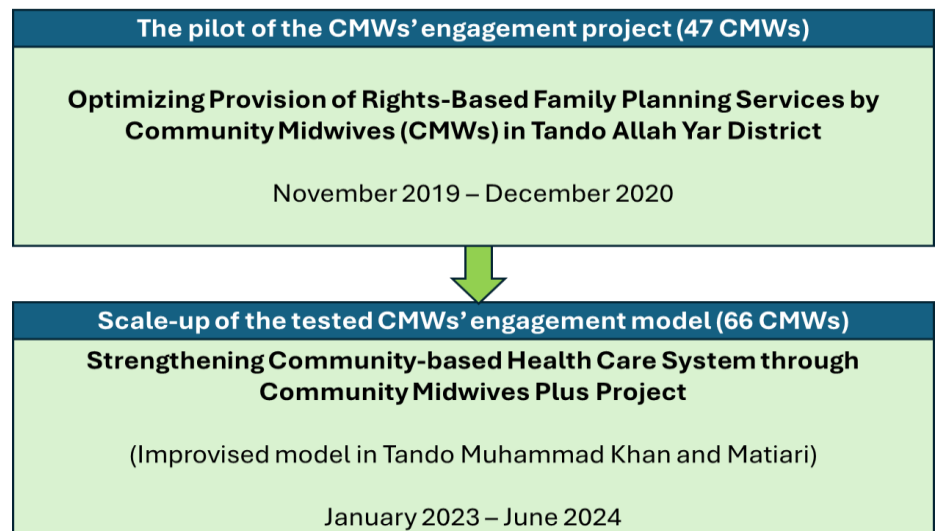
Outcomes of this pilot project called for the scalability of the project. The officials of the Department of Health's Reproductive, Maternal, Newborn, and

Child Health (RMNCH) Program also encouraged the scale-up of the project in two additional districts of Sindh, namely Matiari and Tando Muhammad Khan (TMK) in the first phase.

The scale-up project was based on an improvised model, incorporating learnings from the pilot project. Additionally, the new project model focused on postpartum intrauterine contraceptive devices (PPIUCD) and

emergency preparedness. Group Antenatal Care (GANC) model promoting PPFP was introduced for the first time in Pakistan in this project.

Inclusion criteria for this study consisted of CMWs who had a birth station and were actively working as midwives or those who had recently graduated from their studies and were willing and eager to work.



Project Objectives

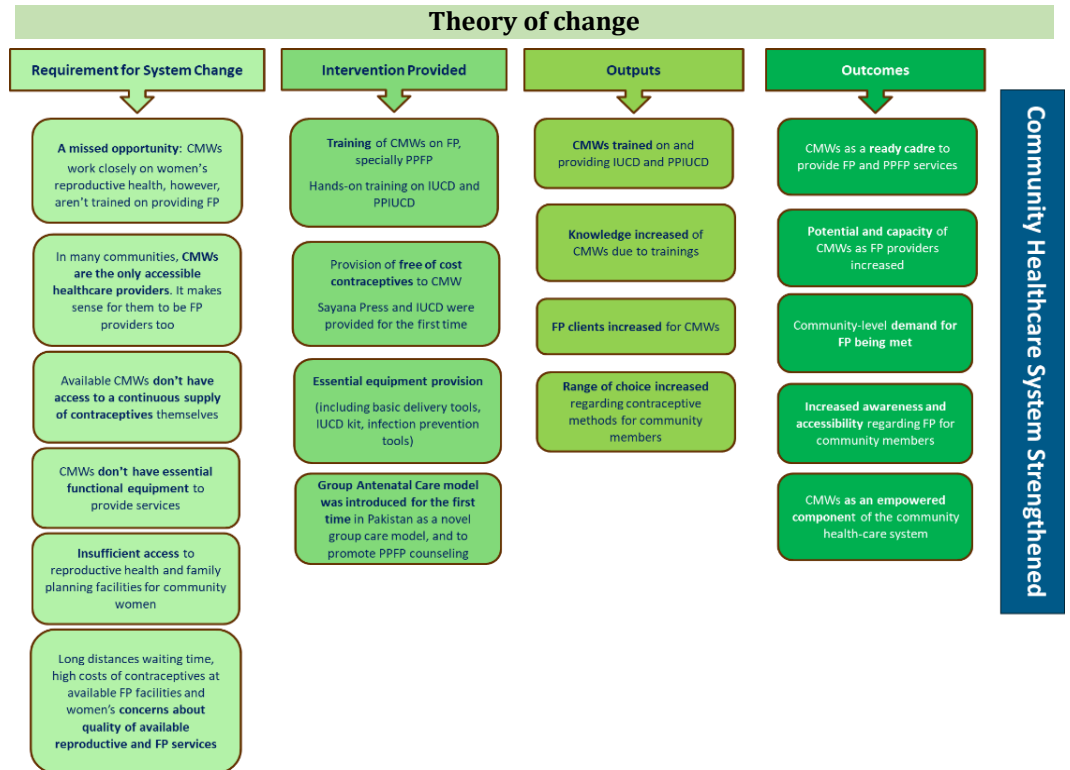
This project aimed to enhance the capacities of CMWs and develop them into an empowered and prepared cadre to provide FP and PFPF services at the community level, thereby strengthening the community healthcare system.

The interventions, based on a theory of change illustrated here, provided support to CMWs.

Project Location

Districts Matiari and Tando Muhammad Khan were designated as the project location after consultation with the provincial stakeholders.

According to the National Human Development Report 2024, among the 30 districts of Sindh, Matiari has a HDI ranking of 11 (0.563), while Tando Muhammad Khan has a ranking of 20 (0.4).



Project Collaboration

The project was made possible through collaboration between the RMNCH Program Sindh, the Population Welfare Department (PWD) Sindh, and the Population Council. This full-scale project with CMWs as the main service providers was launched in two districts of Sindh, namely Matiari and Tando Muhammad Khan. Jamshoro was treated as a control district.

- Implementation support, supportive supervision, facilitator for monitoring and evaluation

Department of Health – RMNCH Program



- Designing the model, implementation of intervention activities, and evaluation of the model

Population Council



- Training, providing contraceptive supplies, supportive supervision, hands-on training on IUCD

Population Welfare Department



Interventions: Support provided to CMWs

Training

- Training on FP, with a special focus on PFPF.
- Theoretical and hands-on training on IUCD and PPIUCD
- Providing RH services in case of natural disasters like floods.



Regular Contraceptive Supply

- Free of cost contraceptives to CMWs from PWD Sindh
- Sayana Press was provided for the first time



Equipment Provision

- Basic functional equipment including Hb meter, delivery bed/ IUCD insertion table, infection prevention tools, IUCD kit etc.



Group Antenatal Care model

- GANC model was introduced for the first time in Pakistan with a particular focus on PFPF counseling and services.



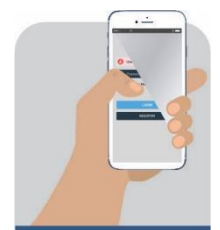
Supportive Supervision

- Senior medical female doctor provided on-job guidance to improve the standard of services



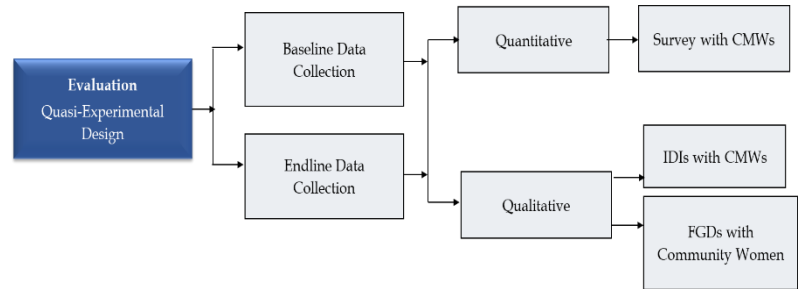
Digital Monitoring

- Two separate mobile applications were developed so the CMWs could keep records of their clients and services on FP and GANC separately.



Evaluation Design and Methodology

This project has a quasi-experimental, mixed-methods design. Under this framework, the aim was to assess the practices and attitudes of CMWs—pre- and post- interventions—along with the beliefs of common community women about the CMWs. Matiari and TMK were treated as intervention districts, while Jamshoro was treated as the control district.



For quantitative data collection, structured surveys were used, which had sections about demographic characteristics, training and deployment, birth stations and equipment, routine practices, FP services, knowledge, contraceptive stock availability, and record keeping, among others.

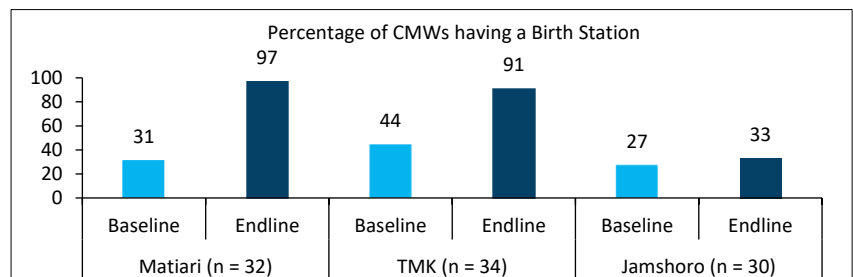
The qualitative component of the project included focus-group discussions (FGDs) and in-depth interviews (IDIs). FGDs were carried out with women of the CMWs' communities to find out their perception of the work of CMWs, especially after the interventions. FGDs were also conducted with GANC cohort members, to gauge their acceptability and satisfaction with this intervention. IDIs were conducted with those CMWs who had organized and conducted GANC sessions to get their feedback on the different aspects of this novel intervention.

RESULTS: HIGHLIGHTS

- ➔ All CMWs trained on FP and PFP, (74% are providing 5+ FP methods.)
- ➔ CMWs have started providing Sayana Press, IUCD, and PPIUCD services.
- ➔ The FP clientele of CMWs increased significantly.
- ➔ The choice of contraceptives for clients increased.
- ➔ Community-level trust in CMWs increased.
- ➔ Clients no longer have to travel long distances for FP and PFP services.

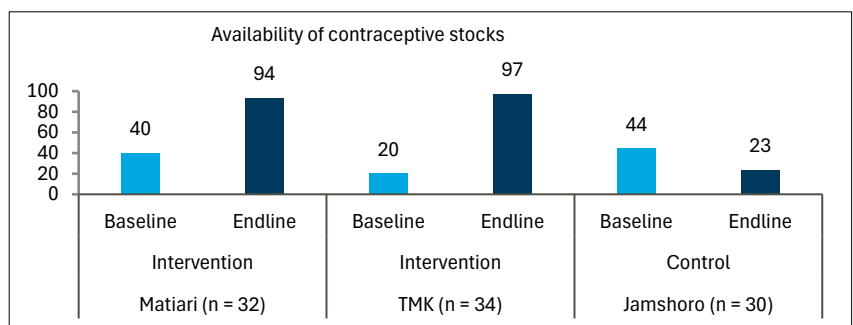
Improved Readiness to Provide FP Services

- ➔ At baseline, less than half of the CMWs of both intervention districts had birth stations.
- ➔ At endline, 97% CMWs of Matiari and 91% CMWs in TMK had a functional birth station.



Availability of Contraceptive Stocks

- ➔ At baseline, the contraceptive stock was available to a limited number of CMWs in both intervention districts.
- ➔ At endline, more than 90% of CMWs had sufficient stock (94% Matiari, 97% TMK).

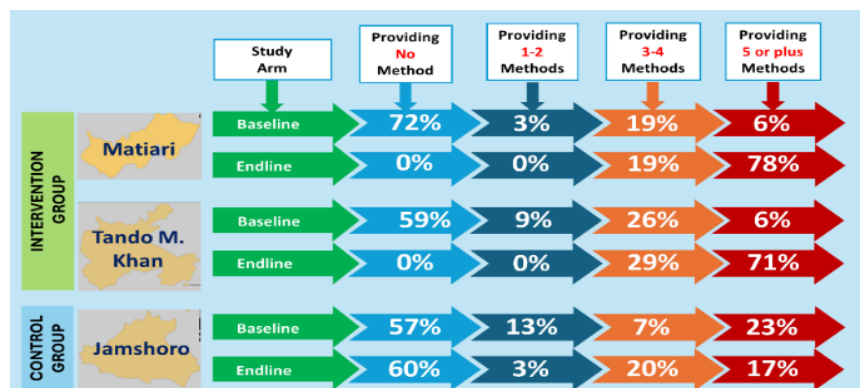


“There has never been an instance when we went to the CMW and she didn't have a method available, nor have we heard such a thing from any other woman.”
(Married women-FGD-Rural-TMK)

Percent of CMWs providing number of methods by district and by baseline and endline survey

Expanded Choice of FP Services

- ➔ 28% of CMWs of Matiari, and 41% in TMK were providing FP methods at baseline.
- ➔ By endline all CMWs (100%) in both districts were providing at least 3 methods.
- ➔ More than 70% of CMWs of Matiari and TMK provided at least five family planning methods at endline.



FP Service Provision by Method

- Overall, at baseline, a small percentage of CMWs were providing FP methods. A negligible percentage of CMWs were providing Sayana Press.
- At endline, in the intervention districts, almost all the CMWs provided condoms, oral pills, and injectables. Sayana Press was also being provided by most of the CMWs.

Increase in Clientele of FP Methods

- As a result of CMWs receiving training, functional birth stations, contraceptives, and other required equipment, the CMWs' clients have increased significantly.
- Since the service provision started in June 2023, the number of family planning clients increased significantly in this month.
- In subsequent months, the number of new clients started decreasing as the number of follow-up clients began to increase.

Introduction of Group Antenatal Care Model in Pakistan through CMWs

To facilitate women, Group Antenatal Care (GANC) model with a focus on PPFp was introduced at community level for the first time in Pakistan in this project. The findings of the GANC intervention are positive and bear witness to its transformative quality.

Fifty-five CMWs were able to register 70 cohorts: 31 cohorts from Matiari and 39 from TMK. In one cohort, around seven to twelve pregnant women are grouped together and they may belong to different gestational age groups. They are provided antenatal services, PPFp counseling and health education.

Findings indicate that the GANC approach has countless advantages both for pregnant women and CMWs. It has proven to be a powerful approach to promote PPFp.

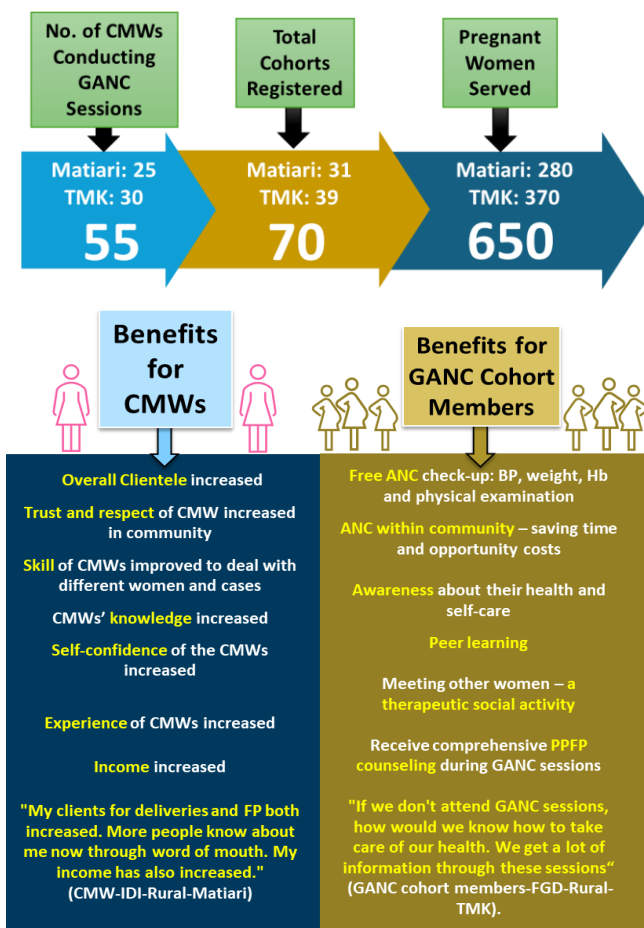
“Due to these GANC sessions, my clientele increased. As women are satisfied with my behavior and skills during the session, they also tell other women about me and, through word of mouth, my clients increase.” (CMW-IDI-Rural-TMK)

CONCLUSION

Findings of this study confirm that empowering CMWs can make them a strong pillar of the community health system, especially in rural areas, with regard to FP and PPFp.

RECOMMENDATIONS

- Replicate this model across the districts of Sindh and also in other provinces of Pakistan to utilize the existing resources of CMWs for efforts toward FP.
- Expand the mandate of CMWs to include training on other FP methods, like implants, to increase the choice of contraceptives for clients.
- Organize regular refresher training for CMWs to keep their education relevant and inform them about any novel information on the subject.
- Replicate the GANC model across Pakistan, especially in rural areas where pregnant women face access issues.
- A mechanism should be established between CMWs and the RMNCH program so that the program can keep a record of CMWs, track their performance, and provide contraceptive supplies according to requirements even after two years of their deployment.



Recommended citation

Population Council, Pakistan. 2024. “Community Midwives Plus Project in Sindh: Strengthening the Community-Based Healthcare System.” Research Brief. Islamabad: Population Council.

Also see: “Community Midwives Plus Project in Sindh: Introducing Group Antenatal Care at the Community Level Through Community Midwives.” Research Brief, 2024.