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Chitral Child Survival Program Improves Maternal, Newborn and Child Health in Remote Communities

BACKGROUND

In the isolated Chitral district of northern Pakistan, the Chitral Child Survival Program (2008–2014) addressed the remote area's high infant and maternal mortality rates by increasing access to obstetric and neonatal care to vulnerable communities. Project-trained community midwives saved lives by providing previously unavailable skilled pre-natal, delivery and post-partum care. They supplied key information to poor households and facilitated referrals for obstetric emergencies.

Pakistan has a high neonatal mortality rate (NMR) of 55 deaths per 1,000 live births. In Chitral, like other remote northern mountain areas, the rate is even higher.

Project Components for Rural Mother-Child Health

TRAINING COMMUNITY MIDWIVES

To take root in Chitral's remote communities, the project drew on locally selected candidates for training as community midwives (CMWs). The training involved 12 months of classroom instruction with 6 months of practical training, along with a unique 5-month internship in the secondary referral clinics of the Aga Khan Health Service, Pakistan (AKHS,P).

The project trained and deployed 28 community midwives, helping them to get established in their communities with essential equipment and medicines, and a system for supportive supervision.

FOSTERING SAVINGS GROUPS

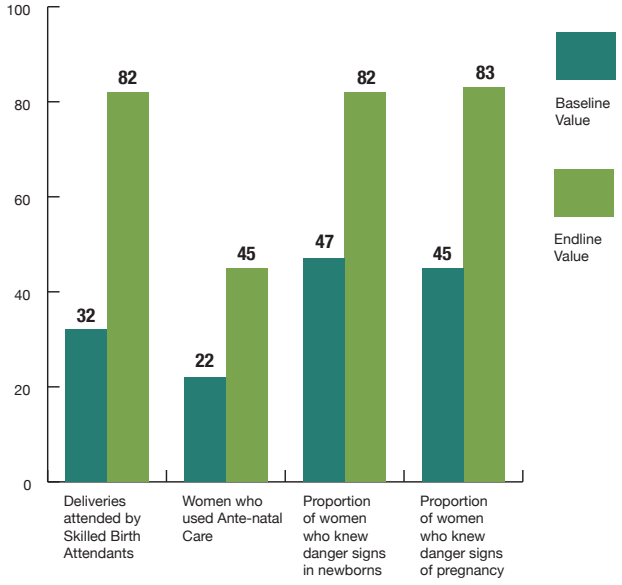
To ensure that health services are sustainable in the long run, the project helped the midwives get established on a professional footing and supported communities' ability to handle their financial needs. The program fostered 421 community-based savings groups (CBSGs) that help poor families save and relieve cashflow crises. Each group has 15 to 25 members who save together. The groups do not necessarily focus on health, but they offer a platform for social support and delivery of key health messages.

Altogether the CBSGs involved nearly 8,000 women members. Over the course of the project, the groups retained 98 percent of their members.

Key Results and Lessons

1. The project achieved significant improvements in access to care for safe births from skilled and trained local CMWs. It also increased the percentage of women who sought support through the complete continuum of care, and uptake of important health care seeking messages and behavior. *See chart.*
2. The project's Behavior Change Communication (BCC) component, together with an integrated approach to community mobilization using a Village Health Committees (VHC) model, were instrumental in achieving uptake of the CMW services. The project also created systems for referral and emergency support for access to appropriate secondary referral health facilities.
3. For each community midwife, the uptake of her services proved successful and sustainable because she was a member of that community, and chosen for her position through local cultural norms and practices.
4. In particularly isolated and conservative communities where the CMW was a new health care provider position, the Aga Khan Foundation engaged with religious and community leaders to facilitate the introduction, uptake, and acceptance of the CMWs in their communities.
5. Although originally intended to help overcome the financial barriers to health care, the savings groups proved to be most effective as platforms for communicating key BCC messages, promoting and linking CMWs with the broader community. Women who had a family member in a CBSG were four times more likely to seek services along the full continuum of health care. Savings groups proved to be an invaluable mechanism to empower women to safely gather together for support in personal financial decisions and engage in community decisions.

IMPROVEMENT IN KNOWLEDGE, ATTITUDES AND COMPETENCIES IN THE PROGRAM AREAS



Moving Forward

The Aga Khan Development Network plans to use the critical lessons from this project to take them to scale both in Pakistan, and in other countries where it works with integrated health and finance programs.

Next steps include using the Network's influence as an important learning institution to share lessons and experiences with a wider audience, and explore other models. This audience includes governments and their health ministries, peer organizations, and civil society organizations to help achieve greater impact with similar programming to support improved mother and child health already underway in many countries.

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