

Are CMWs Accessible in Punjab & Sindh?

A Study Funded by the Maternal and Newborn Health Programme Research and Advocacy Fund

Conducted by Arjumand And Associates

January 2012

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Are Community Midwives Accessible in Punjab & Sindh(i)

“Are Community Midwives Accessible in Punjab and Sindh?” is a study funded by the Maternal and Newborn Health Research and Advocacy Fund, and is implemented by Arjumand And Associates.

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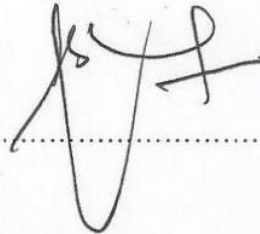
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Declaration

We have read the report titled ‘Are Community Midwives Accessible in Punjab and Sindh?’ and acknowledge and agree with the information, data and findings contained.

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Dr. Arjumand Faisal

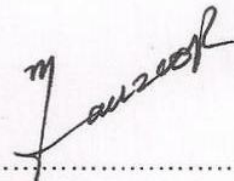


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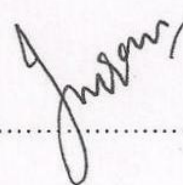
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Acknowledgements

Arjumand And Associates would like to express their gratitude to RAF (Research and Advocacy Fund) for sponsoring the study and timely assistance of their staff.

We are grateful to MNCH Managers/Coordinators and the Programme Staff in Punjab and Sindh for their prompt facilitation. Senior managers supported the research at the provincial level, and the Public Health Specialists at the district level provided the teams an updated list of the deployed CMWs in each district, without which this study was not possible.

We are also indebted to all the CMW participants, their families and community women respondents for making themselves available for discussions and interviews. Their level of participation and expression of frank opinions made it possible for us to present reliable and relevant information in the report.

We hope that the findings of this study will help the MNCH Programmes in Punjab and Sindh in improving the accessibility of the CMWs to the low-income community women and of these women to the CMWs.

Principal Investigator

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List of Abbreviations

ANC	Ante Natal Care	MNCH	Mother, Newborn and Child Health
BdDs	Bidan di Desa	NGO	Non Government Organization
CI	Co Investigator	NIPS	National Institute of Population Studies
CMW	Community Midwife	PATH	Program for Appropriate Technology in Health
DHDC	District Health Development Centre	PDHS	Pakistan Demographic and Health Survey
DOH	Department of Health	PHM	Public Health Midwife
EDOH	Executive District Health Office	PHS	Public Health Specialist
FGD	Focus Group Discussion	PI	Principal Investigator
FIL	Father in Law	PNC	Post Natal Care
FP	Family Planning	PPHI	Peoples Primary Health care Initiative
FRO	Field Research Officer	RAF	Research and Advocacy Fund
IDI	In-Depth Interview	RO	Research Officer
IMR	Infant Mortality Rate	SC	Study Coordinator
IUCD	Intra-Uterine Contraceptive Device	TBA	Traditional Birth Attendant
LHW	Lady Health Worker	TT	Tetanus Toxoid
MGD	Millennium Development Goal	UNFPA	United Nations Fund for Population Activities
MIL	Mother in Law	UNICEF	United Nations International Children's Emergency Fund
MMR	Maternal Mortality Rate	WHO	World Health Organization
NMR	Neonatal Mortality Rate		

Executive Summary

Background and Purpose

A high maternal mortality rate (MMR) has been a key cause of concern in Pakistan, especially in rural communities. Less than half of deliveries are being conducted in the presence of skilled birth attendants. Therefore, the research seeks to gauge whether the deployment of Community Midwives (CMWs) in Punjab and Sindh, which form over 75% of Pakistan's population, has improved the accessibility of skilled birth attendants to the rural population or not.

Study Design

The study was conducted in 18 out of 36 districts of Punjab and 9 out of 23 districts of Sindh, which were randomly sampled in order to reflect a diversity of geography and income bracket. The research was qualitative in nature and explored hindering and facilitative factors of accessibility. This was assessed through: a) one focus group with CMWs in each district, b) two group interviews with families of CMWs selected through purposive sampling per focus group, c) two in-depth interviews with pregnant women in each district, one with a woman who has given birth through a CMW, while the other who has given birth through an unskilled birth attendant, in the last six months.

The exercise explored accessibility in multiple dimensions including economic, social, cultural, psychological and geographical forms. It identified factors that hinder and facilitate accessibility of or to the CMWs.

Findings - Are CMWs accessible in Punjab?

The study used delivery as an indicator of accessibility, as the major goal of the Programme is to provide skilled birth attendants in low-income communities. The findings in

Punjab show that, overall, the CMWs were accessing pregnant women in about two-thirds of the assigned areas. However, their utilisation as birth attendants is low, even within areas they are accessing i.e. they were able to conduct only a quarter of all deliveries in the last six months in the areas that they were accessing.

The services being utilised by the women living in the accessed areas, in order of frequency, are antenatal care, family planning, postnatal care followed by newborn care, treatment of general ailments and referral. The utilisation of CMWs for conducting delivery was low; most of those who use the CMW for ANC go elsewhere for delivery (either to a *dai*, government facility or a private practitioner).

The **factors that inhibit CMWs in conducting deliveries in all assigned areas** are presented in order of importance and frequency. These include factors that inhibit CMWs in accessing pregnant women and pregnant women in reaching CMWs.

1. Pregnant women are unable to pay CMW fee
2. Pregnant women do not trust CMWs
3. Pregnant women have good experiences with *daiyan*
4. CMWs cannot cover the distance to pregnant women's home and vice versa
5. CMWs face restrictions imposed by family
6. CMWs lack medicines and supplies
7. CMWs face antagonism by other health care providers
8. Pregnant women have access to other competing choices
9. CMWs are restricted by derogatory comments of community people
10. CMWs are engaged in family affairs that limits their availability
11. Other factors: taboos, religion, caste, negative consequences of being CMW

A critical finding was that the **majority of CMWs were dissatisfied with their job**, which was expressed in all FGDs in the 18 sampled districts. Most of the CMWs expressed their frustration with their profession, which appears to be due to:

- Misperceptions of the CMWS about the CMW cadre and its functions
- Unmet expectations of high financial returns
- Misguidance by the programme/training staff – the CMWs were told by the programme staff that they would have a pay scale of 7
- Anticipation of working at fixed centres was not met – apparently, some programme staff had committed to placing them in a health facility, which did not happen

The **factors that facilitate CMWs in their current accessibility** to pregnant women and pregnant women in reaching the CMWs are presented in order of importance and frequency:

1. Clients living close-by, an acquaintance or relative
2. Some pregnant women/community people value training, education and competence of CMW
3. Satisfied clients advocate the CMW
4. CMWs charge a flexible fee
5. Pregnant women have good experience with CMWs
6. Other health workers cooperate with CMW
7. CMWs have availability of transport to reach the pregnant women
8. CMWs have successfully motivated the clients (to come to them for delivery)
9. CMWs have support of their family members to reach pregnant women

10. Other factors – Bad experience with *dai*, cooperation by influencers, mobile phones with CMWs, provision of free medicines, construction of delivery room

Recommendations to improve accessibility

1. MNCH Programme should work to remove the misunderstandings of CMWs responsible for their dissatisfactions and provide the CMW Kit
2. The programme should increase the awareness of the community people about CMWs, advocate CMWs as trained and competent birth attendants, and compare them with *daiyan* to increase trust in CMWs
3. Programme should advertise/advocate a maximum fee in consultation with CMWs
4. LHWs should be compelled to cooperate with CMWs and refer pregnant women to them
5. The programme should encourage CMWs to provide other services for which they are trained but actively discourage those that are beyond their mandate
6. Increase family support to CMWs by showing role models to the families

Findings - Are CMWs accessible in Sindh?

It was found that the deployment of the CMWs was substantially delayed in Sindh and took place in mid May 2011, only 2 weeks before the initiation of the fieldwork. The duration between completion of training and their deployment ranged from 20 to 22 months. During the long gap between their completion of training and deployment, the participant CMWs reported that:

- Some sat at home and did not do any professional work
- Some worked irregularly from their home or in the community
- Some worked in private sector, NGOs or PPHI
- They joined another training programme

On official deployment, the programme staff instructed the CMWs to initiate the work in their surrounding areas and extend the coverage to the possible extent. Therefore, each CMW defined her own area of work. The study shows that the utilisation of the CMWs is very limited, even in the areas set by CMWs themselves.

Most services provided by CMWs were performed before deployment. These services included antenatal care, family planning, postnatal care, newborn care, symptomatic & general treatment and conducting delivery.

The findings revealed many **factors that inhibit the CMWs** in accessing the pregnant women in their work areas for conducting deliveries. The participants and respondents stated that CMWs were not accessing the pregnant women and the community women are not utilizing them as birth attendants in their work areas because:

1. Community women are not aware of existence of the CMWs
2. Community women do not trust them
3. Community women prefer private doctors
4. Community women or CMWs themselves face transport problems
5. CMWs lack instruments and medicines
6. Community women have access to free services
7. Community women are unable to pay CMW fee
8. CMWs face restrictions from family
9. CMWs consider conducting deliveries infeasible due to low financial returns
10. Other factors – female doctors speak against them, lack of self-confidence of CMWs, no space for conducting deliveries in CMW home, children to look after, *dai* receiving commission on referral to private facilities, security concerns etc.

The **factors that facilitate CMWs** in accessing the pregnant women and vice versa in the work areas are listed below in order of importance.

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1. Clients living close-by or relatives
2. Successful motivation of the women by CMWs (to come to them for delivery)
3. Provision of free services or charging a flexible and lower fee by CMW
4. CMWs had support from family members
5. CMWs had cooperation of health workers
6. Pregnant women/community people had awareness of CMWs' education and training
7. Availability of instruments
8. Satisfaction with profession
9. Other reasons – families have own transport, past good experience with CMWs etc.

Recommendations to improve accessibility

1. The programme should increase awareness of the community people about CMWs and advocate CMWs as trained and competent birth attendants to increase trust in them
2. Assign areas with rural setting
3. Provide delivery kit
4. Increase family support to CMWs by showing role models to the families
5. Facilitate gradual change over to those who have taken other jobs

1. Introduction and Background

1.1 Background

Every day, 1,000 women die globally from pregnancy or delivery complications. An estimated 358,000 maternal deaths occurred worldwide in 2008 and 99% of them happened in developing countries, with approximately 14,000 in Pakistan (WHO, UNICEF, UNFPA, & The World Bank, 2010).

The country's maternal and child health indicators are very poor, particularly in the rural areas. According to the PDHS 2008, the maternal mortality rate (MMR) stood at 276 per 100,000 live births (175 in urban centres and 319 in rural settings), infant mortality rate (IMR) was 78 per 1000 live births (urban 66 versus rural 81), neonatal mortality rate (NMR) 54 per 1000 live births (urban 48 versus rural 55). Under the Millennium Development Goal, by 2015, Pakistan plans to reduce the current MMR to 140 per 100,000 live births, IMR to 40 per 1000 live births and NMR to 25 per 1000 live births (NIPS, 2008).

An important reason for this high maternal mortality is delivery by unskilled birth attendants. The PDHS 2008 revealed that only four in ten (39 percent) births in Pakistan are attended by skilled health personnel, with 60 percent of births handled by unprofessional, untrained persons or *daiyan*¹ (traditional birth attendants – TBAs), thus compounding the risks of maternal and newborn morbidity and mortality. Only a third (34 percent) of all deliveries take place in health facilities².

Improving access to better maternal healthcare poses real challenges. The Government of Pakistan started the MNCH Program in 2005 with the goal to improve

¹ *Daiyan* = plural of *dai* (traditional birth attendant)

accessibility of quality MNCH services. This is to be achieved through development and implementation of an integrated and sustainable MNCH program at all levels of the health care delivery system. An important component of the program is the training and deployment of community midwives (CMWs) – a cadre of skilled birth attendants (MNCH PC-1, 2006).

CMWs are being trained in home-based deliveries and they meet the international definition of skilled birth attendants. The aim is to train 12,000 midwives in the first phase of 5 years to conduct home-based deliveries. This is expected to help achieve the MDG target in skilled birth attendance, especially for rural areas, and also to have a direct impact on the MMR and NMR (hence on IMR also) through early detection and timely referral of obstetric and newborn complications. In Sindh, all districts except Karachi have an MMR of above 200¹, while in Punjab, one-third of districts have MMR of above 200 (MNCH PC-1, 2006).

The two provinces Punjab and Sindh comprise of over 75% population of Pakistan. PDHS 2008 shows that the percent of births that take place in the presence of a skilled birth attendant in Punjab and Sindh is 38 and 44, respectively, with the proportion being even smaller in rural areas. At the time of submission of proposal for this study, 2571 CMWs were trained (2200 in Punjab and 371 in Sindh¹) in these two provinces to increase the ratio of delivery by a skilled birth attendant.

Several reports and anecdotal information mention that female lower cadres have faced substantial social and cultural barriers, limiting their accessibility to women (Mumtaz & Salway, 2005). For example, TBAs are not allowed by husband and in-laws to perform deliveries in neighbouring villages, during the night. Also, LHWs have been restricted by their families to work only in the neighbourhood and they do not have the permission to travel to individual households in their coverage areas. Similarly, female family planning

¹Information provided by MNCH Program Punjab and Sindh, on phone and fax respectively

workers introduced in 1970s (MOPW, 2001) also faced several issues of accessibility and their program was abandoned. Evidence from other countries, such as Indonesia, show issues of midwives' inaccessibility to the local population (Titaley et al, 2010).

Similarly, rural women have reported social, cultural and financial constraints in accessing their desired care, including female providers. Poverty, social exclusion and gender inequality which is present in its acutest form in rural communities, is likely to further compound these issues, including accessibility to CMWs (Khan, 2010).

1.2 Research Question and Objectives of the Study

Based on the above background, the overall research question that evolved was whether the training and deployment of these CMWs in Punjab and Sindh has successfully increased accessibility of the population to skilled birth attendants or not. It aims to determine whether the services of CMWs are being utilised as expected or whether there are hindrances in accessing them; or whether CMWs have hindrances in accessing the pregnant women at the time of the delivery.

The primary research question was:

“What are the factors that affect accessibility of the low income group pregnant women to CMWs and of CMWs in reaching low income pregnant women in Punjab and Sindh?”

Accessibility is defined here as the ability of pregnant women to utilise the newly trained and deployed community midwives in their areas as birth attendants.

The study aimed to assess both the hindering and facilitative factors that affect accessibility.

Key variables for assessment were:

- Social accessibility (social taboos such as a CMW who is a widow, infertile or has leukoplakia etc)
- Cultural accessibility (issues related to norms, values and traditions of society),
- Physical accessibility (spatial, geographical, transportation related issues)
- Knowledge and attitudinal accessibility (health knowledge of clients, quality of care, perceptions, self confidence of CMWs)
- Economic accessibility (ability to pay, presence of cheaper alternatives such as *daiyan*)

The study had the following specific objectives:

- **Identify key factors that inhibit or facilitate CMWs in reaching pregnant women for conducting deliveries** – i.e. felt need by the clients and their families, social status of CMW, odd timing of deliveries, need for an accompanying female/male attendant, availability of that attendant, facilitation or obstruction by family members of CMW i.e. husband and/or in-laws, costs for travelling, availability of transport, availability of safe delivery kits, self confidence to perform, ability of clients to pay, etc. **Identify key factors that influence pregnant women in accessing or not accessing CMWs as the birth attendant** – health knowledge and felt need for CMW, respect of CMW and her acceptance by families, existence of social taboos with CMW, preference of CMW in comparison to *dai*, confidence in CMW services, travel distance for bringing her home, availability of transport, CMW tribe/caste or religion, trust and bond of CMW/ Women relationship, facilitation or obstruction by family members of pregnant women i.e. husband or in-laws, minimal decision making power of women, CMW fee, etc.
- **Provide evidence based policy & programmatic recommendations to policy makers and programme managers which would help them rectify obstacles &**

promote facilitation - i.e. utilize research findings to propose corrective specific policy and programmatic interventions to increase births by skilled attendants and reduce maternal mortality rate.

The ultimate goal of the study is to increase accessibility between CMWs and pregnant women in Sindh and Punjab with the objective to reduce maternal mortality rates in Pakistan.

2. Literature Review

Community based programmes for achieving births by skilled attendants for reducing maternal and newborn mortality have been introduced in several countries, which have met with varying levels of success. Assessments measuring specifically the accessibility of these skilled birth attendants were not found in literature, however, some interesting evidences are available about their distribution and performances.

In **Sri Lanka**, a study of Public Health Midwives (PHM) in a province was conducted to assess their performance in terms of self assessed competency, knowledge, attitudes and performance of domiciliary and field clinic services. It found that 87% PHMs had a good or moderate level of ante-natal care, 48% in natal care and 70% in post natal care. Though self assessed competencies were high but they did not positively correlated with the actual knowledge. Attitudes indicated dissatisfaction with the job and a preference of clinical services at the expense of domiciliary care. Interestingly, the knowledge of PHM was found to be decreasing with increasing age and duration of service (Gunathunga & Fernando, 2000).

Indonesia has a village based Bide di Desa (BdDs) programme, that aims at posting a trained midwife in every village of the country. A study conducted in two rural districts reviewed the distribution of midwifery provision. It found that there was a deficit in midwife density in remote villages when compared with urban areas; midwives assigned to remote areas were less experienced and managed few births, even though 92% deliveries took place in the communities. They also ascertained that maternal mortality would only be reduced if the midwives are given a supportive professional environment and timely access to emergency obstetric (Makowiecka et al., 2008).

In contrast to the above, a more focused and localized study carried out earlier at a district through BdDs in Cirebon district in Indonesia showed more successful results. The

Programme for Appropriate Technology (PATH) conducted training of BdDs in basic resuscitation of newborns and then performed a follow up at 3, 6 and 9 months. One year after the training, the management of birth asphyxia was evaluated. It showed that 65% of the trained BdDs had managed at least one case of asphyxia and 85% of these cases were successfully managed. 70% of the asphyxiated babies were resuscitated using tactile stimulation and/or appropriate positioning of the head and maintenance of warmth only and they did not require the use of masks. Overall, the neo-natal mortality rate decreased by 40% from 15/1000 to 9/1000 and the estimated cost per asphyxia death averted was calculated to be \$ 42 (PATH, 2006).

In another study in Indonesia that explored “Why do some women still prefer traditional birth attendants and home delivery?” it was found that physical distance and financial limitations played major role in inhibiting community women from accessing and calling any trained attendants and going to any health facility for delivery. It was perceived that trained attendants or a health facility were required for the women who had any complications. Also, availability of health care providers was reported to be limited in the remote areas, where the village midwife was sometimes the only health care provider (Titaley et al., 2010).

Gender issues and health seeking behaviours for a delivery were studied in Tanzania, where more than 9000 women were interviewed about their most recent delivery in a quantitative survey. The study aimed at finding the factors that affect home delivery in the rural areas. Results showed that factors such as lack of money, lack of transport, sudden onset of labour, short labour, staff attitudes, lack of privacy, tradition and cultures and the pattern of decision-making power within the household were perceived as key determinants of the place of delivery. Among the ethnic groups, substantial variations were found with respect to place of delivery ($P < 0.0001$). Women who lived in households, where male was the head, were less likely to deliver in a health facility than women in female-headed households (RR 0.86, 95% CI 0.80-0.91). Mothers with primary and higher education were more likely to deliver at a health facility (RR 1.30,

95% CI 1.23-1.38) and younger and the least poor mothers were also more likely to deliver in a health facility as compared to older and the more poor women. (Mirsho, et al., 2007).

In **Kenya**, in 2005, the Division of Reproductive Health (DRH), Population Council and Nursing Council developed a comprehensive community midwifery intervention strategy that aimed at increasing skilled attendants at birth and prevention of obstetric fistula – a common complication. The assessment conducted in 2008 showed that 100% of the women managed by the community midwives with a diagnosis of obstructed labour were promptly referred and none developed a fistula. This programme also succeeded in increasing the felt need for utilizing a skilled birth attendant among the community people. Some community members were aware that in cases where the baby is large, there will be problems during delivery, especially among the young females. The male participants in all four study districts expressed that if pregnant women did not get ANC and not sought professional care during labour and childbirth, then this could cause obstructed labour. In all four districts, both the male and female participants mentioned that women who experience obstructed labour require an operation for their delivery (Warren & Mwangi, 2008).

In Pakistan, coverage (indirectly reflecting accessibility) of community population by another female cadre (Lady Health Workers – LHWs) has been studied, which shows a wide variation in the number of individuals and households served by them. LHWs are supposed to serve a population of 1,000 individuals, or approximately 200 households. The evaluation of the programme 2007 – 09, found that each LHW, on an average, has 131 households registered, well below the guideline of 200, indicating that they are not accessible to all the households in their catchment area (OPM, 2009).

Table: Coverage of households and persons registered by LHWs

Measure	Percentage
No. of Households registered with LHWs	
Up to 50	1
51 – 100	17
101 – 150	54
151 – 200	26

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201 – 250	2
Total	100
Mean	131
No. of persons registered with LHWs	
Up to 500	3
501 – 700	6
701 – 900	33
901 – 1100	47
1101 – 1300	10
More than 1300	2
Total	100
Mean	919

Source: OPM LHWP Fourth Independent Evaluation, Quantitative Survey Data (2008).

In Pakistan, around 60 percent of the population resides in rural areas, where healthcare infrastructure is poor. Pakistan Demographic and Health Survey 2007 shows that 74% of deliveries areas take place at women's home in rural areas. Out of the total deliveries in rural areas, 58.5% are conducted by *daiyan*/TBA. As the *daiyan*/TBAs are local residents and are respected and trusted because of their history in the communities. However, *daiyan*/TBAs usually have little education and no formal training in midwifery, thus they have no knowledge about basic safe delivery practices (such as appropriate hygiene during delivery, recognizing danger signs during pregnancy, delivery and the postpartum period in order to make timely referrals). With this background, broad availability of skilled birth attendants (CMWs) appears to be a logical step for improving maternal and neonatal outcomes. However, if their accessibility is hindered, then this goal will not be achieved.

3. Study Design and Methodology

3.1 Study Location

The research was carried out in 18 out of 36 randomly sampled districts in Punjab and in 9 out of 23 districts in Sindh.

Sampling of districts: CMWs have been trained and deployed in 36 districts of Punjab and in 18 districts of Sindh¹. In both provinces, half of these districts (18 in Punjab and 9 in Sindh) were sampled randomly for the study. This facilitated coverage of districts with diverse economic ratings, ethnicities, cultures, practices, and MMR.

We conducted sampling through a defined process which included two AAA team members. The first team member wrote down the names of each district on individual pieces of paper and mixed them in a box. Thereafter, the second team member picked out individual papers (like a ballot), and the name of the district on the paper was chosen as the district of study. The districts sampled were as follows:

Table 1: List of Districts Chosen through Random Sampling

Province	Districts
Punjab	Attock, Bahawalpur, Chakwal, Dera Gazi Khan, Gujrat, Jhelum, Jhang, Kasur, Layyah, Lodhran, Muzaffargarh, Mianwali, Multan, Okara, Rajanpur, Sahiwal, Sialkot and Toba Tek Singh
Sindh	Badin*, Dadu, Ghotki, Hyderabad, Jacobabad, Naushehro Feroz, Shahdad Kot, Tando Allah Yar and Thatta

*Karachi was initially sampled, but it was later replaced by Badin due to security concerns

¹ Provincial MNCH Programmes has provided information that 371 CMWs have been trained and deployed in 18 districts in Sindh (fax) and 2200 CMWs trained and deployed in 36 districts of Punjab (on phone).

3.2 Study Universe

1. The intended study universe was all trained CMWs that have been deployed in the field for at least six months in the sampled districts (this criterion had to be changed for Sindh to “must be officially deployed and have completed training at least six months before” – reason explained later).

2. Family members of the purposively sampled CMWs for the family group interview. These included those individuals in the family who are likely to influence her working. It mainly included mother, father and brother of unmarried CMWs; and husband, mother-in-law (MIL) and father-in-law (FIL) of married CMWs.

3. Community women in the catchment area of the purposively sampled CMWs, who have utilised her services for deliveries that have taken place in the last six months.

4. Community women in the catchment area of the purposively sampled CMWs, who have utilised the services of unskilled birth attendants for deliveries that have taken place in the last six months. Unskilled birth attendants mainly included *dai* or any relative.

3.3 Study Design

The assessment of inhibitory and facilitative factors that affect accessibility of or to CMWs was done through **qualitative methods**. This provided the required depth to understand the facilitative and inhibitory factors of accessibility, which was essential for recommending specific interventions.

The methods used were (a) **focus group discussions (FGDs)** with the CMWs, (b) **group interviews** with family members i.e. husband, MIL, FIL (in case of married) and mother, father and brother (in case of unmarried), plus any other relevant relative who had

an influence on her work as a CMW; and (c) **In-depth interviews (IDIs)** with women who have delivered after the training and deployment of the CMWs in their areas.

3.4 Team for the Study

The team consisted of a Principal Investigator (PI), three Co Investigators (CIs), Study Coordinator (SC), 6 female Field Research Officers (FROs), 3 male FROs and Manager Finance and Administration.

All FROs were well experienced in qualitative studies and fluent in local languages spoken in these districts. Three teams of FROs were formed, each team consisting of a male FRO and two female FROs. One team was deployed in Sindh, while two worked in Punjab. Each team conducted the study in 9 districts. The female FROs conducted the FGDs, group interviews and IDIs, while the male FRO made logistics arrangements in the field and ensured the safety of the female FROs.

3.5 Methodology

Development of Study Tools: The PI and CIs developed the study tools. These were:

- Tool 1 – Guidelines for FGDs with CMWs

- Tool 2A – Guidelines for the group interviews with the family who is SUPPORTIVE of the CMW (MIL/FIL/Husband or Parents/Brothers)

- Tool 2B – Guidelines for the group interviews with the family who is NOT SUPPORTIVE of the CMW (MIL/FIL/Husband or Parents/Brothers)

- Tool 3A – Guidelines for IDIs with women who have had their deliveries conducted by CMWs in the last 6 months
- Tool 3B – Guidelines for IDIs with women whose deliveries have been conducted by unskilled birth attendant in last 6 months

The tools were shared with RAF before training and pre-test for feedback.

Training and Pre-test: The training of FROs was conducted in Islamabad by PI, CIs and SC. It included discussions on the objectives of the study, study protocol, detailing study tools and their translation in Urdu, paraphrasing questions in Sindhi, Punjabi and Siraiki, techniques of interviews and focus groups to refresh the do's and don'ts, mock interviews, sampling methods of the study participants for different study groups, and overcoming potential biases.

The training team was well aware of the potential biases, which often occur at the time of data collection. Based on their extensive field experience, they discussed strategies to overcome these potential hazards. For example, to overcome the possibility of gender bias in group discussions with families, where women are not inclined to share information with men, it was advised that the female FRO, who conducted the group discussions, should ensure that all members took part in them.

Pretesting of the study protocol and study tools was carried out in Rawalpindi district, which helped to identify and rectify biases in selection of participants; moderation of FGDs, group interviews and IDIs; and in improving the language of the tools and flow of discussion. Based on the findings, the tools and study protocol were improved and finalized.

Overall, 6 days were spent, 2 days in-house training and 4 days in the field pre-testing the study protocol and study tools.

Obtained Updated Information About Deployed CMWs: The provincial MNCH Programmes in Punjab and Sindh were approached to provide an updated list of the deployed CMWs in the sampled districts. From these lists, only those CMWs were to be sampled who have been deployed for at least 6 months or more.

In Punjab, the first batch was deployed in 2009, second in 2010 and third in 2011. CMWs were sampled from the first two batches.

In Sindh, though the training of the first and second batch of CMWs was completed in 2009 and 2010, respectively, their official deployment was substantially delayed and was carried out in May 2011 (only 2 weeks before initiation of the fieldwork). However, AAA research was informed that some of these CMWs were deployed through PAIMAN project, some have started working in their community on their own and some have sought jobs in health facilities. Therefore, the criteria for sampling the CMWs was changed from “deployed for at least months” to “must be officially deployed, and have completed training at least six months before”.

The MNCH Programmes in Punjab provided the names and contact numbers of the Public Health Specialists (PHSs) posted in the sampled districts. These PHSs later provided the names and contact numbers of the deployed CMWs to the respective teams, when they visited the district for the study. While in Sindh, the MNCH programme provided the lists of deployed CMWs and PHS posted in the sampled districts. The team shared these lists with the PHS when they visited the district and updated the lists before sampling CMWs.

Field Work: Data collection in Punjab began by Team 1 and Team 2 on 30 May 2011 from Attock and Mianwali districts, respectively, and by Team 3 in Sindh on 02 June 2011. This initiation was directly supervised by the core team members. The fieldwork spread over 52 days and was completed, as scheduled, on 18 and 20 July 2011 in Punjab and Sindh, respectively.

In each district:

- The **first day** was spent in obtaining the updated list of deployed CMWs from PHS. The list had names, addresses and their phone numbers, from which random sampling of 12 CMWs was done. The remainder of the day was spent in two tasks: (a) identifying and confirming the venue for FGD, and (b) contacting and inviting CMWs for FGD.

Sampling of CMWs for FGDs: In each sampled district, 1 FGD was held with CMWs on the selected variables to understand their experience of the factors that hinder or facilitate their accessibility for conducting deliveries.

A list of all CMWs trained and deployed in the district was obtained from or updated with the PHSs in the districts. From this list, 12 CMWs were sampled randomly as participants for the FGD in the district. We expected that at least 6-10 of these sampled CMWs will participate in the FGDs, but interestingly, most of the invited CMWs participated in the discussions.

The criterion for inclusion of the CMW in the FGD was that she should have been deployed for at least 6 months or more. However, this criterion could not be followed in Sindh as deployment of CMWs was substantially delayed and it started from the middle of May 2011, only two weeks prior to initiation of the fieldwork.

Therefore, in Sindh, the criteria for inclusion of a CMW in the sample were modified

to: (a) she must be deployed, and (b) have completed training at least six months before.

It is worth noting that in Sindh, the total number of deployed CMWs in 5 districts (Badin, Hyderabad, Shahdad Kot, Naushehro Feroz, Thatta) was 13 or less than 13, hence no sampling was done in these districts and all deployed CMWs were invited.

In Punjab, CMWs of the first and second batch were included for selection as participants for the FGDs, as the third batch was deployed only 3 months before the fieldwork.

The team faced problems in contacting CMWs in both the provinces as given phone numbers were either incorrect or were not responsive. However, the problem was more severe in Sindh and a lot more effort had to be made to contact the sampled CMW.

- On the **second day**, the FGD was conducted in the morning at the selected venue. It was ensured that the venue was not a health office, health facility or a home of a Department of Health (DOH) staff. However, in Bahawalpur, Sahiwal and Okara, the field teams were directed by the EDOH to arrange FGDs in EDOH Office or District Health Development Centre (DHDC). The team ensured that no staff member of health department was present in the room during these FGDs.

The FGDs were facilitated by one of the female FROs, while the other took notes.

The discussions were also tape recorded. During FGDs, 2 CMWs were identified for family group interviews and their permission was sought to conduct interviews with their families. The discussion with the family was scheduled according to their convenience. On the same day, both the female FROs transcribed the FGDs.

It was desired that one family should be the one that played noticeably important role in facilitating the work of the CMW, and the other was one that created hurdles or raised objections in her work. It is important to note that those CMWs who have been stopped from working by their families did not attend the FGDs.

- The **third day** involved conducting the family group interviews, where each female FRO interviewed one family. Therefore, two simultaneous interviews and transcriptions took place on this day. They also attained the lists of births by CMWs and unskilled birth attendants, as described earlier.

Sampling of Family Members for Group Interviews: From the FGDs that were conducted with CMWs, 2 CMWs were purposely sampled from each to interview their family members. One of the selected CMW's had no or minimal accessibility issues to low-income pregnant women, while the other had relatively high accessibility concerns. This was gauged through the information attained in the FGD.

Out of 36 and 18 family interviews in Punjab and Sindh respectively, 20 and 8 were carried out with the families of married CMWs respectively; and 15 and 10 with the families of unmarried CMWs, respectively. One interview was conducted with the family of a divorced CMW in Punjab.

The husband, MIL, FIL of the CMW and any other identified relative who had influence on her movement to conduct deliveries was interviewed together in case of married CMWs. Besides husband, MIL and FIL, the other relatives identified in influencing her work were sister in law, brother in law, uncle, aunt, cousin, mother of

CMW, and grandmother in Punjab, and sister in law, mother of CMWs, and sister in Sindh.

In family interviews of unmarried CMWs, the participants were her parents and brothers. Besides parents and brother, the other relatives identified in influencing her work were uncle, aunt, sister in law, cousin, sister, nephew and brother in Punjab and sister in law, cousin and aunt in Sindh.

The purpose of the family interviews was to understand the role of family members, whether it is facilitative or obstructive in accessibility of the CMW to the low-income pregnant women at the time of the delivery – i.e. whether they support her to provide this service or obstruct her.

In Punjab, the aim was to interview 18 families who obstructed working and 18 families who facilitated working of CMWs i.e. one of each category in all the 18 sampled districts. But the team could interview 13 families who created some hindrance in working of the CMW as none were identified in 4 districts and 1 could not be interviewed in 1 district as the CMW did not permit to meet them. The field team did not waste this extra available time and utilised it by interviewing five additional families who facilitated working of CMWs. Hence, 23 families who facilitated the working of CMWs were interviewed instead of 18 families.

In Sindh, the aim was to interview 9 families who obstructed working and 9 families who facilitated working of CMWs. But the team could interview 3 families who hindered in working of the CMW. As CMWs who mentioned serious objections by their families did not allow the FROs to interview their families due to fears of negative repercussions. The field team did not waste this extra available time and utilised it by interviewing six additional families who facilitated working of CMWs.

Hence, 15 families who facilitated the working of CMWs were interviewed instead of 9 families.

- On the **fourth day**, FROs purposively sampled 2 women, one whose delivery was conducted by CMW in the last six months and the other who utilised the services of *dai* (no other unskilled birth attendant was identified). Each one of them conducted an IDI with a woman and then transcribed it.

Sampling of Women for In-depth Interviews Who Delivered After the Deployment of CMWs In Their Areas: Both of the CMWs randomly sampled for the family interview were asked to provide a list of all those women who delivered in their catchment area in the last 6 months. They were asked to identify those women who used their services as birth attendant and those who used an unskilled birth attendant. However, the CMWs were not able to provide a comprehensive list of deliveries that took place in the last 6 months in their catchment areas. Therefore, the following procedure was observed.

- For selection of women delivered by the CMW: Female FROs obtained the names and contacts of all those women who were delivered by CMW in the last six months and one woman was sampled randomly from this list.
- For selection of women delivered by *dai*: Female FRO obtained the names of those women whose deliveries were conducted by a *dai* in the last six months, even though the women knew that a CMW existed close-by. . One woman was sampled randomly from this list.
- If these names were not available with the CMW, then the female FROs approached the nearest *dai* to obtain the names and contacts of those

women who were delivered by her in the last 6 months even though they knew that a CMW existed close-by. One woman was sampled randomly from the names provided by the *dai*.

The aim was to interview: (a) 18 women in Punjab and 9 women in Sindh, whose delivery was conducted by CMWs in the last six months, and (b) 18 women in Punjab and 9 women in Sindh whose delivery was conducted by an unskilled birth attendant even though they knew that a CMW existed in their area. This goal was met.

- The **fifth morning** was utilised in reviewing the transcripts for their completeness, labelling the cassettes accurately and then packing the data set for the district. The data set was then forwarded to AAA head office in Islamabad through courier service. In the afternoon, the team moved to another district.

The total number of FGDs conducted and participants in them were as follows. The number of participants in FGDs in Punjab ranged from 8 to 12, while in Sindh it was 6 to 12.

Table 2: Total Number of FGDs and Participant CMWs

Province	Districts	FGDs with CMWs	CMW Participants
Punjab	18	18	186
Sindh	9	9	70
Total	27	27	256

The total number of group discussions with the family members and total participants were as follows.

Table 3: Total Family Interviews of the CMWs

Province	FGDs with CMWs	Sampled CMWs for Group In depth Interviews with their families	Participants (Husbands, MIL, FIL etc)
Punjab	18	36	98
Sindh	9	18	46
Total	27	54	144

The total community women interviewed were as follows:

Table 4: Total Number of IDIs with Pregnant Women

Province	FGDs with CMWs	Sampled CMWs for Group In depth Interviews	IDI with Women who were delivered by CMW	IDI with Women who used unskilled birth attendant	Total IDI women participants
Punjab	18	36	18	18	36
Sindh	09	18	09	09	18
Total	27	54	27	27	54

Guidelines for Focus Groups, Group Interviews and In-depth Interviews have been provided in the Annex 2.

FGDs, group discussion and interviews began after attaining verbal consent from the participants, after introducing the team and truthfully sharing the purpose of the research and value of their input. To ensure privacy and confidentiality, the field workers were trained not to discuss any information given by an individual or family in front of the other individual or family. They were strictly prohibited to quote any examples gathered from one interview or discussion, in another interview or discussion.

Ensuring Data Quality: The field supervisors, in coordination with the Study Coordinator and CIs were responsible for ensuring that appropriate procedures and standards were met in the field.

In the field, each team carried out FGDs and interviews as described earlier and then prepared its transcripts. On completion of each transcript it was given to the male FROs (who worked as the team supervisors), for their feedback. Then they were read out to the principal investigator (PI) or co investigators (CIs). The entire transcripts were read in the field during direct supervision or they were listened on telephone. It took about 90 minutes to carefully read and listen to the completed transcript. On the spot, feedback was provided to the field workers, weak areas were identified and the good work was praised. This follow-up process continued regularly till satisfactory transcripts were produced.

As soon as the transcripts were received in the AAA Office, they were reviewed again by the CIs and feedback was given, if required. This way of monitoring proved very useful in acquiring quality data.

Data Storage: Once the data reached the head office it was stored with the study coordinator who became responsible for maintaining its confidentiality.

Data Analysis: The data was analysed manually. No qualitative analysis software, such as Atlas Ti was used, as in our experience, this software leads to loss of richness in information and reporting. Therefore, to ensure appropriate depth and rigor, we worked on a manually- devised analysis procedure. The PI, CIs and RO analysed the transcripts with the help of the study coordinator and 4 research assistants. A fixed number of transcripts were assigned to each individual, which they read and then underlined the relevant information through colour coding. After reading was completed by all members, they met to analyse the findings. One topic of the study tool was read and then each member read out

loudly the area of transcript responding to that particular issue. These responses were noted by the principal investigator and then the key conclusion of the topic was discussed and consensus was reached. The PI then wrote it and the text was read out for obtaining consensus of the co-investigators. In instances where some input may have been missed, it was pointed out and was included. This method has enabled us to produce a quality report.

It should be noted that all FGDs with CMWs, group interviews with family and IDIs with community women were recorded and transcribed, therefore the analysing team was able to review any tape (where required) and confirm any doubtful information.

The PI, with the assistance of the CIs and RO, prepared the report.

3.6 Ethical Considerations

- Our researchers were well-trained in respecting norms and values of the community in which they worked and the people they interacted with. They phrased questions in a considerate and respectful manner in the culturally appropriate language.
- The interviews and discussions for the study were held after obtaining an informed consent from the participants. Some purposively sampled CMWs, whose family members obstructed their working, declined to arrange interviews of the team with their family and they were replaced.
- Before initiating the interviews, participants were informed about how the results are likely to be used and how they are likely to benefit.
- CMWs were reimbursed for travel cost.
- The study posed no special risks to marginalized and vulnerable people.
- No Individual's identity has been revealed in the report.

3.7 Environmental Consideration

The study team was sensitive to the socioeconomic and political environment of the region of study. We were aware of divergent income and maternal mortality rates between provinces, which could influence the nature of input from respondents. Also, the study has not been affected by the passing of the 18th amendment in the constitution (dissolving Ministry of Health and transferring health functions to the provinces) as the study conceptualizes involvement of stakeholders at the provincial and district level. The project does not have any direct impact on the ecology of the region, and undertook environmentally friendly practices (such as minimal use of paper, recycling of used paper).

Are Community Midwives Accessible in Punjab?

4. Background Characteristics of the Respondents in Punjab

4.1 Characteristics of Community Midwives (participants of FGDs)

In 18 FGDs with the CMWs, 216 participants were invited (12 per FGD) and 186 attended them, showing a high response rate (86%). The range of participants was 8 – 12 per FGD.

Mean Age: The age of the youngest CMW participant was 17 years and of the oldest 38 years, with a mean age of 26.1 years and median age of 25 years. Majority of them were in their 20s (74.1%), hence a large number of CMWs were young in age.

Table 5: Age groups of participant CMWs

Age of CMWs	Frequency	Percent (%)
17 – 19	1	0.5
20 – 24	87	46.8
25 – 29	51	27.4
30 – 34	35	18.8
35 – 38	12	6.5
Total	186	100

Education: The schooling of these CMWs ranged from grade 10 to grade 16 (Masters). It is interesting to note that the majority (66.7%) of the CMWs had education levels which were more than the required minimum criteria (10 grade) for entering the CMW training program.

Table 6: Education level of participant CMWs

Education of CMWs	% of CMWs
Matric (10 grade)	33.3
FA/F.Sc. (12 grade)	39.3
BA/B.Sc. (14 grade)	24.2
MA/M.Sc. (16 grade)	3.2

Marital Status: Among the CMW participants, more than half were unmarried and one was divorced. Out of those who were married, 87% had living children (range 1 – 7 children, mean 2.4 children).

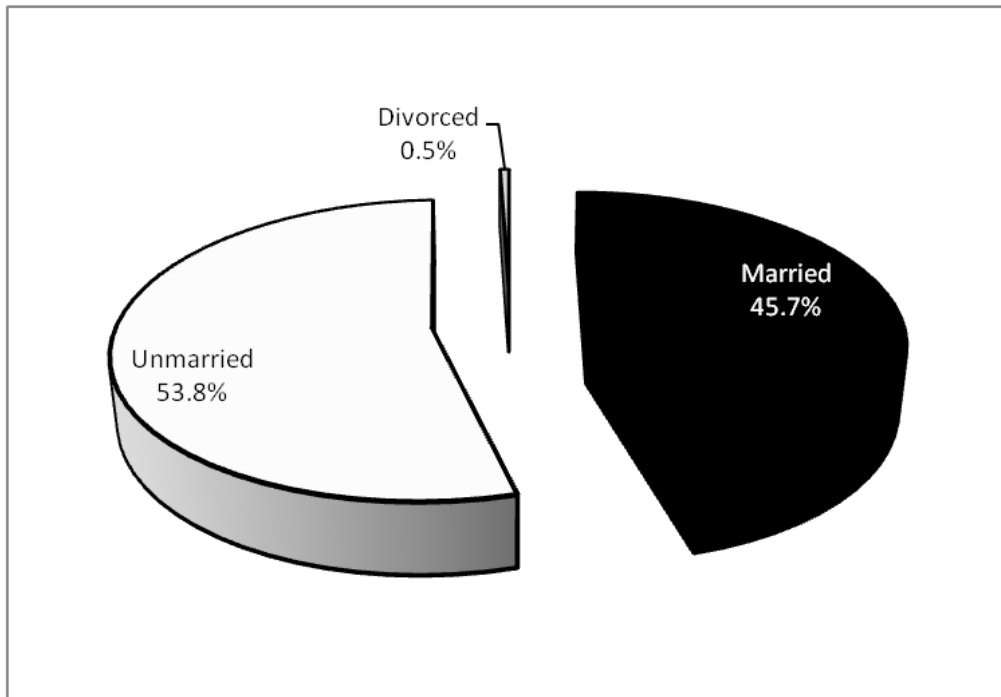


Figure 1: Marital Status the Participant CMWs

Deliveries Conducted: During the 18 month training period, CMWs conducted deliveries initially under supervision, and then later by themselves. They were asked to recall their training and provide the best estimate of the number of deliveries conducted by them during the period. Also, they were asked to quote the exact number of deliveries that they have conducted since deployment, which they record in their daily register. As the registers were not with them during the FGDs, the responses could not be verified.

Table 7: Number of deliveries conducted by CMWs

Deliveries Conducted	Range	Mean	Median
During training, under supervision	0 – 200	21.82	15
During training, without supervision	0 – 100	12.6	8
Since deployment	0 – 200	20.98	16.5

On discussing deliveries conducted under supervision during training, one participant CMW from district Lodhran mentioned that she did not conduct any delivery, while 2 CMWs in Dera Ghazi Khan stated that they conducted 200 deliveries.

Providing information about the experience of conducting deliveries without supervision during training, 7 participant CMWs (5 from Lodhran and 2 from Sahiwal) mentioned that they did not conduct a single delivery, while 1 participant CMW from Kasur stated that she conducted 100 deliveries.

Among the CMW participants, 3 (2 from Gujrat and 1 from Toba Tek Singh) mentioned that they have not conducted any delivery since deployment, while one CMW from Kasur mentioned that she has conducted about 200 deliveries. The reason for not performing any delivery by the three CMWs was that their family did not allow them to work outside their home and no women came for delivery at their home.

4.2 Characteristics of Family Members (participants of Group Interviews)

In 18 districts, 36 families of CMWs were selected for group discussion. In these discussions 98 respondents participated who had an influence on the CMW's movement.

Age of respondents: The age of the youngest family interviews participant was 18 years and of the oldest 78 years, with a mean age of 40.74 years and median age of 40 years.

Table 8: Age groups of CMW Family members

Age	No of participants (98)	Percentage
18-24	12	12.2%
25-34	27	27.6%
35-44	17	17.3%
45-54	20	20.4%
55-64	19	19.4%
65-78	3	3.1%

Education: The schooling of these participants ranged from grade 0 to grade 16.

Table 9: Education level of Family Members of CMWs

Education	Frequency	Percent age
No Education	20	20.4%
Up to Primary (1 – 5)	22	22.40%
Middle (8)	9	9.2%
Matric (9 – 10)	27	27.5%
F.Sc. (12)	7	7.1%
B.A./B.Sc. (14)	12	12.2%
M.A. / M.Sc. (16)	1	1.0%

4.3 Characteristics of community women interviewed (participants of IDIs)

Only the age of the community women were recorded, and their distribution is presented below, which shows that in each category, 5 women were between the age of 17 – 24 years and 13 between the ages of 25 - 40:

Table 10: Age groups of the Community Women and their birth attendants

Age of Community Women	No. of women whose deliveries were conducted by CMWs (18)	No. of women whose delivery were conducted by unskilled birth attendant (18)
17 – 19	2	1
20 – 24	3	4
25 – 29	10	7
30 – 40	3	6

Findings in Punjab

5. Accessibility of CMWs is Not Universal in Assigned Areas

The FGDs with CMWs revealed that none of them were able to reach pregnant women in all areas assigned to them.

According to PC-1 of the NMNCH Programme, it was proposed that CMWs will practice midwifery in their respective Union Councils. In the FGDs, each participant CMW was asked to enumerate the number of villages assigned to her for carrying out the duties. The responses ranged from 1 – 40 villages, with a mean of 5.92 villages per CMW. According to CMWs, the number of villages allocated to them varied on the basis of the population in each village.

Each CMW also informed the facilitator about the number of villages in which she was working out of the assigned villages. These ranged from 1 – 15 villages, with a mean of 4.02 villages per CMW.

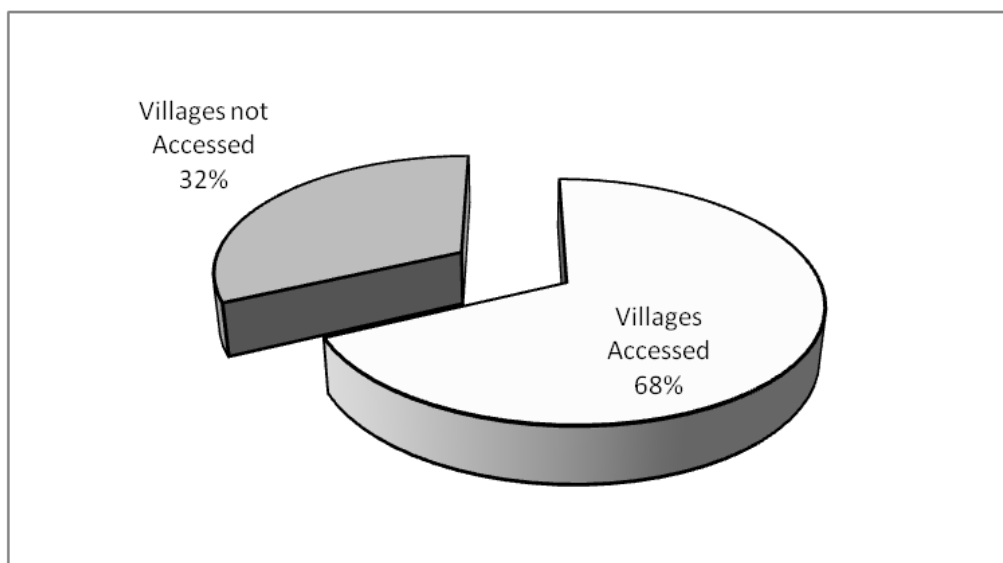


Figure 2: Villages being Accessed in the Assigned Areas by the CMWs

Are Community Midwives Accessible in Punjab & Sindh?

The above information indicates that on an average, **CMWs in the sampled districts of Punjab are able to reach low income pregnant women in two-thirds of the assigned area.**

6. Utilisation of CMWs by Community Women is Not Optimal

According to PC-1 of the NMNCH Programme, a key expected outcome is that *“the programme will introduce a cadre of community-based health workers, who will meet the international definition of skilled birth attendants. These community midwives (CMWs) will be trained in home-based deliveries, which will significantly increase the proportion of skilled birth attendants in the country. This will help achieve the MDG target in skilled birth attendance and will have a direct impact on the maternal mortality ratio through early detection and timely referral of obstetric and newborn complications”*. Therefore, in this study, we used the proportion of deliveries conducted by CMWs as an indicator for utilisation of their services by community women.

To assess this indicator, each of the 186 participant CMWs were asked to provide the best estimate of the number of deliveries that have taken place during the last six months in their assigned area and the number of deliveries that they have conducted. Ten CMWs had no information about the deliveries conducted in their area and were not even able to make any estimate. The information provided by the remaining 176 CMWs, estimated that a total of 11,359 deliveries were conducted in the last six months in all their assigned areas.

CMWs (176) were then asked to give the number of deliveries they have conducted in the last six months. The total deliveries conducted by them were 1958. Hence, according to the best estimates of the CMWs, they conducted less than one-fifth of the deliveries (1958/11,359) that took place in their assigned areas.

Considering that they are accessing two-thirds of the assigned area only, about 7,573 deliveries (66.6% of 11,359) took place in these areas and they conducted 1958 deliveries. Hence, about a quarter of all deliveries (1958/7573) were conducted by them in the areas which they are accessing.

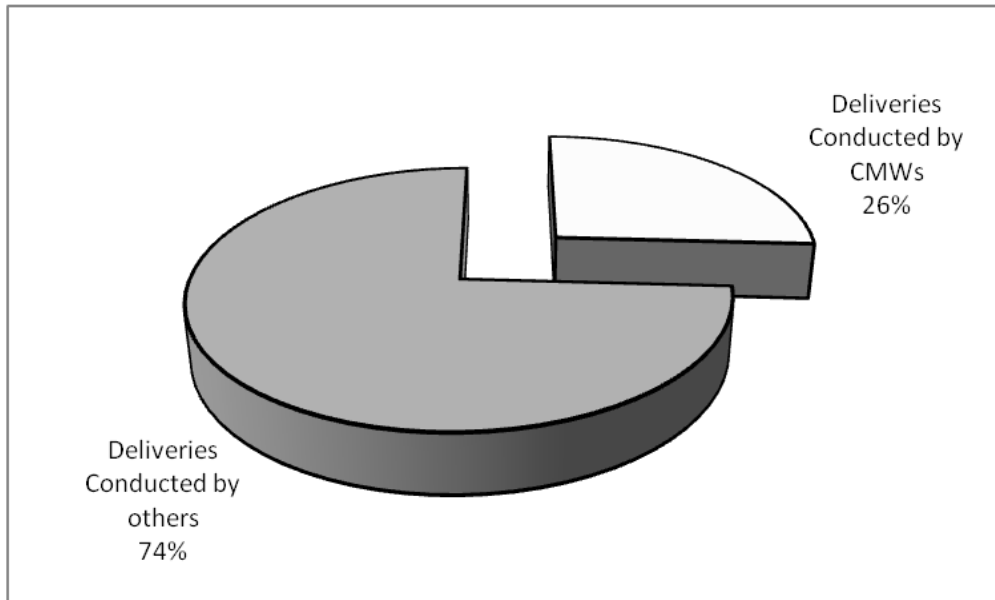


Figure 3: Deliveries conducted by CMWs in community

This clearly indicates that the **utilisation of CMWs for delivery is low** even in areas which they are accessing, and is not meeting the expected outcome by the programme.

In FGDs, CMWs were also asked to describe the services that were being provided by them to the women living in the areas they were accessing. They mentioned antenatal care, delivery, postnatal care, family planning, newborn care, vaccinations, treatment for general ailments of women and children, post abortion care, care after operation, and referral for complications during pregnancy, childbirth, post natal period and for complications in newborn. These are being described below.

6.1 Antenatal Care

In all FGDs, it was stated by CMWs that among their services, antenatal care (ANC) was the most popular among community women. It was provided either by visiting homes of the community women or the women coming to the CMWs homes.

“Women come to us for antenatal checkup or call us for it”....CMWs FGD, Sialkot¹

“We go to women ourselves for ANC, they do not like coming here, we have to do this.”

....CMWs FGD, Kasur²

“Women come to us for check-ups up until the ninth month”....CMWs FGD, Mianwali³

ANC described by most of them included taking obstetric history; checking the pregnant woman for her blood pressure (BP), weight, height, anaemia; testing urine for pregnancy test; conducting abdominal examination for checking growth and presentation of foetus; giving advice for diet and nutrition, tetanus toxoid (TT) injections; and providing tablets like folic acid and iron.

In Rajanpur, all CMWs were unanimous that it is necessary to get the ultrasound done in pregnancy. Ultrasound was also advocated in Toba Tek Singh, Gujrat, Kasur, Mianwali. This is not mandated in their training.

“We carry out ultrasounds, from this we come to know whether there will be a problem with the baby”....CMWs FGD, Kasur⁴

In Attock and Jhelum, some CMWs mentioned that they also get screening done for hepatitis.

“Other than this we carry out hepatitis B or C tests”....CMWs FGD, Jhelum¹

¹ Antenatal ke liay aati hain ya hamain bulatein hain....CMWs FGD Sialkot

² Antenatal ke liay hum khud bhi aurton ke pas chaley jatay hain, koi ana pasand nahi karti, hum ne ye kaam bhi tou karma hota hai CMWs FGD.Kasur

³ Aurtain puray nau mah taka a kar check up karvati hainCMWs FGD Mianwali

⁴ Hum ultrasound karwatay hain, is se hamain pata chal jata hai ke baby mein koi problem ho sakti hai.....
CMWs FGD Kasur

In Jhelum and Toba Tek Singh, some CMWs said that they also get the blood grouping done to prepare for any emergency in advance. In Jhelum, CMWs also mentioned that they advised women for saving money and preparing clothes for the baby as a measure of birth preparedness.

6.2 Delivery

It has been mentioned under finding #2 that the utilisation of CMWs for delivery is low, which is in contrast to the finding for ANC. In all but two districts (Dera Ghazi Khan and Jhang), CMWs stated that many women who seek ANC from them go on to have their deliveries conducted by other attendants, such as the *dai* or hospital staff.

“Out of all the ANC cases, only around 10% of these have their deliveries conducted by us, not many people”....CMWs FGD, Gujrat²

“If ten women come to us for ANC, only around two of them have their deliveries conducted by us. But even for those we have to beg them to come and say, “for God’s sake please come to us!”....CMWs FGD, Kasur³

In some districts, some of the CMWs mentioned that they are called to conduct deliveries only in special situations or where there are no other options.

“If a problem occurs or she (pregnant woman) starts bleeding, the daiyan cannot handle this. It is at this time that they need our help.”....CMWs FGD, Layyah¹

¹ *Is ke alawa hepatitis B or C ke test karwa deitey hain..... CMWs FGD Jhelum*

² *Antenatal cases mein se taqreeban dus fe sad delivery karwati hain, zyada loag nahi karwatay.... CMWs FGD.Gujrat*

³ *Agar ham ne dus antenatal kiyae hain tou un mein se dou deliveries hamaray pas aati hain, wo bhi paon pakar kar kea a jao, allah ka wasta hai, hamaray pas aa jao.... CMWs FGD Kasur*

Only in Dera Ghazi Khan and Jhang, CMWs mentioned that most of the women who seek ANC from them also call them for conducting deliveries.

“Out of about ten ANC cases, about two or three of these do not come to us for delivery, the rest do. ”....CMWs FGD, Jhang²

“Those who come to us for ANC, also have their deliveries conducted by us. ”....CMWs FGD, Dera Ghazi Khan³

In 16 out of 18 districts, CMWs mentioned the reasons for not being called to conduct deliveries by a majority of the women. These are discussed later under inhibitory factors, Chapter 3.

6.3 Postnatal Care

In some FGDs, CMWs rated postnatal care as the second most popular service, while in others it was considered the third most service in demand by community women. Mostly, CMWs visited the homes of women to provide PNC, even to those whose deliveries had been conducted by other attendants.

“They (pregnant women) come to us themselves for ANC, but for PNC we have to go to them. ”....CMWs FGD, Toba Tek Singh⁴

¹ *Koi aisa problem ho jata hai ya wo bleed karnay lag jati hai tab wo daiyan cover nahi kar saktein, us waqt unk hamari zaroorat parti hai..... CMWs FGD Layyah*

² *Agar hum ne dus ka antenatal kya hai tou us mein se dou teen nahi karwatein, baqi delivery hum se hi karwati hain..... CMWs FGD Jhang*

³ *Jitney bhi loag ANC karwatay hain, sub delivery bhi karwalaite hain..... CMWs FGD Dera Ghazi Khan*

⁴ *Wo hamaray pas antenatal ke liay khud aati hain, aur post natal ke liay haein jana parta hai..... CMWs FGD Toba Tek Singh*

“We are called mostly by women who have had operations to check that they are not bleeding too much after giving birth, or advise them on how to breastfeed the child”....CMWs FGD, Bahawalpur¹

The PNC includes a check up of the woman and examining her for bleeding and fever, care of stitches, advice on hygiene, diet and breastfeeding.

In Mianwali district it was pointed out that CMWs also conduct D&C if the bleeding continues, however, it is worth noting that CMWs are not trained to perform D&Cs and some of them are providing services beyond their mandate.

“We check how much bleeding there is, if there is a problem we perform a D&C. From this, the bleeding stops.”....CMWs FGD, Mianwali²

6.4 Newborn Care

CMWs, in all FGDs, stated that during postnatal visits, they also examine the newborn and especially check the weight and the condition of the cord. All low birth weight (LBW) babies and those with any suspected abnormalities or disease are immediately referred. Advice for keeping the cord clean is given.

“Often babies are born underweight, we advise them to take the baby to a facility where its nutritional deficiency will be taken care of.”....CMWs FGD, Jhang³

¹ Hamay zyada tar operation case wali khwateen bhi bulati hain ke pidaish ke baad unko bleeding tou zyada nahi ho rahi aur bachay ko kis tarah doodh pilana hai..... CMWs FGD Bahawalpur

² Ye check kartay hain ke kitni bleeding ho rahi hai, agar koi masla ho raha ho tou hum unki D&C kar deitay hain. Is se un ki bleeding ruk jati hai..... CMWs FGD Mianwali

³ Aksar bachay kum weight paida hotay hain, unk ye hidayat ki jati hai ke wahan le kar jain jahan bachay ke dekh bhal aur gizai kami puri ho..... CMWs FGD Jhang

“We check the umbilical cord, clean it, tell the mother to get the baby immunized.”....CMWs FGD, Bahawalpur¹

Besides this, they also advise for exclusive breastfeeding and immunization.

“We tell them that they should feed the baby only mother’s milk and not water.”....CMWs FGD, Toba Tek Singh²

However, in few places they were not allowed to even to touch the baby, hence they are unable to examine, even if the newborn appears to be in a serious condition.

6.5 Family Planning

Surprisingly, in the majority of the FGDs, the CMWs rated family planning as the second most popular service among community women, while in others it was considered the third most service in demand by community women. This included provision of condoms, pills and injections and referrals for Intra-Uterine Contraceptive Device (IUCD and tubal ligation.

In Okara, one CMW informed that she inserts IUCDs herself, even though in training they are categorically directed to refer such cases to appropriate clinics. Again this indicates that a few of the CMWs are working beyond the given mandate.

“If she wants longer period (between pregnancies), we give her copper T, otherwise we give her injections, tablets or condom etc. for using.”....CMWs FGD, Okara³

¹ *Us ki naaf ko check kartay hain, us ko saf kartay hain, maa ko batatay hain kr bachay ko teekay lagwai aur qatray pilwai..... CMWs FGD Bahawalpur*

² *hum ma ko ye batatay hain ke chay mah tak bachay ko sirf ma ki doodh pilai aur pani na pilai..... CMWs FGD Toba Tek Singh*

³ *Us ko agar lamba period chahiyae tou hum copper T waghera kar deitay hain, agar nahi tou injection, tablets ya condom waghera use karwa deitay hainCMWs FGDs Okara*

Some of the CMWs lamented that they sell the products, while LHWs provide these free of cost.

In a few districts, CMWs mentioned that they also motivate the women for family planning.

“When she has delivered, we motivate her to have a gap of three years before the next baby.”....CMWs FGD, Gujrat¹

“In family planning, we motivate them and provide counselling.”....CMWs FGD, Okara²

CMWs also mentioned that women seek family planning secretly.

“Mostly women call us for family planning, especially those who prefer to do it secretly from their mother-in-law or sister-in-law.”....CMWs FGD, Chakwal³

In some districts (Multan, Muzaffargarh, Layyah, Toba Tek Singh and Chakwal), CMWs mentioned that women either come themselves or they are called to perform abortion through D&C, but they are not trained to carry out this service, hence they refer such cases.

In Toba Tek Singh, it was mentioned that the *Chaudhary* of the area forces them to perform an abortion.

¹ *Jab delivery ho tou us ke baad hum motivate kartay hain ke teen sal ka waqfa hona chahiyae next baby mein.....CMWs FGD Gujrat*

² *Family planning mein hum sub se pehlay tou unhe motivate kartay hain, counseling karte hain..... CMWs FGD Okara*

³ *Aksar aurtaian mansooba bandi ke mashwaray ke liay bulati hain, jinhoun ne chup ke karni hoti hai, takay hamaray ghar anay se unke sas ya nund na dekh le.....CMWs FGD Chakwal*

“The Chaudhary family (influential family of the area) of the village come at night and force us to perform D&C on their unmarried daughters. They threaten to kidnap us if we refuse”CMWs FGD, Toba Tek Singh¹

In Jhelum it was stated during FGD that CMWs will perform D&C if it is for saving life of the mother:

“If APH begins, and the life of the mother is in danger, only then we perform D&C as it is our duty to save her life. However, if it is illegal (abortion) then we will not do it.”....CMWs FGD, Jhelum²

6.6 Treatment of General Ailments

It was learnt that community women seek services of CMWs for treatment of general and gynaecological ailments for themselves and for general ailments of their children and elderly in the family. These include cold, cough, fever, headaches, high or low blood pressure, getting injections and drips, dressing of wounds, menstrual problems, vaginal discharge, removal of stitches, etc.

“Many general patients come too, as someone will have BP problems or another will have a fever.”....CMWs FGD, Chakwal³

“Sometimes those women who develop pus in their stitches, call us.”....CMWs FGD, Mianwali¹

¹ “Jo gaon ke Chaudhary hain wo raat ko aa kar hamein majboor kartay hain..... Unki baitiyoun ki ghaltian hotein hain, wo hamein kehtay hain ke aap un ki D&C karein, agar aap nahi karein ge tou hum aap ko uthwa dein ge”..... CMWs FGD Toba Tek Singh

² Agar APH start ho gai hai tou ma kou bachana hai, wahan par D&C karna hamara farz hai, aur hum zaroor karein ge, likin jahan par illegal kam hoga (abortion) wahan hum nahein karein ge.....CMWs FGD Jhelum

³ General patient zyada hotay hain, kyunke kisi ka BP low ho gya aur kisi ko bukhar ho gya..... CMWs FGD Chakwal

“If children develop diarrhoea, women call us for their treatment.”....CMWs FGD, Bahawalpur²

“Children who develop rashes etc. are brought to us for treatment. These children are mostly from 5 – 10 years old.”....CMWs FGD, Sahiwal³

6.7 Referral

In all districts, CMW participants mentioned that they refer high risk and complicated cases. They also often accompany the patients.

“The older women tend to have more problems, so we refer them to the gynaecologist”....CMWs FGD, Okara⁴

“If there is any complication, we take them to the district hospital ourselves”....CMWs FGD, Muzaffargarh⁵

In IDIs with community women, respondents were asked about the services that they have availed from the CMW other than delivery. Most of the women (30 out of 36) reported receiving multiple services from CMWs including ANC, PNC, FP, child vaccination/polio drops and general treatment. It was interesting to note that many women who delivered with the *daiyan*, also availed many health services from CMWs.

¹ *Baaz khwatein ke tankoun mein pus ho jati hai, us ki care ke liay bhi humein bulatay hain..... CMWs FGD Minawali*

² *Chotay bachon ko motion waghera lag jain tou aurtain us ke liay hamein bulati hain..... CMWs FGD Bahawalpur*

³ *is ke alawa bachon ko phoray waghera nikal atay hain, us ke liay bhi le kar atay hain, is mein panch se dus sal ke bachay hotay hain..... CMWs FGD Sahiwal*

⁴ *Wo jo burhi main hoti hain unke bahut se mislay hote hain, tou unlogon apni gynaecologist ko refer kartay hain aur un tak phonchatay hain..... CMWs FGD Okara*

⁵ *“Distric haspatal mein hum khud bhi le jatay hain agar koi paicheedgi hoti hai”..... CMWs FGD Muzaffargarh*

Table 11: Services Availed by Respondent Community Women

Services <i>(multiple services availed by each respondent)</i>	Respondents delivered with CMW (N=18)	Respondents delivered with Dai (N=18)	Total
Antenatal care	12	12	24
General treatment	9	7	16
Family planning	7	8	15
TT Vaccination	8	6	14
Child vaccination/ polio drops	7	7	14
Post natal care	7	2	9
Did not avail any services	2	4	6

The pattern of utilisation of services mentioned by women matches with the description given by CMWs. Antenatal care tops the list. Interestingly, general care or family planning was also stated to be the second most sought after service by the community women.

About one-third (7 out of 18) of the respondents who delivered with the CMW and very few (2 out of 18) of those who delivered with the *dai* reported getting post natal care when CMW paid a visit after delivery.

The general treatment included treatment for headache, fever, pain during menstrual period, leucorrhoea, child care, etc.

7. Factors That Inhibit CMWs In Reaching Pregnant Women and Pregnant Women in Accessing CMWs

In all 18 districts, participant CMWs in FGDs and respondents of IDIs and group interviews were asked to discuss the factors that inhibit CMWs in reaching pregnant women in the community for conducting deliveries, and community women in accessing CMWs for delivery.

The participants and respondents stated them succinctly, and these factors were:

- Physical inaccessibility (spatial, geographical, transportation related issues)
- Attitudinal inaccessibility (knowledge of clients, perceptions of quality, trust on *dai* versus CMW, dissatisfaction of CMWs with service, antagonism by other health care workers)
- Economic inaccessibility (inability to pay, presence of cheaper or free alternatives),
- Socio-cultural inaccessibility (family restrictions on movements, derogatory remarks by community people, engagement in family affairs, taboos),
- clinical inaccessibility (lack of instruments, medicines).

The factors mentioned were:

5 key inhibitory factors:

1. Inability to pay CMW fee
2. Lack of trust in CMWs
3. Good experiences with *daiyan*
4. Distance to and from pregnant women's home
5. Restrictions imposed by family on CMW

Other important inhibitory factors

6. Lack of medicines and supplies with CMW
7. Antagonism by other health care providers
8. Families access to other competing choices in the community
9. Derogatory comments by community people

Inhibitory factors reported in a few districts

10. Engagement in family affairs by CMWs
11. Other factors: taboos, religion, caste, negative consequences of being CMW

1 very critical inhibitory factor reported in ALL districts

12. Dissatisfaction of CMWs

7.1 Inability to Pay CMW Fee

In 36 IDIs with women, respondents were asked to mention the birth attendant (or health facility) which is most commonly used by women in their community for delivery. Out of these, 21 respondents mentioned *daiyan* as the first choice of women for delivery. This was followed by government facilities i.e. BHU or hospitals (7 women), CMWs (6 women) and private doctor/LHV (2 women). Many respondents stated that they seek services from government hospitals or BHUs only if a complication arises.

- 7.1.1 Families call *dai* as they are not in position to pay CMW. Women respondents of IDIs stated that the majority of women like to deliver with *daiyan* mainly because **they charge less money**. Half of the women (9/18) stated that they did not deliver with CMWs because they charge a high fee ranging from Rs. 1000-6000.

“It is all about the money, she (CMW) charges more money, and with dai, it is very less, dai will only take Rs. 200 or 300 while CMW would ask for Rs. 1500 to 2500, it is not affordable.”....IDI with woman, Layyah¹

“Dai charges less money, CMW takes Rs. 1000 to 2000. We do not have enough savings; we have to run our house as well, then what to do?”.... IDI with woman, Dera Gazi Khan²

“My mother in law, father in law and husband did not want CMW, we do not have money. CMW charges Rs. 5000 or 6000 whereas dai conducts delivery in Rs. 500 or 600.”....IDI with woman, Bahawalpur³

“Women deliver with daiyan because in hospitals they charge more money, if they go to private, they charge about Rs. 5000 or 6000, sometimes more than this. Daiyan only take Rs. 200 or 300, whereas if they go to CMW, she will charge Rs. 1000. That is why they prefer dai.” IDI with woman, Dera Gazi Khan⁴

In the FGDs, CMWs mentioned that a large number of community people are unable to pay their fee, hence they do not call CMWs. This was stated in 16 out of 18 districts (Layyah, Attock, Jhang, Toba Tek Singh, Mianwali, Muzaffargarh, Lodhran, Multan, Rajanpur, Dera Ghazi Khan, Bahawalpur, Sahiwal, Kasur, Okara, Jhelum, Gujrat). This was a more frequently mentioned phenomenon in southern districts of Punjab.

¹ *paisaon ka masla banta hai, yay zyada paisay laiti hai, ghar main to bohat thoray paisay lagtay hain, dai ko to 200-300 day do yay to bhai 2000 lain gi, 1500-2500 lain geen, hamaray paas itni gunjaish nahi hoti..... IDI with woman, Layyah¹*

² *Dai kam paisay laity hai, yay (cmw) 1000 say 2000 tak lay liati hai, hamaray paas itni bachat nahi hoti, ghar bhi chalana hota hai, to phir kaya karain IDI with woman, Dera Gazi Khan²*

³ *“meri saas, susar, khanwad nahi chahtay thay, aik to yay keh hamaray pass paisay nahi hain, 5000, 6000 laiti hai jab keh dai 500/600 main kaam kar laiti hai”..... IDI with Woman, Bahawalpur*

⁴ *“Auratain daiyon say paidaish karwati hain kioonkeh haspatal walay zayda paisay laitay hain, aur agar private waloon kay paas janain to 5000 ya 6000 laiatay hain, kabhi kabhi is say bhi zyada lay laiatay hain, aur agar cmw kay say karwain to wo 1000 ruppay laiatay hai, is liay wo dai say karwatay hain”..... IDI with woman, Dera Gazi Khan⁴*

“We charge 1,000 rupees, whereas the dai charges 200 – 300 only. That is why people give dai more preference.”....CMWs FGD, Bahawalpur¹

“People prefer daiyan because they take less money [than us]”....CMWs FGD, Multan²

Once a woman was in labour. She secretly sent her cousin to get me. Her mother-in-law said that they do not need me. She did not let me check or even touch the mother. I tried to persuade, but she denied the woman being in labour and accused me of having no knowledge. She basically did not want to pay my fee..... CMWs FGD Mianwali³

It was also mentioned in five districts (Muzaffargarh, Layyah, Lodhran, Sahiwal, Bahawalpur) that CMWs are called by the families but in some cases CMWs do not go as they consider it financially unworthy, as the return is low.

“If we go at 8 in the night for delivery and get free at 8 in the morning, how can we accept only 200 rupees after spending all night?”....CMWs FGD, Lodhran⁴

“We ask for 3,000 but they cannot pay more than 500. We end up spending more than 500 on the delivery”....CMWs FGD, Layyah⁵

- 7.1.2 Daiyan accept payment later if money is not available while CMWs demand payment on the spot, was mentioned by community women in IDIs.

¹ Hum loag 1000 leyta hain aur daiyan 200 ya 300 leti hain, is liay loag daiyoun ko bahut ahmiyat deitay hain..... CMWs FGD Bahawalpur

² “Loag daiyoun se karatay hain ke ye kum paise leti hain”..... CMWs FGD Multan

³ “Aik dafa kisi ki delivery honay wali thi, us ne chup kar apni cousin ko bhaija, tou mein gai. Us ki sas ne kaha ke hum ne karwana nahi hai, mujhay check nahi karne dya, hath tak laganay nahi dya, mein ne unhe bahut samjhanay ki koshish ki, likin unho ne kaha ke ye labour pain mein nahi hai, aap ko tou kuch bhi nahi pata, unko asl mein ye tha ke agar is ne delivery karai tou is ki fees dena paray gi”CMWs FGD Mianwali

⁴“Raat 8 bajay chaly jain subah 8 bajay farigh houn, sari raat hamari guzar jai, likin subah wo 200 rupay de dein tou phir hum kis tarah lein”..... CMWs FGD Lodhran

⁵“hum tou unse mangtay hain 3000, wo nahi de saktay hain 500 se zyada, likin hamara 500 se zyada kharch ho jata hai”..... CMWs FGD Layyah

In FGDs with CMWs in five districts (Lodhran, Muzaffargarh, Dera Ghazi Khan, Bahawalpur, Toba Tek Singh), it was mentioned that daiyan accept payments other than cash, which are not accepted by CMWs.

“They say that they will give 200 rupees to the dai, soap, gurrh, flour. We do not have enough money to fulfil your (CMW) medicine requirements”....CMWs FGD, Lodhran¹

“The dai will accept seeds/wheat, she will eat two meals, drink tea and later take a little something, but when we need to go we say that we have conducted a delivery, give us money”....CMWs FGD, Toba Tek Singh²

7.2 Lack of Trust in CMWs

In FGDs, participant CWMs expressed a lack of trust on them as one of the key reasons, which hinders accessibility of pregnant women to them. This was expressed in different ways.

- 7.2.1 Community people do not trust us was mentioned by participant CMWs as a major reason for inaccessibility in 11 out of 18 districts (Sialkot, Layyah, Attock, Toba Tek Singh, Mianwali, Lodhran, Rajanpur, Gujrat, Muzaffargarh, Sialkot, Okara),

“Women do not trust us, they say you are new people, this is the reason they do not come to us”....CMWs FGD, Rajanpur³

¹ *“Wo tou yahi kehtay hain ke dai ko 200 rupay de dein ge; sabon, gurrh, atta de dein ge, hamaray pas itnay paise nahi hain ke aap ki medicine waghera puri karein”..... CMWs FGD Lodhran*

² *“Dai jo hai wo danay waghera le le gi, gundum le le gi, dou time ka khana kha le gi, chai pe le gi, baad mein kuch le lya, likin hum logon ne jab jana hai tou kehna hai ke hum ne delivery karwai hai, hum ko paisey dou”..... CMWs FGD Toba Tek Singh*

³ *“Aurtain aitimad nahi kartein, kehti hain aap loag nai nai hain, is wajah se hamaray pas nahi aatein”.....CMWs FGD, Rajanpur*

“Very few women trust us, they say that you are new”....CMWs FGD, Multan¹

- 7.2.2 We (CMWs) are new and community people do not know about us was mentioned as a reason for lack of trust in CMWs by participant CMWs in 10 districts (Layyah, Jhang, Jhelum, Mianwali, Lodhran, Rajanpur, Chakwal, Muzaffargarh, Sialkot, Bahawalpur). They mentioned that, even if people know, they are unable to differentiate between a CMW and a *dai*.

“When a new doctor comes (in to a community), he also faces problems. We have to make our place as it takes time. It’s not like we enter and say that we have become established, it will take time”....CMWs FGD, Chakwal²

“Most people in the community do not know about us, even though announcements have been made one or two times, there has been no impact on people”....CMWs FGD, Jhang³

“Most people think that there is no difference between the dai and them (CMW), the dai still has some experience, they (CMWs) do not even have any experience”....CMWs FGD, Gujrat⁴

Also, few CMWs mentioned that they are not allowed to examine the newborn, even if they visit homes.

¹ *“Hum par aitimad bahut kum aurta in karti hain, hamein kehti hain ke nai nai aai ho”CMWs FGD, Multan*

² *“doctor jab nya nya aata hai usey bhi masla hota hai.....hum ne jagah banana hai, jagah buntay buntay bunti hai, ye nahi ke hum jatay hi kahein ji hum baray establish ho gai hain, abhi time lagay ga”.....Chakwal*

³ *“Ilaqay mein zyada logon ko pata bhi nahi hai, halanke ailaan bhi aik do dafa karwai hain, phir bhi logon ko khas asr nahi parta”.....CMWs FGD Jhang*

⁴ *“Zyada tar loag ye samajhtay hain ke dai aur in mein koi farq nahi hai, dai ka tou phir bhi tajruba hai, in ka tou koi tajruba bhi nahi hai”.....Gujrat*

“Once when I went, the woman’s delivery had already taken place. She had twins, one was in a serious condition, and the other had died. I asked her to let me see the child but the mother refused and said that she is a little child, do not take her anywhere and do not do anything for her”....CMWs FGD, Sialkot¹

In IDIs with community women, a majority of the women (15/18) who had their last delivery conducted by the *dai*, stated that they called the *dai* for conducting their delivery because they ‘trusted’ the *dai*. They said that the *dai* is more experienced, they and other family members were availing her services for many years and she is very well known to them.

“She is wise, experienced, she knows everything, she conducts big cases, she understands everything.”..... IDI with woman, Lodhran²

“We (dai and our family) mix with each other, we are acquaintances for long, my husband says that how could we call someone for conducting delivery who is a stranger to us.”IDI with woman, Jhelum³

Half of the women (9 out of 18) affirmed that they cannot trust CMWs to conduct their deliveries because they were very new to the profession.

“CMW has done her course recently, she has just undertaken the training, dai is older and we trust her, that is why I did not deliver with CMW.”....IDI with woman, Attock¹

¹ *“Jub mein gai tou us aurat ki delivery ho chuki thi, twins huay thay, aik us waqt serious thi aur dosray ki death ho chuki thi, mein kaha lao mein is ko dekhoun tou maa ne kaha ke choti si bachi hai, is ko kahein nahi le kar jana aur na hi is ke liay kuch karo”CMWs FGD, Sialkot*

² *“Woh (dai) sayani hai, tajarbakar (hai), wo sab kuch janti hai, wo baray baray case karti hai, us ko sari samaj hai”...IDI with woman, Lodhran*

³ *“Woh hamaray sath hili hooi hai, kafi dair say hamari us say jaan pehchan hai...khan lehta hai keh jis say hamari jaan pehchan nahi, jis ko hum jantay nahi hain us ko hum kaisay bulain, ya case karwaian”....IDI with woman, Jhelum*

“They have just started their work, God forbid if anything happened, it is frightening, they may not have enough medicines or any other essential things for delivery.”.....IDI with woman, Mianwali²

It is important to note that only one-sixth of respondents (6 out of 36) of IDIs said that women prefer CMWs as the number one birth attendants in their area. Interestingly, two of these respondents said that there was no other option available for delivery in their area, except CMW. This clearly reflects that CMWs were not yet commonly accepted in the community as birth attendants.

“Some women go to the hospitals and some deliver with baji Raheela (CMW), most of the women avail the services of baji Raheela because there is no other available doctor in our area (for conducting delivery).”..... IDI with woman, Jhelum³

“There was one dai in our area, she is sick, now women conduct their deliveries with baji (CMW).”..... IDI with woman, Sialkot⁴

Families in six districts (Chakwal, Jhang, Kasur, Multan, Lodhran, Toba Tek Singh,) also said that people prefer *daiyan* as they have more experience and CMWs have none.

¹ *“Iss (cmw) nay abhi abhi course kiya hai, naya naya seekha hai, wo (dai) bari umar ki hay aur os pe yaqeen hay, tasali hay es liay zakiya se nahi karwai”.....IDI with woman, Attock*

² *“Inhoon nay abhi naya naya kaam shuro kiya hai Allah na karay koi masla na ho jaay, dar lagta tha....in kay paas koi dawaiyaan wagaira ya ksi cheeze ki kami bhi ho sakti hai”....IDI with woman, Mianwali*

³ *“Kuch auratain to doosray haspataloon main jati hain oar kuch auratain baji raheela say karwati hain, ziyada tar baji raheela (cmw) say karwati hain kioon keh hamaray ilaqay main oar koi doctor nahi hai, yahi hain to in kay pass aati hain”...IDI with woman, Jhelum*

⁴ *“Aik dai hai wo beemar ho gai hai, us kay baad saray case baji say karwatay hain”...IDI with woman, Sialkot*

They trust *daiyan* more as compared to CMWs as *daiyan* have lived and worked within the community for many years.

- 7.2.3 CMWs are Young and Unmarried: In 13 out of 18 districts (Layyah, Attock, Mianwali, Lodhran, Multan, Kasur, Rajanpur, Gujrat, Muzaffargarh, Sialkot, Dera Ghazi Khan, Sahiwal, Okara), participant CMWs stated that community people do not trust them as birth attendants as they consider them too young and/or have reservations about their marital status¹.

“They see our age and do not come, they say ‘you are children, we are the same age as your mother, now what can we talk to you about?’....CMWs FGD, Kasur²

“Women say that there are daiyan who have experience, look at your age, you look like young girls.”....CMWs FGD, Rajanpur³

“50% of people do not like having their deliveries conducted by us due to our young age. Before having the delivery conducted they even ask us whether we are married or not. If we tell them that we are unmarried, they refuse.”....CMWs FGD, Attock⁴

“Some say ‘you are not even married, what would you know about how to conduct a delivery?’.....CMWs FGD, Lodhran⁵

¹ Culturally, it is not very acceptable that a young unmarried female speaks about birth issues, and as CMW they not only speak but take actions, hence faces difficulty in their acceptance by community women

² *“Hamari age ko dekh kar nahi aati hain, kehti hain ke tum bachhi ho, hum tumhari maa ki umar ki hain, ab hum tum se kya baat karein”.... CMWs FGD, Kasur*

³ *“Aurtain kehti hain ke daiyan hain unko tajruba hai, tum logon ki umar hi kya hai, choti si bachian lagti ho”.....CMWs FGD Rajanpur*

⁴ *“Pachas fee sad loag hum se kum umri ki wajah se delivery karwana pasand nahi kartey, delivery karwanay se pehlay ye bhi poochtay hain ke tum shadi shuda ho ke ghair shadi shuda, agar hum ye batain ke hum unmarried hain tou wo refuse kar deitay hain”.....CMWs FGD, Attock*

⁵ *“Kuch kehti hain aap ki tou shadi nahi hui, aap ko kya pata kis tarah delivery karwatay hain”..... Lodhran*

In IDIs with community women, 5 out of 18 respondents stated that CMWs were very young or were unmarried, hence they were unlikely to conduct deliveries properly.

“No, we do not trust her, she is just a kid, I myself cannot trust her, she is like me, I feel shy, dai is older and experienced.”....IDI with woman, Okara¹

“She is young, unmarried, not experienced, how can she handle a delivery.”....IDI with woman, Sahiwal²

During interviews with family, in 4 out of 15 districts (Gujrat, Jhelum, Multan, Toba Tek Singh), the families strongly opposed the CMW visiting the homes of strangers, as she was young and it was perceived to be improper by the family.

“I strongly oppose her visiting homes, I have made it clear to her ‘stay home, what are you doing, roaming like a barber shouldering a bag.”....Mother in family group discussion, Jhelum³

7.3 Community’s Good Experience With *Dai*

In 12 out of 18 districts (Layyah, Attock, Jhang, Toba Tek Singh, Lodhran, Muzaffargarh, Bahawalpur, Mianwali, Rajanpur, Sialkot, Sahiwal, Okara), CMWs expressed that good experience of community people with the *dai* as a birth attendant was also a major reason for choosing the *dai* as their birth attendant instead of them. CMWs stated that people mention this reason in four different ways:

¹ *“Mujay khud us pay yaqeen nahi ata, meray jitni hai, mujay sharam aati hai, yay khala (dai) bari oar sayani hai”....IDI with woman, Okara*

² *“Is ki umar bhi kam hai, kunwari hai, us ka abhi tajarba bhi nahi hai, wo kya hamara case cover karay gi”....IDI with Woman, Sahiwal*

³ *“mujhe tou bohat aitraaz hai iss ke ghar ghar phirne par, maine saaf keh dia hai kea ram se ghar baito, yeh kya har waqt ki tarha bag pehn kar phirte raho.”.....Mother in family group discussion, Jhelum (It is a custom in rural areas that the barber, traditionally considered a low profession of the area, runs small errands)*

- 7.3.1 'Dai has been used as birth attendant by several generations' in their families, hence people said that they prefer to continue with this traditional practice.

"People say that daiyan are from an old family profession, they have been in this (conducting deliveries) for generations. If mother-in-law dies, her daughter-in-law replaces her, whether she is trained or not. People call them because this is their family profession."CMWs FGD, Bahawalpur¹

"Daiyan have more experience, people say that our mothers also had daiyan as birth attendants, so we will call the dai.".....CMWs FGD, Attock²

"Even if they (pregnant women) call us for delivery, their mothers or mother-in-laws forbid them from us (availing our services). They say that they used daiyan to conduct their delivery, so you should also call the dai as they are more wise.".....CMWs FGD, Okara³

- 7.3.2 'Previous deliveries were conducted by dai, and they were without any complaints.' was also quoted as a reason by community women for not calling CMWs as the birth attendant, as revealed by CMW participants in FGDs.

"(People say that) We have our deliveries conducted by daiyan, we will go to her and no one else.".....CMWs FGD, Toba Tek Singh⁴

¹ "Loag kehtain hain ke purani khandani dayaan hain, abao ajdad se ye chali aa rahi hein, agar sas mar gai tou bahu dai bun gai चाहai wo trained ho ya untrained, loag unko hi bulatay hain kyunke ye unka khandani kaam hai"..... CMWs FGD Bahawalpur

² "Daiyoun ka tajruba bhi zyada hota hai, loag kehtay hain ke hamari maoun ne bhi inhey se deliveries karwai hain, aur hum bhi inhe se karwain ge"..... CMWs FGD Attock

³ "agar wo (pregnant aurtain) karwati bhi hai tou mai ya sas yani burhi aurtain unhe is taraf anay nahi deitein, wo kehti hain ke hum ne bhi daiyoun se karwai hai, aap bhi un se karwain, wo zyada siyani hai".....Okara

⁴ "Hum arsay daraz se daiyoun se delivery karwatay rahay hain, hum wahin jain ge, usey se karwain ge, aur kahin se delivery nahi karwain ge".....Toba Tek Singh

“People had 4 – 5 of their babies delivered by the dai, so they prefer to go to her.

Obviously, when someone has been working, they become more experienced. That is why people go to them.”.....CMWs FGD, Sialkot¹

- 7.3.3 ‘Dai takes care of various household chores, besides delivery,’ emerged as a very important reason for not choosing CMWs as birth attendant. In at least 11 districts (Layyah, Attock, Toba Tek Singh, Lodhran, Kasur, Okara, Rajanpur, Muzaffargarh, Sahiwal, Bahawalpur, Jhelum). It was mentioned by CMWs that *daiyan* were preferred as they carry out various household chores also, which CMWs do not. These included cooking, washing clothes, cleaning, looking after mother and children; and the *dai* also gives a massage to the mother in the post partum period.

“Women say that daiyan care more for them; they wash their clothes etc. that is why they call dai for delivery. (They say) ‘You just conduct the delivery and leave’.”.....CMWs FGD, Rajanpur²

“Dai massages (women) for 40 days, washes their dirty clothes, whereas we leave after conducting delivery. Women ask, ‘who will do the other work (after delivery), we will call someone who cares for us like that. Why should we call you and pay for it?’”.....CMWs FGD, Jhelum³

- 7.3.4 ‘Community people prefer deliveries without instruments and medicines, hence they do not use CMWs as birth attendants’ was stated as a factor in four districts (Dera Ghazi Khan, Layyah, Mianwali, Multan).

¹ *“Logon ke char panch bachay dai ke pas se huay hotay hain tou loag phie us ke pas jana pasand kartay hain, zahir hai aik bunda bis tees sal se kam kar raha hai tou us ka tajruba bhi zyada hai jis ki wajah se loag us ke pas jatay hain”..... Sialkot*

² *“Aurtain kehti hain daiyaan hamari care bahut karti hain, hamaray kapray waghera dhoti hain, is wajah se un se delivery karwati hain, aap tou delivery kar ke chali jati hain”.....CMWs FGD Rajanpur*

³ *“Dai challis din tak latarti hai, unkey ganday kapray dhoti hai, hum tou delivery kar kea a jatay hain, aurtain kehti hain ke ye jo baad ka kaam hai ye kis ne karma hai, delivery bhi usey se karwain ge jis ne hamra itna khyal rakhna hai, hum aap ko aisai bula kar paisey de dein”.....CMWs FGD Jhelum*

“The elder women say ‘we have also given births to about ten children, all of whom have been delivered by daiyan. We did not use any medicine at that time.’”.....CMWs FGD, Layyah¹

“Women do not prefer to take medication (during delivery) as they think that it could cause reactions, that is why they try to call the dai for delivery.”.....CMWs FGD Dera Ghazi Khan²

In IDIs with community women, 10 out of 36 women respondents mentioned that *daiyan* are preferred because besides conducting the delivery, she also massages the woman and helps with daily chores in the post natal period, such as cooking food, taking care of the newborn and washing clothes. For them, these services make the *dai* the most suitable birth attendant. A few women also reported that the *dai* does not massage if the delivery is conducted by any other birth attendant.

“CMW was saying that she will conduct my delivery but will not massage me, that is why I chose the dai because if I availed the service of CMW then there will be no one to massage me.”IDI with woman, Toba Tek Singh³

“We call the dai because she massages, washes clothes, takes care of us, CMW just conducts the delivery, takes the money and goes away.”.....IDI with woman, Lodhran⁴

¹ *“Barhi burhian kehti hain ke hum ne bhi tou dus dus bachay paida kiyae hain, hamaray bhi tou daiyoun ne kiyae hain, hum us waqt koi dawai istamaal nahi kartay thay”Layyah*

² *“Aurtain dawaiyaan lena gwara nahi kartein, is liay wo koshish karti hain ke dai se delivery kar wa lein, wo ye kehti hain ke dawaiyan reaction kar jati hain”Dera Ghazi Khan*

³ *Baji (CMW) keh rahi thi keh main case kar doon gi oar main daba nahi sakti... majboori ki waja say hum nay dai say karwai, kioon keh main agar is say (cmw) say karwati to dadana ksi nay nahi tha...IDI with Woman, Toba Tek Singh*

⁴ *hum dai ko is liay bulatay hain keh wo tail bhi laga laiti hai, kapray wagera saray dhoti hai, hamari hifazat bhi karti hai, baji sirf case karti hai, oar paisay lay kar chali jati hai...IDI with woman, Lodhran*

“Daiyan do the household chores and take care of the newborn, they wash the clothes of the mother, and charge less money.”.....IDI with woman, Rajanpur¹

Some of the women respondents in IDIs stated that the women avail the government facility only if the *dai* is not able to conduct the delivery.

“All the women deliver with the dai, whereas they go to the government hospital only if the case is difficult.”.....IDI with woman, Jhang²

In one district, some CMWs even felt that *daiyan* are very competent and trained and even they could learn from them.

“Our dai is so good that she even prescribes medication and can handle PPH. She is better than me, why should I not compliment her?”.....a CMW³

“I asked the dai to keep me with her (during deliveries) so that I may learn from her.”.....a CMW⁴

“Daiyan are very-well trained, they even use gloves and can also perform an episiotomy.”.....a CMW⁵

¹ *“Daiyan ghar kay oar bachay kay kaam karti hain, jis ki delivery hooi ho us kay kapray wagaira dhoti hain, paisay thoray laiti hain”...IDI with Woman, Rajanpur*

² *“Auratain amman jeewan (dai) say hi karwati hain, agar case asan na ho to haspatal (sarkari) jati hain”...IDI with woman, Jhang*

³ *“Humari dai tou itni achi hai ke medicine bhi likh deiti hai, PPH ko bhi handle kar leiti hai, wo mujh se behtar hai, mein us ki tareef kyun na karoun”a CMW*

⁴ *“Mein ne dai se kaha ke aap please mujhay apnay sath rakh lein, mein aap se seekh leiti houn” a CMW*

⁵ *“Daiyan bari trained hain, gloves bhi istamal karti hain, episiotomy bhi karti hain”. ..a CMW*

7.4 Distance to and from Pregnant Woman's Home

In FGDs, participant CMWs in all 18 districts mentioned that there are some areas in their assigned region which are beyond their reach. Therefore, they were unable to conduct deliveries in those areas. The reasons for not being able to access those areas varied:

- 7.4.1 "Areas are too far and transport is not available to travel to or from them," was mentioned as a key reason for not providing universal coverage to pregnant women (all 18 districts)

"The catchment area is very large, the villages are very far, conveyance is a problem, which is why we cannot go to all places.".....CMWs FGD, Okara¹

The areas are very far, there is no facility to travel to and from rural areas, there is no mode of conveyance, we cannot reach that far.".....CMWs FGD, Rajanpur²

Four families of CMWs, from districts Gujrat, Layyah, Muzaffargarh, Sahiwal, also mentioned the lack of transport facilities in their area, which made it difficult for the CMW to reach the pregnant women, especially in far-off areas.

"The area is far and we have to walk, it is the area of Registan (desert), if there was a mode of conveyance we could go, otherwise how would we get to such a far place."....Aunt in family group discussion, Muzaffargarh³

¹ "Catchment area bahut zyada hai, gaon dour dour ke hain, conveyance ka masla hota hai, is liay sub jagah nahi ja saktay" CMWs FGD Okara

² "Dour dour ilaqay hotay hain, daihatoun mein anay janay ki koi sahalat nahi hoti, koi gari nahi hoti, wahan tak hum pahonch nahi saktay" CMWs FGD Rajanpur

³ "dur ka ilaka hai pedal jana parta hai, thal (registan) ka ilaka hai, koi ghari wagera ho tab jai, warna itni dur kaise jai".....Aunt in family group discussion, Muzaffargarh

- 7.4.2 Security issues existed in assigned areas or on the way to certain assigned areas in 7 districts (Okara, Jhelum, Sahiwal, Sialkot, Lodhran, Multan, Muzaffargarh).

“The route is very dangerous, we are very afraid of passing through the jungle (unpopulated areas), and also there are no means of transport.”.....CMWs FGD, Jhelum¹

“There are muggings on the route even during the day, you could be travelling at 12 noon and your earrings or purse could be snatched. That is why we are afraid to go even during the day.”.....CMWs FGD, Okara²

“Sometimes a dispute with someone could cause difficulty in passing through.”.....CMWs FGD, Lodhran³

Families in 2 districts (Multan and T.T Singh) expressed concern about the safety of the CMW and did not want to risk her being kidnapped or hurt whilst working outside the home.

“The area is not safe, even a lady doctor was kidnapped. She (CMW) is just a girl, if they can kidnap a doctor, then what is she?”..... Sister-in-law in family group discussion, Multan⁴

- 7.4.3 “It was expensive to reach those areas as the areas were far, and some CMWs have no money to pay for this expense,” was mentioned in 2 districts (Bahawalpur and Okara)

¹ *“Rastay bahut khatarnak hain, jungle se bahut zyada hum khud bhi dartay hain jatay huay, aur phir koi transport ki sahat bhi nahi” CMWs FGD Jhelum*

² *“Din ke waqt bhi luta jar aha hai rastay mein, bara bajay din ko ja rahay houn tou kisi ki balian uteri ja rahi hain, kisi ka purse china jar aha hai, is tarah din ke waqt bhi dar lagta hai jatay huay” CMWs FGD Okara*

³ *“Kabhi kisi se mukhalifat ki wajah se rastay mein se guzarna mushkil ho jata hai” CMWs FGD Lodhran*

⁴ *ilaka bhi gair marfooz hai, lady doctor ko bhi agwah kar liya gaya tha. Yeh tou phir bhi larki hai, itni bari doctor ko agwah karli tou yeh kya cheez hai”...Sister-in-law in family group discussion, Multan)*

“We do not have money for travelling, our financial situation is not good.”..... CMWs FGD, Bahawalpur¹

“No routes, either paved or unpaved, are present for going to certain assigned areas by any transport,” was mentioned as a reason for inaccessibility in 2 districts (Bahawalpur, Attock)

“There is no mode of conveyance, no transport is available, the roads are undeveloped, that is why we cannot reach.”..... CMWs FGD, Bahawalpur²

In 10 out of 18 districts, CMW participants mentioned that community women do not come to them or call them for delivery as their homes are far away (Attock, Dera Ghazi Khan, Rajanpur, Lodhran, Okara, Multan, Jhelum, Rajanpur, Bahawalpur, Sialkot).

“People who live close-by come to us, but not those who live far away.”.....CMWs FGD, Rajanpur³

“People’s houses are situated far from our houses, therefore they call the dai in their area and have their deliveries conducted by her.”.....CMWs FGD, Dera Ghazi Khan⁴

“Due to the house being far away, we are not called (for delivery).”.....CMWs FGD, Multan⁵

¹ *“Hamaray pas janay ka kiraya nahi hota, hamaray mali halaat theek nahi hain”Bahawalpur*

² *“Gari nahi hoti, kisi qism ki transport nahi hoti, rasta kucha hota hai, is liay nahi pahonch saktay” CMWs FGD Bahawalpur*

³ *“Hamaray pas qareeb qareeb ke loag tou atay hain, likin dour ke nahi”CMWs FGD Rajanpur*

⁴ *“Igon ke ghar hamaray gharon se dour hotay hain tou wo ilaqa ki dai ko bula kar delivery karwa leitay han” CMWs FGD Dera Ghazi Khan*

⁵ *“Ghar bahut dour hone ke wajah se hamein nahi bulaya jata” CMWs FGD Multan*

During interviews with CMWs' families, only some families shared the problem of the CMW's inaccessibility due to non-availability of transport. Some families (14/36) in 9 districts (Dera Ghazi Khan, Gujrat, Jhang, Layyah, Muzaffargarh, Okara, Rajanpur, Sahiwal, Toba Tek Singh) said that CMWs face transport problems in reaching far off areas.

Also, many families (13/36) in 11 districts (Attock, Bahawalpur, DERA GHAZI Khan, Jhang, Muzaffargarh, Okara, Rajanpur, Sahiwal, Toba Tek Singh, Layyah) shared concerns that transport problems are being faced by people living in far off villages or areas with unpaved roads.

"Women who live far away have problems reaching us, those who live close-by can come easily. Those that live far away do not have a way of getting here, that is why they cannot come so easily." Sister of CMW in family group discussion, Dera Ghazi Khan¹

7.5 Restrictions Imposed By Family on CMWs

In FGDs, participant CMWs in 13 out of 18 districts mentioned various restrictions that have been imposed on them by family members, which limits their access to pregnant women. These were:

- 7.5.1 Family members do not allow CMWs to go to client's home for performing delivery in 11 districts (Layyah, Attock, Toba Tek Singh, Rajanpur, Gujrat, Sialkot, Mianwali, Lodhran, Muzaffargarh, Bahawalpur, Okara).

¹ "door wali aurton ko masla hota hay nazdeek wali ko koi masla nahi hota wo asani se aa jati hain. Door walon ke pas sawari nahi hoti esliay wo asani se nahi asktien"Sister of CMW, Dera Ghazi Khan

“Our husbands do not give us permission; we have small children in the house so we cannot go. They (husbands) say ‘whoever wants to come for delivery can come here, why should you go at this time of the night.’ They often do not even let us go during the day.”CMWs FGD, Rajanpur¹

“My husband does not like all of this, it is very much a problem.”CMWs FGD, Gujrat²

“My husband strongly objects and says ‘you are always creating a scene, saying that you need to go here and there, what is all this?’”CMWs FGD, Gujrat³

- 7.5.2. More restrictions were imposed at night on the movement of CMWs. This was stated in 11 Districts (Sialkot, Jhelum, Okara, Sahiwal, Lodhran, Bahawalpur, Multan, Mianwali, Muzaffargarh, Rajanpur, Attock).

“If it is night-time our family do not allow us to go to the next village, unmarried girls face a lot of problems.”CMWs FGD, Sialkot⁴

“If someone calls us at night, our family does not give us permission to go. If we ask our brother or husband to take us, they refuse and say that they will not travel to such a far village. Married women also have problems.”CMWs FGD, Okara⁵

¹ *“Khawand ijazat nahi deitay, ghar mein chotay bachay hotay hain is liay hum nahi ja saktay, kyunke wo kehtay hain ke jinhoun ne karwani hai wo idhar aa kar karwain aap itni raat ko kyun jain, wo aksar din mein bhi nahi janay deitay” CMWs FGD Rajanpur*

² *“Meray shohar ko ye sub kuch pasand nahi, bahut masla hai” CMWs FGD Gujrat*

³ *“Meray shohar bara objection kartay hain, aur kehtay hain ke aai roz aap ne tamasha banaya hoa hai, ke falan jagah jana hai, falan visit karna hai, ye sub kya hai” CMWs FGD Gujrat*

⁴ *“Agar raat ka waqt ho tou hamaray ghar walay janay hi nahi deitay dosray gaon mein, unmarried ke bahut masail hotay hain” CMWs FGD Sialkot*

⁵ *“Raat ke time koi hamay bulanay aya hai to ghar walay ijazat nahi deitay, agar hum apnay shohar ya bhai se kahain ke hamain sath le chalo, wo kehtay hain ke hum nahi jatay gaon itni dour hai, married ke bhi masail hain” CMWs FGD Okara*

“Most problems are to do with going at night, our families tell us not to go at night.”.....CMWs FGD, Lodhran¹

- 7.5.3 Non-availability of attendant to accompany them was mentioned as an important barrier in accessibility of CMWs to pregnant women in 5 districts (Layyah, Mianwali, Lodhran, Rajanpur, Sahiwal, Sialkot). It was stated that most CMWs, both unmarried and married, need an attendant to accompany them, especially if the client is beyond their neighbourhood.

“Someone will come and call us at 3am for delivery and at that time there is no one to accompany us. Our parents do not agree with us going with the person.”.....CMWs FGD, Sahiwal²

In 10 out of 18 districts (Bahawalpur, Gujrat, Jhelum, Jhang, Layyah, Multan, Muzaffargarh, Toba Tek Singh, Sialkot, Sahiwal), families objected to the CMW travelling alone, and said that a family member always had to accompany her, which caused disruption to their own responsibilities and activities.

“Whenever she has to go on a visit, I have to spend the whole day with her. Obviously, I cannot send a young girl by herself.” Mother in family group discussion, Jhelum³

“It is necessary for someone to accompany her (CMW) at all times. But how can one leave their 15000 rupee job so that she can get her 2000 rupees.”.....Father in family group discussion, Multan⁴

¹ *“Zyada masla raat ka hota hai, ghar walay kehtay hain raat ko na jain” CMWs FGD Lodhran*

² *“Raat ka waqt hota hai, raat ko dou teen bajay koi delivery aa jati hai tou us waqt hamaray sath janay wala koi nahi hota, aur us ke sath janay par hamaray maa baap razamand nahi hotay” CMWs FGD Sahiwal*

³ *“jub iss ne visit par jana hota hai, meine sara din saat jana hota hai. Zahir hai jawan larki ko tou akeli nahin bhej sakti.”.....Mother in family group discussion, Jhelum*

⁴ *“iss ke saat aik banda tou zaroorat hai, jo iss ke 2000 rupee ke liye apne 15000 chor kar iss ke saat kahan jai ga.”.....Father in family group discussion, Multan*

- 7.5.4 CMWs stated that family members complain that the CMW works so much for so little pay and they do not want to continue to bear the CMW's expenses. This inhibitory factor was mentioned by CMW participants in 5 districts (Layyah, Attock, Lodhran, Gujrat, Muzaffargarh),

“Our families say ‘should we fulfil our household expenditures or should we spend it on your transport in your community. It would be better for you to leave (the job).’ CMWs FGD, Attock¹

“Our families also say that our salaries are very low, this becomes a problem for us, at times we want to go but it turns into a conflict at home.”CMWs FGD, Layyah²

My family says that the 2000 rupees that they (MNCH programme) pay us, we should return it back so they leave us alone. They give us too much trouble that it causes fights at home. My husband is away and there are always fights over the phone. There are many problems.”CMWs FGD, Gujrat³

In family interviews, members in 8 districts (Bahawalpur, Chakwal, Kasur, Jhelum, Multan, Okara, Sahiwal, Sialkot) expressed their displeasure that CMWs were responsible for their own expenses during field visits and frequent programme meetings. They stated that this expense came from the family's own pocket, which was not good.

¹ *“ghar walay kehtay hain ke hum ghar ke kharchay puray karein ya aap ki community mein ja kar kraya dein gari walon ka, aap chor dein (ye kaam), is se behtar hai” CMWs FGD Attock*

² *“Ghar walay ye bhi kehtay hain kaap ko tankhwa kitni de rahay hain jis par aap sara din rultay ho, ye bhi hamaray liay problem bun jata hai, baaz auqat hum jana chahtay hain laikin ghar mein is baat ka tanaza ho jata hai” CMWs FGD Layyah*

³ *“Meray ghar walay kehtay hain, jo 2000 rupay hamein deitay hain wo hum unko de deitay hain ke wo hamari jaan chor dein, itnay tang hain ghar mein jhagray hote hain, meray shohar bahir hain aur roz phone par jhagra hota hai, bahut masail hain” CMWs FGD Gujrat*

“When they (programme board) call us for a meeting, I have to close up my business and go with her. I have to waste 400-500 rupees.”.....Husband in family group discussion, Kasur¹

- 7.5.5 CMW’s family’s terms are not good with some families in the community, hence they restrict her from providing services to those families. This was stated as a reason for inaccessibility in 6 districts (Layyah, Mianwali, Rajanpur, Sahiwal, Bahawalpur, Muzaffargarh)

“My family often say ‘do not go to this house,’ family conflicts are brought into it.”.....CMWs FGD, Mianwali²

“Due to fighting over land and properties, we are not permitted to go to other’s houses or areas or give them medicines. They have to come and get them themselves.”.....CMWs FGD, Bahawalpur³

7.6 Non Availability of Necessary Medicines and Supplies

According to CMWs, during the training they were informed that they will be provided with required instruments, including delivery table, and medicines. This list is also given on the website of the MNCH Programme. However, in 11 out of 18 districts, CMWs stated that they have either not been provided with the required instruments or they do not have the medicines to conduct safe deliveries. This restricts them from performing deliveries, and also restricts pregnant women from approaching them as community women do not find any difference between CMWs and *daiyan*.

¹ *“woh jub hamein meeting mein bulate hain, tou mein apna karubaar meeting ke liye band kar ke jata hun, halan ke chaar paanch so ki dihari zaya karni parti hai.”.....Husband in family group discussion, Kasur*

² *“Baaz dafa ghar walay kehtay hain ke is ke ghar mein nahi jana, khandani tanaza is mein aa jata hai” CMWs FGD Mianwali*

³ *“Jaidad zameenoun ke larai jhagray ki wajah se, aik dosray ke ghar janay aur ilaqay mein janay se mana kartay hain, ke unko dawaiyaan nahi deini, wo khud aa kar dawaiyaan le kar jain” CMWs FGD Bahawalpur*

- 7.6.1 CMWs were not provided with free medicines by the government and often CMWs do not have medicines at home, hence they are unable to perform deliveries without them, which limit their services as birth attendants. This was more of a problem at night, when chemist shops are closed. This inhibitory reason was stated in 9 districts (Attock, Mianwali, Multan, Layyah, Lodhran, Kasur, Rajanpur, Sahiwal, Bahawalpur)

“We do not have any medicines from the government that we can use. We have to purchase them ourselves and charge them (clients). This is a problem as they are poor and give more importance to getting it (delivery) for free.”.....CMWs FGD, Layyah¹

“We do not have facilities, we do not have medicines, we don’t even have a delivery table. Are we supposed to lay the women on the floor like daiyan do? There should be some difference between us and the dai.”CMWs FGD, Bahawalpur²

- 7.6.2 ‘CMWs have not yet been given the instruments/kit for delivery that was promised during the training,’ was stated in 5 districts(Layyah, Attock, Lodhran, Muzaffargarh, Bahawalpur)

“Women do not have their deliveries conducted by us as we do not have any equipment, we have not been given a delivery kit, medicines or drips. We have to buy all of these things from our own pocket so we charge more, so they do not have them (deliveries) by us.”CMWs FGD, Muzaffargarh³

¹ *“Hamaray pas koi government ki medicine nahi hai, jo hum wahan use karein, hum khud purchase kerte hain tou zahir hai hum un se charges lete hain. Iss men ye problem hoti hai, wo ghareeb hote hain, we zyada ehmiyat iss cheez ko dete hain ke jahan un ka free men ho jaye..... CMWs FGD Layyah¹*

² *“Hamaray pas sahuliat nahi hain, dawaiyaan nahi hain, delivery table tak hamaray pas nahi hai, kya daiyoun ki tarah hum unhe nichay lita kar delivery karein, dai aur hum mein farq hona chahiyae” CMWs FGD Bahawalpur*

³ *“Aurtain hum se delivery nahi karatein, ke hamaray pas kuch samaan nahi hai, hamein delivery kit nahi di gai, hamaray pas medicines nahi, drips nahi, wo sub chizain hum apni taraf se letay hain, tou charges zyada letay hain tou wo hum se nahi karwatay”CMWs FGD Muzaffargarh*

“We haven’t even received a normal delivery kit so that we may show people that we have one and have received it from the government. Due to not having a delivery kit, we do not want to conduct deliveries.”.....CMWs FGD, Lodhran¹

During IDIs, women in 5 districts (Bahawalpur, Layyah, Muzaffargarh, Rajanpur, and Sahiwal) also mentioned that they do not utilise services of CMWs as they do not have proper “samaan” for delivery;

“She (CMW) should have equipment for delivery, an ultrasound machine, a clinic. She does not have anything. She used to say in the beginning that she would receive everything but I am yet to see anything.”.....IDI with woman, Rajanpur.²

“She (CMW) does not even have any medicines or machines. This is why we do not go (for deliveries) as she does not have any facilities or equipment.”.....IDI with woman, Bahawalpur³

- 7.6.3 ‘CMWs do not have room for conducting delivery’ at their home,’ was mentioned as the reason for not conducting deliveries in 2 districts (Layyah and Attock).

“In our house, in fact, in everyone’s houses, there are not a lot of rooms. There is no room to conduct deliveries.”.....CMWs FGD, Layyah⁴

¹ *“Humein normal delivery kit bhi nahi miley takay hum logon ko dekha sakein ke ye kit hai, hamein government ki taraf se miley hai, kit na honey ki wajah se delivery karnay nahi jatay” CMWs FGD Lodhran*

² *“Is ke pas delivery ki chizain houn; ultrasound, clinic ho; is ke pas tou kuch bhi nahi hai, ye shoru shoru mein kehti thi ke mujhay har chiz miley gi, likin abhi tak kuch bhi nazar nahi aya”.....IDI with woman, Rajanpur.*

³ *“Is ke pas dawaiyaan bhi nahi hain, machine bhi nahi hai, is liay nahi jatay hain ke is ke pas koi sahat koi samaan nahi hai”IDI with woman, Bahawalpur*

⁴ *“Hamaray ghar mein, balkay sub ke ghar mein zyada kamray nahi hotay, jagah nahi hoti delivery karne ki” CMWs FGD Layyah*

“We have two rooms, one we stay in during the day, and the other we have made in to a clinic. The clinic room becomes a bedroom at night so if someone comes at night for a delivery, we have no room.”.....CMWs FGD, Attock¹

In IDIs, women in three districts (Layyah, Rajanpur, Sahiwal) also mentioned the non-availability of a separate room at the CMW's house as a reason for not utilizing her services for delivery.

“We do not have (deliveries) conducted (by CMW) as she does not have many facilities or a separate room.”.....IDI with woman, Layyah²

“My husband opposed (the CMW) as she did not have a room and did not want me to go to her for the (delivery) case.”.....IDI with woman, Sahiwal³

In 8 districts (Bahawalpur, Jhang, Layyah, Lodhran, Multan, Muzaffargarh, Sahiwal, T.T Singh), the families also informed that the CMW did not work at home as their houses were too small to accommodate pregnant women for conducting deliveries.

“We do not allow her (CMW) to work in the house as we have one drawing room and the grandfather stays in there and he is ill. If a (delivery) case comes then where can we take him?”Father in family group discussion, Toba Tek Singh⁴

¹ *“Hamaray tou dou hi kamray hain, aik mein din mein rehtay aur dosray mein clinic bana liya hai, isey raat ke waqt bedroom ke tour par istamal karte hain, agar raat ko delivery aa jai tou hamaray pas tou jagah nahi hai”CMWs FGD Attock*

² *“Hum is liay is se nahi karwatay hain ke is ke pas itni sahumat nahi hai, koi alag karna nahi hai”.....IDI with woman Layyah*

³ *“Meray mian ne mukhalifat ki ke is ke pas karna nahi hai, hum ne is se case nahi karwana”IDI with woman Sahiwal*

⁴ *“Ghar mein kaam iss liye nahin karne dete hai, ke ghar mein aik yeh baitak hai aur wahan dada rehte hain aur dada bemaar hain. Agar koi case aji tou hum kahan le kar jain?”... (Father, T.T Singh)*

One family in the district of Jhang strongly opposed the CMW working at home as they did not appreciate strangers coming in to their home. They also objected to dealing with the afterbirth (placenta, dirty clothes, etc) and said that the community people would speak badly of them. The family also felt that the strangers entering the house would cast an evil eye on their children.

“I will definitely not allow them (pregnant women) to come in to this house, this is our abode. I have my buffalos here too, all sorts of women will come. She (CMW) washes dirty clothes under the tap, and I am supposed to serve my animals water from there.”....Mother-in-law in family group discussion, Jhang¹

- 7.6.4 CMWs do not have emergency light arrangement for conducting deliveries at night during load shedding and is an inhibitory factor in Sahiwal district.

“Nowadays there are problems with electricity. At night there is no emergency light that we can take with us.”....CMWs FGD, Sahiwal²

In one district (Toba Tek Singh), CMWs stated that when they asked their district supervisor to provide them with medicines he said that *daiyan* do not use medicines, hence they can also work without them.

7.7 Antagonism by other health care providers

In FGDs, participant CMWs in 10 districts mentioned different types of antagonism that they are facing from 4 different types of community health providers – *daiyan*, LHWs, LHSs and

¹ *“iss ghar mein bilkul nahin ane dunghi, yeh hamara tehkana hai. Yahan meri bhainnsen bhi hai, koi aurat kaisi hai koi aisi hai. Wo (CMW) nalke ki neeche ghande kapre dho rahi ho, mein wahi unhe (bhainsoun ko) paani pilaon.”.....Mother-in-law in family group discussion, Jhang*

² *“Aj kal light ka masla hota hai, raat ke waqt emergency light nahi hoti ke hum sath le kar jain” CMWs FGDSahiwal*

BHU staff, which occurs in varying ways. This played an important role in decreasing their accessibility to pregnant women:

- 7.7.1 'Daiyan and LHWs speak against them in the community or do not cooperate with them' was mentioned in 7 districts (Attock, Jhang, Gujrat, Muzaffargarh, Kasur, Chakwal, Sahiwal).

"Daiyan speak against us, they tell people that CMWs will put a drip on them, something will happen and water will accumulate in their baby. That is why they (daiyan) do not bring them (pregnant women) to us.".....CMWs FGD, Muzaffargarh¹

"The daiyan say 'they (CMWs) are kids, how will you have your delivery conducted by them. We have not only conducted deliveries for you, but for your elders too.'....."CMWs FGD, Lodhran²

"The daiyan that we have (in the area) give us a lot of trouble. If patients come to us, the daiyan go their houses to tell them off and cause chaos.".....CMWs FGD Jhang³

It is interesting to note that a combined meeting of CMWs and area LHWs is held weekly/monthly, but in many districts, the opposition by area LHWs was also mentioned.

¹ *"Daiyan bharkati hain hamaray khilaaf, wo logon ko kehti hain ke CMWs to drip lagain ge, kuch ho jai ga, aap ke bachay mein pani par jai ga, is wajah se nahi le kar aatien" CMWs FGD, Muzaffargarh*

² *"Daiyan kehti hain ke ye kal ki bachian hain, aap log in se kaise delivery karwao ge, hum logon ne tou aap ke tou kya aap ke baron ke bhi case kiyae hain"CMWs FGD, Lodhran*

³ *"hamary pas jo daiyan hain wo bahut tang kar rahi hain, jo patients hamaray pas aain, daiyan un ke ghar chali jati hain aur unko itna dant ti hain, hungama khara kar deiti hain"CMWs FGD, Jhang*

“The LHWs tell people that we receive everything for free from the government and that the 500 or 1000 rupees that we charge is for ourselves. This is the reason why people are having their deliveries conducted by the daiyan.”.....CMWs FGD, Dera Ghazi Khan¹

“The LHWs say that they are on our side and will bring delivery cases to us but they do not cooperate at all. They tell women that we do not know anything and not to come to us.”....CMWs FGD, Kasur²

- 7.7.2 ‘Daiyan become angry and offended when CMWs approach clients being attended by them, even if the case is complicated or serious,’ was stated in 3 districts (Sahiwal, Sialkot, Toba Tek Singh)

“They (clients) called both myself and the dai of the village. When we got there, the attitude of the dai was something to be seen. She was like ‘ why has she come, she acts like a doctor, after all, she has learned such a short time ago.’”..... CMWs FGD, Sialkot³

“The baby’s head was stuck, I asked the dai to let me see and she did not let me. She said ‘do you know more than me? You are a child, what do you know?’ she became angry and left the delivery.”.....CMWs FGD, Sahiwal⁴

¹ *“LHW logon ko batati hai ke hum logon ko government ki taraf se sub kuch free mein milta hai, aur ye jo case ke 500 ua 1000 letay hain khud kha jatay hain, yahi wajah hai ke loag daiyoun se delivery karwa rahay hain”..... CMWs FGD Dera Ghazi Khan*

² *“LHW kehti hai ke hum aap ke sath hain, case le kar aain ge, magar wo bilkul tawun nahi kartein, aurton se kehti hain ke inko kuch nahi aata inke pas na jana” CMWs FGD Kasur*

³ *“Unho ne hamein aur gaon ki dai ko bhi bulaya, jab hum wahan phonchay tou dai ka rawayya dekhne wala tha, ke ye kyun aai hai, dr bunti he ye, juma juma ath din nahi huay aur ye doctor bun gai hai” CMWs FGD Sialkot*

⁴ *“Bachay ka sar phansa hua tha, mein ne dai ko kaha ke mujhay check karne dein, us ne mujhay check nahi karne dya or kaha ke kya aap mujh se zyada janti hain, aap tou kal ki larki hain, aap ko kya pata aur ghussay mein case chor kar chali gai”CMWs FGD Sahiwal*

“When there is a need for an injection or drip, the dai calls us to bring it. However, when we get there, the dai does not allow us to touch the client and says it is her case.”.....CMWs FGD, Toba Tek Singh¹

- 7.7.3 ‘Daiyan and LHWs receive commission on referral to LHV/private hospital,’ was mentioned in five districts (Lodhran, Sialkot, Bahawalpur, Jhang, Gujrat)

“The daiyan take them (clients) to private hospitals because they receive a good commission from there.”.....CMWs’ FGD, Lodhran²

“The LHW takes the case to the LHV. They have set up an agreement between each other and take shares.”.....CMWs FGD, Jhang³

“In our field, the biggest barrier is the LHW because if she takes the client to a private facility, she receives commission.”CMWs FGD, Bahawalpur⁴

7.7.4 LHS advised LHWs to take delivery cases to DHQH/THQH. In two districts, CMWs stated that LHSs ordered the LHWs to take the cases to *tehsil* or district hospitals instead of referring them to midwives (Sahiwal, Chakwal)

“The LHW’s supervisor says to the LHW, ‘they (CMWs) are new, leave them.’ We have heard this with our own ears.”.....CMWs FGD, Chakwal⁵

¹ *“koi injection ya drip lagani ho tou dai unhey kehti hai ke ley aao, likin jab jab ja kar drip laga deitay hain tou dai hath nahi lagane deity, kehti hai ye mera case hai” CMWs FGD Toba Tek Singh*

² *“Daiyan private haspatal mein le kar chali jati hain kyunke unko wahan se commission acha milta hai” CMWs FGD Lodhran*

³ *“LHW case ko LHV ke pas le kar jati hain, aik dosray ke sath unho ne set up kya hota hai ke mujhay itna share dena” CMWs FGD Jhang*

⁴ *“Hamari field mein sub se bari rukawat LHW hai, kyunke wo client ko agar private le kar jati hai tou us mein LHW ko commission milta hai” CMWs FGD Bahawalpur*

⁵ *“LHW ki supervisor LHW se kehti hain ke ye nai aai hain inko chorain, hum ne khud apnay kanon se suna hai” CMWs FGD Chakwal*

“They have told our supervisor to tell the LHW to conduct the delivery in the DHQ, and now all the LHWs are taking all delivery cases there.”.....CMWs FGD, Sahiwal¹

7.7.5 BHU staff speak against CMWs. In one district, it was mentioned by CMWs that the BHU staff spoke against them (Jhelum)

“The BHU workers say ‘they (CMWs) are kids, do not send patients to them, bring them to us in the BHU. Do not damage our record.’.....CMWs FGD, Jhelum²

7.8 Other Competing Alternatives Available

- 7.8.1 Free deliveries in close by government health facility – BHU/ RHC/hospital. In 8 out of 18 districts (Layyah, Attock, Mianwali, Multan, Gujrat, Muzaffargarh, Sialkot, Bahawalpur), CMW participants mentioned that many families prefer going to government facilities as they are close to them and offer free services.

“Many people go to the government hospital because government hospitals have facilities and do not take money.”CMWs FGD, Bahawalpur³

“People in the distant village go to the THQH or the BHU (as it is close to them).”.....CMWs FGD, Gujrat⁴

¹ *“Unho ne hamari supervisor ko keh dya hai ke LHW ko kahein ke wo DHQ mein delivery le kar jain, ab sari LHW udhar hi case le kar ja rahi hain” CMWs FGD Sahiwal*

² *“BHU walay kehtay hain ke ye choti bachian hain, inke pas patient na bhajain, hamaray pas BHU mein le kar aain, hamara record kharab na karwain” CMWs’ FGD Jhelum*

³ *“Bahut se loag sarkari haspatal chalay jatay hain, kyunke sarkari haspatal mein sahalat hoti hai, wo paise nahi letay”(CMWs FGD Bahawalpur)*

⁴ *“jo mera dour ka gaon hai, us ke loag THQH ya BHU pe chalay jatay hain (kyunke wo unke qareeb hain)” CMWs FGD Gujrat*

“In our area the (health) centre is close-by, free medicines are available. That is why they (clients) go there for deliveries, not many come to us.”.....CMWs FGD, Mianwali¹

During IDIs, a few respondents (6 out of 36) in districts Sahiwal, Chakwal, Dera Ghazi Khan, Attock, Jhelum and Toba Tek Singh stated that women in their areas prefer government facilities because they provide free services. Very few of these respondents (one in Multan and other in Dera Ghazi Khan) also informed that the women get free food items and clothes for the new born from government facilities, hence they prefer using it.

“Women go to the hospital, the treatment is free of cost over there, also they give free medicines, only have to spent Rs. 2 for the entry slip, every facility is free.”....IDI with woman, Layyah²

“Mostly women go to the hospital; they conduct a free delivery, give food items and accessories for the newborn.”.....IDI with woman, Multan³

In FGDs, CMW participants in six districts (Layyah, Toba Tek Singh, Lodhran, Kasur, Rajanpur, Dera Ghazi Khan) mentioned that community women asked them to provide services free of cost as they have been appointed by the government.

“Women say ‘the government has trained you, has given you free medicines and everything, now give us everything for free.’”.....CMWs FGD, Toba Tek Singh⁴

¹ *“Hamaray ilaqay mein center sath sath hain, whan dawaiyaan muft mein mil jati hain, is liay wahan se delivery karwatay hain hamaray pas kum hi aatay hain”CMWs FGD, Mianwali*

² *“Haspatal men dawaiyan muft milti hain, sirf 2 ropay ki parchi banti hai, dawaiyan bhi muft milti hain”.....IDI with woman, Layyah*

³ *“Zyada ter loag sirkari haspatal jate hain, kyunkay wahan ilaj muft hota hai, logon ko rashan milta hai, bachon ke kapre bhi milte hain”... IDI with woman, Multan*

⁴ *“Aurtain kehti hain ke aap ko government ne trained kya hai, aap ko har chiz government ne dya hai, aap ko free medicines di hain, aap hamain free har chiz dein”CMWs FGD, Toba Tek Singh*

“People say that we receive a salary, incur costs from them and take money for nothing. That is another reason why we do not go to people (for delivery).”.....CMWs FGD, Lodhran¹

In six districts (Bahawalpur, Lodhran, Muzaffargarh, Sahiwal, Sialkot, Okara), families of CMWs stated that people do not get free medicines and facilities from CMWs, which they expect, therefore they do not come to her.

“They (CMWs) do not have many facilities or medicines to give to people. People say ‘they (CMWs) have a government job, they receive everything from the government. Why are they taking money from us?’”Husband in family group discussion, Lodhran²

- 7.8.2 People have other competing female cadres in the community - nurse or LHV for conducting deliveries. This was mentioned in 7 districts (Jhang, Rajanpur, Gujrat, Okara Sialkot, Muzaffargarh, Mianwali).

“There are LHVs everywhere now, they have opened their own centre. They perform ultrasound and give out free medicines taken from the medical rep. The women frequently go there (due to this).”....CMWs FGD, Rajanpur³

“In my catchment area, people often go to the nurse as she has been there for a long time and is experienced.”.....CMWs FGD, Gujrat⁴

¹ *“Loag ye kehtain hain ke aik tou ye pay le rahi hai, dosra hum se kharcha bhi leti hai, muft mein paise leiti hai, ye bhi wajah ha logon ke pas na janay ki”CMWs FGD Lodhran*

² *“Inke pass itni sahooleyat, dawaiyan nahi hain jo logon ko dein. Kyunkay wo kehte hain ke iss ki naukri sarkari hai. Iss ko sub kuch sarkari millta hai, ye hum se paise kyun le rahi hai.”Husband, Lodhran*

³ *“Jagah jagah aj LHVs hain, unhoun ne apnay center kholay huay hain, ultrasound karti hain, free medicines deiti hain medical rep se le kar, aurtain khush ho jati hain, aur wo bar bar wahin ka rukh karti hain”CMWs FGD Rajanpur*

⁴ *“Meray kaam ke ilaqay mein aksar loag nurse ke pas jatay hain, kyunke wo bahut purani hai, tajrubay kar hai” CMWs FGD Gujrat*

It is worth noting that in 4-5 districts (Bahawalpur, Gujrat, Jhang, Sialkot), CMW participants also mentioned that LHWs are also performing deliveries in their areas, and some people prefer to go to them.

“The LHW does not have permission to conduct deliveries, however, sometimes when we ask people who conducted their delivery, they say the LHW.”CMWs FGD, Sialkot¹

“There is a LHW opposite my house, she conducts deliveries.”CMWs FGD, Gujrat²

- 7.8.3 CMW areas are close to city and people have better choices. In four districts (Toba Tek Singh, Jhang, Layyah, Okara), CMWs pointed out that their assigned areas are close or adjacent to the city, where better choices are available to people, especially for those who can afford them. This indicates that their deployment is not very appropriate.

“My catchment area is mostly next to the city, the people there have more awareness and prefer private treatment and hospitals.”CMWs FGD, Toba Tek Singh³

- 7.8.4 Clients have ability to access private hospital/doctor. In 10 districts (Layyah, Toba Tek Singh, Mianwali, Lodhran, Multan, Gujrat, Muzaffargarh, Sialkot, Bahawalpur, Okara), some CMWs mentioned that many people in their community prefer to use private sector health care providers. This again reflects that their placement may not be in poor communities.

¹ *“LHW ko delivery karne ki permission nahi hai, likin sometimes hum pochay hain ke kis ne delivery ki hai tou log kehtay hain ke LHW ne ki hai”CMWs FGD, Sialkot*

² *“meray ghar ke samne LHW hai, wo karti hai deliveries”CMWs FGD Gujrat*

³ *“Mera zyada area city ke sath hai, un logon ko zyada awareness hai, wo zyada private aur dosray hospitals ko tarjih deitay hain” CMWs FGD, Toba Tek Singh*

“Those who have money go to a private facility, those who cannot go there come to us or go to the dai.”.....CMWs FGD, Lodhran¹

“The well-off people go to the city where there are facilities.”.....CMWs FGD, Toba Tek Singh²

In five districts (Chakwal, Gujrat, Jhang, Multan, Okara), the families of CMWs said that people were able to afford services from private hospitals, hence they opt to utilise them instead of coming to the CMW.

7.9 Derogatory Comments from Community People

In eight districts, CMW participants mentioned that the community passes derogatory remarks about them (Attock, Toba Tek Singh, Sahiwal, Lodhran, Gujrat, Jhelum, Sialkot, Bahawalpur). These remarks ranged from minor insults to severe allegations about their character. Hence such allegations inhibit them from performing their duties, both due to their personal fears and restrictions by the family.

“If a girl goes for a delivery alone at night, people say that this girl went out alone last night, who knows where she spent the night.”.....CMWs FGD, Lodhran³

“There are some people in the village whose credentials are not good. If we go to their house, someone will see us leaving.”CMWs FGD, Toba Tek Singh⁴

¹ *“Jin ke pas paisa hota hai wo private chalay jatay hain, jo nahi ja saktay, wo hamaray pas aa jatay hain ya dai ke pas chalay jatay hain”CMWs FGD Lodhran*

² *“Jo khatay peetay loag hain, wo tou bhagtay hain shehroun ki taraf, jin ke pas facilities hain”CMWs FGD Toba Tek Singh*

³ *“Larki raat ko akaili chali jai delivery ke liay tou loag kehtay hain ke larki akaili gait hi pata nahi raat kahan guzar kar aai hai” CMWs’ FGD Lodhran*

⁴ *“Kuch loag aise hotay hain ke gaon mein unki sanad achi nahi hoti, agar hum unke ghar jatay hain, whan se koi hamain nikalte huay dekh leta hai, hum par tou wo chit lag jani hai”CMWs FGD Toba Tek Singh*

“People talk about unmarried girls who go to conduct deliveries. Therefore our families stop us from going, saying ‘do not go to anyone’s house for a delivery, we cannot listen to people saying bad things.’”..... CMWs FGD, Bahawalpur¹

“People see us as corrupt. It is especially a problem for unmarried girls. People comment on us going to the city a lot and creating problems for our family. Our brothers sit with other men, if they hear something there then new problems are created, there are always fights.”CMWs FGD, Gujrat²

“People talk and gossip if a young girl leaves the house alone.”CMWs FGD, Attock³

“Women say ‘they want to earn money so they are out of their houses. Sometimes they are in one person’s house, sometimes in another.’ They talk a lot about us and say ‘look, the daughter is not married. She is earning money and they (the family) are using her money.’”CMWs FGD, Jhelum⁴

In 15 out of 18 districts (except Okara, Dera Ghazi Khan and Kasur), fear of derogatory comments, disrespect and suspicion of their reputation were mentioned as important reasons for not approaching those women for conducting deliveries who have not invited CMWs on their own.

¹ *“Loag batein karte hain ke unmarried larki delivery karwanay ja rahi hai, tou phir ghar walay mana kar deitay hain ke kisi ke ghar ja kar delivery nahi karwani, hum loag batein nahi sun saktay” CMWs’ FGD Bahawalpur*

² *“Loag bahut corrupt samajhtay hain, khas kar unmarried ke liay problem hai, aai roz shehar jati hain, ghar waloun ke liay bhi hum masail paida kar rahey hain, bhai mardoun mein uthtay baithtay hain agar wahan kuch sun lein tou phir ghar aa ke naya masla bun jata hai, aai roz jhagray hotay hain” CMWs’ FGD Gujrat*

³ *“Loag tarah tarah ki batein karte hain agar aik akeli naujawan larki ghar se nikle” CMWs’ FGD Attock*

⁴ *“Aurtain kehti hain ke inho ne paisay kamanay hain tou ye gharoun se bahir nikli hain, kabhi kisi ke ghar ghus jati hain aur kabhi kisi ke ghar, bahut bahut batein karti hain.....dekho beti ki shadi nahi hui, wo kama rahi hai aur wo beti kamai kha rahay hain” CMWs FGD Jhelum*

“If we go (on visits) without being called, people talk and say we are greedy for money.”

.....CMWs FGD, Jhelum¹

“When we go without being called, people say that so-and-so’s daughter-in-law or so-and-so’s wife goes from house to house to earn money. Men talk like this when they sit together.”CMWs FGD, Toba Tek Singh²

Once I found out about a delivery going on in someone’s house. I went there and the mother-in-law took offense. That woman did not even allow me to see the mother, and said ‘you were not called so why did you come?’ CMWs FGD, Bahawalpur³

7.10 Family engagements hinders accessibility

Participant CMWs in seven districts mentioned that certain family affairs restrict them in performing their duties.

- 7.10.1 Nobody to take care of CMWs’ children when CMW is away to conduct delivery, was mentioned in five districts. (Layyah, Lodhran, Sialkot, Sahiwal, Bahawalpur) as an inhibitory factor for not going out to conduct deliveries.

“We cannot take the children with us. If we leave them then who do we leave them with? This has become a problem.”CMWs FGD, Sialkot⁴

¹ *“Agar hum bin bulai jain tou kehtay hain ke khud chal kar aa gai hai, isey paison ka lalach hai” CMWs FGD Jhelum*

² *“Jub hum bin bulai jatay hain tou loag kehtay hain ke falan ki bahu, falan ki biwi kaise paise kamanay ke liay ghar ghar ja rahi hai, aur is tarah ki batein karte hain jub admiyoun mein baithay hain”.CMWs FGD Toba Tek Singh*

³ *“Aik dafa is tarah hua ke mujhay pata chala ke kisi ke ghar mein delivery ho rahi hai, mein wahan chali gai, us ki sas ne bura mana, aur us aurat ko mujhay dekhay tak bhi nahi dya, ke aap ko bulaya nahi, aap kyun aa gaein” CMWs FGD Bahawalpur*

⁴ *“Bahcon ko sath nai le ja sakte, chhor kar jayin to kis ki pass, ye to masla ban gya na”.... CMWs FGD Sialkot*

“The children go to school. A delivery can happen at any time of the day, not necessarily just at night, it can happen in the morning too. Where will the children go then?, that is why it is a problem.”CMWs’ FGD, Lodhran¹

- 7.10.2 Illness of a family member has sometimes restricted CMWs from going out of home to conduct deliveries (Dera Ghazi Khan, Toba Tek Singh)

“We are married, if our children fall ill or there is a problem at home, we do not go.”.... CMWs FGD, Dera Ghazi Khan²

“My mother was ill, for that reason I could not go.”..... CMWs’ FGD, Toba Tek Singh³

- 7.10.3 Other family issues, for example, death or wedding in the family also restricts CMWs from performing duties for several days (Lodhran).

“There could be some family issue at home which would stop us from going, (for example) there is no one at home.”..... CMWs’ FGD, Mianwali⁴

“If there is a death then one has to go to the funeral. How can one go to conduct a delivery.”CMWs FGD, Lodhran⁵

“There was a wedding at her house on the day of my delivery. She was not home, she had gone to Kangan (a neighbour town).”..... IDI with woman, Kasur¹

¹ *“Bachay school jate hain, delivery to kisi bhi waqt ho sakti hai, zaroori to nai k raat ko he ho, subha bhi ho skti hai, phir bahcay kahan jayinge, nashta ho gya bachon ka, is wajah se problem ho jati hai”..... CMWs FGD Lodhran*

² *“Hum shadi shuda hain, kabhi bacha y beemar hon, ya gharelo masla ho to nai jatay”.... CMWs FGD Dera Ghazi Khan*

³ *“Meri Ammi bimaar thein, jis ki wajah se mein nahi ja saki” CMWs FGD Toba Tek Singh*

⁴ *“Koi gharelo problem bhi ho sakti hai jis ki waj ah se hum nai ja sakte, ghar men koi nai hai”..... CMWs FGD Mianwali*

⁵ *“Fautgi waghera ho jati hai tou bunda udhar chala jata hai, zichgi karwanay kaise jain” CMWs FGD Lodhran*

7.11 Other Inhibitory Factors Mentioned in Few Districts

In few districts (1 to 3) some additional inhibitory factors were mentioned, which were:

- 7.11.1 Apprehensions about utilizing services of infertile CMW was mentioned in one district

“Some people say that the CMW is infertile, she does not have any children of her own, what can she do for other people.”....CMWs FGD, Lodhran²

- 7.11.2 Some have fear of “Pachawan”, was mentioned in one district (Jhelum)

“When I knocked on the door, her mother-in-law opened it and asked whether I would cast an evil eye on the baby. I do not even know what that is myself.”..... CMWs FGD Jhelum³

- 7.11.3 Women are afraid of “Nazar” was stated by few participant CMWs in two districts (Bahawalpur, Jhelum).

“Even if we conduct the delivery, they hide the baby to prevent it from the evil eye. If the mother is breastfeeding the baby, they quickly cover it with a sheet as they think that we

¹ *“Us ke ghar par shadi thi, jis din mera bacha hua wo ghar par nahi thi, kangan pur gai hui thi”IDI Kasur*

² *“Baaz loag kehtay hain ke CMW banjh hai, is ke apnay tou bachay hain nahi, dosroun ke kya houn ge” CMWs FGD Lodhran*

³ *“Jab mein ne darwaza knock kya tou us ki sas pehlay mujh se poochti hai ke pachawan tou nahi, mujhay khud nahi pata ke pachawan kya hota hai” CMWs FGD Jhelum*

will cast an evil eye and the baby will stop drinking the mother's milk".....CMWs FGD, Bahawalpur¹

"Sometimes there will be a delivery and we will go there. The mother-in-law will behave as though we are going to cast an evil eye on the baby, as we came without being called.".....CMWs FGD, Bahawalpur²

- 7.11.4 Fear of "Jadoo Tona (black magic)" was stated in one district (Toba Tek Singh).

"They (women) are worried as to why we (CMWs) come without being called by them, and whether we are there to do black magic on them.".....CMWs FGD, Toba Tek Singh³

- 7.11.5 Religious and caste differences limit accessibility to pregnant women. Only in 1 district, differences in religion was mentioned as an inhibitory factor by participant CMWs, while caste issue was stated in 2 districts as a factor for not providing services to some women.

"The people of the community are Christians and for this reason our families stop us from going. They tell us not to go to Christian people's houses for deliveries."....CMWs FGD, Bahawalpur⁴

¹ "Agar delivery ho bhi jai tou wo bachon ko chupa deitay hain ke hamaray bachay ko nazar lag jai giagar bacha maa ka doodh pee bhi raha hai tou foran us par chadar dal di jati hai ke nazar lag jai gi aur phir is ne doodh nahi peena" CMWs FGD Jhelum

² "Kabhi is tarah hota hai ke delivery ho rahi hoti hai, aur chalay jain tou sas ka rawiyya is tarah hota hai ke bulwaya nahi khud aa gai hai, bachay ko nazar lag jai gi".....CMWs FGD Bahawalpur

³ "Unhe ye fikr hoti hai ke jub hum ne inhe bulaya nahi tou ye khud ba khud kyub aai hai, aur unhe jadoo tonay ka dar bhi hota hai ke khud aai hai kahin koi jadoo tona na kar ke chali jai"CMWs FGD Toba Tek Singh

⁴ "Community walay Christian hain is liay ghar walay rukawat paida kartay hain, ke aap loag Christian ke ghar delivery ke liay na jao"CMWs FGD Bahawalpur

“Other than that there is a difference in caste. Some people are from lower castes, that is why those people do not have their deliveries conducted from us.”.....CMWs FGD, Sahiwal¹

“If they are not people from the family, then our families do not give us permission. Their behaviour is also not good with us.”.....CMWs FGD, Layyah²

- 7.11.6 Negative consequences on personal life restricted CMWs’ activities. In FGDs, 2 CMWs mentioned negative consequences on their personal life for adopting the profession, while in another district it was stated that some engagements were broken after the girls took admission in the course for CMW.

One CMW in Toba Tek Singh narrated her story in which she faced threat of being kidnapped and her family restricted her from working.

“Those of us who live in the village are forced. The Chaudry of the village would come at night and force me to perform an abortion. He would threaten to kidnap me if I did not oblige. After receiving this threat my husband said ‘you are not to leave the house again. Pack up your things, we do not need a job like this.’ We left the village and came to the city.”..... CMWs FGD, Toba Tek Singh³

One CMW in Jhelum stated that she was divorced because of her work;

¹ *“Is ke alawa zaat ka farq bhi hota hai, kuch loag nichhi zaat ke hotay hain, is liay wo loag nahi karwatay”
.....CMWs FGD Sahiwal*

² *“Agar ye khandan ke loag nahi hain dosray khandan ke hain tou ghar walay ijazat nahi deitay, un ka bhi rawaiya hamairay sath acha nahi hota”CMWs FGD Layyah*

³ *“Hum jo loag gaon mein rehtay hain hamein majbour kya jata hai, jo gaon ke choudhary hain wo raat ko aakar majboor kartay hain abortion karwanay ke liay, wo hamein kehtay hain ke aap is ke D&C karein, agar aap nahi karein ge tou hum aap ko uthwa laeinge.....jub mujhay ye dhamki mili tou meray husband ne kaha ke aap ne ainda ghar se nahi nikalna, apna saman bund karo, hamein aisey nokri ki koi zaroorat nahi....aur hum gaon chor kar shaher aa gai” CMWs FGD Toba Tek Singh*

“He (husband) was always on my case saying that nurses were not good, they were like this and like that. I said just leave me alone, and then I got divorced.”.....CMWs FGD, Jhelum¹

7.12 Dissatisfaction Of CMWs

In all FGDs in the 18 sampled districts, most of the CMWs expressed their frustration with their job. They expressed that they themselves and their families were very unhappy with their job. Many participant CMWs stated that a very rosy picture was painted to them during recruitment and most of those commitments have not been honoured. They feel trapped as the key promises made remained and they cannot leave the profession as they have signed the bond. Some even went to the extent of expressing that they would leave the service on completion of the three year bond period. The following statements reflect their extreme sentiments.

We have come to hate (this profession). Oh Allah please make these three years complete in some way, so that we may be free”CMWs FGD, Toba Tek Singh²

We are trapped due to ignorance. Whenever we look at what has happened to us, we become very worried because our families criticise us so much and it embarrasses us to tell people that we earn 2000 rupees for all this work.....CMWs FGD, Okara³

We want to leave (the job) but they (MNCH Programme staff) say that we not only have to return the training stipend, but the payments received in the past year. There

¹ *“Wo har waqt meray peechay para rehta tha ke nursain theek nahi hotein, aise hotein hain, waisey hotein hain tou mein ne kaha ke jan choro, aur phir talaq ho gai” CMWs FGD Jhelum”*

² *“Hamein (is kaam se) nafrat ho gai haiYa Allah kisi tarah hamaray ye teen sal puray houn, hamari jaan chotay” (CMWs FGD Toba Tek Singh)*

³ *“Hum tou bhool mein maray gai, hamein nahi pata tha, jub hum dekhtay hain ke ye kya hua hamaray sath tou bahut pareshan hotay hain, kyunke hamaray ghar walay hamein itne tanay deitay hain, aur logon ko batatay huay hamein sharam aati hai ke 2000 rupay mein itna kaam kar rahay hain” (CMWs FGD Okara)*

will be other charges too, if we do not reimburse all this, then a case will be initiated against us.CMWs FGD, Layyah¹

It has been 2.5 years since we received training. If the conditions remain the same (after 3 years are complete) then we will not work. (CMWs FGD, Attock)²

It becomes apparent that the above situation has resulted from:

- Misperceptions about the CMWs cadre by the CMWs
- Unmet expectations of high financial returns
- Misguidance by the programme/training staff.
- 7.12.1 CMWs had a Misperception About Their Role : In 8 out of 18 districts (Attock, Gujrat, Kasur, Layyah, Mianwali, Multan, Sialkot and Toba Tek Singh), many participant CMWs mentioned that they were not aware of the role of CMW as this cadre did not exist before. They understood it during training, and realised that they had chosen the wrong profession.

“We did not know the nature of the work. When the training started and we became bound there, we started receiving threats (in case we would think of leaving), faced

¹ *“Hum chorna chahtay hain, magar wo ye kehtay hain ken a sirf training wala stipend wapas nahi karo, is ke alawa jo aik sal ka le chukay hain wo bhi wapas karo, aur bhi charge honge, ye na kya tou aap par case kya jai ga”....CMWs FGD Layah*

² *“Training ke baad 2.5 sal ho gai hain agar yahi halaat rahey tou phir (teen saal puray hone par) hum kaam nahi karein ge” CMWs FGD Attock*

difficulties and people called us daiyan, then we came to know what our job was.”.....

CMWs FGD, Toba Tek Singh¹

“I was totally unaware (about the work of CMW), I just read in the newspaper and applied, did not realise what it will lead to.”..... CMWs’ FGD, Gujrat²

“My studies had just ended, heard from people and took admission. I had little information (about it), as ours was the first batch.”.....CMWs FGD Multan³

“My husband submitted the admission forms, I knew nothing about what it was all about.”..... CMWs FGD Mianwali⁴

Interestingly, in 9 out of 18 districts (Chakwal, Dera Ghazi Khan, Gujrat, Jhelum, Jhang, Layyah, Kasur, Muzaffargarh, Sialkot), many participant CMWs stated that their perception was that they will become “doctors” for their community. However, they were shocked when they were called ‘midwife’ or ‘dai’ during the training by the Programme Staff. Later, in community they were also labelled or treated as a *dai*.

“We used to observe the (lady) doctors, and thought how pretty she looked, people respect her so much. We thought that we will get the same respect as we will also become ‘doctors’ but there is no respect in this work,”.....CMWs FGD Jhelum⁵

¹ “Pata nahi tha ke kya kaam hai, jis waqt training start ho gai, hum wahan pe bound ho gai, jub hamein dhamkiyan milne lagein, tarah tarah ke khaqraat aur mushkilaat, jub hamein daiyaan kaha gya, tou pata chala ke hamara ye kaam hai”CMWs FGD, Toba Tek Singh

² “Mujhay tou totally nahi pata tha, mein ne akhbaar mein parha tha aur tukay par apply kar dya, mujhay nahi pata tha ke gay itna kuch chal paray ga” CMWs FGD, Gujrat.

³ “Meri parhai ka silsila khatm ho gya tha, logon se suna aur admission le lya, jub ke itni information nahi thi, hamara pehla batch tha”CMWs FGD, Multan

⁴ Meray khawand ne kaghzaat jama karwai thay, mujhay kuch pata nahi tha ke ye kya hai aur kya nahi CMWs FGD, Mianwali

⁵ Hum bachpun mein dekha kartay thay ke doctor hai, kitni pyari lag rahi hai, loag kitni izzat kar rahay hain, tou hamari bhi aise hi hogi, hum bhi doctor bun jain ge, likin is kaam mein tou koi izzat hai hi nah”CMWs FGD, Jhelum

“People see us and say ‘look, there go the daiyan.’CMWs FGD, Jhelum¹

“During training, we did not receive fair treatment. They (the training staff) used to say ‘here come MIDIAN, these are all daiyan...’ we were treated like dogs there.”CMWs FGD, Layyah²

- 7.12.2 CMWs Had Perception of High Financial Return: In all districts, except in Dera Ghazi Khan, participant CMWs stated that they expected much higher financial returns when they applied for the training. They appeared extremely frustrated as this expectation was not being met. In several districts, CMWs mentioned they were told during recruitment/training that their salary would be around 10,000 rupees.

“We thought that our salary will be a handsome one, did not even think about getting a 2,000 rupees salary.”CMWs FGD, Sialkot³

“We thought that our salary will be 5,000 – 10,000, but nothing happened as we thought.”CMWs FGD, Rajanpur⁴

“When we applied for CMW training, it was told to us that we would get 10,000 pay. We were so happy that our domestic problems will be solved.”CMWs FGD, Attock⁵

“We were given false hopes that we will get 10,000 salary. When we came for the interview, the department people had told us.”CMWs FGD, Chakwal¹

¹ *“Loag hamen kehte hain ke ye dekho ye daiyan ja rahi hain” CMWs FGD, Jhelum*

² *“Training ke doran hamaray sath acha sulook nahi hua, hamai ye kehtay thay ke ye tou MIDIAN aa gain hain, ye tou sub aam se daiyan hain.....hamaray sath kutton jaisa sulook hua hai” CMWs FGD, Layyah*

³ *“Hamara ye khayal tha ke hamari achhi khasi handsome salary ho gi, ye nahi pata tha ke 2,000 pay ho gi.”CMWs FGD, Sialkot*

⁴ *“Hum ne ye socha tha ke 5,000 – 10,000 hamari tankwah ho gi, lekin jis trah hum ne socha tha, us trah nahi hua.”CMWs FGD, Rajanpur*

⁵ *“Jab ham ne CMW banne ke liye apply kiya tha, to hamen bataya gya tha ke ap ki 10,000 pay ho gi. To hum loag iss bat pe khush thay k chalo hamare ghar ke masail hal ho jayinge.”CMWs FGD, Attock*

As the hope for financial return was so high, in some districts, some CMWs mentioned that they had paid bribes to get admissions for the training to the EDOH office.

“When we were getting the training, we were told lies. If we knew it before, we would never have done it (training). There is so much corruption, they have taken 20,000 from us (for taking admission), both from the first and second batch. When we think back what happened to us, we become frustrated.”.....(The name of the district omitted purposely)²

“We spent money (to get her admission for the training). They have taken 30,0000 rupees from us, I had live stock, which I sold to get 10,000 cash and paid (the complete amount). They said that (she will) get admission only if we pay the money”..... Mother-in-law in family group discussion The name of the district omitted purposely³

Moreover, the CMWs shared in Kasur, Multan and Okara that they were told by the programme staff that they will have a pay scale of 7.

¹ *“Hamen suhanay khawab dikhaye gye thay ke aap ko 10,000 tankhwah millay gi. Jab ham interview ke liye aye thay to mahkmay ke logon ne kaha tha.”CMWs FGD Chakwal*

² *“Jab ham ne training ki to us waqt hum se jhoot bola gya. Us waqt agar hamen pata hota to hum iss ko na karte. Corruption bohot hai, 20,000 hazar liye hain. First batch walon se bhi liye hain aur second batch ne bhi diye hain. Jab ham ye dekhte hain ke ye kya hua ye hamare sath tou bohot pareshan hotay hain.” (The name of the district omitted purposely)*

³ *“Pehle paisa lagaya. 30,000 hum se naqad liya hai. Main ne dangar palay hue thay, 3 baich kar 10,000 ke paise diye. Unhon ne kahan tha ke paise den tou dakhla ho ga.” Mother-in-law in family group discussion, (The name of the district omitted purposely)*

“They told us in the past that we will get the 7th pay scale. When we ask them now (about it), they completely deny it. Now we do not even have the 2nd scale.”.....CMWs FGD, Kasur¹

“We have not received any pay scale as yet, but we were told before that we are going to get a 7th pay scale.”..... CMWs FGD, Okara²

“The office staff told us during training that we will get 7th pay scale, but we got nothing.”..... CMWs FGD, Multan³

CMWs in some districts lamented that their pay is less than that of LHWs:

“The LHW gets 7,000 and we get 2,000 only, [and] that too, is not on a regular basis.”..... CMWs FGD, Jhelum⁴

“I was a LHW [and] thought that if I must do a job, why not go for a better one, (and chose CMW training). Now my fellow health workers talk like ‘you are getting only 2,000. What services should we get from you, we are getting 7,000.’”.....CMWs FGD, Okara⁵

Another factor was that CMWs were not getting their stipend regularly. This was stated by the FGD participants in 12 out of 18 districts (Jhang, Layyah, Okara, Sahiwal, Toba Tek Singh, Mianwali, Multan, Kasur, Gujrat, Bahawalpur, Chakwal, Muzaffargarh).

¹ *“Pehle keh rahe thay ke p ko 7th scale denge, ab jab poochte hain, kehthe hain koi nahi hai scale. 7th kya, 2nd scale bhi nahi hai”CMWs FGD Kasur*

² *“Abhi tak hamen koi scale nahi milla, lekin hamen tab bataya gya tha ke aap ko 7th scale aapko millay ga.”CMWs FGD Okara*

³ *“Office walon ne training me kaha tha ke aap ko 7th scale millay ga, lekin kuch nahi milla”CMWs FGD Multan*

⁴ *“LWH ko miltay hain 7000 aur hamein miltay hain 2000 aur wo bhi kabhi kabhi”CMWs FGD Jhelum*

⁵ *“Mein LHW thi, socha ke job hi karni hai tou koi achi kar leitay hain (aur CMW bun gai)....ab jo meri health workers hain ye keh rahi hain ke tum 2000 le rahai ho hum aap se kya karwain , hum tou 7000 le rahay hain”CMWs FGD Okara*

“They pay us 2,000 and that has not even been paid for the last six months.”..... CMWs FGD, Multan¹

“What is 2,000 rupees’ worth? It has been almost a year that we have received any of it.”..... CMWs FGD, Jhang²

During family interviews, many family members in 11 districts also objected to the CMW being paid a low income and that too on an irregular basis (Bahawalpur, Chakwal, Jhelum, Kasur, Layyah, Lodhran, Multan, Muzaffargarh, Sahiwal, Sialkot, Okara).

“(Her) pay is very low, 2,000 rupees has little worth. The inflation is on the rise and it is hard to even make a dress from it. That pay is even paid after 8 – 9 months.”.....Mother-in-law in family group discussion, Layyah³

- 7.12.3 CMWs Anticipation of Working at Fixed Centres was not met: In all 18 districts, participant CMWs stated that they were told that they will be working from a birth station/clinic/hospital and majority of them did not anticipate that they will be required to visit homes to provide the services. A large number of them mentioned that they were told that a “clinic” will be established from where they will operate.

“The LHW will bring patients to us. I thought that I would sit comfortably and perform check-ups. I did not know that they would humiliate us. When they told us in the end

¹ *“2000 deitay hain wo bhi pichlay 6 mahinay se nahi milay”CMWs FGD Multan*

² *“2000 mein kya hota hai, aur sal honay ko hai wo bhi hamein abhi tak mila nahi hai”CMWs FGD Jhang*

³ *“pay bohat kum hai, 2000 peh kya hota hai. Aik jora kapron ka bhi nahin banta, itni mehngai hai, pay bhi 8-9 mahine baad milti ha.”... ..Mother-in-law in family group discussion, Layyah*

that we would have to go and work in the community, I was very shocked and disturbed.” CMWs FGD, Gujrat¹

“They said, during training, that they would set a clinic up for us. We also heard that for those who do not have space (in their homes) would be given space and would be set-up in a complete clinic. We would be given a clinic and would work there. Going from home to home is a big problem for us.”CMWs FGD, Kasur²

“It was written in the newspaper that a clinic would be set-up for us, and if not we would be given money instead.” CMWs FGD, Jhang³

“First we were told that we would receive some medicine, a centre would be made for us, a birth station would be made. Later nothing of this sort happened, we have nothing.”CMWs FGD, Muzaffargarh⁴

“We were shown big dreams where we would be given a clinic with all facilities present. We would be given a permanent office, just like doctors get in a DHQ.”CMWs FGD, Mianwali⁵

¹ *“LHW aap ke pass patient le kar aya kare gi. Main ne socha ke main aram se izzat se beth kar check kiya karungi. Mjhe ye nahi pata tha ke inhon ne ulta hamen zalil karna hai. Inhon ne end pe jab hamen bataya ke aap community men jaya karengi, mujhe itna shock pohnta tha ke main boht disturb hui thi.” CMWs FGD Gujrat*

² *“Inhon ne training ke doran kaha tha ke clinic bana ke den ge, aur ye bhi suna tha ke jin k pass jaga nahi hai, wo jaga bhi denge, set ker ke den ge sara, bilkul mukammal clinic ki trah bana ker denge. Clinic bana hua ho wahan beth kar kaam karen, ghar ghar jana hamre liye bara masla hai” (CMWs FGD in Kasur)*

³ *Akhbar men likha tha k aap ko clinic bana kar denge, agar clinic nahi bana kar den ge to aap ko paise denge.”CMWs FGD, Jhang*

⁴ *Pehle hamen bataya gya tha ke hamen kuch medicine millengi, ye loag hamen centre bana kar denge, birth station bana kar denge lekin baad men aisa kuch bhi nahi hua, hamare pass kuch bhi nahi hai....CMWs FGD in Muzaffargarh*

⁵ *“Hamen boht baray khawab dikhaye gye thay k baqaida ap ko clinic building samait bana kar diye jayinhe jis men sari sahooolaten mojud hongi. Hum logon ko mustaqil daftar diya jaye ga jis trah DHQ men doctor ko diya jata hai.”CMWs FGD Mianwali*

“They gave us false hopes that we would have a clinic and would not have to go anywhere. They said that the LHW herself would bring patients to us.”.....CMWs FGD, Gujrat¹

In 7 out of 18 districts, participant CMWs mentioned that Programme Staff committed to placing them in a Health Facility, which was not followed. In 4 districts (Attock, Muzaffargarh, Sahiwal, Okara) CMWs were told that they will be placed in BHUs, while in 3 districts (Layyah, Lodhran, Multan) commitment was given for their appointment in hospitals.

“The EDOs came to our class and told us that there are 300 hospitals in which there are no midwives. They told to be clear that they would attach us to the nearby government BHUs.”..... CMWs FGD, Okara²

“We were told that whoever lived close to an RHC or a BHU would be given a government job and those who lived in rural areas would be set-up in a birth station.”..... CMWs FGD, Muzaffargarh³

“When we applied to become a CMW, we were told that we were to work in a hospital. We were also told that we would be given transport for any visits and were going to work in a BHU in the next 3 years.” CMWs FGD, Attock⁴

¹ *“Inhon ne hamen sabz bagh dikhaye thay ke ap ka clinic ho ga, aap ko kahin jana nahi pare ga. LHW khud aap ke pass patient le kar aa jayingi”....CMWs FGD, Gujrat*

² *“EDO sb ne to ye bhi kaha tha hamari class men aa ke, keh 300 hospitals khali pare hain jin men midwives nahi hain. Aap loag clear kar lo, aap ko hum government ke qareebi BHU hain, un se attach kr denge.”CMWs FGD, Okara*

³ *“Hamen ye kaha gya tha ke jin ke ghar RHC ya BHU k qareeb hain, un ko government job di jayi gi. Aur jo dehati ilaqon men rehti hain, unhen birth station bana ker diye jayinge” CMWs FGD, Muzaffargarh*

⁴ *“Jab ham be CMW banne ke liye apply kiya tha tou hamen bataya gya tha k hum ne hospital men kaam karna hai. Aur aap logon ko visit ke liye gaari di jayegi, jahan bhi aap visit k liye jayingi. Aglay 3 saal tak aap apne BHU per kaam karengi” CMWs FGD, Attock*

“MNCH people said that we would get a government job in a government hospital.”.....

CMWs FGD, Multan¹

During interviews with CMWs' families, financial gains were mentioned as an important reason for choosing the CMW profession for their daughter, sister, wife in at least 12/18 districts (Attock, Chakwal, Kasur, Jhelum, Jhang, Layyah, Mianwali, Muzaffargarh, Okara, Rajanpur, Sialkot, Toba Tek Singh). They considered it as a good choice as they perceived that the CMW would be able to earn by working from home. They were expecting a higher salary, permanent job and a clinic too, which did not happen.

“(They said) She would be put on duty in the hospital. We found out later that she will not be put on duty in the hospital but will be given an area of a population. They said they would open a clinic and either the government would pay or they would reimburse her. They did not give her any expenditure, nor did they open a clinic for her.”.....Mother in family group discussion, Gujrat²

In anticipation of financial gains, families bore financial difficulties during their training. In family interviews some families (15/36 families) explained the financial problems they faced (in 11 districts Attock, Jhelum, Lodhran, Multan, Rajanpur, DERA GHAZI Khan, Bahawalpur, Sahiwal, Muzaffargarh, Okara). These problems were resolved by adopting frugal spending and/or borrowing money from other family members, as the seriousness of the financial constraint varied. However, many mentioned that the financial problem lessened as the CMW started to receive the stipend, but the earning is much lower than expectation.

¹ *“MNCH walon ne kahan tha ke government hospital men government ki job ho gi”..... CMWs FGD, Multan*

² *“duty lag jaay gi kisi haspatal main, wo to baad main pata laga keh haspatal nahi duty lagti balkeh in ko abadi di jaay gi, clinic jo hain wo banain gaay oar clinic ka kaha tha oar yahi kaha tha keh clinic governement bana kar daay gi, jaga lay kar dain gaay, bana kar dain gaay ya kharcha dain gaay, unhoon nay phir na he kharcha in ko diya, na clinic bana kar diya.”Mother in family group discussion, Gujrat*

“Obviously there was problem of money as treasure filled to the brim would also be emptied ultimately”Mother in family group discussion, Attock¹

“I used to go with so much difficulty after 15 days, arranged for the fare, borrowed from someone and went to my daughter.”..... Mother in family group discussion, Dera Ghazi Khan²

*“We had to face problems. Her training centre was 40 kilometre away from home. We had to put her in a hostel and bore the expenses. Then government paid her 3,500 monthly to lessen her problems. When we had to go to her, we had no money for fares and used to borrow money. We borrowed money and got her training completed”
.....Father in family group discussion, Rajanpur³*

¹ *“Paisoon ka bhi saaf zahir hai masla tha, wo kehtay hain na keh bharay hooay khoobhi khali hotay hain.”
.....Mother in family group discussion, Attock*

² *“Main itni mushkilon se jati thi har 15 din baad keraya dhonda kisi se udhar manga, udhaar mang kar main bachi ke paas jati thi.”Mother in family group discussion, Dera Ghazi Khan*

³ *“Mushkilat ka samna tou karna para, jahan iss ki training thi wo yahan se 40 km door tha. Tou hum ne iss ko hostel men rakha, wahak ka kiraya diya. Government ne merhrbani se is ko 3,500 mahwar diya tajay larki ke masail hal ho jayin. Hamen Rajanpur jab jana hota tha, kiraya nahi hota tha, udhaar mang ker jate thay, iss ke khanay peenay aur rehaish ke ikhrajat pooray kerte thay. Bus idhar udhar se udhar mang ker is ke ye taleem puri ki”Father in family group discussion, Rajanpur*

8. Factors that facilitate CMWs in their current accessibility to pregnant women and pregnant women in reaching CMWs

The CMWs' accessibility is not universal as seen in chapter 3, as they are not reaching pregnant women in all assigned areas. Furthermore, in areas that they are reaching, only a limited number of women were found utilizing them as birth attendants. In all 18 districts, participant CMWs in FGDs and respondents of IDIs and family group interviews were asked to identify factors that facilitate current accessibility of CMWs to pregnant women in the community for conducting deliveries, and community women in accessing CMWs for delivery.

This chapter presents the factors that facilitate CMWs' accessibility to those women who are availing their services as birth attendants.

4 key facilitative factors

1. Clients living close by, an acquaintance or relative
2. Training, education and competence of CMW is valued by woman/family
3. Advocacy by satisfied clients
4. Flexible Fee

Other important facilitative factors

5. Good Experience with CMWs
6. Cooperation by other health workers
7. Availability of transport
8. Motivation of clients by CMWs
9. Support by Family of CMWs

Facilitative factors mentioned with less frequency

10. Bad experience with *dai*, cooperation by influencers, mobile phones with CMWs, provision of free medicines, construction of delivery room

8.1 Client living close by and known to them or a relative

In all 18 districts, participant CMWs in FGDs stated that they mostly conducted deliveries for families living close by and were known to them or their relatives. This statement further supported the finding that their access is limited. However, it succinctly shows that both “close vicinity” and “knowing the family” played key roles in accessibility to pregnant women for delivery.

“Working in our own village is easy. They (pregnant women) call us and we also go ourselves.”.....CMWs FGD, Dera Ghazi Khan¹

*“It is easy to work in the neighbouring villages as we can walk and get there ourselves.”
.....CMWs FGD, Muzaffargarh²*

“(Those we go to) are relatives, our houses are next to each other. We also have permission from home. We can also go ourselves, whether there is no one to take us or pick us up.”....CMWs FGD, Rajanpur³

¹ *Apne gaon mein kaam karne mein asani hoti hai, wo bula bhi letay hain, hum khud bhi chalay jatay hain.....CMWs FGD, Dera Ghazi Khan*

² *Jo sath sath ke ilaqay hain un mein asani hoti hai, kyunke sath ke ilaqay mein khud chal kar chalay jatay hainCMWs FGD, Muzaffargarh*

³ *(Jin ke pas jatay hain wo) rishtay dar hotay hain, sath sath ghar hotay hain, hamein ghar se bhi ijazat hoti hai, hum khud bhi ja saktay hain, chahai koi chorne na jai , lenay na jaiCMWs FGD, Rajanpur*

“The case I conducted was that of my cousin. She was reassured because I was her cousin and she would have my full support. It is family members who come to us for deliveries.” CMWs FGD, Gujrat¹

During IDIs with women who delivered with CMWs, a majority of the women (14 out of 18) reported that CMWs were well known to them, which was an important facilitating factor for utilizing her as a birth attendant. They added that CMWs are living close-by, hence, they were available 24 hours a day.

“We had the facilities, if we were to go outside (the area) we would have to spend a lot, we would have to book a car and there would be problems like this. This facility is in the home that is why it is very good.”.....IDI with woman, Chakwal²

“The CMW is our neighbour, she is from the same family and she is present in the area. She is well-known in the area and everyone trusts her.”..... IDI with woman, Multan³

“She (CMW) is from the same village, that’s why. It was night-time, it was raining, we called her and she still came.”..... IDI with woman, Layyah⁴

During interviews with the CMWs’ families that discussed facilitating factors, more than half (14 out of 23) of the families (in districts Bahawalpur, Chakwal, Dera Ghazi Khan, Jhelum, Layyah, Lodhran, Mianwali, Multan, Muzaffargarh, Rajanpur, Sahiwal) also stated that people felt comfortable acquiring CMW services as the CMW’s family is known to them

¹ Jo mein ne case kiyae wo meri cousin thein, unho ne is liay karwain ke wo mutmaien thein ke chalo meri cousin hai aur mujhay tasalli rahay gi....family ke banday hi karwatay hain CMWs FGD Gujrat

² hamaray paas sahulat thi, bahar jatay to kitna kharcha hota hai, hamein gari bhi book karni parti hai, is terah kai masail bun jatay hain, yay sahulat ghar mein hai isliay yay bohat acha hai.....IDI with woman, Chakwal

³ CMW hamari humsai hai, hamaray khandan ki hai, hamaray ilaqay main mojoud hai, pooray ilaqay say jaan pehchaan hai, bharosa hai saray ilaqay ko is pay..... IDIwith woman, Multan

⁴ Ilaqay ki hai is liay, raat thi, barish thi, us ko bulaya , wo phir bhi a gai..... IDI with woman, Layyah

and they have been living in the area for many years; hence, community people know them well.

8.2 Training, education and competence of CMW is valued by woman/family

In FGDs, participant CMWs in 11 districts (Chakwal, Muzaffargarh, Kasur, Okara, Bahawalpur, Toba Tek. Singh, Lodhran, Attock, Sahiwal, Sialkot) mentioned that those who seek assistance from them as birth attendants recognize that CMWs are educated and trained as compared to *daiyan* and believe that CMWs are more competent. This value to their training serves as a facilitating factor.

“(People say) ‘she has been trained by the government, she has learnt from doctors. The government has sent her for us.”.....CMWs FGD, Sialkot¹

*“People say ‘she has spent 2 years learning, what have the daiyan learnt? They just learnt by sitting in their homes, whereas she (CMW) has learnt from the government.”
..... CMWs FGD, Kasur²*

“We are in the area of Abai. People are familiar with my father-in-law’s and grandfather’s name and because of that people know that I have received my training from Bahawalpur. They know that I have advanced training and so send (their pregnant women) for deliveries.”.....CMWs FGD, Bahawalpur³

¹ (loag kehtay hain) ye government ki taraf se trained ho kar aai hui hain, inho ne baray doctoron se sikha hua hai, hukumat ne hamaray liay bhaji hainCMWs FGD Sialkot

² loag kehtay hain ke ye dou saal seekh ke aai hai, aur daiyoun ne kya kya hai? ghar mein baithay baithay seekha hai, ye tou government se seekh kai aai hai CMWs FGD Kasur

³ Hamara abai ilaqa hai, meray susar aur dada ke naam se loag waqif hain, aur logon ki koshish hoti hai ke ye inki bachi hai, training Bahawalpur se li kar aai hai, wo jantay hain ke ye tarbiyat yafta hai, tou wo delivery bhaji deitay hainCMWs FGD Bahawalpur

During IDIs with women who delivered with CMWs, most of the women (15 out of 18) also reported that they utilised the services of CMWs as a birth attendant because they were educated and trained.

“The daiyan have experience but no education. The CMW is more educated in comparison.”..... IDI with woman, Chakwal¹

“She (CMW) has undergone training, she is well-trained. That is why we went to her (for delivery).”.....IDI with woman, Muzaffargarh²

“She (CMW) is educated, has been trained, that is why everyone trusts her.”.....IDI with woman, Rajanpur³

Also, few women (3 out of 18) appreciated that CMWs take care of cleanliness while conducting the delivery and use gloves.

“She (CMW) wears gloves whilst conducting a delivery, she conducts a clean delivery and there are no worries.”..... IDI with woman, Muzaffargarh⁴

Some CMWs' families (7 out of 23) in districts Attock, Chakwal, Lodhran, Mianwali, Multan, Sialkot, Toba Tek Singh stated that people recognized that CMW is far better trained than *dai* and can handle complicated situations during delivery, hence they acquire her services.

¹ *jo daiyaan hain un ka tajurba to hai magar taleem nahi, CMW kay paas taleem zayada hai un ki nisbat IDI with woman, Chakwal*

² *Training ki hui hai, achi tarbeeyat hai, is liay is kay paas gaay thay....IDI with woman. Muzaffargarh*

³ *Ye parhi likhi hai, training li hoi hai, is liay is par sab ko yaqeen hai IDI with woman, Rajanpur*

⁴ *hathoon par dastanay pehan kar zichgi karwati hai, saaf zichgi karwati hai, koi pareshani nahi hoti..... IDI with woman, Muzaffargarh*

“People like her (CMW) a lot and say that she is much better than the dai.”

.....Husband in family group discussion, Lodhran¹

In 5 districts (Okara, Toba Tek Singh, Jhang, Sahiwal, Sialkot), CMWs expressed that educated people give more considerations to general advocacy of CMWs.

“Mostly educated people know us, they have their training conducted by us because we have been trained.”CMWs FGD, Sahiwal²

“Those who are intelligent, understand (that we are trained). Those who are ignorant cannot be made to understand no matter how much you try”..... CMWs FGD, Jhang³

“They (clients) were educated people, they watch TV. They had awareness that is why they cooperated so much.”.....CMWs FGD, Toba Tek Singh⁴

8.3 Advocacy by satisfied clients

In 10 districts, (Okara, Jhelum, Dera Ghazi Khan, Layyah, Bahawalpur, Toba Tek Singh, Attock, Jhang, Sahiwal, Mianwali) the CMW participants of FGDs stated that their satisfied clients were an important factor in increasing their access to pregnant women. Those women who had experienced a satisfactory delivery with CMWs, recommended their services to other women in the community.

¹ *Log bohot pasand karte hain aur kehte hain ke ye dai ki nisbat bohot behtar haiHusband in family group discussion, Lodhran*

² *Baaz parhay likhay loag hamein jantay hain, wo hamari training ki wajah se hum se delivery karwa letay hain ke ye training kar ke aai haiCMWs FGD Sahiwal*

³ *Jo samajhdar hain wo samajh jatay hain, jo jahil hain unko jitna marzi samjha lein wo usey baat par array rehtay hain..... CMWs FGD Jhang*

⁴ *Wo parhay likhay loag thay, wo TV dekhtay hain, wo subh kuch dekhtay hain, unke pas taleem hai, shaour hai, is liay itna cooperate kyaCMWs FGD Toba Tek Singh*

“They (clients) first had their delivery conducted (by myself) and were satisfied. They then made other people aware of how good and safe my deliveries are.”CMWs FGD, Jhelum¹

“I conducted one case well so they (client) told others that I have healing hands and that is how I got clients.”CMWs FGD, Bahawalpur²

“I conducted a lady’s case in the area, she was satisfied and so told other ladies that ‘such and such a lady came and conducted my case.’ This is how the number of patients increase.”CMWs FGD, Jhang³

In four districts (Chakwal, Kasur, Jhang, Sialkot), CMWs mentioned that their visibly different practices were a resultant factor for their recommendation to others by satisfied women.

“Daiyan do not wear gloves. When we wash our hands and wear gloves before conducting a delivery, women notice and tell other women about it.”CMWs FGD, Jhang⁴

8.4 Flexible fee

In 10 districts (Jhelum, Dera Ghazi Khan, Kasur, Toba Tek Singh, Lodhran, Attock, Jhang, Sahiwal, Sialkot, Mianwali), CMW participants mentioned that flexibility in their fee have led to some of the deliveries that they have conducted.

¹ *Unho ne pehlay aik ko deliver karwaya, wo loag satisfied huay, phir unho ne aur logon ko awareness di ke ye itni achi delivery karti hai, itni safe karti haiCMWs FGD Jhelum*

² *Aik ka case theek ho tou wo dosray ko kehti hai ke is ke hath mein shifa hai, is tarah hamaray client buntay hainCMWs FGD Bahawalpur*

³ *Ilaqay mein jub aik khatoon ka case kya, wo mutmaien hui, aur phir dosri aurton ko bhi kehti hai, ke falan baji aai thi, case kar ke gai, is tarah patient barhtai hainCMWs FGD Jhang*

⁴ *Daiyan gloves nahi pehanti hain, jub hum hath dho ke gloves pehan ke delivery kartay hain tou aurtaian dekh rahi hoti hain, phir wo dosri aurton ko batati hain, ke ye gloves pehan kar delivery karti hainCMWs FGD Jhang*

8.4.1 Conducted free deliveries: In six districts (Kasur, Gujrat, Attock, Jhang, Sahiwal, Sialkot), some CMWs mentioned that they even conduct free deliveries if the client could not afford their fee, hence they increased their accessibility to those who otherwise would not have sought their services as birth attendants.

“If there is no one to give (money), we do it free of charge. We compromise with those who do not have any money.”.....CMWs FGD, Sialkot¹

“Often we do it (delivery) as a loan and often we do it for free.”.....CMWs FGD, Sahiwal²

8.4.2 Accepted payment in instalments: In 4 districts (Jhelum, Sahiwal, Dera Ghazi Khan, Attock), CMWs stated that they took payment, but in instalments.

*“Money is not a problem, people are poor. They pay it off later and very slowly.”
.....CMWs FGD, Dera Ghazi Khan³*

“Those who do not have money want to pay in instalments (we conduct their deliveries for them).” CMWs FGD, Jhelum⁴

8.4.3 Accepted whatever payment is offered: In 3 districts, (Lodhran, Sialkot and Toba Tek Singh) a few CMWs mentioned that they accept whatever is offered to them.

¹ Agar koi na denay wala ho tou free kar deitay hain, compromise kar letay hain jin ke pas paisay hi na houn un seCMWs FGD Sialkot

² Baaz dafa udhaar aur baaz dafa muft kar letay hainCMWs FGD Sahiwal

³ Paison ka masla nahi hota, loag gharib hotay hain, baad mein ahista ahista karke paise ada kar deitay hainCMWs FGD Dera Ghazi Khan

⁴ “Jin ke pas kuch nahi hota wo qistoun mein paise dena chahtay hain (unki delivery bhi karwa deitay hain)” CMWs FGD Jhelum

“Those who are close, who we have a relationship with, whatever amount of money they want to give, we accept.”CMWs FGD, Lodhran¹

“One lady asked me ‘how much money will you take?’ I replied ‘however much you can give.’ I conducted the delivery, she gave me 500 rupees.”.....CMWs FGD, Toba Tek Singh²

In IDIs with women who delivered with CMWs, some women (8 out of 18) reported that CMWs accepted whatever they paid to them.

“In hospital, they charge too much. She (the CMW) did not demand for a fee. Whatever little money I had, I offered and she took without questioning.” IDI with woman, Jhelum³

“She takes whatever I pay her, never says if I have paid less. We pay her without asking and she takes without questioning.”IDI with woman, Muzaffargarh⁴

“This CMW is our relative, she has charged us nothing as fee”IDI with woman, Kasur⁵

Some CMWs' families (9 out of 23) in districts Bahawalpur, Dera Ghazi Khan, Jhelum, Kasur, Mianwali, Muzaffargarh, Okara, Sahiwal, Toba Tek Singh, also mentioned that CMW accepts whatever is paid to her, therefore, people utilise her services.

¹ *“Jo nazdeek hain, jin se rishta hai, wo jitney paise deitay hain le leitay hain”CMWs FGD Lodhran*

² *“Aik aurat ne poocha kitne paise lo gi, mein ne kaha jitney paise de sako, mein ne delivery karwai, us ne mujhay 500 rupay diyae” CMWs FGD Toba Tek Singh*

³ *“Haspataloun main jayin to paisay bhi zyada laitay hain, unhoon nay (CMW nay) mangay bhi nahi thay, jo kuch meray paas tha main nay unhein de diya, aur unhoun nay khamoshi say lay liya” IDI with woman, Jhelum*

⁴ *“Paisay jo bhi dain wo lay laiti hai, kabhi nahi kehti mujay zyada diay hain, ya kum diay hain, hum chup kar kay day daitay hain, wo chup kar kay lay laiti hai”IDI with woman, Muzaffargarh*

⁵ *“Yay to apni rishtadarni thi, is nay to paisay nahi liay hum se”IDI with woman, Kasur*

8.5 Good experience with CMW

Good nature and behaviour, support to pregnant women in complications, and a good experience in the past with CMWs for general treatment, antenatal care or even delivery led women seeking her services as a birth attendant for the last delivery.

8.5.1 Good behaviour of CMW: In three districts (Layyah, Toba Tek Singh, Jhang), participant CMWs mentioned that the good nature of CMWs played a facilitative role in their accessibility.

“We treat pregnant women in a good natured way. When they come for antenatal, we treat them nicely and check their blood pressure etc. properly. When the women observe our way of treatment, they are more inclined to come”CMWs FGD, Jhang¹

During IDIs with women whose delivery was conducted by a CMW, many of them (10 out of 18) mentioned the good behaviour of the CMW as an important reason for calling her as the birth attendant.

“She (CMW) conducts the case well. She speaks with love and affection and she does not speak angrily. She speaks well at the time of delivery, she conducts the case well and has a very good conduct.”.....IDI with woman, Sialkot²

“She has very good manners. One feels good after meeting her, from the way she speaks and from her positive conduct.” IDI with woman, Gujrat³

¹ *“Hum acha ikhlaaq rakhtay hain shoru se, wo antenatal ke liay aati hain tou hum unke sath apna behaviour acha rakhtay hain, achay tariqay se BP waghera check kya kartay hain, wo phir dekhti hain ke acha kam kartay hain is liay bhi loag atay hain”CMWs FGD, Jhang*

² *acha case karti hai, payar mohabbat say bolti hai, koi gussay wali baat nahi in mein, delivery kay time acha bolti hai, acha case karti hai oar ikhlaq bara acha haiIDI with woman, Sialkot*

³ *is ki bari achi tabeeyat hai, banda is say mil kar acha mehsoos karta hai, baat cheet say oar khush ikhlaq hai IDI with woman, Gujrat*

“She is good, in both conduct and with cases. She does not commit fraud with anyone by telling them to come to her for delivery even if she cannot conduct it.”IDI with woman, Jhang¹

Some CMWs' families (6 out of 23) in districts Chakwal, Gujrat, Jhelum, Lodhran, Mianwali, and Muzaffargarh also mentioned the good behaviour of the CMW as a facilitative factor in increasing her access to women.

“For one thing her conduct is very good. She gives time to the patient and performs the check-up very well. She does not rush.”.....Sister in Law in family group discussion, Chakwal²

“She has a good method of talking and does not scold. The doctors here tell the women off a lot but her method is good. The patient then talks to her openly.”Sister in family group discussion, Jhelum³

- 8.5.2 Accompaniment to hospital if complication arises: CMW participants in four districts (Kasur, Layyah, Lodhran, Sahiwal) stated that they accompany the women to hospital if they detect any abnormality or complication. This has helped in increasing their reputation in the community as the people feel that in case of need they will have readily available assistance for seeking a higher level of care.

“If there is a big problem or a complication then we go with them (to the hospital), we fully help them.”CMWs FGD, Kasur¹

¹ *yay achi hai, akhlaq ki bhi oar case kay maumlay main bhi achi hai, yay ksi ko waisay dhokay main nahi rakhti keh case na ho sakta ho to nahi kehti hain keh karwaiIDI with woman, Jhung*

² *ek to iss ka akhlaq bohot acha hai, theek time deti hai agar koi patient ata hai to achay tareekay se check karti hai. Ye nahi ke jaldi jaldi check kiya.Sister in Law in family group discussion, Chakwal*

³ *Ye tareeqay se baat karti hai, dant'ti nahi hai, idhar to doctor bohot dant'ti hain aurton ko. Magar iss ka tareeqa theek hai, phir mareez bhi khul kar baat karta haiSister in family group discussion, Jhelum*

During IDIs, a few women (5 out of 18) said that CMWs accompany them to the hospital if they cannot handle the delivery.

“The dai checks again and again. She (CMW) notes the time and interval of pains and when the intervals between contractions are short, she works out what time the baby should be born. If it is not born by that time, she takes you (to the hospital). For this she is very good.”IDI with woman, Jhang²

- **8.5.3 Past Experience:** During IDIs, some women (8 out of 18) also stated that they invited CMWs to conduct their deliveries because they had had a good past-experience with the CMW of their area.

“In the previous case that she (CMW) did for me, there were no complications.” IDI with woman, Sialkot³

“Both my sister-in-laws are pregnant and are going to her (CMW) for check-ups. One of my sister-in-laws had a bit of a problem and she gave her some medicine. She took this medicine and became fine.”IDI with woman, Gujrat⁴

8.6 Cooperation by other health workers

¹ Agar koi zyada masla ho jai ya paichidgi ho jai tou hum unke sath chalay jatay hain, unki puri help kartay hain.....CMWs FGD Kasur

² dai bar bar checking karti hain na, yay (CMW) time note kar laiti hai ke dard kis time pay a raha hai, kitnay waqfay say a raha hai, aur jab dard zyada waqfa na lay tab ye check kar laiti hai, keh is time tak ho jaaay ga bacha, agar us time tak na hooa to agay lay jati hai ye, is maumalay main bohat achi haiIDI with woman, Jhang

³ pehaly bhi baji nay case jo kiya hooa tha mera, koi muskhil nahi hooi..... IDI with woman, Sialkot

⁴ meri donon dewrani oar jaithani bhi hamla hain oar wo donon is se check up karwa rahi thein, aur meri dewrani ka thora sa masla bana aur us nay dawai di to wo lainay say wo theek ho gaiIDI with woman, Gujrat

5.6.1 Cooperation by LHW: In 7 districts (Chakwal, Muzaffargarh, Kasur, Okara, Layyah, Lodhran, Rajanpur), participant CMWs mentioned that cooperation by LHWs was an important facilitative factor in providing services as a birth attendant.

“LHW makes it easy [to work], she accompanies us [to people] and tells people that I am a CMW and I can conduct deliveries.”.....CMWs FGD, Muzaffargarh¹

“The LHW of our area plays a major role [in our work], she tells [people] that they should go to CMW of the community, and that she works efficiently.”CMWs FGD, Layyah²

8.6.2 Referral by LHV: In one district, a CMW mentioned that the LHV posted in the area BHU informed women about CMWs.

“In our BHU, the LHV tells the woman, who go to her for injections, to come for deliveries to the CMW.”.....CMW FGD, Lodhran³

8.6.3 Called by Dai: Very few CMWs in two districts and one woman during an IDI mentioned that the *dai* asked the family to call the CMW as she was unable to handle the case.

“I was not in favour of going to the hospital, was afraid of it and the dai also told me to call her (the CMW), said ‘if you start bleeding, then I may not be able to handle the

¹ *“LHW ki wajah se asani is liay hoti hai ke wo hamein sath le jati hai aur logon ko batati hai ke ye CMW hai, ye deliverian karwa sakti hai”CMWs FGD Muzaffargarh*

² *“Jo hamaray ilaqay ki LHW hai, ahem kirdar ada karti hai, wo batati hai hamaray mohallay mein CMW hai aap us ke pas jain, ye acha kaam karti hai”CMWs FGD Layyah*

³ *“Hamara BHU jo hai wahan LHV un se kehti hai (CMW se zichgi karwao), jo injection waghera lagwanay jati hain”CMW FGD Lodhran*

case. She (CMW) is more capable than me'. So we went to the CMW.'..... IDI with woman, Gujrat¹

8.7 Availability of transport

During the interviews with the CMWs' families, some families (6 out of 23) in six districts (Attock, Kasur, Mianwali, Muzaffargarh, Rajanpur, Sahiwal), mentioned that having family transport facilitates the work of the CMW. These families had their own mode of conveyance, mostly a motorcycle; hence CMWs could reach the pregnant women whenever called.

A few families (3 out of 23) said that the roads were well developed and public transport was easily available in their area. People could come on public transport or could hire a rickshaw to reach the CMW for delivery.

8.8 Motivation of clients by CMWs

In seven districts, (Chakwal, Muzaffargarh, Dera Ghazi Khan, Okara, Toba Tek Singh, Kasur, Gujrat), participant CMWs mentioned during the FGDs that they make an effort to motivate people for utilizing their services as birth attendants. This is done during frequent visits to women living close by, while providing ANC or other services either at their or their client's home.

"Some patients that come to us, we motivate them to come for us for delivery as we are trained to do it. Out of ten, two women come to us for delivery."..... CMWs FGD, Chakwal¹

¹ *"aik to main khud haspatal janay kay haq main nahi thi, darti thi haspatal say, aur phir dai nay bhi kaha keh us ko bula lo, is ko dagh lagna shuru ho gaya hai to ho sakta hai main case na kar paoon, wo mujh se zyada samajhdar hai,.. To phir hum CMW ki taraf chalay gai"IDI with woman, Gujrat*

“There are some people whom we motivate and they get motivated, develop trust on us.”.... CMWs FGD, Toba Tek Singh²

8.9 Support by family of CMW

During FGDs, participant CMWs in four districts (Bahawalpur, Gujrat, Dera Ghazi Khan, Attock) mentioned the support from their family as an important facilitating factor in their work as a birth attendant.

- 8.9.1 Family members accompany as attendant: in four districts (Dera Ghazi Khan, Bahawalpur, Attock, Gujrat), CMWs stated that their family members accompany them as attendants, without whom they cannot go to deliver babies.

“Our family members are helpful, they come along with us, (so) there is no difficulty in going anywhere.”.... CMWs FGD, Attock³

During interviews with the CMWs' families, in contrast to the above, 9 out of 23 families stated that there is always someone to accompany the CMW to the pregnant woman. These families were in the districts of Attock, Chakwal, Dera Ghazi Khan, Gujrat, Jhang, Layyah, Mianwali, Multan and Okara.

“We go (for deliveries) at night too, I go along with my daughter.”..... Mother in family group discussion, Okara⁴

¹ *“Kuch patient jo hamaray pas atay hain hum unko motivate kartay hain ke aap hamaray pas se delivery karain, hum trained ho ke aain.....dus mein se dou karwa leitay hain”CMWs FGD Chakwal*

² *“Kuch tou aise bhi hain jin ko hum motivate karte hain, aur wo motivate ho jatay hain, hum pe aitimid karte hain”CMWs FGD Toba Tek Singh*

³ *“Hamaray ghar walay hamaray madadgar hain, wo hamaray sath chal partay hain, kahin anay janay mein mushkil nahi hoti”CMWs FGD Attock*

⁴ *“Raat ko bhi ja kar kaam karte hain, main apni bachi ke sath jati hun”Mother in family group discussion, Okara*

- 8.9.2 Family members were health care providers: During FGDs, in two districts (Attock, Mianwali) a few CMWs mentioned that their family members were healthcare providers, which facilitated their work substantially.

“My mother is an LHV, that is the reason I have been successful to do more cases.”..... CMWs FGD, Attock¹

In contrast, more families of CMWs (6 out of 23) in districts Attock, Chakwal, Dera Ghazi Khan, Gujrat, Jhelum, Mianwali stated this fact as an important facilitating factor. Somebody in the family (mother, brother, father, husband, sister, FIL) was a health worker, such as a doctor, dispenser, midwife, *dai*, etc., therefore people knew the CMW from their reference.

“I had been working (conducting deliveries) in the village in the past, now I am ill. When people come to me, they say ‘She is ill now, but her daughter Masha Allah works very well (conducts deliveries well)’ so people call her due to this.”..... Mother in family group discussion, Attock²

“I am myself a (homeopathic) doctor, thanks to Allah, already many patients come to me. Her reputation has gotten very good due to me.”..... Husband in family group discussion, Mianwali³

“I also used to conduct deliveries. When my daughter opened her clinic, I thought that she should be given her chance, then she started work and I retired.”..... Mother in family group discussion, Jhelum¹

¹ “Meri Ammi LHV hain, is liay mein zyada case karnay mein kamyab hui”CMWs FGD Attock

² “pehlay main khud kaam karti thi in gaon main..ab main to beemar hoon, jis waqt meray paas atay hain ..to wo kehtay hain keh ab khud to beemar hai, magar us ki baiti MashaAllah bohat acha kar laiti hai, wo phir is hisab say usey bula laitay hain.”Mother in family group discussion, Attock

³ “Main khud bhi (homeopathic) doctor houn, mere pass mareez Allah ke karam se pehle se he bohot atay hain. Meri wajah se iss ke reputation bohot achi hai”Husband in family group discussion, Mianwali

8.10 Other facilitative factors

- 8.10.1 Bad experience with dai: CMW participants in 5 districts (Kasur, Okara, Lodhran, Jhang, Sialkot) stated that bad experiences with the *dai* lead women to seek help from them. This could be a bad experience in the previous delivery or a situation in a current delivery that *dai* was unable to handle.

“Those people whose delivery could not be conducted by the dai got fed up from her and came to us.”..... CMWs FGD, Okara²

In IDIs with women who had their last delivery conducted by a CMW, 1 out of 18 women stated that she had had a bad experience with the *dai* in conducting her second last delivery, therefore, she preferred the CMW for the next delivery.

“Daiyan could not conduct the case properly, my babies used to die immediately after birth. That is why I called the CMW, she conducted the case very well.”..... IDI with woman, Kasur³

- 8.10.2 Cooperation by elders/influential's of the area: In three districts (Dera Ghazi Khan, Lodhran, Jhang), a few CMWs mentioned that they have support from the elders of the area, which facilitates their access to women in the community.

“Our influential people, elders in the area, councillors etc. tell their relations to come to us (for conducting deliveries).”..... CMWs FGD, Lodhran ¹

¹ *“Main bhi pehle delivery case karti thi. Jab meri beti ne clinic khola to main ne socha ab iss ko moqa dena chahiye. Iss ke bad iss ne kaam kiya aur main retire ho gayi”Mother in family group discussion, Jhelum*

² *“jin ki delivery daiyoun se nahi huin, wo tung aa kar hamaray pas aaen”CMWs FGD Okara*

³ *“Daiyan theek say case nahi kartein, meray bachay paida hotay hi foat ho jatay thay, is waja say CMW ko bulwaya tha, is nay case bilkul sahi kiya hai”IDI with woman, Kasur*

- 8.10.3 CMW was accessible via mobile phone: A few of the CMWs' families (5 out of 23) in districts Chakwal, Gujrat, Jhang, Jhelum and Okara mentioned that the CMW was available via mobile phone to the community, therefore, they were able to call her whenever needed for delivery or advice.

One woman, during an IDI, also mentioned the usefulness of the cell phone in accessing the CMW.

“Whenever she is not at home, she has the facility of a telephone. We contact her on the phone, in case she cannot come immediately, she provides the address of another nearby CMW..... IDI with woman, Multan²

- 8.10.4 Provision of free medicines: The CMW participants in two districts (Muzaffargarh, Attock) stated that they even provide free medicines to those who cannot afford them, which serves as a facilitative factor in increasing their accessibility to marginalized women.

“Those people are so poor, they cannot even pay 100 rupees. They ask ‘what should we do’, then we tell them to come, we will not even charge for medicine.”..... CMWs FGD, Attock³

- 8.10.5 CMW has setup a Delivery Room: A few CMWs' families (2 out of 23) in districts (Kasur, Lodhran) shared that they have invested in establishing a setup for the CMW, so people came to avail their services.

¹ *“Hamaray baray loag, waderay ho gai, nazim councilor ho gai, apnay rishtay daroun ko kehtay hain ke inke pas jao”CMWs FGD Lodhran*

² *“kabhi ye ghar par na hoon , in kay paas jo telephone ki sahat hai, bohat bari sahat hai, phone par raabta kar laiatay hain, agar ye forun na pohanchati ho to ksi qareebi CMW ka address de daiti hai”IDI, Multan*

³ *“Wo loag gharib hote hain itnay ke 100 rupay bhi nahi de saktay, kehtay hain kea b hum kya karein, phir hum kehtay hain ke aap loag aa jao, hum medicine ke paise bhi nahi lein ge”.....CMWs FGD Attock*

9. Discussion and Recommendations

This study shows that CMWs have misunderstandings and misperceptions about their job descriptions, position, remuneration and support from the MNCH Programme. They perceive themselves as government employees; hence expect service grade and a reasonable salary in comparison to other cadre (such as the LHW who earns Rs. 7000 per month). Also, they have misperceptions about the programme's facilitation for establishment of a full-fledged maternity clinic for each one of them. Besides this, the programme's projection for their capacity to earn Rs. 8,000 – 10,000 per month has been misconceived as a monthly salary. These misunderstandings need to be clarified, CMWs must be made to understand that they are being given a stipend and not a salary, as a support from the government and they are not government employees. However, the programme should take early steps on priority for establishing birth stations and providing the CMW kit (instruments, medicines and other supplies) as defined in PC-1.

Recommendation 1: MNCH Programme should work to remove the misunderstandings of CMWs responsible for their dissatisfactions and provide CMW Kit

Findings make it apparent that CMWs do not have universal access in the assigned areas and not much can be done to achieve this because of the reasons mentioned, such as geographical distances or spatial inaccessibility. However, it is important to note that the data shows that CMWs are being utilised as birth attendants only by about a quarter of the pregnant women, even in the areas that they are reaching. This is happening due to various factors such as a lack of trust in CMWs, lack of awareness about their competence and an inability to differentiate them from the *dai*. Other studies have also found that people's perception about a birth attendant to be young and inexperienced limits her service utilisation (Hunter, 2002), especially in the rural settings. Moreover, lack of awareness by

the community people about the birth attendant was also found to be inhibiting people to utilise trained birth attendants (Titaley et al., 2010). Here, the programme can play an important role by increasing the awareness of community people about the education, training of CMWs and their competence, which should compare them with *daiyan* and highlight the CMW's advantages over the *dai*. This measure will not only help to introduce them far and wide but also to build community people's trust on them. All possible measures for this awareness and advocacy should be utilised, including community resources (satisfied clients, LHWs, other health department staff) and mass media (TV, Radio).

Proper and adequate information about CMWs among the community people is also likely to decrease their derogatory and insulting comments about CMWs and minimise this inhibitory factor in provision of services by the CMWs.

Recommendation 2: The programme should increase the awareness of the community people about CMWs' and advocate CMWs as trained and competent birth attendants to increase trust in them

Many women have informed that CMWs charge a very high fee, up to Rs. 6,000 (in one district) for delivery, which restricts them from utilizing her services. In many other studies (Titaley et al., 2010; Thadden & Maine, 1994; Shaikh & Hatcher, 2005; Onah et al., 2006) it was found that poverty and economic accessibility is a major factor in availing or not availing the services of a trained birth attendant. The programme should convince the CMWs to charge less and conduct more deliveries which, in turn, would lead to higher return rather than charging more and doing fewer deliveries. The maximum fee should be agreed with mutual consultation and it should be according to the capacity of the community people. This approach will benefit both; the CMWs and community people.

Recommendation 3: Programme should advertise/advocate a maximum fee

Promotion of CMWs as trained birth attendants by LHWs has been reported as an important facilitative factor in some areas, as LHWs have an established rapport and reach in the communities. Cooperation by other health workers has also been recommended by other studies (Titaley et al., 2010) to increase the reach of trained birth attendant.

The study also shows that LHWs have been “ordered” to refer cases directly to hospitals rather than to CMWs., This is probably occurring in districts in which a Project is monitoring LHWs by the number of referrals that they make each month to the hospital. This issue needs to be looked at and sorted out, and also, confidence of LHWs in CMWs should be built.

Recommendation 4: LHWs should be compelled to cooperate with CMWs and refer pregnant women to them

Discussions on services provided by the CMWs, shows that CMWs are popular among community women for services of ANC, family planning, PNC and treatment for general ailment. They should be encouraged to carry on these services. Their popularity among the community for obtaining family planning services should be capitalized and CMWs should be trained for inserting IUCDs also, like LHWs. However, the programme should also take note about the services that are beyond their scope of work, but are being carried out by some of them such as routinely advising ultrasound in pregnancy or conducting D&C.

Recommendation 5: The programme should encourage CMWs to provide other services for which they are trained but actively discourage those that are beyond their mandate

An important inhibitory factor in performance of their task is family restriction on their accessibility to pregnant women. These restrictions are due to multiple reasons, such as the time of delivery (night), caste of the pregnant women, religion of the pregnant women, and others. Some other studies also pointed out that working in remote areas was a concern for the families of health workers (Makowiecka et al., 2008; Geefhuysen, 1999). The Programme needs to identify and highlight those families that are not applying these restrictions and use them as role models for convincing other families that are applying these restrictions.

Recommendation 6: Increase family support to CMWs by showing role models to the families

Are Community Midwives Accessible in Sindh?

10. Background Characteristics of the Respondents in Sindh

10.1 Characteristics of Community Midwives (participants of FGDs)

In 18 FGDs with the CMWs, 87 participants¹ were invited and 70 attended them, showing a high response rate (80.5%). The range of participants was 6 - 12 per FGD. Some of those who did not attend were employed elsewhere, for example working with NGOs (3 in Dadu) or in the private sector (3 in Thatta).

Mean and Median Age: The age of the youngest CMW participant was 19 years and of the oldest 37 years, with a mean age of 25.4 years and median age of 25 years. Majority of them were in their 20s (81 %), hence a large number of CMWs were young in age.

Table 12: Age groups of CMWs

Age groups of CMWs	% of CMWs
19	1.4
20 – 24	44.3
25 – 29	35.7
30 – 34	11.4
35 – 38	7.1

Education: The schooling of these CMWs ranged from grade 10 to grade 16 (Masters). It is interesting to note that the majority (73%) of the CMWs were educated to a level which was more than the required minimum criteria (10 grade) for entering CMW training program.

¹ The district supervisors of CMWs provided names of 87 CMWs in 9 districts who were officially employed.

Table 13: Education level of the CMWs

Education of CMWs	% of CMWs
Matric	27.1
FA/FSc	42.9
BA/BSc	27.1
MA/MSc	2.9

Marital Status: Among the CMW participants, more than half were unmarried and one was divorced. Out of those who were married, 81.8% had living children (range 1 – 5 children, mean 1.85 children).

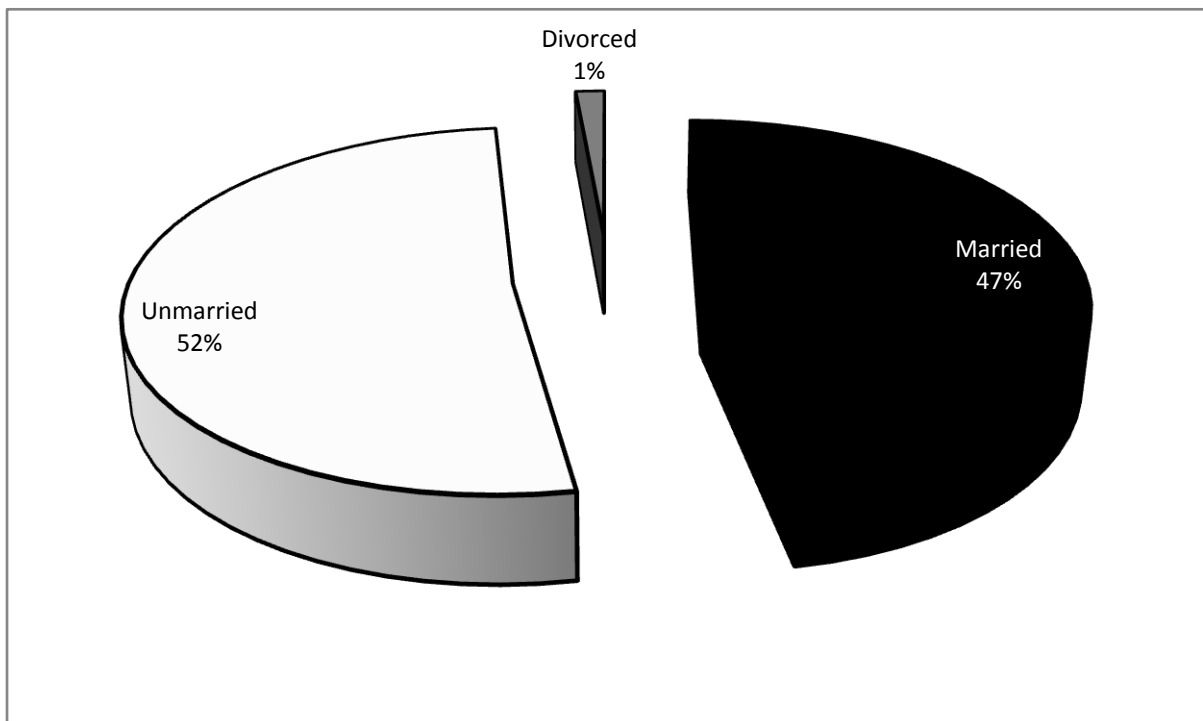


Figure 4: Marital Status of CMWs

Deliveries Conducted: During the 18 month period of training, the CMWs conducted deliveries initially under supervision, and then later by themselves. They were asked to recall their training and provide the best estimate of the deliveries conducted by them during that period.

Also, they were asked to quote the exact number of deliveries that they have conducted since the completion of the training and since official deployment.

Table 14: Deliveries conducted by the CMWs

Deliveries Conducted	Range	Mean	Median
During training, under supervision	2 – 30	13.36	10
During training, without supervision	0 – 45	5.3	8
Since Training	0 – 150*	11	12.5
Since deployment	0 – 40	3.93	9

*150 deliveries were mentioned by a CMW working in a hospital

It must be noted that 19 out of 70 CMW participants of FGDs reported that they did not perform any delivery since completion of their training, and 30 out of 70 stated that they have not performed any delivery since deployment. CMWs who conducted deliveries since training (51 CMWs) and since deployment (40 CMWs), conducted 15.2 and 6.9 mean number of deliveries, respectively. However, some of these CMWs were working in health facilities and these deliveries were conducted in those centres and were not home-based in the community.

10.2 Characteristics of Family Members (participants of Family Group Interviews)

In 18 districts 36 families of CMWs were selected for group discussion. In these discussions 47 respondents participated who had an influence on the CMWs work, more had positive influence (23 out of 36 families) on increasing CMWs accessibility to pregnant women, while others had (13 out of 36 families) had some negative effects.

Age of respondents: The age of the youngest family interviews participant was 18 years and of the oldest 70 years, with a mean age of 40 years and median age of 43 years.

Table 15: Age groups of the CMW family members

Age Groups	No of participants (N=47)
18-24	8
25-34	9
35-44	7
45-54	16
55-64	5
65-70	2

Education: The schooling of these participants ranged from grade 0 to grade 16

Table 16: Education level of the CMW family members

Grade	No of participants	Percent
0	16	34.1
1-5	5	10.6
6-10	5	10.6
12	9	19.1
13-14	7	15.0
16	5	10.6
Total	47	100

10.3 Characteristics of community women (participants of IDIs)

The ages of the community women interviewed were recorded, and their distribution is presented below, which shows that in each category of women, no women under 25 years delivered with CMWs.

Table 17: Age groups of community women respondents

Age of Community Women Interviewed	No. of women whose deliveries were conducted by CMWs (N=18)	No. of women whose deliveries were conducted by unskilled birth attendant (N=18)
17 – 19	0	1
20 – 24	0	2
25 – 29	3	1
30 – 40	6	4
40 +	0	1

The median number of living children for women who had conducted their last delivery with a CMW and those with a *dai* is 4 and 5, respectively.

Findings in Sindh

11. Deployment of CMWs was Substantially Delayed

The FGDs with CMWs in 9 districts revealed that the duration between the completion of training and their deployment was about 20-22 months. The official deployment commenced in May 2011. However, in Dadu district, CMWs completed their training 32 months back and were deployed by PAIMAN Project after 11 months of their training.

During the long gap between their completion of training and deployment, some CMWs sat at home and did not carry out any professional work, others worked sporadically from home or in the community as CMWs, while some others found jobs, and few joined other training courses.

11.1 Some sat at home and did no professional work

During the FGDs, some of the CMW participants in 6 districts (Badin, Hyderabad, Jacobabad, Naushehro Feroz, Thatta, Shahdad Kot) stated that they have been sitting at home since training, and have not done any work.

“We have not received instruments (to conduct delivery), there is no facility and medicine available. If a woman comes with complaints, where could we take her?”

CMWs FGD, Hyderabad¹

¹ *“Hamein samaan nahi mila hai.....koi dawa daroo maujood nahi hai aur koi sahulat nahi hai, agar aik aurat aai ke mujhay taklif hai tou hum unko kahan lekar jain”* CMWs FGD, Hyderabad

11.2 Some worked irregularly from their home or in the community

It is also worth noting that some CMWs have provided some of the services for which they were trained, from their homes and in the community. They provided those services for which they were asked by the community women.

Few of these also worked voluntarily in a hospital to gain experience. For example, 10 out of 11 participant CMWs from Tando Allah Yar mentioned that they requested the EDOH to post them in a Civil Hospital, where they worked voluntarily for 2 – 20 months.

“All of us have worked in the Civil Hospital, except one (CMW). Nine of us have worked for two months and one CMW has worked for 20 months without any salary”CMWs FGD, Tando Allah Yar¹

These services will be discussed in next section.

11.3 Some worked in private sector, NGOs or PPHI

Some CMW participants in all 9 districts mentioned that they have done or were doing jobs since the completion of their training. The reported jobs were:

- Working with private clinic/doctor, in 6 districts (Dadu, Naushero Feroz, Badin, Ghotki, Jacobabad, Tando Allah Yar)

¹ *“hum sub ne Civil Haspatal mein kaam kya hai, siwaii aik ke. Nau ne 2 mahinay aur aik ne 20 mahinay bagahir kisi mawzay ke”CMWs FGD, Tando Allah Yar*

- Working with NGO, in 4 districts (Naushehro Feroz, Shahdad Kot, Jacobabad, Thatta)
- Worked or working in hospital (Badin, Hyderabad, Shahdad Kot, Jacobabad,)
- Working with PPHI, in 3 districts (Naushehro Feroz, Jacobabad, Dadu)
- Working in more than one position, besides being a CMW, such as also working as a LHW or FWW in Naushehro Feroz, Jacobabad and Thatta), or as a nurse in a Civil Hospital (Hyderabad)
- Worked with WHO as LHV in Dadu
- Taught in private school in Naushehro Feroz
- Did course for beautician in Badin
- Worked in flood camps in Shahdad Kot

Those CMWs who were working with NGOs or PPHI at the time of the survey are unlikely to leave their job and begin CMW work as they are receiving high salaries ranging from Rs. 6500 to Rs. 15,000.

11.4 Joined other training programme

Some CMWs in 2 districts (Shahdad Kot and Thatta) reported that they have joined a nursing course, and their training was in progress.

The findings in the following sections should be read and interpreted with the perspective that FGD participants consisted of the above referred four heterogeneous categories of CMWs.

The inhibitory and facilitative factors should also be read with caution as CMWs provided services to the families of their choice in the area defined by themselves. These inhibitory and facilitative factors are likely to change once they are assigned larger areas and are asked to provide services to the general population.

12. Utilisation of CMWs by Community Women is Very Limited

The participant CMWs of FGDs reported that no specific area had been assigned to them at the time of their official deployment, which took place a few weeks back. The programme staff advised them to initiate the work in surrounding areas and extend the coverage to the possible extent. Therefore, each CMW defined her own area of work, which mostly extended up to a few kilometres in diameter from her home and can be covered by walking (up to maximum 30 minutes walking distance, mostly). Only in Naushehro Feroz, participant CMWs did mention covering an area of up to 10 - 15 KMs.

“We have not been assigned any specific (work) areas, we have been told to work in the 4 – 5 areas nearby our homes”CMWs FGD, Badin¹

“I have just worked in my own area, where we live, close-by to it” CMWs FGD, Ghotki²

“(The area in which I work) covers at least 15 kilometres”CMWs FGD, Naushehro Feroz³

The CMWs, who have provided some services to their community women, were asked to describe them. Most of these were performed before deployment.

12.1 Antenatal Care

In all 9 districts, some CMWs mentioned that they performed checkups of their community women during pregnancy. Either the women came to the CMW's home, or the CMW visited them.

¹ *“Hamaray abhi koi khaas ilaqay nahi hain,hamein kaha gya hai ke jahan aap ka ghar ho us ke qarib ke char panch ilaqay mein kam kar lo”CMWs FGD, Badin*

² *“Bus apnay hi ilaqay mein kaam kya hai jahan par hum rehti hain, apnay hi mohally mein kaam kya hai”CMWs FGD, Ghotki*

³ *“Kum uz kum 15 kilometer ka fasla hai (puray ilaqay ka)”CMWs FGD, Naushehro Feroz*

“Women come to us because in the first month they experience vomiting etc., so they come and ask what to do. Then we advise them, check BP and examine them”

CMWs FGD, Shahdad Kot¹

*“It is our duty to visit homes and do the check-ups of the (pregnant) women and give them advice, and I am doing just that.”*CMWs FGD, Thatta²

The ANC mostly included checking the pregnant woman for her blood pressure (BP), weight, height, anaemia, testing urine for pregnancy (some districts), conducting abdominal examination for checking growth and presentation of foetus, giving advice for diet and nutrition, tetanus toxoid (TT) injections, and other general advice.

“They (pregnant woman) come to us for checking BP, for PA (per abdominal) checkups, whether weight is increasing or not, whether baby is normal and its movement”

.....CMWs FGD, Hyderabad³

*“(Pregnant women) come to us for ANC, ask us to check their weight, BP and getting examined for anaemia, checking the weight of the baby, heartbeat of the foetus, ask whether the delivery will be normal or not. They themselves come to ask all these things, (or) call us and get check-ups ”*CMWs FGD, Dadu⁴

¹ *“Aurtain is liay aati hain ke pregnancy ke pehlay mahinay hote hain tou unko vomiting waghera hoti hai, us wajah se aakar poochti hain ke hum kya karein, phir hum unko batatetain hain, BP check up kartain hain, unko dekhtay hain”* CMWs FGD, Shahdad Kot

² *“Hamara kaam tou yahi hai ke ghar ghar ja kar auraton ko dekhna aur check up karna, mashwaray dena, aur mein wahi kar rahi houn”*CMWs FGD, Thatta

³ *“Wo khud aati hain BP check karwanay ke liay, PA ke liay, wazan karwanay ke liay, wazan barh raha ke nahi, bacha sahi hai ke nahi, bacha harkat sahi kar raha hai ke nahi”*CMWs FGD, Hyderabad

⁴ *“ANC ke liay aati hain ke baji mera wazan dekho aur BP check karo, aur mujhay dekho ke khoon ki kami tou nahi ho gai, meray bachay ka wazan aap dekhain ke kitna hai, dil ki dharkan kaise hai, normal hai, delivery kahan hogi, ye sari batein poochne ke liay aati hain, bulati hain, aur check karwati hain”*CMWs FGD, Dadu.

12.2 Delivery

In 8 out of 9 districts (exclusion was Shahdad Kot), few to all participant CMWs mentioned that they have conducted deliveries in the last six months. Some of these were of the close-by community women and others were done in private/NGO facilities during the job or in government hospitals where they sought voluntary attachment. (Badin 7/12, Dadu 7/7, Ghotki 6/6, Hyderabad 1/7, Jacobabad 5/9, Naushehro Feroz 6/6, Tando Allah Yar 11/11, Thatta 5/6).

“If anyone comes to get us (for delivery) in our community, we go along with them and conduct the delivery ”CMWs FGD, Ghotki¹

“(After the training) if some case came up, we performed the delivery in our homes, (usually) the people from the neighbourhood used to come”CMWs FGD, Badin²

“The PPHI centre opened four months ago, I check OPD patients there, conduct any delivery case that comes there” CMWs FGD, Jacobabad³

“We asked permission from EDOH and MNCH In charge to work in the Civil Hospital. When we got the permission, we worked there three shifts; morning, evening and night. Now we can do our job easily.”CMWs FGD, Tando Allah Yar⁴

¹ *“Agar hamien koi lenay bhi aai hamaray mohallay mein, tou hum jatay hain aur delivery waghera bhi karwatay hain”CMWs FGD, Ghotki*

² *“(training ke baad) agar koi chota mota case aa jata tha tou ghar mein kar letay thay, paros walay aa jatay thay”CMWs FGD, Badin*

³ *“Char mah pehle PPHI ka center khula hai, idhar OPD dekhti houn, jo delivery waghera hoti hai wo karte hain” CMWs FGD, Jacobabad*

⁴ *“Hum ne EDOH or MNCH incharge se Civil Haspatal mein kam karne ki ijazat mangi, jub mil gai tou hum ne subah, sham, raat, teeno shifto mein kam kya aur b hum araam se kaam kar saktay hain”CMWs FGD, Tando Allah Yar*

Out of a total of 70 CMW participants, 48 (68.6%) CMWs reported conducting deliveries in the last 6 months. The total deliveries conducted were 227 with a range of 1 to 18 and a median of 3 deliveries.

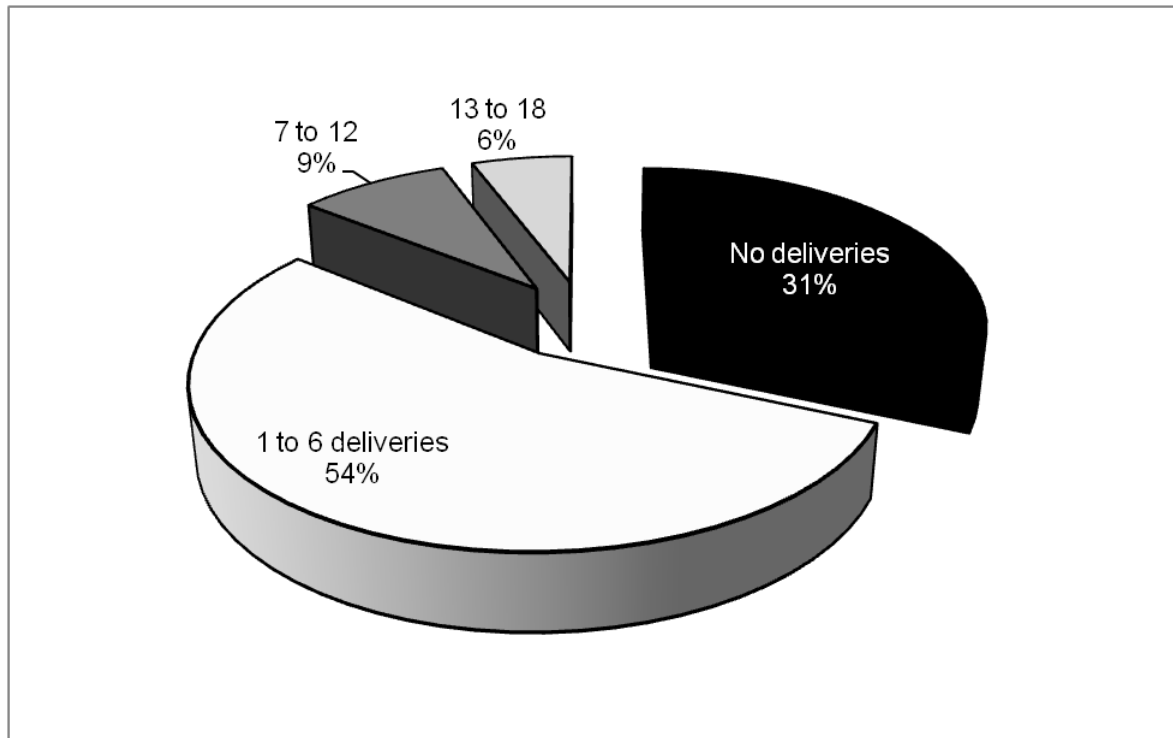


Figure 5: Frequency of the deliveries conducted by the CMWs

12.3 Family Planning

In 8 out of 9 districts (exclusion was Hyderabad), the CMW participants mentioned that they have provided family planning services. This mainly included counselling on different methods and referral about IUCD and tubal ligation, while a few provided condoms. Those who worked with government hospitals/NGOs also provided different contraceptives.

“They get advice from us as to which method of family planning is good for them. We inform them on everything about copper-T, condom, pills and injection”CMWs FGD, Badin¹

¹ *“Mashwara hum se leti hain ke aap batain ke hamaray liay family planning ka konsa tariqa sahi rahay ga, is mein hum unko copper T, condom, pill aur injection hai sub unko batatay hain”CMWs FGD, Badin*

“(Pregnant women) come to us for family planning and operation (tubal ligation). We refer them (to civil hospital)”CMWs FGD, Thatta¹

*“We used to see the family planning clients, gave them injections or copper-T”
.....CMWs FGD, Ghotki²*

12.4 Symptomatic and General Treatment

In 7 districts (Dadu, Hyderabad, Jacobabad, Naushehro Feroz, Tando Allah Yar, Thatta, Shahdad Kot), some participant CMWs reported providing treatment for various symptoms and general ailments.

“For many more problems like fever, complaints of allergy from children or women, also come (to us)”CMWs FGD, Jacobabad³

“If there is (complaint of) backache, we give buscupan or any pain killer”CMWs FGD, Dadu⁴

“General patients, for any problem like body pain, also come to us ”CMWs FGD, Thatta⁵

¹ *“FP ke liay aati hain aur operation (tubal ligation) ke liay, hum unko refer kartay hain”CMWs FGD, Thatta*

² *“(in hospital) family planning ke mareez bhi dekhtay thay, injection ya challa waghera rakhtay thay”CMWs FGD, Ghotki*

³ *“Aur bhi problem hotay hain jaise bukhar wagheraallergy bachon ko ya aurton ko ho sakti hai, aise mariz bhi aatay hain”CMWs FGD, Jacobabad*

⁴ *“Backache hota hai tou us ko Busopan ya pain killer de daite hain”CMWs FGD, Dadu*

⁵ *“General mareez bhi aatay hain, koi masla hai, pain hai, body pain hai, kuch bhi hai, aa jatay hain”CMWs FGD, Thatta*

12.5 Postnatal Care

Some CMW participants in 5 districts (Dadu, Ghotki, Jacobabad, Naushehro Feroz, Thatta) mentioned that they have provided post natal care. This was given to the close by community women or during a job in the private sector.

“We provide the service of PNC after the delivery (in home of the woman)” CMWs FGD, Naushehro Feroz¹

“(Women) come to us for PNC”CMWs FGD, Jacobabad²

“I used to work with Dr Shaheen (private doctor), there I provided ANC and PNC” CMWs FGD, Dadu³

12.6 Newborn care

In 3 districts only (Dadu, Ghotki, Naushehro Feroz), a few CMW participants mentioned providing care to the newborn.

“The baby gets fever, for example following delivery, there is pus in the umbilical cord, women also come to be prescribed medicine” CMWs FGD, Dadu⁴

“After the baby is delivered, we carefully take care of him, prevent him from getting cold or heat. We tell them how to cover the baby”CMWs FGD, Ghotki⁵

¹ *“Hum delivery ke baad PNC care bhi deitay hain (ghar ja kar)” CMWs FGD, Naushero Feroz*

² *“(Aurtain) PNC ke liay aati hain”CMWs FGD, Jacobabad*

³ *“Dr. Shaheen ke pas kam karti thi, wahan ANC karti thi, PNC karti thi” CMWs FGD, Dadu*

⁴ *“Bachay ko bukhar ho jata hai, jaise delivery ke baad bachay ka jo nara hai us mein jo peep aati hai tou us ke liay bhi aati hain ke kuch dawai likh kar dein” CMWs FGD, Dadu*

⁵ *“Bacha paida hota hai tou hum us ka sahi tareeqay se khyal kartay hain, garmi aur sardi se bachatay hain, aur unko batatain hain ke kaise bachay ko cover karna hota hai”CMWs FGD, Ghotki*

13. Inhibitory Factors

In all 9 districts, participant CMWs in FGDs and respondents of IDIs and family group interviews were asked to identify factors that inhibit CMWs in reaching pregnant women in the community for conducting deliveries, and community women in accessing CMWs for delivery

The participants and respondents stated them succinctly, and these factors were of:

- Knowledge and attitudinal inaccessibility (lack of awareness about CMWs, trust on *dai* versus CMW, antagonism by other health care workers),
- Economic inaccessibility (inability to pay, presence of cheaper or free alternatives),
- Clinical inaccessibility (lack of instruments, medicines)
- Physical inaccessibility (spatial, geographical, transportation related issues)
- Socio-cultural inaccessibility (family restrictions on movements, derogatory remarks by community people, engagement in family affairs, taboos)

The factors mentioned were:

5 key inhibitory factors

1. Not aware of existence of CMWs
2. Lack of Trust
3. Preference for private doctors
4. Transport Problems
5. Lack of instruments and non availability of medicines

Other important inhibitory factors

6. lack of medicines and supplies with CMW
7. Inability to pay CMW
8. Family restrictions
9. Insufficient financial returns

Inhibitory factors reported in 1-3 districts only

- Antagonism by female doctors in the community
- Lack of self confidence among CMWs
- No space for conducting deliveries.
- CMWs have children to look after
- *Dai* receives commission from private clinics, hence she takes the pregnant women to those places
- Security concerns on travelling to reach pregnant women
- LHWs have been conducting deliveries
- People speak against the CMW if she works out of her home.
- CMW is from a low-caste family
- CMW does not visit people belonging to a different caste

13.1 Not aware of existence of CMWs

In IDIs with women, who delivered with unskilled birth attendants, 4 out of 9 respondents mentioned that they were not aware that a cadre like a CMW existed who is a skilled and trained birth attendant. Interestingly, in Hyderabad, Shahdad Kot, Tando Allah Yar and Thatta districts, women living within 5-10 minutes walking distance from the CMW's home were not aware that a CMW exists in their area, when they were screened for

meeting the criteria for IDIs (a condition for IDIs with those who have not had their deliveries conducted by a CMW was that the respondent must know that a CMW is present close to her). Even though some of these women know the CMW by name, they were not aware that she is a birth attendant.

“We went to an area close-by Makli, there the community dai could not recognize the CMW. There the dai has been conducting deliveries but she was not aware of the CMW” Team Observation in Thatta¹

“Nobody knew about the presence of CMW (in their area), the unawareness was to the extent that even the community daiyan also did not know her”Team Observation in Shahdad Kot²

Therefore, not being aware of the existence of a trained birth attendant appears to be a major inhibitory factor for women in accessing the CMW.

13.2 Lack of Trust

In all districts, CMW participants expressed that a lack of trust in them was a major inhibitory factor for CMWs to work as birth attendants. This was expressed in many ways:

13.2.1 Community people lacked trust in the CMWs' ability to deliver, hence they did not access them.

¹ *“Hum Makli ke qareeb ilaqay mein gai, wahan par maujood purani dai ne bhi CMW ko pehchanay se inkaar kar dya, wahan par dai ke hathon kai zachgiyaan huin thein magar wo CMW ko nahi pehchaan rahi thein” Team Observation in Thatta.*

² *“Is CMW ko ilaqay mein koi bhi nahi janta tha, hatta ke wahan par maujood daiyaan bhi nahi janti thein”Team Observation in Shahdad Kot*

“The family members of pregnant women misguide them saying, ‘you should not go to them (CMWs), who knows what have they learned from the city”CMWs FGD, Badin¹

“People say that the CMWs have come freshly after learning, they do not know much”CMWs FGD, Hyderabad²

“We have no proper introduction, (people) are not well acquainted with us, so people say that we do not have much knowledge”CMWs FGD, Ghotki³

“(People say) that we are new. We are new, till the time we conduct some deliveries. Then people will start believing us” CMWs FGD, Shahdad Kot⁴

In IDIs with women, 2 out of 5 respondents in the districts of Dadu and Tando Allah Yar, mentioned that they do not have any trust in the CMW’s abilities as she is new.

“I myself do neither want to go to her nor want to conduct my delivery. Because she has just completed her training and learning. She does not know anything, I am not satisfied with her” IDI with woman, Tando Allah Yar⁵

¹ *“Hamla aurton ke ghar walay unhe misguide karte hain, ke aap unke pas na jao, ye shehar se pata nahi kya parh kar aain hain”CMWs FGD, Badin*

² *“Loag kehtain hain ke abhi tou nayi nayi seekh kea ain hain, inko kya pata”CMWs FGD, Hyderabad*

³ *“Hamara itna introduction bhi nahi hai, unke sath hamari itni jan pehchaan bhi nahi hai, loag kehtay hain inko maloomat nahi hai”CMWs FGD, Ghotki*

⁴ *“Kehtain hain ke aap nai ho, kyunke hum nai hain, jub tak aik dou deliverian karein ge, iske baad hum par yaqeen aai ga” CMWs FGD, Shahdad Kot*

⁵ *“Main khud nahi jana chahti , na hi delivery karwana chahti hoon kioon keh abhi is nay training ki hai oar abhi seekha hai, is ko khud kuch nahi ata, hum is say mutmain nahi hain” – IDI with woman, Tando Allah Yar*

13.2.2 CMWs were young and unmarried, were mentioned in 5 districts (Dadu, Shahdad Kot, Jacobabad, Naushehro Feroz, Ghotki) by CMWs as two specific reasons for a lack of trust in them.

“The home in which elder women are present (and influential) say ‘how could they (CMWs) conduct the deliveries, they are unmarried girls’ ”CMWs FGD, Dadu¹

“You are so young and you will conduct my delivery’, I was so disheartened (by her remark), she was my own sister-in-law” CMWs FGD, Ghotki²

13.2.3 More trust in daiyan than CMWs was mentioned as another reason for decreased accessibility to pregnant women by CMWs in 5 districts (Badin, Jacobabad, Tando Allah Yar, Thatta, Shahdad Kot)

“In our area, daiyan conduct most of the deliveries and people have more trust on them”CMWs FGD, Jacobabad³

“The daiyan have been present in the area for long and people know her well,..... the babies born in hands of dai are normal as well, that is why people trust them more” CMWs FGD Tando Allah Yar⁴

¹ *“Jis ghar mein bari boorhian hoti hain wo kehti hain ke ye kya deliverian karwain gi, ye tou kanwari larkian hain”CMWs FGD, Dadu*

² *“Tum hum se choti ho aur tum hamari delivery karwao gi, mujhay dukh bhi hua aur wo thi bhi meri apni nund jis ne ye kaha” CMWs FGD, Ghotki*

³ *“Humaray area mein daiyan delivery zyada karwati hain aur loag un par aitbaar kartay hain”CMWs FGD, Jacobabad*

⁴ *“Daiyan purani hain ilaqay mein, aur loag unko jantay hain, jo bachay daiyoun ne paida karwai hain wo sahib hi hain, is liay logon ka hum se zyada un par bharosa hai” CMWs FGD Tando Allah Yar*

13.3 Preference for private doctors

In 8 out of 9 districts (except Hyderabad), some CMWs stated that people prefer private doctors as their attendants for delivery. This reflects that many CMWs were working in communities that had the ability to pay for private providers, which indirectly reflects that their deployment was in more urbanized settings rather than poor rural communities.

“We live in the city, that is why most of the women go to the doctors and trust them more instead of us”CMWs FGD, Jacobabad¹

*“Some people say that doctors are good, they will take (pregnant women) to them”
CMWs FGD, Tando Allah Yar²*

If people have the ability to pay a higher level of birth attendant, they are more likely to utilise their services, rather than that of CMWs.

13.4 Transport Problems

During interviews with the CMWs' families, in 7 out of 9 districts (Ghotki, Hyderabad, Jacobabad, Shahdad Kot, Naushehro Feroz, Tando Allah Yar, Thatta), the most commonly mentioned inhibitory factor for community women in accessing a CMW was transport problem.

¹ *“Hum loag shehar mein rehtay hain, is wajah se jo aurtain hain doctors ke pas zyada jati hain, un par zyada yaqin hai, hum par nahi hai”CMWs FGD, Jacobabad*

² *“Kuch loag aisey hain jo kehtay hain ke achay doctor hain, unke pas le kar jain ge” CMWs FGD, Tando Allah Yar*

Many families (9 out of 14) said that the roads leading to the CMW's home are undeveloped and vehicles cannot pass through them. On the other hand, some also stated that the available public transport in the area is unaffordable for pregnant women's families, hence they cannot come. Besides this, it was also mentioned that there is little or no transport available at night.

"Firstly, the villages are far away, secondly there is no transport available, then how can they (pregnant women) come?" Mother in family group discussion, Tando Allah Yar ¹

"Actually the roads in the village are undeveloped, there is no taxi available here as well"..... Husband in family group discussion, Naushehro Feroz²

In 4 districts (Dadu, Shahdad Kot, Tando Allah Yar and Thatta), the CMWs' families mentioned that the areas are too far for the CMW to reach or there are transport problems at night.

"There are problems of conveyance and there is no facility available"..... Brother in family group discussion, Dadu³

"There is no conveyance at all here, she has to face this problem"..... Mother in family group discussion, Thatta⁴

¹ *"aik tou gaon durr hain, transport bhi nahin hai tou wo (hamla aurtain) kaisay pahonch paingi." Mother in family group discussion, Tando Allah Yar*

² *"asal mein gothon ke kachay rastay hain, dehat mein koi taxi waghera bhi nahin hoti."Husband in family group discussion, Naushero Feroz*

³ *"conveyance ki mushkilat hoti hain aur bhi koi sahoalat nahin hai." Brother in family group discussion, Dadu*

⁴ *"yahan koi conveyance tou hai hi nahin, yeh is ko masla hota hai."Mother in family group discussion, Thatta*

In IDIs with women who did not have their delivery conducted by a CMW, only 1 out of 5 respondents in the district of Badin mentioned that she could not access the CMW as she lived far away.

“There is no local transport around 11 kilometres here, if this problem gets solved then our trouble will be solved”IDI with woman, Badin¹

13.5 Lack of instruments and non availability of medicines

Many CMW participants lamented that the non-availability of necessary facilities with them during the long gap between training and deployment was responsible for not allowing them to practice as birth attendants in the community. Without a proper place, instruments and medicines, community women cannot appreciate the difference between them and *daiyan*.

13.5.1 Not having instruments and medicines was mentioned as reasons for affecting the accessibility of CMWs by participant CMWs in 5 districts (Dadu, Hyderabad, Jacobabad, Naushehro Feroz, Shahdad Kot).

*“I have not yet started my work as I have not received any instruments till now”
.....CMWs FGD, Hyderabad²*

“We had no instruments, so how could we have conducted any deliveries..... if we would have any instruments, only then we could have done anything. If we would do it

¹ “10 - 11 kilometer tak yahan per local transport bhi nahi hay, wo hal ho tu hamara masla hal ho.” IDI with woman, Badin

² “Mein ne abhi tak kam nahi shoru kya kyunke mujhay abhi tak samaan hi nahi mila”CMWs FGD, Hyderabad

(delivery) like that, then people would have said ‘what is the difference between them (CMWs) and daiyan?’” CMWs FGD, Shahdadkot.¹

“We had neither instruments nor any medicine, how could we have taken any risk then?” CMWs FGD, Jacobabad²

13.5.2 Delay in setting up “Clinic” (birthing station) at home was mentioned as a hindrance in 2 districts by participant CMWs (Jacobabad, Naushero Feroz).

“Our clinic (birth station) has not started, and secondly people do not know us (due to this)” CMWs FGD, Naushero Feroz³

“People do not come to us for the reason that our hospital (birth station) has not started as yet so they do not believe us” CMWs FGD, Jacobabad⁴

A few families in 3 districts (Dadu, Naushero Feroz, Shahdad Kot) expressed that people expect the CMW to be working in a birth station or clinic, and do not want to be treated in her home.

“When women come, they observe that this is a home, not a clinic. She (the CMW) is just a common woman sitting on a cot. (She says) how could I share my problems with her”Father-in-law in family group discussion, Shahdad Kot⁵

¹ *“Hamaray pas samaan nahi tha tou hum (delivery) kaise karte,agar hamaray pas kuch hou tou hum karein na, agar waise karein ge tou loag kahein g eke inme aur daiyoun mein kya farq hai” CMWs FGD, Shahdadkot.*

² *“Hamaray pas instruments nahi thay, medicine nahi thi tou phir hum kaise risk uthataty?”..... CMWs FGD, Jacobabad*

³ *“Aik tou hamari clinic (birthing station) start nahi hui, aur loag hamein nahi jantay” CMWs FGD, Naushero Feroz*

⁴ *“Loag is liay nahi atay thay ke agar hamari haspatal (birthing station) kholi hoti tou unko yaqeen aata” CMWs FGD, Jacobabad*

⁵ *“aurtain atein hain woh dekhti hain ke yeh tou ghar hai, koi clinic wagera tou nahin hai, ye aam aurat hai jo charpai pe charh kar bethi hai, mein apne masle is ko kaise bataon.” Father-in-law, Shahdad Kot*

13.6 Availability of accessible free services

In 4 districts, (Dadu, Hyderabad, Naushehro Feroz, Thatta), participant CMWs stated that the Civil Hospital is not far from their area and is easily accessible to the community women, which has more facilities and offers free services. Therefore, some women prefer to deliver there instead of paying the CMWs. This again reflects that deployment of some CMWs is in urbanized settings rather than in poor communities.

“The civil hospital of Makli is close-by us, that is why the poor people go there. Even if we approach those people, they do not give any response”CMWs FGD, Thatta¹

“(The deliveries that I have not been able to conduct are due to) the civil hospital is close-by, that is why people go there”CMWs FGD, Naushehro Feroz²

13.7 Inability to pay

In IDIs with women who delivered with an unskilled birth attendant, 2 out of 5 respondents stated the inability to pay the CMW's fee as the reason for not calling her as their birth attendant.

“I had no money, not even flour to feed my children.... My husband is poor and cannot work. My 12 year-old boy does work (for earning). That is why I called the dai. I have not till now asked the CMW to conduct my delivery. When I go to her for medicine, she

¹ *“Makli ka Civil haspatal nazdeek hai, is wajah se jo ghareeb bhi hain wo bhi Civil Haspatal chalay jatay hain, agar hum jatay bhi hain tou wo hamein response nahi deitay”CMWs FGD, Thatta*

² *“(Jo deliverian mein ne nahi karwain us ki wajah ye hai) ke Civil Haspatal yahan se nazdeek hai, is wajah se loag wahan chalay jatay hain”CMWs FGD, Naushero Feroz*

charges money, I do not know how much she charges for conducting delivery.” IDI with woman, Badin¹

In 3 districts only (Thatta, Hyderabad, Tando Allah Yar), some participant CMWs mentioned that people do not call them as they perceive that the CMW will charge a higher fee, which they will not be able to pay.

“Among the women who do not call us (for delivery), some women do not call due to money”CMWs FGD, Thatta²

“Some people call dai for conducting delivery, (fearing) the (high) amount of fee the CMW will charge”CMWs FGD, Tando Allah Yar³

Only in one district (Badin) it was mentioned by the participant CMWs that people demand free services.

13.8 Family restrictions

Some CMW participants in 4 districts described restrictions imposed on them by the family members, which inhibits them from working as birth attendants.

13.8.1 Family restrictions have been imposed for working at night was mentioned by participant CMWs in 3 districts (Badin, Dadu, Shahdad Kot) as a reason limiting their accessibility.

¹ *“Paisay nahi thay mere pas tu aata nahi tha k bachon ko khilati....shohar mera ghareeb hay os se kaam hota nahi hay. Mera beta 12 saal ka hay wo kam karta hay. Esliay dai se krwai. Abhi main ne yasmeen (CMW) se delivery karwai nahi hay...wesay dawa waghera lene jatay hain tu paisay leti hay delivery kay pata nahi kitnay leti hay.” IDI with woman, Badin*

² *“Aurtain is liay nahi bulatein kea b kuch aisey hotay hain ke paison ki wajah se nahi karatay”CMWs FGD, Thatta*

³ *“Kuch loag hain jo daiyoun se (delivery) karwa leytay hain, (ye soch kar)ke hum CMW un se kitne paise le lein gi”CMWs FGD, Tando Allah Yar*

“If people call us at night, we cannot go as our family does not allow. They say that one should not go to others homes during night.”CMWs FGD, Dadu¹

“The family members say how could you go, (you are) a young girl and (cannot go) at night time”CMWs FGD, Shahdad Kot²

13.8.2 Not allowed to work outside home was mentioned by CMWs in one district (Jacobabad)

“My brother in law is guardian of our family, he forbids me to go to any home (in community)” CMWs FGD, Jacobabad³

Similarly, during family interviews, a husband from in one district (Ghotki) mentioned that the CMW is not allowed to leave the home to work.

“She must not go to the field. If people are coming to the home, it is okay. I will not allow her to work in the field” Husband, Ghotki⁴

13.8.3 During the family interviews, families in 3 districts (Badin, Dadu, Ghotki) stated that the CMW cannot travel alone, and this becomes a problem, as someone to accompany her is not available all the time.

¹ *“Agar raat ko loag bulatay hain tou hum nahi ja saktay, kyunke ghar walay ijazat nahi deitay, wo kehtay hain ke raat mein kisi ke ghar nahi jana chahiyae”CMWs FGD, Dadu*

² *“Ghar walay kehtay hain ke kyun jain, jawan larki aur wo bhi raat ke time”CMWs FGD, Shahdakot*

³ *“mera dewar hai ghar ka bara, wo kehta hai ke kisi ke ghar na jao” CMWs FGD, Jacobabad*

⁴ *“yeh field wala kaam na karay, agar ghar mein arahe hai tou theek hai, mein is ko field mein nahin janay donga” Husband in family groupd discussion, Ghotki*

13.9 Low financial returns

Inadequate financial gains play an important role in decreasing the morale of a health worker. CMWs in 5 districts expressed their displeasure with financial returns.

13.9.1 In 3 districts (Badin, Naushehro Feroz, Shahdad Kot), participant CMWs stated that their salary is very low.

“The 2,000 rupees that they give should be increased as it is very little (amount that they) pay. You see, we have done schooling and are educated. If we do a job somewhere else, we will get much more than that. Here we spend the entire day and get 2,000 rupees”CMWs FGD, Badin¹

“No one works for 2,000 rupees. If we work in any other organization, like an NGO, we will get 15,000 to 40,000. We should at least get a pay equivalent to a sweeper”CMWs FGD, Shahdadkot²

13.9.2 In one district (Naushehro Feroz), a few participant CMWs mentioned that their families expressed unhappiness on the low income.

“Our family members are not satisfied, they say ‘you should at least get 10,000 salary. When others are earning so much, why not you people?’”CMWs FGD, Naushehro Feroz³

¹ “Jo 2000 rupay tankhwa hamein deitay hain wo kum hai, wo kuch zyada karke dein, dekhain hum parhay likhay hain, hamari itni taleem hai, hum kahin aur nokri karein tou is se zyada paise mil jain ge. Yahan par hum sara din zaya kartay hain us ke baad 2000 rupay miltay hain”CMWs FGD, Badin

² “2000 rupay mein koi nahi (kam par) jai gi, dosray shobay mein kam karein, NGO mein kam karein tou 15,000 se 40,000 mil rahay hain kum uz kum (tankhwa) sweeper jitni tou honi chahiyae”CMWs FGD, Shahdadkot

³ “Hamaray ghar walay mutmaein nahi hain, wo kehtay hain aap logon ko 10,000 tankhwa honi chahiyaejub dosray logon ko itni sari pagaar mil rahi hai tou aap logon ko kyun nahi?”CMWs FGD, Naushehro Feroz

Similarly, in only 2 districts (Ghotki and Tando Allah Yar), the family members of the CMWs mentioned that the salary of the CMWs is too low.

13.9.3 CMWs in 2 districts (Shahdad Kot, Badin) complained that they had information that their salary would be Rs 8,000 -10,000 on resuming duties as a CMW, hence they joined the training. However, this expectation was not met.

“We had come to know that after completion of the training, they would pay us 8,000 to 10,000 salary. That was why we completed the training.”CMWs FGD, Shahdadkot¹

13.9.4 In Dadu, all participant CMWs mentioned that they were promised they would be given a stipend by the PAIMAN project, but they have received none.

13.10 Others

In a few districts (1 to 2) some additional inhibitory factors were mentioned, which were as follows:

13.10.1 Antagonism by female doctors in the community was stated In 2 districts (Jacobabad, Naushehro Feroz), as a reason for decreasing accessibility.

“The doctors convince the pregnant women that the daiyan and the newly trained birth attendants do not know anything (about conducting deliveries) and they should go to them at ‘fixed time’ (expected date of delivery).”CMWs FGD, Naushehro Feroz²

¹ *“Hamein pata chala tha ke ye jo training karwa rahay hain, uske baad job deinge, 8000 ya 10,000 salary dein ge, is wajah se CMW ka course kya”CMWs FGD, Shahdadkot*

² *“Doctor marizoun ko qail kar leiti hain ke aap ke gaon mein jo daiyan hain ya nayi trained larkian hain unk kuch bhi nahi aata, aap fixed time hamaray pas aa jana”CMWs FGD, Nausehero Feroz*

“The (female) doctors say that these (CMWs) have just learned (theory) very recently, (how) could they conduct the deliveries?” CMWs FGD, Jacobabad¹

13.10.2 Lack of self confidence among CMWs was also mentioned as a reason for not working as birth attendants, by participant CMWs In 2 districts (Dadu, Hyderabad).

“It has been two years since we have been sitting at home. We need revision such that we are trained enough to conduct deliveries and do not feel nervousness while examining the pregnant woman”CMWs FGD, Hyderabad²

During the CMWs' family interviews, in one district (Ghotki) a family member stated that the CMW is inexperienced and unable to treat competently.

“(Our) main problem is that she (the CMW) has just learned the theory (from the training centre) and she does not have much experience”.....Husband in family group discussion, Ghotki³

13.10.3 In 2 districts (Naushehro Feroz, Jacobabad), a few participant CMWs mentioned that they have only one room in their home, where everybody lives. Hence, they have no space for conducting deliveries.

“We have just one room, should we stay in that room ourselves or should we use it to treat patients?”CMWs FGD, Naushehro Feroz⁴

¹ *“Doctor bolti hai ke jo ye larkian (CMWs) hain kal kalan seekh kar apni clinic khol kar beithi hain, abhi ye delivery karain gi?” CMWs FGD, Jacobabad*

² *“Hamein dou sal ho gai ghar baithay huay, hamein revision karwain, aisa ke jis se hum itna trained ho jain ke hamein delivery karwatay, ya hamla ko dekhtay ghabrahat na ho”CMWs FGD, Hyderabad*

³ *“main masla experience ka hai kyun ke ye (CMW) sirf theory parh kar aye hai aur in ko itna experience nahin hai.” Husband, Ghotki*

⁴ *“Hamara aik hi kamra hai, hum us mein khud stay karein ya mareezoun ko lain?”CMWs FGD, Naushehro Feroz*

Similarly, the CMWs' families in 2 districts (Badin, Hyderabad) said that there is **no** space in their homes for the CMW to carry out her work, therefore pregnant women cannot come.

"If people come here, there is no room to place luggage. We face a lot of problem due to this." Husband in family group discussion, Hyderabad¹

In another district (Thatta), a few CMWs mentioned that people have a one-room house in which their family live, hence, there is no place in their home to conduct the delivery. Such families insist on delivering at the CMW's home.

13.10.4 In Shahdad Kot, a few CMWs mentioned that they have children to look after, hence have no time to work as birth attendants.

"We have kids, most of the day is spent in their care (so we cannot go even if people call us)" CMWs FGD, Shahdad Kot²

13.10.5 In Dadu, a few CMWs mentioned that the area dai receives commission from private clinics, hence she takes the pregnant women to those places rather than referring to them.

"The dayian in our village take the clients to the private doctors, who pay them 'wazifa' (commission on referral)" CMWs FGD, Dadu³

13.10.6 In Dadu, some CMWs expressed security concerns on travelling to reach pregnant women for conducting the delivery.

¹ "agar log ghar mein atay hain tou yahan saman raknay ki jagah nahin hai, is waja se un ko kafi masla hota hai." Husband, Hyderabad

² "Hum bachon walay hain, sara din bachoun ke dhyan mein guzar jata hai, (is liay agar loag bulain tou hum kaise jain)" CMWs FGD, Shadadkot

³ "Hamaray gaon mein jo daiyan hain wo private doctor ke pas client ko le kar jati hain, jo private doctor hain wo un ko wazifa deiti hain" CMWs FGD, Dadu

“We are afraid of being mugged, anything could happen to us. (For example) if we go on motorcycle and get robbed. So that is why we do not go (to the field for conducting deliveries)”CMWs FGD, Dadu¹

13.10.7 A few CMWs in Ghotki district mentioned that LHWs have been conducting deliveries in their area, hence women were utilizing their services.

*“The LHWs conduct the deliveries themselves, they would not refer the deliveries to us”
....CMWs FGD, Ghotki²*

13.10.8 In 2 districts (Ghotki, Badin), CMWs’ family members lamented that people speak against the CMW if she works out of her home.

“The main problem is that the people from the village would comment that my wife is going alone. The village people and relatives object (to this)” Husband in family group discussion, Badin³

13.10.9 In one district (Naushehro Feroz), the CMW family mentioned that they are from a low-caste family and people in the area do not want to utilise her (CMW’s) services.

In another district (Dadu), the CMW family mentioned that the CMW does not visit people belonging to a different caste.

¹ *“Hamein dar lagta hai, loot mar hoti hai, kisi ke sath bhi koi masla ho sakta hai, motor cycle par jain aur phir hum se loot mar ho jai tou is wajah se is dar se bhi nahi jatay”CMWs FGD, Dadu*

² *“LHWs pehlay khud hi karwati hain, wo hamein tou nahin dein gi delivery”CMWs FGD, Ghotki*

³ *“...main wajah ye hai ke gaon walay ye kahenge ke tumhari biwi akeli ja rahin hai, gaon walay aur rishtadar aitraz karte hain.” Husband, Badin*

14. Facilitative Factors

CMWs accessibility is limited to neighbourhoods in the previous chapter. Even in these, only a limited number of women were found utilizing them as birth attendant. In all 9 districts, participant CMWs in FGDs who were conducting home-based deliveries, women respondents of IDIs and respondents of family group interviews were asked to identify factors that facilitates current accessibility of CMWs to pregnant women in the community for conducting deliveries, and community women in accessing CMWs for delivery . The factors mentioned are presented below.

5 key facilitative factors

1. Clients living close by or relative
2. Motivation of women by CMWs
3. Free service, flexible or lesser fee
4. Support from Family members
5. Cooperation by health workers

Other important facilitative factors

6. Awareness about CMWs education and training
7. Availability of instruments and medicines
8. Satisfaction with profession

Facilitative factors mentioned in 1-2 districts

9. CMWs have transport
10. Good experience with CMW for other services
11. Cell phone with CMWs

14.1 Clients living close-by or relatives

CMW participants in 8 out of 9 districts (except Shahdad Kot)¹, who worked from their home or in the surrounding neighbourhood mentioned that they worked as birth attendants only for women living close-by or their relatives. In most cases, pregnant women came over to the homes of CMWs for their delivery. Hence, nearness served as the most important facilitative factor.

“Women brought their cases to the house, we gave them advice, we conducted the normal cases.” CMWs FGD, Ghotki²

“Whoever came to the house or whichever neighbour was delivering, we would go there.”CMWs FGD, Dadu³

“I have conducted deliveries, of those who are relatives...”CMWs FGD, Jacobabad⁴

During interviews with the CMWs' families, in which facilitating factors were discussed, almost all of the families (12 out of 14) in all 9 districts shared that the CMW's clients were mostly relatives or well known to the family. Many families (8 out of 14) in 7 districts (Badin, Dadu, Ghotki, Hyderabad, Jacobabad, Shahdad Kot, Tando Allah Yar) also said that most of the clients visited by the CMW lived close-by and therefore were easy to access.

“This is because we know them and we have direct contact with them.”.... Father, Badin¹

¹ In Shahdad Kot, none of the CMWs had worked.

² *“Ghar mein hi case aa jatay thay, unko mashwara deitay thay, jo normal case thay wo karwa letay thay” CMWs FGD, Ghotki*

³ *“Jo ghar mein ajai ya jo paros waghera mein deliverian hoti thein tou hum chalay jatay thay”CMWs FGD, Dadu*

⁴ *“Mein ne deliverian karwai hain, jo rishtay dar hain”CMWs FGD, Jacobabad*

“The village is close-by, she (CMW) goes on foot. The villagers here all know her and have direct contact with her, that’s why.”Husband in family group discussion, Hyderabad²

“There is no difficulty, everyone is close-by.”Brother in family group discussion, Dadu³

In all districts, in IDIs with women who utilised the CMW as their birth attendant, it was mentioned that the key reasons for inviting her was that she belonged to the area and was known to them or she was a relative.

“My mother-in-law, my sister-in-law know and everyone know her (CMW), these people have known her from the beginning, they visit each other’s houses.”IDI with woman, Thatta⁴

“Because she was our aunt...that is why (she conducted the delivery), she was in the house so why would we go to someone else?”IDI with woman, Jacobabad⁵

“She (CMW) is a household member and it is like having a doctor with us, and another thing is that when the woman has to go to the hospital they have to leave the children behind and the children are very young, it is difficult. Now we have this facility where we can deliver in our own homes. If we went outside it would take us an hour or the whole

¹ *“woh is waja se ke jan pehchan hai aur unse wasta bhi hai” Father, Badin*

² *“qareeb gaon hain wahan pedal chali jati hai, yahan gaon ke log sab us ko jantay hai aur wastay hain is waja se.” Husband in family group discussion, Hyderabad*

³ *“koi mushkilat nahin hoti, sab qareeb qareeb hai.” Brother in family group discussion, Dadu*

⁴ *“meri saas, meri nand sab jantay hain, yay loag to shuru say hi in ko jantay hain...un kay ghar ana jana ha” IDI with woman, Thatta*

⁵ *“kioon keh wo hamari phupi thi.. Is wajah se (zichgi karwai), wo ghar mein thi to hamain kaya zaroorat hai jo hum kisi oar kay paas jatay” IDI with woman, Jacobabad*

*day. We have many facilities because it is close to our home.”IDI with woman,
Tando Allah Yar¹*

14.2 Motivation of women by CMWs, their families or satisfied clients

In 8 out of 9 districts (except Shahdad Kot) some CMW participants mentioned that they visited nearby homes, provided ANC (many times free of cost) and motivated pregnant women to use them as their birth attendant.

“I go to the pregnant women in the village and tell them to come to me for a check-up if there is any problem at all. I will try and conduct the delivery, if I cannot conduct it then I will refer.”CMWs FGD, Tando Allah Yar²

“I go into houses and meet the pregnant women, I do an ANC for them, I have given them my phone number, they have called me themselves so I have conducted their deliveries.”CMWs FGD, Naushehro Feroz³

During the group discussions with CMWs' families, it was learnt that families in 2 districts (Dadu, Shahdad Kot) publicized the CMWs' services to the community via the distribution of leaflets or visiting the homes of community women. This helped in improving the CMWs' accessibility.

¹ “Ye (CMW) hamaray ghar ka admi hai oar jaisay hamary paas doctor (cmw) ghar ka mojoood hai, oar doosra yay keh aurat agar haspatal jati hai to peechay say bachay bhi chor jati hai, oar bachay bhi chotay hotay hain, to mushkil hoti hai magar ab hamain yay bhi sahulat hai keh delivery apnay hi ghar main hooi, agar hum bahar delivery karwanay jatay to hamain aik ghanta, ya sara sara din lag jata....hamain bohat hi ziyada sahulat hai kioon keh hamara ghar kareeb hai.” IDI, Tando Allah yar

² “Mein gaon ki hamla aurtoun ke pas jati houn aur batati houn ke agar koi masla waghera ho check up karwa liya karo, delivery karanay ki koshish karoun gi, agar mujh se na ho saki tou refer karoun gi”CMWs FGD, Tando Allah Yar

³ “Gharoun mein jati houn, jo pregnant aurtain hain un se milti houn, ja kar ANC waghera karti houn, unko apna phone number dya hua hai, unho ne khud bulaya hai tou mein ne deliverian karwai hain”CMWs FGD, Naushehro Feroz

“Her brother went to different villages and distributed leaflets saying his sister has learnt this work.”Mother in family group discussion, Dadu¹

In 3 districts (Badin, Ghotki, Tando Allah Yar), women, during IDIs, said that they availed her services as other women in the community recommended her.

“People were also appreciating that she (the CMW) is good and competent, that is why we thought that we should call her for delivery” IDI with woman, Ghotki²

“I had called the dai for my previous delivery and had experienced pain. That is why everyone was asking me to call the ‘doctorni’ (CMW) for the delivery” IDI with woman, Ghotki³

14.3 Free services or flexible charges and lesser fee

In 6 out of 9 districts (Badin, Dadu, Ghotki, Naushehro Feroz, Tando Allah Yar, Thatta), some CMW participants mentioned that community women sought their services as birth attendants if they: (a) provided free service, (b) applied flexible charges, or (c) charged lesser fee than other trained providers. Probably, this flexibility in charges was being applied as, those CMWs who were conducting home-based deliveries, were working only in their neighbourhoods and providing services to their acquaintance and were not reaching the general population.

“We do it for free (conduct deliveries), they are all our own people, if they give (money then fine otherwise we do it for free.”CMWs FGD, Tando Allah Yar¹

¹ *“is ke bhai ne mukhtalif gothon mein ja kar parchay taqseem ki hai ke meri behen yeh kaam seekh kar aye hai.” Mother in family group discussion, Dadu*

² *“Loag bhi tareef kar rahay thay keh yay achi hai, hoshyaar hai, is liay hum nay socha keh hum isi say delivery karwain gay” IDI with woman, Ghotki*

³ *“main nay pehlay bhi daiyoon say delivery karwai thi aur takleef hi thi, is liay sab mujay kehtay thay keh doctorni (CMW) say delivery karwao” IDI with woman, Ghotki*

“More patients come to me because I do not harass them for a lot for money.”

.....CMWs FGD, Thatta²

“If they (pregnant women) go to the doctor, they have to pay more money. If they have their deliveries conducted by the CMW, her fee is 500. If they (poor people) give money willingly from happiness then that is fine.”CMWs FGD, Naushehro Feroz³

“We have guided (pregnant women) to come to us, you spend thousands of rupees in hospitals and we take 500 per case, if you want to give (money) happily then fine, otherwise we will conduct your delivery for free.”CMWs FGD, Badin⁴

“Those who are completely poor, who cannot give money, they come to us.” CMWs FGD, Ghotki⁵

During interviews with the CMWs' families, in 4 districts (Hyderabad, Jacobabad, Naushehro Feroz, Tando Allah Yar) it was stated that the CMW is cheaper than private doctors, hence women like to avail her services as their overall expenditure of attaining the services of a private doctor, including travel, is less.

“It does not cost that much, if they go to a doctor then it costs around 4000-5000 rupees. For this advantage they come here.”Brother in family group discussion, Jacobabad¹

¹ *“Hum free mein kartay hain, sub apni hi hain, deiti hain tou theek warna free mein kartay hain.” CMWs FGD, Tando Allah Yar*

² *“Mareez meray pas is wajah se zyada atay hain, ke mein paion ki wajah se zyada unhein tang nahi karti houn.” CMWs FGD, Thatta*

³ *“Doctor ke pas jati hain tou unko zyada paisay denay partay hain, agar CMW se delivery karwati hain tou us ki fees 500 hai, agar apni khushi se wo (gharib loag) de daitay hain tou sahi hai.” CMWs FGD, Naushehro Feroz*

⁴ *“Hum ne (aurton) ko guide kya hai ke hamaray pas aao, haspataloun mein aap hazaroun rupay deitay hain, case ka hum 500 rupay leta hain, agar aap khushi se dein tou theek, warna nahi tou hum muft mein bhi aap ki delivery karwain ge” CMWs FGD, Badin*

⁵ *“Jo gharib hain bilkul, jo doctor ko paise nahi de saktay hain wo hamaray pas atay hain” CMWs FGD, Ghotki*

During IDIs with women who delivered with the CMW, 3 out of 9 women, in districts Naushehro Feroz, Jacobabad and Dadu, stated that one of the reasons for seeking her services was that she is cheaper than private doctors and has flexible charges.

“She (CMW) is a good doctor as she helps poor people and takes little money, she helps everyone.”IDI with woman, Naushehro Feroz²

“Due to poverty it costs little money, almost like it’s free. Private hospitals cost 5000 to 6000, that is why we got it done from the CMW, she took 500 rupees.”.....IDI with woman, Jacobabad³

14.4 Support from family members

In 6 out of 9 districts, some CMWs described various forms of support that they receive from their family, which is an important facilitative factor.

14.4.1 Strong support for their profession by one of the close family member was

mentioned as an important facilitative factor by participant CMWs in 3 districts (Badin, Dadu, Ghotki).

“My husband helps me a lot, he encouraged me to do the CMW course. He becomes very happy if I work as much as I can, and he helps me.”CMWs FGD, Badin⁴

¹ *“itna koi zyada kharcha nahin karna parra agar doctorni ke pas jatay tou 4000-5000 lag jata. Is faiday ki waja se wo (loag) yahan aye.” Brother in family group discussion, Jacobabad*

² *“wo achi doctor hai, jaisay gareeb logoon ki madad bhi karti hai oar paisay bhi kum laiti hai, wo har ksi ki madad karti hai.” IDI with woman, Nosheroferoz*

³ *“bus ji gurbat ki waja say, kam paisay lagtay hain, jaisay bilkul free main hain.. Private haspatal main to 5000 say 6000 lag jatay hain, is liay hum nay CMW say karwai, adi nay 500 ruppay liay thay.” IDI, Jacobabad*

⁴ *“Mera mian meri bahut zyada madad karta hai, us ne mujhay CMW ka course karwaya hai, us ko bahut zyada khushi hoti hai ke mein zyada se zyada kam kart houn, aur wo meri madad karta hai” CMWs FGD, Badin*

“My family say, ‘you have studied and learnt for the sake of other people so we will go,’ my brother goes with me.”CMWs FGD, Dadu¹

CMWs’ families in 4 districts (Dadu, Hyderabad, Tando Allah Yar, Thatta) mentioned that there was always someone available to accompany the CMW whilst visiting the home of a pregnant woman, even at night.

“I myself go with her. Obviously if someone comes at 3am, we cannot refuse them.”Father in family group discussion, Ghotki²

“Someone or the other goes with her, most often her mother or brother, and if they are not there then I go.”Aunty in family group discussion, Thatta³

14.4.2 One of the CMW’s family members is a health worker, which substantially facilitated their entry into the community. This factor was mentioned in 3 districts (Hyderabad, Naushehro Feroz, Tando Allah Yar) by a few CMW participants. Either the CMW worked with them or the family members motivated clients to seek assistance from the CMW.

“My sister is an LHW, through her I come and go during polio campaigns, I am with my sister sometimes, she tells village people that her sister has trained from the city.”CMWs FGD, Hyderabad⁴

¹ “Ghar walon ne kaha hai ke aap ne logon ke liay parha hai, sikha hai tou hum jain ge, bhai jata hai meray sath” CMWs FGD, Dadu

² “hum khud saat jatay hain. Zahir hai ke agar koi raat ke teen bajay ata hai tou un ko inkar nahin karte hain.” Father, Ghotki

³ “koi na koi saat jata hai, zyada tar tou baji (mother of CMW) ya bhai, agar yeh na ho tou mein jati hun.” Aunty, Thatta

⁴ “Meri behan LHW hai, us ke through polio ke doran bhi aati jati houn, behan ke sath houn, wo gaon walon ko batati hai ke meri behan shehar se training le kar aai hai” CMWs FGD, Hyderabad

“My mother is an LHV, I work with her, my mother has made a birth station.”CMWs FGD, Naushehro Feroz¹

During interviews with the CMWs' families, families in 2 districts (Tando Allah Yar and Thatta) stated that they themselves worked in the medical field, therefore people knew the CMW.

14.5 Cooperation by health workers

In 6 out of 9 districts, some CMW participants mentioned that their work has been facilitated by other health workers.

14.5.1 In 2 districts (Dadu, Naushehro Feroz), CMW participants stated that they collaborated with the area dai to perform deliveries.

“I was available in the house, whichever delivery there was in the village, I would go with the dai.” CMWs FGD, Naushehro Feroz²

“There is one LHW in our village and one old dai. I introduced myself to them and went to houses with them where they introduced me. Hence women were satisfied and when I received my equipment I conducted some deliveries together with the dai.”CMWs FGD, Dadu³

14.5.2 LHW of the area successfully introduced them to the area people and also brought delivery cases to them in 3 districts (Badin, Dadu, Tando Allah Yar).

¹ *“Meri Ammi LHV hain, mein unke sath kam karti houn, ammi ne birth station bana rakha hai.” CMWs FGD, Naushehro Feroz*

² *“mein ghar mein farigh thi, jo delivery aati thi gaon mein kisi dai ke sath jati thi.” CMWs FGD, Naushehro Feroz*

³ *“Hamaray gaon mein aik LHW hai aur aik gaon ki purani dai, unke sath mein ne introduction kya aur unke sath gharoun mein ja kar apna bhi introduction karwaya. Phir is tarah aurton ko mutmaein kya apnay liay, aur jub samaan mila tou deliveries karwain thein dai ke sath mil kar.” CMWs FGD, Dadu*

“The LHW guides us and tells us in which area there are pregnant women and we go. We also tell the LHW to tell them and guide them to come to us for delivery.”CMWs FGD, Badin¹

“We went to the LHW and went with them to the village, they told us that there is an ANC case here. We visited that place. If an LHW brings a delivery case to us, we give her 150 rupees.”CMWs FGD, Tando Allah Yar²

14.6 Awareness about CMWs' education and training

In 3 districts (Ghotki, Jacobabad, Naushehro Feroz), some of the participant CMWs mentioned that some people who availed their services were aware that they are educated and are trained to perform deliveries.

“They know that we have been trained, so obviously they come to us and we go to their house and conduct their deliveries, they also come to our house.”CMWs FGD, Naushehro Feroz³

“The one reason why we conduct deliveries is because people know we have been trained and this why they call us and we conduct deliveries.”CMWs FGD Thatta⁴

Families in all districts also stated that the CMW is trained and educated, therefore the response from the community is very positive.

¹ *“LHW hai wo haemin guide karti hai ke yahan ilaqay mein (pregnant) aurtain hain aur hum jatay bhi hain, aur hum bhi LHW ko kehtay hain ke unko batain, guide karein, ke hamaray pas delivery karwanay aain.” CMWs FGD, Badin*

² *“Hum LHW ke pas gai, aur unke sath gaon mein gai, unho ne bataya ke yahan ANC ke case hain, hum ne wahan visit kya hai, agar koi LHW delivery wala case le kar aati hai tou hum us ko 150 rupay deitay hain.” CMWs FGD, Tando Allah Yar*

³ *“un ko pata hai ke hum ne training ki hai, tou zahir hai hamaray pas atay hain to hum un ke ghar ja ker delivery ker dete hain, (hamary) ghar per bhi aati hain.” CMWs FGD, Naushehro Feroz*

⁴ *“Hamaray delivery karanay ki yehi aik wajah hai (ke loag jantay hain ke hum ne training ki hai) isi wajah se bulatay hain aur hum delivery karatay hain.” CMWs FGD Thatta*

In IDIs with women who delivered with CMWs, in 7 out of 9 districts (Naushehro Feroz, Tando Allah Yar, Thatta, Jacobabad, Ghotki, Hyderabad, Dadu), respondent women stated that they utilised the services of CMWs as birth attendants because they were aware that she has received education and training to be a birth attendant.

“The dai is unaware, she (CMW) is very alert, has been trained, is educated and that is why she understands.”.....IDI with woman, Naushehro Feroz¹

*“A dai is present in our area but this (CMW) madam is a big thing, she is educated and knows about everything, she knows about children and she knows about injections.”
.....IDI with woman, Tando Allah Yar²*

14.7 Availability of instruments

A few participant CMWs in 4 districts (Badin, Dadu, Tando Allah Yar and Thatta) mentioned the availability of instruments as a facilitating factor in increasing their accessibility to pregnant women.

“The biggest advantage (of conducting deliveries) is that the kit that has been given to us contains everything...people are happy and we are happy.”CMWs FGD, Badin³

“I brought the equipment from Hyderabad myself, the BP apparatus, the weight machine etc, and I am working in my home.”CMWs FGD, Dadu⁴

¹ *“dai ko khabar nahi hoti....wo (CMW) bohat hohjyar hai, training ki hui hai aur taleem yafta bhi hai, is liay us ko samaj bhi hai.” IDI with woman, Naushehro Feroz*

² *“hamaray ilaqay main dai to mojud hai, magar ye(CMW) madam hai, is ki bari baat hai, parhi likhi hai aur is ko har baat ki maloomat bhi hai, is ko bachay kay baray main maloomat hai, sooi injection kay baray main is ko maloomat hai.” IDI with woman, Tando Allah Yar*

³ *“(Hamari delivery karany ki) sub se bari baat ye hai ke jo hamein kit di gyi hai, us men her cheez hai.....loag bhi khush hotay hain aur hum bhi khush hotay hain.” CMWs FGD, Badin*

⁴ *“Mein (samaan) khud le kar aai thi Hyderabad se, BP apparatus, weight machine, aur set waghera, aur mein apnay ghar mein hi kaam kar rahi houn” CMWs FGD, Dadu*

“In these 20 months I have conducted 40 deliveries Masha Allah. I had some equipment already, now they (MNCH Programme) have given me more.”CMWs FGD, Tando Allah Yar¹

14.8 Satisfaction with profession

In FGDs, some CMWs mentioned that they are satisfied with their profession, which served as an important facilitating factor for them. Several different reasons were mentioned for this satisfaction.

14.8.1 In six districts (Badin, Dadu, Jacobabad, Ghotki, Naushehro Feroz, Tando Allah Yar), some CMW participants stated that community people have started giving them respect and they receive prayers for their services. Very apparently, this has increased their self-esteem.

*“We have gotten jobs and equipment has been given to us, women will slowly come, they will become satisfied, the village people call us doctors, they respect us a lot,”
.....CMWs FGD, Tando Allah Yar²*

“People speak about us and say that they are going to see the doctor, it makes us very happy to be called doctors.”CMWs FGD, Badin³

¹ *“Is bis mah mein mashallah challis deliverian karwain hain, saman waghera pehlay meray pas tha, ab inho ne (MNCH Programme) ne kuch aur dya hai” CMWs FGD, Tando Allah Yar*

² *“Job miley hai aur samaan waghera bhi dya hai, aur aurtain bhi ab ahista ahista aain ge, aur mutmaein ho jain gi, aur gaon ke loag hain, wo haemin doctorni bolte hain aur izzat karte hain, is liay (mutmaeein hain” CMWs FGD, Tando Allah Yar*

³ *“Loag hamaray baray mein kehtay hain ke hum doctor ke pas ja rahay hain, tou bahut khushi hoti hai ke wo hum ko doctor kehtay hain.” CMWs FGD, Badin*

14.8.2 Some CMW participants in 5 districts (Badin, Dadu, Ghotki, Hyderabad, Naushero Feroz) felt proud of their achievement and services

“We are happy because we are proud of ourselves that we can do something for someone else.”CMWs FGD, Naushero Feroz¹

“We are very happy to be CMWs, we are proud of ourselves, we can proudly say that we are CMWs and it feels very good to be able to help people.”CMWs FGD, Badin²

“Our hearts are satisfied that we know something and have become something, and feel proud that we can save others’ lives.”CMWs FGD, Dadu³

14.9 Others

14.9.1 In 2 districts (Badin, Naushero Feroz), the CMWs’ families stated that they have their own transport (motorbike or car), which allows CMWs to access pregnant women.

14.9.2 In the IDIs, 2 out of 9 respondents in districts Dadu and Hyderabad, stated that they had had a past good experience with her during ANC or while seeking treatment for their children, hence decided to call her as their birth attendant.

“I used to get medicine for my children and got my own check up. So I believed in her that she will be able to conduct my delivery properly.”IDI with woman, Hyderabad⁴

¹ *“Hum is liay khush hain ke hum apnay aap par fakhr karte hain ke hum bhi kisi ke liay kuch kar sakte hain”*
CMWs FGD, Naushero Feroz

² *“bahut khushi hai ke hum CMW hain, hain apnay upar fakhr hai, hum fakhr se kehtay hain ke hum CMW hain aur bahut acha lagta hai ke hum logon ka kam karte hain” CMWs FGD, Badin*

³ *“Hamara dil mutmaein hai ke haemin kuch ata hai aur hum kuch hain, aur fakhr hota hai apnay aap par ke hum dosroun ki zindagi bachatay hain”CMWs FGD, Dadu*

⁴ *“Pehlay bhi hum bachoon ki is say dawa laitay thay aur main apni tabeeyat dikhati thi, aur is par mujay yaqeen tha keh yay meri sahi delivery karwaay gi”IDI with woman, Hyderabad*

14.9.3 In 2 districts (Jacobabad and Naushehro Feroz), women said in IDIs that availability of cell phone with the CMW was a facilitative factor in contacting her easily.

“We would phone her and tell her to come and she would come.” ...IDI with woman, Jacobabad¹

¹ *“hum phone kar laitay hain keh a jao to wo a jati hai keh yay kaam hai.” IDI, Jacobabad*

15. Discussion and Recommendations

The study shows that CMWs are working in only a limited geographical area around their homes, as they have not been assigned any areas. However, even in these areas not many women are aware of their existence, and even if aware, many lack trust in them. Lack of awareness about the birth attendant was also found to be inhibiting people to utilise trained birth attendants in other studies as well (Titaley et al., 2010).

The programme should play an important role by increasing the awareness of community people about the introduction of these skilled birth attendants in the community, with emphasis on their education, training and competence. They should also compare CMWs with *daiyan* and highlight the CMW's advantages over the *dai* and increase the community people's trust on CMWs. This measure will not only help to introduce them far and wide but also to build community people's trust on them. All possible measures for this awareness and advocacy should be utilised, including community resources (promoting advocacy by satisfied clients, cooperation by LHWs and other health department staff) and mass media (TV, radio).

Proper and adequate information about CMWs among the community people is also likely to decrease their derogatory and insulting comments on CMWs and minimize this inhibitory factor in provision of services by the CMWs.

***Recommendation 1:* The programme should increase the awareness of the community people about CMWs and advocate CMWs as trained and competent birth attendants to increase trust in them**

Many CMWs mentioned that their areas are close to the facilities in the city and a noticeable number of people have the capacity to pay the private doctors or clinics, hence they prefer to use those services for delivery. This reflects that the current deployment of some CMWs is in an urbanized setting rather than a rural area. It was found by other

studies as well that working in areas close to urban centres is appealing for community based healthcare workers (Heywood & Harahap, 2009). The Programme needs to look at this aspect carefully, especially during selection of trainees in the future.

Recommendation 2: Assign areas with rural setting

A delivery kit (instrument, medicines and other supplies) has not been provided to many of the deployed CMWs. These should be distributed on priority basis so that CMWs can begin their practice as birth attendants. Also, the availability of these items and their utilisation will help the community women to perceive the difference between CMWs and *daiyan*.

Recommendation 3: Provide delivery kit

An important inhibitory factor in performance of their task is family restriction on their accessibility to pregnant women. These restrictions are due to multiple reasons, such as restrictions on working outside the home, time of delivery (night), caste of the pregnant women, and others. The Programme needs to identify and highlight those families that are not applying these restrictions and use them as role models for convincing other families that are applying these restrictions.

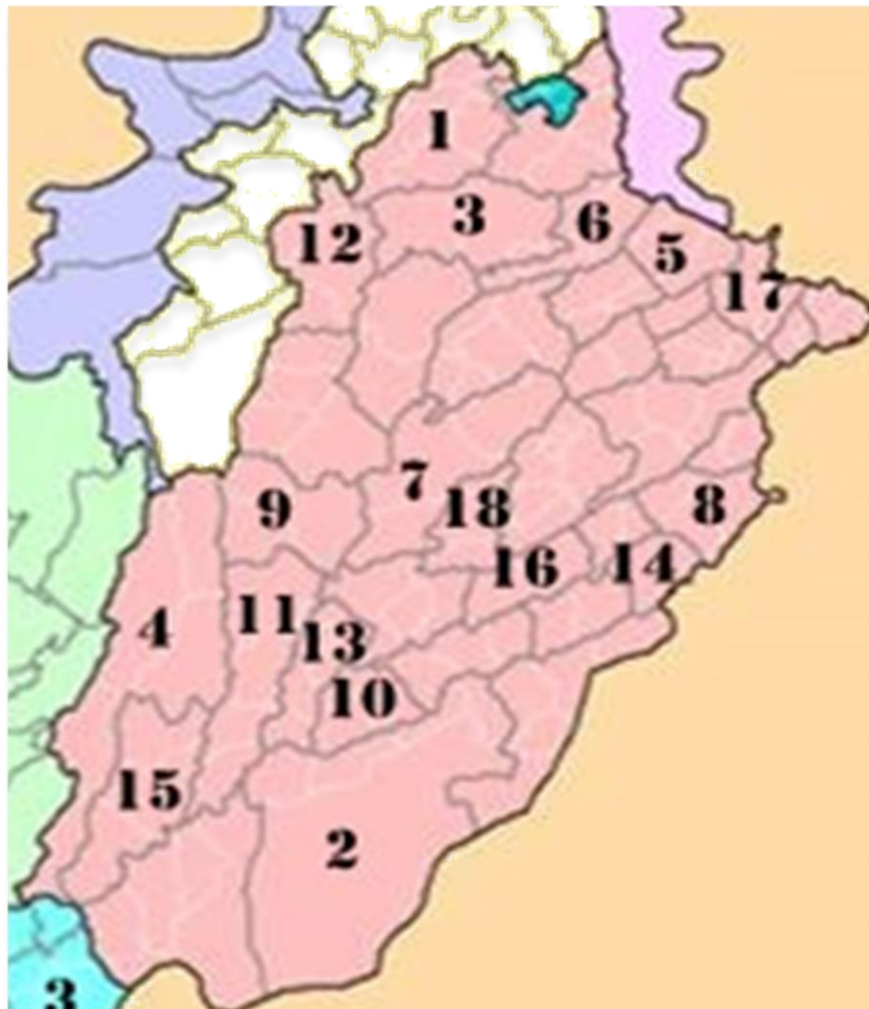
Recommendation 4: Increase Family support to CMWs by showing role models to the families

While awaiting official deployment, some CMWs have taken up jobs in the private sector, NGOs and PPHI, and are earning good salaries. They are unlikely to give up these jobs unless they begin to earn an equal or higher income as a CMW. Therefore, the CMWs should be encouraged to start functioning as CMWs after the job hours and change over to a full-time CMW when their income begins to match that of the current employment.

Recommendation 5: Facilitate gradual change over to those who have taken other jobs

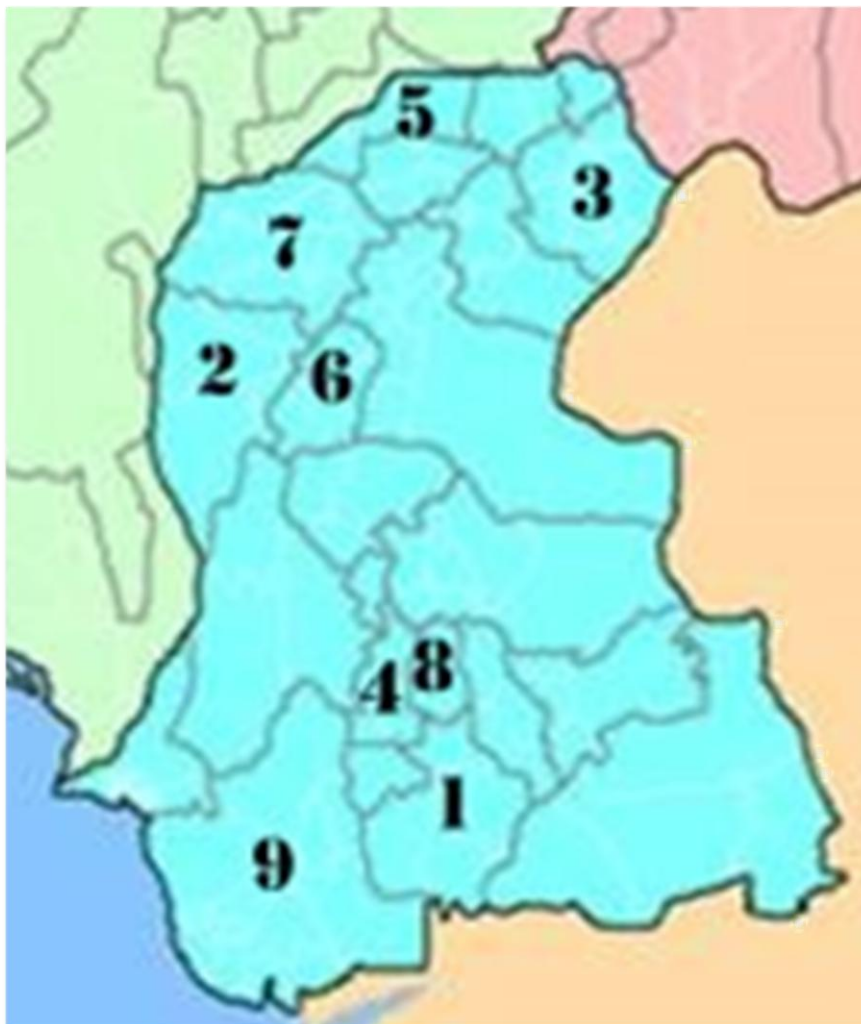
Annex 1.a: Geographical Location (Punjab)

Punjab	1. Attock, 2. Bahawalpur, 3. Chakwal, 4. Dera Gazi Khan, 5. Gujrat, 6. Jhelum, 7. Jhang, 8. Kasur, 9. Layyah, 10. Lodhran, 11. Muzaffargarh, 12. Mianwali, 13. Multan, 14. Okara, 15. Rajanpur, 16. Sahiwal, 17. Sialkot, 18. Toba Tek Singh
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Annex 1.b: Geographical Location (Sindh)

Sindh	1. Badin, 2. Dadu, 3. Ghotki, 4. Hyderabad, 5. Jacobabad, 6. Naushehro Feroz, 7. Shahdad Kot, 8. Tando Allah Yar, 9. Thatta
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Annex 2: Study Tools (Guidelines for FGDs, Family Group Discussions and IDIs)

Tool 1: Guidelines for Focus Group Discussions

Tool-1

CMWs کے ساتھ فوکس گروپ ڈسکشن کے لیے رہنمائی

نوٹ: اس ہدایت نامہ کا مقصد ان عوامل کو سمجھنا ہے جو CMWs کو ان کے کام کرنے کے مختص علاقے میں زچگی کروانے کے لیے

مددگار ثابت ہوں یا باعث رکاوٹ ہوں

تعارف: السلام علیکم

1- میرا نام۔۔۔۔۔ ہے اور میری ساتھی کا نام۔۔۔۔۔ ہے۔۔۔۔۔

2- ہم ایک ٹیم کا حصہ ہیں جو بذریعہ گفتگو ان CMWs کے بارے میں معلومات اکٹھی کر رہی ہے جو پنجاب/سندھ میں تعینات کی گئی ہیں۔

3- ہماری گفتگو کا دورانیہ تقریباً 60 سے 90 منٹ کا ہوگا اور آپ سے درخواست ہے کہ آپ ہم سے کھل کر بات کریں اور بغیر کسی ہچکچاہٹ کے اپنے خیالات اور آرا کا اظہار کریں۔

4- میں آپ کو یقین دلاتی ہوں کہ آپ کی ذاتی شناخت ظاہر نہیں کی جائیگی اور آپ سے حاصل کی گئی معلومات کو CMWs پر وگرام بہتر بنانے کے لیے استعمال کیا جائیگا۔ اس لیے آپ کے خیالات اور گفتگو ہمارے لیے بہت اہمیت کی حامل ہے۔

5- اگر آپ نے ہماری طرف سے دی گئی معلومات کو سمجھ لیا ہے اور رضا کارانہ طور پر اس گفتگو میں حصہ لینے کے لیے راضی ہیں تو کیا مجھے آپ سب کی طرف سے اجازت ہے کہ اس گفتگو کو شروع کریں؟

Characteristics of CMWs

District		Name of Moderator				Name of Note-taker				
Name	Age	Education	Training Sponsor	Duration of training	No. of deliveries conducted during training		Time since deployment/ raining (in months)	No. of deliveries performed since deployed/ training	Marital status	# of living children
					under supervision	Self				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										

1- آپ کا متعین کردہ علاقے میں کتنے گاؤں ادبیات / چک / گوٹھ / موضعے ہیں؟

2- ان میں سے تقریباً کتنے گاؤں میں آپ نے اب تک کام کیا؟

متعین کردہ علاقے میں گاؤں	جن میں آپ نے کام کیا
۱	
۲	
۳	
۴	
۵	
۶	
۷	
۸	
۹	
۱۰	
۱۱	
۱۲	

A- کیونٹی میں CMW کی مقبولیت جانچیں۔

3- عورتیں CMWs کو کیوں بلاتی یا کس لیے ان کے پاس آتی ہیں؟ (زچگی کے لیے، حمل کے دوران معائنے، زچگی کے بعد معائنے، خاندانی منصوبہ بندی یا مشورے کے لیے)؟ ان کی مقبولیت کے حساب سے کیا ترتیب ہے یعنی سب سے زیادہ کس سروں کے لیے بلایا جاتا ہے؟ پھر کس لیے اور پھر کس لیے؟

C- جوز چکیاں CMWs نے نہیں کروائیں وہ کیوں نہیں کروا سکیں؟

6- آپ لوگ تمام زچکیاں کیوں نہیں کروا سکیں؟ (3 وجوہات ہو سکتی ہیں)

☆ ان کو زچگی کروانے کے لیے بلایا نہیں گیا

☆ بلایا گیا مگر وہ جان نہیں سکیں

☆ بلایا تو نہیں گیا مگر CMWs خود سے زچگی کروانے کے لیے گئیں مگر خاندان نے انکار کر دیا

CMWs-C.1 کوزچگی کروانے کے لیے "نہیں" بلانے کی وجوہات۔

7- کن وجوہات کی بناء پر آپ لوگوں کو زچگی کروانے کے لیے نہیں بلایا گیا؟ جاہے:

a- گھر کا دور ہونا / راستے کی رکاوٹیں یا مشکلات / گاڑی کا نہ ہونا یا نہ ملنا

b- ثقافتی اور معاشرتی عوامل کی وجہ سے:

- CMW بیوہ ہے

- CMW بانجھ ہے

- CMW کے اپنے مردہ بچے پیدا ہوتے ہیں یا بعد میں مر جاتے ہیں

- CMW کا تعلق بیچ ذات سے ہے

- CMW کا تعلق کسی دوسرے فرقے سے ہے

- وہ لوگ اپنے خاندان سے علاوہ کسی اور عورت سے زچگی نہیں کرواتے

- خاندان میں کسی نے CMW سے زچگی نہیں کروائی

- CMW غیر شادی شدہ ہے یا چھوٹی عمر کی ہے

c- عورتوں / خاندان کو CMW اور دوائی کا فرق معلوم نہیں

d- CMWs کی موجودگی کے بارے میں معلومات کا نہ ہونا

e- مالی عوامل

- پیسے نہیں دے سکتے

- CMW سے کم پیسے لے کر زچگی کروانے والے موجود ہیں

- نرس / LHV یا ڈاکٹر / ہسپتال کو پیسے دے کر زچگی کروا سکتے ہیں

C.2۔ اگر بلایا گیا تو CMWs زچگی کروانے کیوں نہیں جاسکیں (رکاوٹیں معلوم کیجیے)

8۔ کن وجوہات کی بنا پر آپ لوگ وہ زچکیاں کروانے کے لیے نہیں جاسکیں جن کے لیے آپ کو بلایا گیا؟ جانیے

a۔ ثقافتی / معاشرتی وجوہات

- رات کو گھر سے باہر جانے کی اجازت نہیں ہے

- ساتھ جانے کے لیے کوئی نہیں تھا

- گھر کے کچھ افراد کی مخالفت کیوجہ سے (اگر شادی شدہ ہے تو ساس، سسر اور شوہر کی طرف سے، اگر غیر شادی شدہ ہے تو والدین یا بھائی

کی طرف سے مخالفت)

b۔ گھر کا دور ہونا / راستے کی رکاوٹیں یا مشکلات / گاڑی کا نہ ہونا یا نہ ملنا

c۔ مالی وجوہات (پیسے نہیں دیتے)

d۔ CMW کو اپنے آپ پر اعتماد نہیں کہ وہ زچگی کروا سکے گی یا نہیں

e۔ delivery kit کا مہیا نہ ہونا

f۔ دیگر وجوہات

C.3۔ بلایا تو نہیں گیا مگر CMWs خود سے زچگی کروانے کے لیے گئیں۔

9۔ اگر آپ لوگوں کو نہیں بلایا گیا تو کیا آپ میں سے کسی نے حاملہ خاتون کے پاس خود جانے کی کوشش کی؟ اگر ہاں تو کیوں؟ اگر نہیں تو کیوں؟

10۔ اگر آپ میں سے کسی نے جانے کی کوشش کی یا گئیں تو اس عورت یا اسکے گھر والوں نے آپ کے آنے پر کیا رویہ اختیار کیا؟

D۔ مددگار عوامل کون سے ہیں؟

11۔ وہ کون سے مددگار عوامل تھے جن کی وجہ سے آپ لوگوں کو متعین علاقوں میں زچکیاں کروانے میں آسانی ہوئی؟ جانیے

☆ وہ ہمسائے / رشتہ دار تھے

☆ ہمارے گھر والے ان کے گھر والوں کو اچھی طرح سے جانتے ہیں

☆ میرا خاندان بہت تعاون کرتا ہے

☆ علاقے کے لوگ عزت کرتے ہیں اور CMW کو تحفظ فراہم کرتے ہیں

☆ یہ زچکیاں دن کے وقت ہوئی تھیں

☆ میرے ہی گھر میں زچکیاں ہوئیں

☆ دیگر وجوہات

E - CMW بننے کی وجوہات اور وابستہ امیدیں۔

12۔ آپ لوگوں نے CMW بننے کا انتخاب کیوں کیا؟ اس وقت آپ کی کیا توقعات تھیں؟ کیا CMW بننے کے بعد آپ لوگوں کی توقعات پوری ہوئیں؟

اور آپ لوگ خوش اور مطمئن ہیں؟ اگر ہاں تو کیسے؟ اگر نہیں تو کیوں نہیں؟

13۔ آپ لوگوں کو اپنا کام کرنے کے لیے بدلے میں کیا ملتا ہے (پیسے وغیرہ)؟ کیا آپ لوگ اس سے مطمئن ہیں؟ اگر ہاں تو کیسے؟ اگر نہیں تو کیوں نہیں؟

F۔ تجاویز:

14۔ آپ کے خیال میں CMWs کے کام کو مزید بہتر کیسے بنایا جاسکتا ہے؟

تمام CMWs کے کوآف پھر سے چیک کر لیں اور اس گفتگو میں شرکت اور تعاون کرنے پر ان کا شکریہ ادا کیجیے۔

Tool 2a

Tool 2 - A

CMW کے خاندان جو CMW کے کام کی حمایت کرتے ہیں، ان کے ساتھ گفتگو کیلئے رہنمائی

نوٹ: اس ہدایت نامہ کا مقصد ان عوامل کو سمجھنا ہے جو خاندان کے حوالے سے CMW کے کام میں مددگار ثابت ہوتے ہیں۔

تعارف:

- ۱۔ میرا نام۔۔۔۔۔۔۔۔۔۔ ہے اور میری ساتھی کا نام۔۔۔۔۔۔۔۔۔۔ ہے۔
- ۲۔ ہم ایک ٹیم کا حصہ ہیں جو CMW کے بارے میں معلومات اکٹھی کر رہی ہے جو پنجاب/سندھ میں تعینات کی گئی ہیں۔
- ۳۔ ہم اس پروگرام کے بارے میں آپ کی رائے جاننا چاہتے ہیں۔ ہماری گفتگو کا دورانیہ ۴۵ سے ۶۰ منٹ تک ہوگا۔
- ۴۔ میں آپ کو یقین دلاتی ہوں کہ آپ کی ذاتی شناخت ظاہر نہیں کی جائیگی اور آپ سے حاصل کی گئی معلومات کو CMWs پروگرام بہتر بنانے کے لیے استعمال کیا جائیگا۔ اس لیے آپ کے خیالات اور گفتگو ہمارے لیے بہت اہمیت کی حامل ہے۔
- ۵۔ اگر آپ کو میری بات سمجھ گئی ہے اور آپ انٹرویو دینا چاہتے ہیں تو میں گفتگو شروع کروں؟

District

CMW Name

Signature of FRO

CMW Family Respondents' Characteristics:

S. No.	Name	Relationship with CMW	Current Age	Education
1.				
2.				
3.				
4.				

- ۱- آپ کے خیال میں آپ علاقے میں CMW کے ہونے کا کوئی فائدہ ہے جب کہ کوئی ہر علاقے میں موجود ہے؟
- اگر ہے تو کیا فائدہ ہے؟
- آپ CMW کو کوئی سے بہتر کیوں سمجھتے ہیں؟
- ۲- یہ کس کا خیال تھا کہ اسکو CMW بننا چاہئے؟ یہ خیال کیوں آیا؟
- ۳- CMW بننے کے خیال کو کس نے سب سے زیادہ سراہا؟ کیوں سراہا؟
- ۴- کسی نے اسکے CMW بننے پر اعتراض کیا؟ اس اعتراض کو کس طرح ختم کیا گیا؟
- ۵- کیا ٹریننگ کے دوران کچھ مسائل کا سامنا کرنا پڑا؟ وہ مسائل کیا تھے اور ان پر کیسے قابو پایا گیا؟
- ۶- ٹریننگ کے دوران سب سے زیادہ خاندان کے کس فرد نے مدد کی؟ کیسے مدد کی؟
- ۷- کیا آپ جانتے ہیں کہ CMW کے کام کرنے کا متعین کردہ علاقہ کتنا ہے؟ کہاں سے کہاں تک ہے؟
- ۸- ان میں سے کتنے گاؤں میں اس نے اب تک کام کیا ہے؟
- ۹- آپ کے علاقے میں وہ کیا وجوہات / عوامل ہیں جن کی بناء پر اس کو علاقے میں اپنا کام کرنے میں آسانی پیدا ہوئی؟

- معاشرتی عوامل
- علاقے کے لوگوں کی طرف سے عزت، احترام (مثلاً CMW کا سر یا باپ مذہبی رہنما ہے یا قابل احترام استاد ہے وغیرہ، اس لئے CMW کی بھی عزت کی جاتی ہے۔)
- مرتبہ (خاندان سید ہے اور علاقے میں ایک خاص مقام حاصل ہے یا وہ اپنے علاقے میں مالی طور پر مضبوط ہوئیگی وجہ سے قابل احترام ہے۔)
- CMW کے متعین کردہ علاقے میں ایک ہی قبیلے کے لوگ ہیں، اس لئے CMW کا خاندان سب لوگوں کو جانتا ہے۔

- مالی عوامل
- CMW کے کام کی وجہ سے گھر کی معاشی حالت بہتر ہوئی ہے۔
- جگہ کا قریب ہونا / گاڑی کا میسر ہونا
- CMW کے کام کرنے کا متعین علاقہ چھوٹا ہے، یہاں سے علاقے کے ہر گھر میں جانا آسان ہوتا ہے۔
- پبلک ٹرانسپورٹ آسانی سے مل جاتی ہے۔
- ہمارے پاس اپنی گاڑی ہے۔
- لوگ اپنی گاڑی پر لینے آتے ہیں۔
- تعلیم
- ہمارے گھر کا سربراہ پڑھا لکھا ہے۔
- دیگر وجوہات
- ۱۰ کیا اس کے متعین کردہ علاقے کے لوگوں کو CMW تک رسائی میں کوئی مشکلات ہیں؟ اگر ہیں تو کیا ہیں؟
(میں پورے علاقے کا پوچھ رہی ہوں۔)
- ۱۱ کیا CMW کو حاملہ خواتین تک پہنچنے میں یا علاقے کی خواتین تک پہنچنے میں کوئی مشکلات ہوتی ہیں؟
(میں پورے علاقے کا پوچھ رہی ہوں۔)
- ۱۲ CMW کو علاقے کی خواتین تک پہنچنے میں یا علاقے کی خواتین کو CMW تک رسائی بہتر بنانے کیلئے کیا کچھ اقدامات کرنے کی ضرورت ہے؟ کیا اقدامات ہونے چاہئیں؟
- ۱۳ CMW کے کام کو مزید فائدہ مند بنانے کے لئے کیا آپ کوئی اور مشورہ دینا چاہئیں؟

Respondents کے کوائف کا فارم پر کرنا نہ بھولیں اور
انٹرویو دینے کے لئے CMW کے گھر والوں کا شکریہ ادا کریں۔

Tool 2b

Tool 2 - B

CMW کے خاندان جو اُن کے کام کرنے میں اُنکی حمایت نہیں کرتے ان کے ساتھ گفتگو کیلئے رہنمائی

نوٹ: اس ہدایت نامہ کا مقصد ان عوامل کو سمجھنا ہے جو خاندان کے حوالے سے CMW کے کام میں مشکلات پیدا کرتے ہیں

تعارف:

- ۱- میرا نام----- ہے اور میری ساتھی کا نام----- ہے۔
- ۲- ہم ایک ٹیم کا حصہ ہیں جو CMWs کے بارے میں معلومات اکٹھی کر رہی ہے جو پنجاب/سندھ میں تعینات کی گئی ہیں۔
- ۳- ہم اس پروگرام کے بارے میں آپکی رائے جاننا چاہتے ہیں۔ ہماری گفتگو کا دورانیہ ۴۵ سے ۶۰ منٹ تک ہوگا۔
- ۴- میں آپ کو یقین دلاتی ہوں کہ آپ کی ذاتی شناخت ظاہر نہیں کی جائیگی اور آپ سے حاصل کی گئی معلومات کو CMWs پروگرام بہتر بنانے کے لیے استعمال کیا جائیگا۔ اس لیے آپ کے خیالات اور گفتگو ہمارے لیے بہت اہمیت کی حامل ہے۔
- ۵- اگر آپ کو میری بات سمجھ آگئی ہے اور آپ انٹرویو دینا چاہتے ہیں تو میں گفتگو شروع کروں؟

District

CMW Name

Name of FRO

Signature of FRO

CMW Family Respondents' Characteristics:

S. No.	Name	Relationship with CMW	Current Age	Education

- ۱۔ آپ نے----- (نام لیں) کو CMW کیوں بنا نا چاہا؟
- ۲۔ کیا آپ سمجھتے ہیں کہ CMW زچگی کروانے کیلئے دائی سے زیادہ بہتر ہے؟
- ۳۔ یہ کہ خیال تھا کہ اسکو CMW بنا چاہیے؟
- ۴۔ اسکے CMW بننے کے خیال کو سب سے زیادہ کس نے سراہا؟ اور کیوں؟
- ۵۔ اسکے CMW بننے کے خیال پر کسی نے اعتراض کیا؟ کیوں؟ اس اعتراض کو کیسے دُور کیا گیا؟
- ۶۔ ٹریننگ کے دوران خاندان کے کس فرد نے سب سے زیادہ مدد کی، کیسے کی؟
- ۷۔ کیا ٹریننگ کے دوران کوئی مسائل پیش آئے؟ وہ کیا مسائل تھے اور ان پر کیسے قابو پایا گیا؟
- ۸۔ کیا آپ جانتے ہیں کہ CMW کا کام کرنے کا متعین علاقہ کتنا ہے؟ کہاں سے کہاں تک ہے اور کتنے گاؤں ہیں؟
- ۹۔ ان میں سے کتنے گاؤں میں اس نے اب تک کام کیا ہے؟
- ۱۰۔ کیا علاقے کے لوگ اس سے سہولیات حاصل کرنا چاہتے ہیں جو کہ وہ نہیں کر سکتے؟
- ۱۱۔ آپ لوگوں کو اس کے کام کرنے پر کیوں اعتراض ہے؟

ثقافتی اور معاشرتی عوامل:

- اسکورات کو دوسرے لوگوں کے گھر نہیں بھیج سکتے؟ کیوں؟
- اسکے ساتھ جانیا کوئی نہیں ہوتا
- علاقے کے لوگ اسکے بارے میں بُری باتیں کرتے ہیں۔
- ہم دوسرے فرقے قبیلے ذات سے ہیں اُسے جانے کی اجازت نہیں دے سکتے۔

مالی عوامل۔

• لوگ پیسے نہیں دیتے/بہت کم پیسے دیتے ہیں۔

جگہ کا دور ہونا/ راستے کی رکاوٹیں یا مشکلات / گاڑی کا نہ ہونا یا نہ ملنا
• اسکے کام کا علاقہ بہت بڑا ہے۔ تمام علاقوں میں نہیں جاسکتی
• راستے غیر محفوظ ہیں۔

دیگر وجوہات

۱۲۔ کیا آپ چاہتے ہیں کہ ان رکاوٹوں کو دور کیا جائے تاکہ CMW اپنے علاقے میں صحیح طریقے سے کام کر سکے اور کچھ لوگوں کو سہولت فراہم کرنے کے بجائے سب کو سہولت فراہم کر سکے؟ اگر ہاں تو کیا کیا جانا چاہیے؟

Respondents کے کوائف کا فارم پر کرنا نہ بھولیں اور

انٹرویو دینے کیلئے CMW کے خاندان کا شکر یہ ادا کریں۔

Tool 3a

Tool- 3 A

ان خواتین جنہوں نے گزشتہ چھ ماہ میں CMW سے زچگی کروائی ہو، سے تفصیلی گفتگو کے لیے رہنمائی

نوٹ: اس رہنمائی کے ذریعے ان عوامل کو سمجھنا ہے جن کے باعث حاملہ خاتون نے CMW سے زچگی کروائی

تعارف: السلام علیکم۔

۱۔ میرا نام ----- ہے۔

۲۔ میں ایک ٹیم کا حصہ ہوں جو CMW کے بارے میں معلومات اکٹھی کر رہی ہے جو پنجاب اسدھ میں تعینات کی گئی ہیں۔

۳۔ ہم اس پروگرام کے بارے میں آپ کی رائے جاننا چاہتے ہیں۔ ہماری گفتگو کا دورانیہ ۴۵ سے ۶۰ منٹ تک ہوگا۔

۴۔ آپ سے درخواست ہے کہ آپ بغیر کسی ہچکچاہٹ کے اپنے خیالات کا اظہار کریں۔ آپ سے جو معلومات حاصل کی جائیں گی وہ CMW پروگرام کو بہتر بنانے میں مددگار ثابت ہوگی، اس لیے آپ کی رائے ہمارے لئے بہت اہم ہے۔

۵۔ میں آپ کو یقین دلاتی ہوں کہ آپ کا نام مکمل طور پر صیغہ راز میں رکھا جائیگا اور کوئی بھی معلومات آپ کے نام کے ساتھ ظاہر نہیں کی جائیں گی

۶۔ اگر آپ کو میری بات سمجھ آگئی ہے اور آپ انٹرویو دینا چاہتی ہیں تو میں گفتگو شروع کروں۔

Respondent's Characteristics

Name of Respondent

Age

District

No. of living children

No. of the last delivery

which took place in the last six

months

Name of FRO

Signature of FRO

Date

- 1- آپ کے علاقے میں عورتیں بچے کی پیدائش کے لیے کس کو بلاتی ہیں یا کہاں جاتی ہیں؟
 - 2- آپ نے CMW سے زچگی کیوں کرائی جبکہ آپ کے علاقے میں دائی یا دوسری زچگی کرانے والی عورتیں موجود ہیں؟
 - 3- زچگی کے علاوہ کیا آپ نے CMW سے کوئی اور خدمات حاصل کیں؟ اگر ہاں تو کون کون سی خدمات؟ (مثلاً حمل کے دوران معائنہ، زچگی کی تیاری کے لیے مشورہ یا فیملی پلاننگ کے لیے)
 - 4- CMW سے زچگی کرانے کا فیصلہ آپ کا اپنا تھا یا کسی اور نے آپ کو یہ مشورہ دیا تھا؟ CMW کو کیوں چنا؟
 - 5- کیا گھر کے افراد CMW سے زچگی کرانے کے لیے راضی تھے؟ کیوں؟ سب سے زیادہ کس نے حمایت کی اور کیوں کی؟
 - 6- وہ کون سے عوامل تھے جن کی وجہ سے CMW سے زچگی کروانا آسان ہوا؟
- ☆ CMW ہمسائی ہے۔
- ☆ رشتہ دار ہے۔
- ☆ میرا خاندان CMW کے خاندان کو اچھی طرح جانتا ہے۔
- ☆ CMW کے خاندان کو علاقے میں عزت کی نگاہ سے دیکھا جاتا ہے۔
- ☆ CMW ایک ذہین اور لائق عورت ہے۔
- ☆ CMW بااخلاق اور اچھی ہے۔
- ☆ دیگر عوامل۔
- 7- کیا کسی نے CMW سے زچگی کروانے پر اعتراض کیا؟ اگر ہاں تو کیوں؟ اس اعتراض کو کیسے دور کیا؟
 - 8- کیا کبھی CMW تک پہنچنے میں کوئی مشکلات پیش آئیں؟ ہر بار آئیں یا کبھی کبھار؟ وہ کیا مشکلات تھیں؟ (تفصیل سے جائیے مثلاً)
 - a- گاڑی کا مسئلہ / گاڑی کا مسئلہ / جگہ کا دور ہونا۔
 - b- ثقافتی / معاشرتی مسائل۔
 - c- CMWs کے ذاتی مسائل (اس کے گھر میں کوئی شادی یا فوتگی وغیرہ)۔
 - d- مالی مسائل۔
 - 9- جن مشکلات کا سامنا کیا گیا ان پر کیسے قابو پایا جاسکتا ہے؟
 - 10- کیا آپ اپنی اگلی زچگی CMW سے کروانا چاہیں گی؟ اگر نہیں تو کیوں؟

اس عورت کے کوائف والا فارم پر کر کے اس کا شکریہ ادا کریں

Tool 3b

Tool 3-B

ان خواتین سے تفصیلی انٹرویو کیلئے رہنمائی جنہوں نے گزشتہ چھ ماہ میں کسی غیر تربیت یافتہ خاتون سے زچگی کروائی ہو اور وہ CMW کے متعین علاقے میں رہتی ہوں۔

نوٹ: اس رہنمائی کا مقصد ان عوامل کو سمجھنا ہے جن کے باعث حاملہ خاتون نے CMW سے زچگی نہیں کروائی۔

تعارف:

- ۱- میرا نام----- ہے اور میری ساتھی کا نام----- ہے۔
- ۲- ہم ایک ٹیم کا حصہ ہیں جو CMW کے بارے میں معلومات اکٹھی کر رہی ہے جو پنجاب/سندھ میں تعینات کی گئی ہے۔
- ۳- ہم اس پروگرام کے بارے میں آپ کی رائے جاننا چاہتے ہیں۔ ہماری گفتگو کا دورانیہ ۳۵ سے ۶۰ منٹ تک ہوگا۔
- ۴- میں آپ کو یقین دلاتی ہوں کہ آپ کی ذاتی شناخت ظاہر نہیں کی جائیگی اور آپ سے حاصل کی گئی معلومات کو CMWs پروگرام بہتر بنانے کے لیے استعمال کیا جائیگا۔ اس لیے آپ کے خیالات اور گفتگو ہمارے لیے بہت اہمیت کی حامل ہے۔
- ۵- اگر آپ کو میری بات سمجھ آگئی ہے اور آپ انٹرویو دینا چاہتے ہیں تو میں گفتگو شروع کروں؟

Respondent's Characteristics

Name of respondent

Age

District

No. of living children

No. of the last delivery

**which took place in the last six
months**

Signature of FRO

Date

۱۔ آپ کے علاقے میں عورتیں بچے کی پیدائش کس کس سے اور کہاں سے کرواتی ہیں؟

۲۔ کیا آپ کو معلوم ہے کہ آپ کے علاقے میں زچگی کرنے کیلئے ایک تربیت یافتہ CMW موجود ہے؟

نوٹ = اگر اس خاتون کو CMW کا علم ہی نہیں ہے تو انٹرویو روک دیں اور اس کا شکریہ ادا کر کے دوسری عورت تلاش کریں جسے CMW کسی غیر تربیت یافتہ خاتون سے کروائی ہو۔

۳۔ کیا آپ نے اس CMW سے کوئی سہولت حاصل کی ہے؟ (ANC, PNC, FP)

۴۔ آپ نے CMW سے زچگی کیوں نہیں کروائی؟ کیا آپ خود نہیں چاہتیں تھیں یا آپ کے گھر والوں نے اس کی مخالفت کی؟ کیوں؟
(دونوں صورتوں میں یعنی ذاتی یا گھر والوں کی مخالفت کی صورت میں تفصیل سے وجوہات جانیں)

- گاڑی کا مسئلہ / گھر کا دور ہونا۔
- ثقافتی / معاشرتی مسئلہ۔
- CMW بیوہ ہے۔
- CMW بانجھ ہے۔
- CMW کے اپنے مردہ بچے پیدا ہوتے ہیں یا پیدا ہو کر مر جاتے ہیں۔
- CMW سچ ذات سے ہے۔
- ہمارے ہاں خاندان سے باہر کی عورت سے زچگی نہیں کروائی جاتی۔
- علاقے کی دائی CMW کی مخالفت کرتی ہے۔
- دائی پر زیادہ اعتماد ہے۔ وہ علاقے میں سالوں سے زچکیاں کروا رہی ہے۔
- ہمارے خاندان میں دائی سے ہی زچگی کروائی جاتی ہے۔
- دیگر

☆ مالی وسائل

- CMW زیادہ پیسے لیتی ہے۔ ہم اتنے پیسے نہیں دے سکتے۔
- CMW سے بہتر دائی موجود ہے اور مے بھی کم لیتی ہے۔

5۔ ایسی کیا تبدیلیاں کی جائیں کہ آپ یا آپ کے گھر والے CMW سے زچگی کروانے کے لئے اس کو قبول کر لیں؟

Respondent کے کوائف کا فارم پر کرنا نہ بھولیں اور
انٹرویو دینے کے بعد شکر یہ ادا کریں

Annex 3: Study Team

Core team for the study

Name	Designation
Principal Investigator	Dr. Arjumand Faisal
Co Investigator	Mr. Manzoor Ahmed
Co Investigator	Ms. Sabeena Shoaib
Co Investigator	Ms. Shahida Suleman
Study Coordinator/Co Investigator	Mr. Muhammad Imran
Manager Finance and Administration	Mr. Khurram Shahzad

Field Research Officers

Punjab Teams		Sindh Team
Mr. Naveed Noor	Mr. Shouket Ali	Mr. Ilyas Tumrani
Ms. Shabana Shafaat	Ms. Fakhira Rasheed	Ms. Shabana Arif
Ms. Nuzhat Yamsmen	Ms. Anjum Seemab	Ms. Shamim Akhter

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