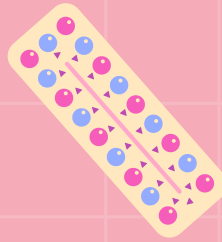


# A Cascade Of Training Results In Better Outcomes For Mothers And Babies



## Safe Delivery Safe Mother, Pakistan

Safe Delivery Safe Mother addresses the leading causes of high maternal mortality and fertility rates in Pakistan. We work extensively at the community level with skilled birth attendants and health workers who operate at primary healthcare facilities and community clinics, and are the first point of healthcare access, especially in rural and hard-to-reach areas.

## Knowledge Management Challenge

Pakistan has the highest fertility rate in the South Asian region with 3.6 children per woman (PDHS 2017) and an annual population growth rate of 2.4% (Population Census 2017). This unaddressed population growth is attributed to a host of factors. Among these are:

- A high number of home births or deliveries with unskilled birth attendants (dais)
- Lack of essential obstetric facilities at the community level
- Long distances from primary and secondary healthcare facilities
- Local socio-economic challenges such as financial constraints and cultural myths and beliefs.

One of the most effective ways to address high fertility and unintended pregnancies is through the provision of timely, accessible, and skilled maternal healthcare. This is particularly important in remote communities where over 60% of Pakistan's population resides.

[www.safedeliverysafemother.com](http://www.safedeliverysafemother.com)

## The Innovation: Postpartum Family Planning (PPFP) and Data Capacity-Strengthening

SDSM designed a unique PPFP capacity-strengthening program for Skilled Birth Attendants (SBAs) to provide accessible and affordable family planning services which increase access to contraception and prevent unplanned pregnancies. In rural communities, women are most likely to seek care only during antenatal care and delivery, which is also when they are most willing to choose a contraceptive method. The trained SBAs of the high-priority Multan district in Punjab counseled women on voluntary and safe family planning options, effectively administered the newly learned PPFP methods and reported on key reproductive health indicators which were tracked for the first time in Pakistan.



The second component of the program focused on strengthening the data management capacity of the Management Information Systems (MIS) staff of the Integrated Reproductive Maternal and Child Health and Nutrition program (IRMNCH & NP) in Lahore. IRMNCH & NP is responsible for collecting and analyzing real-time data from all 36 districts of the Punjab province which serves a population of over 110 million. SDSM developed a novel training program for staff on the statistical tool, Stata. The course was designed to enhance monitoring, compliance and disease surveillance by applying data analysis skills to real-time data which informs key provincial policy decisions.

## How it was implemented

Safe Delivery Safe Mother/Pakistan was named one of two champions for The Pitch: Asia. They worked with a communications consultant to develop promotional materials and a strategy for promoting the innovation.

## Preparation & Design

SDSM conducted meetings with the IRMNCH Program Director and team in the Lahore office to discuss master trainer and cascade trainer lists. This was an essential step in both gaining buy-in from the government and in ensuring that the cascading method of training would work. Similarly the project received input from the USAID Mission and conducted field visits to acquire insights from Skilled Birth Attendants.

## Launch of project: September 7, 2021

In partnership with the government, the project launched with the development of a cadre of Master Trainers from within the district who then built the capacity of Skilled Birth Attendants. Ten master trainers were selected to implement 13 three-day PFP training sessions with SBAs, including Lady Health Volunteers and midwives in Multan. The trainings focused on enhancing the skills and knowledge of SBAs and, in turn, their patients, which is essential to addressing local socio-economic challenges. All materials, trainings, and tools were developed in the Urdu language, and the trainings involved all staff of primary healthcare facilities..

At the same time, SDSM initiated weekly data management and analysis training sessions with members of the IRMNCH data team to enhance their capacity to conduct evidence-based quantitative analysis of real-time data in Punjab. The sessions were conducted by SDSM's Monitoring & Evaluation resource/data coach.



## Impact

- 165 Skilled Birth Attendants learned new skills to provide their patients with high-quality PFP services, which they can easily practice at their facilities.
- Pre- and post-training tests revealed an increase in knowledge among the 165 participants from 58% to 89%.
- Teaching SBAs to use clinical tools significantly increased the quality of PFP provision and gave them the confidence to prescribe suitable methods.
- IRMNCH & NP expressed interest in scaling the program to other districts of Punjab.
- The SDSM tracker tool captured indicators that did not exist, and had not previously been collected by the Punjab health department. These findings will be presented to stakeholders with recommendations on how to increase the use, acceptance, and outreach of FP and PFP methods across other districts of Punjab.

## Looking Ahead

- These trainings can be cost-effectively scaled and replicated to other high-priority districts of the Punjab province by integrating the curriculum into IRMNCH & NP's annual maternal and reproductive health trainings. This program can also be scaled across provinces and countries facing similar FP/PPFP challenges.
- SDSM is keen to partner with organizations like Jhpiego, PSI, UNFPA and UNICEF as they have a strong presence in Pakistan and can play a pivotal role in increasing access to skilled family planning services by providing financial and technical support.
- SDSM will remain engaged with the IRMNCH & NP to review trends of PPFP indicators that showed an upward trend during project implementation.

## Lessons Learned

- Partnering with the government was essential to build capacity of public sector SBAs as opposed to creating a parallel private sector cadre, but it wasn't always easy. Logistical and institutional constraints delayed and impacted program design, implementation, and monitoring. This project leveraged the government's priority of increasing the acceptance and use of FP/PPFP methods while increasing the skills of SBAs. This collaborative approach ensured buy-in and ownership from the government with a shared vision.
- The training curricula, materials, and tools were developed and taught in the local language Urdu, which significantly increased the knowledge and skills of SBAs on the use of PPFP methods. This local context also drove SDSM to develop culturally relevant pictorial materials for use in counseling patients and their families. The materials can be translated into other local languages to serve diverse country contexts.

Tracking acceptance and use of the taught skills is essential to acquire insights on uptake and field challenges. This was done through simple and easy-to-use reporting tools which captured monthly input from SBAs throughout the project.

## Resources

- **Website:**  
<https://www.safedeliverysafemother.com/>
- **Instagram:** @safedeliverysafemother
- **Facebook:** @safedeliverysafemother
- **Twitter:** @safemother
- **Skilled Birth Attendants: The Last Mile Link**
  - <https://knowledgesuccess.org/2022/04/12/skilled-birth-attendants-the-last-mile-link/>
- **TEDtalk: Overcoming Maternal Mortality Challenges**
  - <https://www.youtube.com/watch?v=5btTDljG4l0&t=7s>

