AGA KHAN FOUNDATION
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Summary Report

Role of Community Based Savings Groups (CBSGs) Enabling Greater Utilization of Community Midwives in Chitral District of Pakistan

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A research study funded by
The Maternal and Newborn Health Programme -
Research and Advocacy Fund (RAF) and
conducted by Aga Khan Foundation (Pakistan)

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Disclaimer

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Declaration

We have read the report titled: “Role of Community Based Savings Groups (CBSGs) enabling greater utilization of Community Midwives in Chitral District of Pakistan” and acknowledge and agree with the information, data and findings contained.

Principle investigator
Dr. Qayyum Noorani

Co-investigators
Iqbal Azam
Dr. Babar T. Shaikh
Tharanga Ranasinghe
Dr. Shazia Abbas
ShakeelaWali

Introduction

Pakistan has made slow progress in achieving Millennium Development Goals (MDGs) 4 and 5. Although the national maternal mortality ratio has dropped from 550 deaths per 100,000 live births in the 1990s to 276 per 100,000 births in 2006, it is now widely recognized that Pakistan is not on-track to meet these goals because of the government's late start and slow overall progress in introducing the services and health sector reforms supportive of the necessary health transitions. One of the proxy indicators utilized in order to assess Pakistan's progress towards decreasing the national maternal mortality rates (MMR) is the percentage of deliveries conducted by Skilled Birth Attendants (SBAs). The number of SBA handled deliveries has risen from 20% in 2000 to the current rate of 40%, but it remains far less than the MDG target of 90% safe delivery coverage.

Not unlike many remote rural communities in Pakistan, the high-altitude and geographically remote Chitral District of Khyber-Pakhtunkhwa (KPK) has high levels of maternal and infant morbidity and mortality. This, is due to numerous social and economic barriers to women's access to and use of Skilled Birth Attendants (SBAs) for pregnancy, labour, and delivery. Indeed, the province of Khyber-Pakhtunkhwa (KPK) hashigher levels of maternal and infant morbidity and mortality in Pakistan, where an estimated 30,000 women die annually due to pregnancy- and childbirth-related causes.

In ways which further compound the reproductive and maternal health risks regularly faced by expectant mothers in Chitral District, upwards of 85% of deliveries occur at home versus the national average of 65%.According to a baseline survey conducted by the Chitral Child Survival Program (CCSP), less than 1% of women in Chitral have received the full 'continuum of care', which consists of antenatal (ANC) and post-natal care (PNC), skilled birth assistance, and necessary vaccinations, during their last pregnancy. Additional obstacles to care were shown to include a general lack of knowledge concerning the importance of maternal health, transportation barriers, the distance and cost of accessing healthcare providers and services, and social restrictions concerning women's social mobility beyond the household and also community. Prior research in Pakistan confirms that women's decision-making and ability to seek and access health care are predicated on logistical and financial concerns, gender inequitable health policies and programs, gaps in health service provision and coverage, inadequate knowledge and health seeking behaviour, and low levels of family and community support.

In response to the high risks faced bywomen and their newborns in Chitral, the Aga Khan Foundation, Pakistan (AKF, P), in partnership with the Aga Khan Health Services, Pakistan (AKHS,P) and the Aga Khan Rural Support Program Pakistan (AKRSP), has implemented the Chitral Child Survival Program (CCSP). The CCSP operates in conjunction with Pakistan's National and Provincial MNCH Programs. Under CCSP, AKHS,P has trained and deployed 24 Community Midwives (CMWs) in some of the most remote areas of Chitral. CCSP-trained CMWs serve a population of 55,013, and provide low-cost, reliable, and easily accessible sources of Skilled Birth Attendance (SBA). CCSP has also established Community-Based Savings Groups (CBSGs). CBSGs are composed of approximately 10 to 30 self-selected women who deposit and pool their savings, which are then loaned out internally to fellow members at pre-defined, mutually agreed on interest rates. CBSGs provide a simple, transparent, cost-effective and sustainable means of providing entry-level financial services. They also operate as a forum within which women can interact, educate and positively influence and encourage each other's health-seeking behaviours, birth preparedness plans, and access to and use of Skilled Birth Attendants such as the CMWs.

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1. Pakistan Demographic and Health Survey (PDHS): 2006-2007.
2. See http://www.dfid.gov.uk/Documents/publications/mdgs.pdf.
3. See Jafarey, S.N. Maternal Mortality in Pakistan: An overview. Maternal and Prenatal Health. 1991. TWEL Publication Karachi: 21-31.
4. Pakistan Demographic and Health Survey (PDHS): 2006-2007.

Study Design and Methodology

In order to better understand the obstacles to women's use of skilled birth attendants, and to explore how income savings interventions may enable women to access community-based healthcare providers, this research project tested the hypothesis:

Is women's or their immediate family members' membership with community-based savings groups (CBSGs) associated with women's increased utilization of maternal and newborn health (MNH) services, and those of community midwives (CMWs) in particular?

This cross-sectional study involved 908 women from the target population, and who had delivered within the month prior to the study, were interviewed using quantitative survey and qualitative Focus Group Discussion (FGDs) methods. The sample size was calculated with at least a 10% increase in the number of deliveries conducted by SBA, population associated with the CBSGs 1:3, 5% level of significance at the power of 80%. In turn, qualitative FGDs were held in 4 selected communities in order to capture and try to account for the role played by Chitral's geographical, ethnic, religious and economic diversity in women CBSG members' and non-members' use of CMWs services. In each selected community, 4 FGDs were conducted to interview women and their husband with and without CBSG membership. The quantitative and qualitative components of the study were focused on exploring the wide ranging factors which influence women's use or non-use of CMWs.

Key Results

The study found that nearly one-fourth of the households' incomes were below the poverty line. Only 16% of women's husbands had received an education equivalent to Class 10 or above, with many men holding small jobs or working as unskilled labourers. In turn, 65% of women participants were illiterate and only one-fifth had received an education equivalent to 10th grade or above. Among the participants, 33% of women were associated with community-based savings groups (CBSGs) either directly as members, or indirectly through enrolled family members.

During pregnancy and childbirth, 38% of participants had accessed community midwives (CMWs), and 72% of participants' most recent deliveries had taken place at home. This indicates that women in Chitral prefer home deliveries and traditional birth attendants (TBAs).

During the antenatal period, 23% of women participants reported having been referred to higher-level health care facilities for comprehensive emergency obstetric and newborn care (CEmONC). For labour and delivery, 13% of women required highly-skilled interventions for vaginal deliveries and caesarean-sections.49% women knew about CBSGs and 33% were associated with CBSGs either as members or the relatives of members and only15% utilized CBSG loan during last pregnancy. The study found that women participants who were young, educated, and with a lesser (less than 2) number of children were most likely to be associated directly or indirectly with CBSGs. 18%, women could take independent decision for seeking care from health care provider and the others did in consultation with mother in law and other family members. In relation to the study hypothesis, the results suggest that as compared to CBSG non-members, CBSG members had four times higher use of the continuum of care (1+ANC, delivery and PNC) provided by CMWs and other skilled providers.

In univariate analysis, a family member in CBSG, mother in law as decision maker to visit health care provider, had normal vaginal delivery, used money from CBSG for the last delivery and costs of continuum of care were found to be significantly associated with continuum of care by CMW. In the final multi variable analysis, only CBSG membership and mother in law as decision maker to visit health care provider are found to be associated with continuum of care by CMW.

Discussion

The study's key findings demonstrate CBSGs,is an effective means by which to increase women's access to and use of the MNH services provided by skilled healthcare providers in the communities when established in conjunction with CMWs deployment. This finding shows that CBSGs enable women to interact more often and effectively with CMWs for the purposes of birth preparedness and their use of skilled providers for labour and delivery. The study further found that communities were deeply appreciative of CMWs' efforts to provide services notwithstanding the constraints of harsh weather, long distances between their workings stations and the homes of their clients, and an overall lack of transport. The study's findings confirm that CBSGs are a unique initiative by which women can be empowered at the community level. Such empowerment is reflected by the degree to which women make more informed, knowledgeable, financially autonomous, and confident decisions in terms of their health, and that of their children and family members. This suggests that more women should be sensitized to the benefits of CBSG membership, and enrolled to the program in ways which help women address and overcome the financial constraints which prevent them from making use of skilled birth attendants for labour and delivery.

Conclusion and Recommendations

The CBSGs proved to be effective in increasing utilization of MNH services from skilled MNH care service providers. The integrated intervention of CMWs' deployment and the establishment of CBSGs has helped women to overcome the barriers and obstacles associated their access to and use of the MNH services provided by CMWs. CBSGs also act as an enabling, empowering, and collective opportunity by which women are able to expand their reproductive health seeking behaviours and increase community-level demand on and use of skilled MNH healthcare providers.

In order to increase women's utilisation of MNH services, it is recommended to scale up the package of intervention i.e CBSGs combined with increased availability of SBAs, specifically effective deployment of CMWs.

To enhance outreach, sustainability and maximise impact, CBSGs may be linked with the government's income and livelihood support programmes, such as Benazir Income Support Programme, or Zakat and Baitul Mal, in order to support poor communities.

For more information:

AGA KHAN FOUNDATION
(Pakistan)

Level 9, Serena Businesss Complex,
Khayaban-e-Suharwardy, Islamabad - Pakistan.
Tel: 92-51-111253254