



the David  
Lucile & Packard  
FOUNDATION



# New Approaches for Reproductive health Initiatives (NARI)

Project Grant # 2010-36059

**'Output Based Aid' Voucher Scheme  
For Flood affecties of Sindh, Pakistan**

**September 2010 – April 2011**



## List of Acronyms

Acronym	
BHU	Basic Health Unit
DCO	District Officer Officer
DHQ	District Headquarter Hospital
DHS	District Health System
EDO (H)	Executive District Officer Health
EmOC	Emergency Obstratical Care
EPI	Expanded Program of Immunization
FLCF	First Level Care Facility
HANDS	Health and Nutrition Development Society
IDP	Internally Displays Person
HCF	Health Care Facility
IEC	Information, Education & Communication
LHV	Lady Health Visitor
MCH	Maternal & Child Health
MIS	Management Information Systems
MO	Medical Officer
MoH	Ministry of Health
MOU	Memorandum of Understanding
MS	Medical Superintendent
NARI	New Approach for Reproductive Health Initiative
NGO	Non-Governmental Organization
OBA Voucher	Output Based Aid Voucher
PHF	Public Health Facility
RH	Reproductive Health
RHC	Rural health center
SMO	Senior Medical Officer
TBA	Traditional Birth Attendants
THQ	Taluka Headquarter Hospital
UC	Union Council
VMA	Voucher Management Agency
WHO	World Health Organization
WMO	Women Medical Officer

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# 1. Executive Summary

During the year 2010, Pakistan received unprecedented torrential rains resulting in devastating floods. According to National and United Nations report 20% of country was submerged in water, destroying over 1.5 million acres of agricultural land and crops. The disaster led to displacement of over 20 million people who are rendered homeless and become internally displaced persons (IDPs). Out of these IDPs over 7 million are afflicted in 12 districts of Sindh. Pakistan inadequately functioning public health system worsened in post flood scenario.

New Approaches for Reproductive health Initiatives (NARI) OBA Voucher Scheme, a six month project, was implemented in District Thatta, Kashmore and Jacobabad and benefited the flood effected population. HANDS introduced an innovative model of Output Based Aid (OBA) Voucher Scheme for pregnant women in IDP Camps and flood effected areas. The project initiated on 20th March 2010 and concluded on 30th April 2011. The initiative created a demand-side supply by implementing the OBA voucher approach. The project was funded by The David and Lucile Packard Foundation.

The objectives of the project were to mobilize flood affected communities to use identified EMOC Public / Private health facilities, to provide health care facilities to pregnant women through OBA voucher scheme and, to strengthen referrals mechanism from Relief / Medical Camps to selected EMOC Public / Private health facilities.

Strategic Planning meetings was conducted on 20th September 2010 at HANDS Head Office to review the work plan, district wise allocation of budget and identification of the project coordinator. 06 project staff including District project coordinator, 04 Project associated and 01 account persons were recruited in each district. Orientation training of project staff was organization in all districts separately. A monitoring and evaluation strategy was developed including Management Information System (MIS) tools. Nine public and private secondary health care facilities were identified through a screening process.

3244 NARI Referral Forms (OBA Voucher), and thousands of Posters and brochures were distributed. Sign boards for selected 9 NARI health care facilities were placed at the entrance of the facilities. NARI medical teams regularly visited 830 IDP camps for identification, checkup and distribution of NARI Vouchers to pregnant ladies, also providing 894 counseling's on Safe motherhood, performing 1333 antenatal checkups and 488 post natal checkups. Orientation meetings with local government officials and staff of District Government hospital /private secondary care health facilities were held and they were briefed about the Project. Dissemination seminar was organized in Northern Hub (Sukkur) and Southern Hub (Hyderabad) for awareness raising of project, participated by more than 500 stakeholders.

A comprehensive communication strategy was designed with the focus to introduce OBA Voucher Scheme & its mechanism and to promote public/private health facilities among communities for their maximum utilization. Total 900 Posters (300 for each district separately) and 500 brochures were printed and disseminated. FM Radio message was relayed to introduce NARI referral voucher from 25th November to 24th December 2010 (12 times per day) on FM 92 Nooriabad for District Thatta, FM 98 for Jacobabad and FM 104 for Kashmore District.

NARI field team distributed vouchers among pregnant women in 830 IDP camps initially and then at village level. The total number of women and neonates benefited at the referral health facilities were 1928 (1660 women and 268 neonates). Among the women, 1000 were normal deliveries and 660 were caesarian section. The mean age of delivered women was 28.08 years.

## **2. Context:**

During the Summers of 2010, Pakistan received an extraordinary heavy rainfall that resulted in divesting floods. According to National and United Nations report 20% of country was submerged in water with displacement of over 20 million people. Out of these IDPs over 7 million are afflicted in 12 districts of Sindh. An estimated 150 maternal deaths occurred in post flood period in affected districts during the initial days. Pregnant women were at risk of obstetrical complications and most of these occurred during labor and delivery, leading to maternal death.

HANDS is a registered, tax exempted, Pakistan Centre of Philanthropy (PCP) Certified, European Union accredited and Not for Profit Organization, working since 1979 with key programs of Health, Education, Poverty Alleviation, and cross cutting program of Social Mobilization, Gender, Human & Institutional Development, Disaster Management, Information & Communication, Monitoring Evaluation & Research, and Social Marketing. HANDS is benefiting more than 13 million population of 16703 villages/settlements in 24 districts of Pakistan.

In this hour of need, David and Lucile Foundation came forward to finance a Reproductive Health Project, focusing on Safe Motherhood. HANDS had experience of managing OBA Vouchers in remote rural setup when in 2008-2009, HANDS managed a one year project in 02 Talukas, 10 Union Councils, of District Dadu. The initiative tried to create demand-side supply by implementing the OBA voucher approach for complicated pregnancies targeting underserved and marginalized women in which, 597 women and neonates benefited (446 women and 151 neonates).

### 3. Project Description

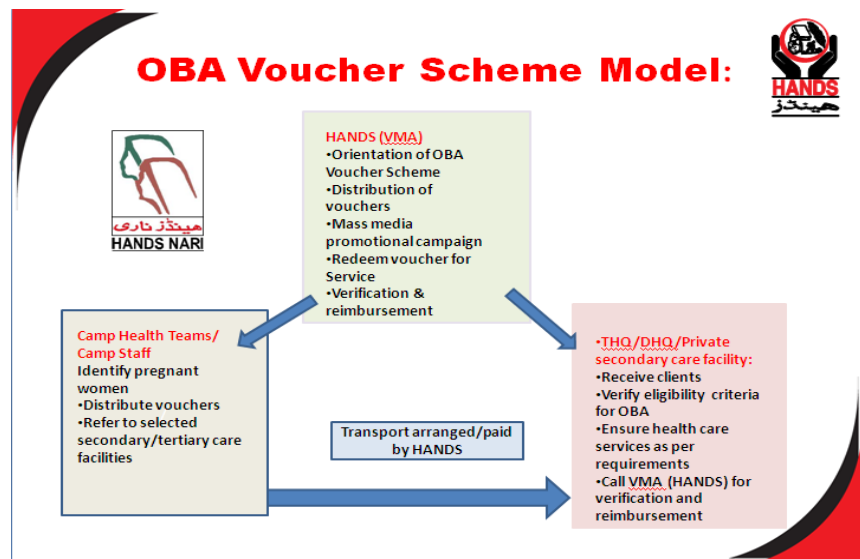
New Approaches for Reproductive health Initiatives (NARI) OBA Voucher Scheme, a six month project, was implemented in District Thatta, Kashmore and Jacobabad and benefited to the flood effected population with the collaboration of District Health Department. HANDS introduced an innovative model of Output Based Aid (OBA) Voucher Scheme. The project initiated from 20th March 2010 and concluded on 30th April 2011. The initiative tried to create demand-side supply by implementing the OBA voucher approach for pregnant women of flood effected areas. The project was funded by The David and Lucile Packard Foundation.

#### 3.1 Objectives of the project:

- To mobilize flood communities to use identified EMOC Public / Private health facilities
- To provide health care facilities to pregnant women in IDP Camps and flood affected areas through OBA voucher scheme
- To strengthen referrals mechanism from Relief / Medical Camps to selected EMOC Public / Private Health facilities.

#### 3.2 Technical Approach

The proposed OBA Voucher scheme was founded on a partnership between the service provider (Public/Private health facilities) and a voucher Management Agency (VMA) i.e. HANDS. The VMA was responsible to administer specific aspects of the model such as motivation of the IDPs to utilize selected health services; Pregnant women in the camp or flood affected areas were registered with HANDS Medical team, get the antenatal done their and obtained a “Voucher”. They were referred to selected THQ/DHQ or a private health care provider for secondary care by HANDS camp based medical teams or project staff. At the secondary care facility, MIS was submitted and relevant staff of THQ/DHQ/private health facilities trained. Referral facilities were offered a package comprising of actual cost of transportation, EMOC services and care of neonate (if needed).. The voucher scheme was disseminated through mass media campaign so that the information went across the district. HANDS medical team screened all pregnant women and done antenatal checkups during the distribution of vouchers at their residence in camps or villages. All pregnant women including high risk women identified and provided EMOC services normal and complicated deliveries.



## 4. Overview of Accomplishments

### 4.1 Project strategic planning meeting

Strategic Planning meetings were held on 20th September 2010 at head office. Executive Coordinator, General Manager Social Marketing and Health and project coordinator participated in the meeting, the main agenda of the meetings was to review the work plan and identification of the project coordinator.



### 4.2 Recruitment and Training of staff:

Interview for the Thatta was conducted on 27th September 2010 in District office Thatta, on 1st October 2010 in District office in Kashmore, and on 2nd October in Jacobabad. A total of 67 persons applied for the interview. 06 project staff including District project coordinator, 04 Project associated and 01 account persons were recruited in each district. Project Coordinator, GM Social Marketing, HR Manager from head office and DEM from concern district were the panelist.



After final selection, orientation, training of district project staff including DEM other field staff also conducted in each districts separately.

### 4.3 Designing of Monitoring and Evaluation strategy:

A monitoring and evaluation strategy was developed including flow of Management Information System (MIS) tools. NARI Referral Forms (OBA Voucher) for pregnant women and for neonates These were distributed to district offices. A total of 3244 OBA Vouchers were distributed during this period

S.No	Description of MIS	Color of Page	No of pages required	Pages / pad	Total pads
1	Patient History Profile	Yellow	4000	100	40
2	History Sheet	Yellow	4000	100	40
3	TPR Sheet	Yellow	4000	100	40
4	Patient Management Slip	Yellow	4000	100	40
5	General Obstetric Examination Sheet	Pink	3000	100	30
6	Maternal Systemic Examination	Pink	3000	100	30
7	Obstetric History Sheet	Pink	3000	100	30
8	Hospitalization Expensis Sheet (3 pages, carbon)	Yellow	12000	150	80
9	Neonatal History Sheet 1	Green	1000	100	10
10	Neonatal History Sheet 2	Green	1000	100	10
11	Referral Form (women)	Pink	3000	50	60
12	Referral Forme (Neonate)	Green	1000	50	20





Identification and appraisal of public and private and secondary health care facilities was done. Screening / assessment tool was developed and information was collected. Total 09 public and private health facilities were finalized for intervention.

HANDS District Project coordinator was responsible to validate the rational of admission of the patients on the basis of referral form and clinical examination. Patients Case Sheets were used to keep the record of the patients during management at the selected referral facilities. Sign boards for identified and final selected facilities were placed at the entrance of the facilities to facilitate the referred cases.

Reporting format was also developed for weekly data feeding of admitted cases and to monitor the progress of the project. Regular Project Committee Meetings conducted on monthly basis.

District	Number of HO Supervisory Visit
Thatta	08
Jacobabad	05
Kashmore	05

Monthly Program review were conducted by highly professional team from Head Office in each district separately to monitor the activities at

district level and field level.

#### 4.4 Behavior Change Communication Campaign :

A comprehensive communication strategy was designed with the focus to introduce OBA Voucher Scheme & its mechanism and to promote public/private health facilities among communities for their maximum utilization. The BCC campaign targeted pregnant women and neonates. Total 900 Posters (300 for each district separately) and 500 brochures designed, composed, pretests Printed and disseminated.

Agreement was signed with Ideal Media Marketing Network.

Script of 45 second for mass media campaign was written and designed for FM radio. The FM promo message was relayed to introduce NARI referral voucher from 25th November to 24th December 2010 (12 times per day) on FM 92 Nooriabad for District Thatta, FM 98 for Jacobabad and FM 104 for Kashmore District.

News related to project activities published in local newspapers in district on routine basis, the coverage of project seminar also printed in all local and national newspapers of Sindh, Urdu and English. Interview of senior management also launched on FM radio station Ghotki for the promotion of NARI project. Article on NARI project was also published in monthly magazine of December 2010-January 2011 "Tammer-e-Shahar"



**Facilities Target for Health Facilities:**

- Identification of Compulsory District Health Centres in District Government
- Treatment of Normal Cases
- Total Number of Health Centres (2700000)
- In Progress

**Registration of all Pregnant women in compulsory District Health Centres:**

- Introduction of OBA Voucher Scheme to every pregnant women at monthly
- Mass media promotion of OBA Voucher Scheme through OBA Voucher Scheme at their own health facilities
- Management of pregnant women in OBA Voucher Scheme
- Management of pregnant women in OBA Voucher Scheme at selected referral health facilities
- Verification and coordination

**Professional Medical:**

- OBA Voucher for Pregnant Women
- Voucher for Childbirth
- Patient Education
- Management Information System
- Mass Media Campaign in communication areas for delivery

**Supporting Organizations:**

- Staff of Private Health Care Facilities
- Staff of Public Health Care Facilities
- Organization of District Government Officials

**Other Project Activities:**

- Approval & final selection of referral health facilities for Emergency Obstetric Care (EOC) & PNC

**Background:**

This year Pakistan recorded unprecedented neonatal mortality in district health. According to the National Child Health Survey report, deaths in the neonatal period (within 28 days) among people who are under-five years of age have become steadily widespread (NFI) of these NFI's over 7 million are affected in 12 districts of Sindh.

**and neonatal causes. The national will directly benefit the health care consumer (client) in the form of a voucher that will be returned to receiving EOC & PNC services from the selected public & private health facilities.**

**Project Objectives:**

- District Thatta
- District Jacobabad
- District Kashmore

**Objectives of the project:**

- Identification community to use identified EOC/PNC facilities
- Register the health care facilities in program women through OBA Voucher scheme
- To introduce referral services from Rural/Block/Camp to selected facilities (Public & Private health facilities)

**Expected Results:**

- Reduced 10% in case public health facilities
- Program services received health care facilities through OBA Voucher scheme
- Strengthened referral mechanism in place at the District/Block/Camp/public health facilities (EOC & PNC) in public and private secondary/tertiary health facilities

**Technical Approach:**

- Partnership between the service provider (Public/Private health facilities) and HANDS
- HANDS responsible to administer specific aspects of the voucher such as:
  - Provide counseling on safe Motherhood practices of the EOC to refer selected health facilities
  - Identify voucher recipients based on developed eligibility criteria
- Public and Private Health Care facilities responsible to cover quality EOC/PNC services under voucher for the pre-declared services to the provider after verification from Public and Private service OBA Voucher Scheme Model





#### 4.5 Project Implementation:

Nine referral health facilities were identified and selected for conduction of deliveries. Agreements were signed and submitted to finance department of HANDS. Orientation meetings with local government officials and staff of District Government hospital /private secondary care health facilities were held and briefed about their role in referring to Private and Public Hospitals. Dissemination seminar was organized in Northern Hub (Sukkur) and Southern Hub (Hyderabad) for awareness raising of project, participated by more than 500 stakeholders. All the public/Private health facilities were briefed about the project Health Care Providers (HCPs) at of health facilities trained in identifying the clients with complicated pregnancies/ danger signs The request of the no cost extension for a new project end was approved till 30<sup>th</sup> April 2011 and report submission data on 30<sup>th</sup> June 2011.

S.No	Name of Facility	Type	District
1	Shafi Hospital	Private	Thatta
2	THQ Sujawal	Public	Thatta
3	HOPE Hospital	Private	Thatta
4	DHQ Hospital	Public	Jacobabad
5	Channa Hospital	Private	Jacobabad
6	DHQ Hospital	Public	Kashmore
7	Pervez Medical Center	Private	Jacobabad
8	Ideal Medical Center	Private	Kashmore
9	Saad Medical Center	Private	Kashmore



IDP camp organized by HANDS Districts	No of Camps	No of sessions	No of Participants	No of Antenatal	No of Postnatal
Thatta	480	774	16844	1098	421
Kashmore	200	47	616	66	28
Jacobabad	150	73	1025	169	39
Total	830	894	18485	1333	488

#### 4.6 Direct Beneficiaries:

NARI field team distributed 3244 vouchers among pregnant women in IDP camps initially and then at village level through their medical teams.

The total number of women and neonates benefited at the referral health facilities were 1928 (with 1660 women and 268 neonates). Among the women, 1000 were normal deliveries and 660 were caesarian section.

The mean age of women who delivered in NARI Project is 28.08 years.

Activities	Thatta	Jacobabad	Kashmore	Total
Caesarian section	336	152	172	660
Normal Deliveries	387	411	202	1000
Neonatal care	73	78	117	268
Total	929	641	491	1928



## 5. Challenges / Lessons Learn

- NARI symbolizes honorable women in Sindh. The local name of project i.e. New Approaches for Reproductive health Initiatives (**NARI**), was well received by all and created a sense of ownership among stakeholders.
- The campaign through FM Radio was very effective in mobilizing communities.
- There is a need to improve EMoNC facilities in public sector especially after calamities and in emergency.
- Partnership with Taluka Head Quarter (THQ) Hospital Sujawal Thatta is a success story of the project in Public Private Partnership
- High service charges/rates were a challenge in signing the MoUs with Private HCFs. These were signed after much motivation on terms of project design.
- The high prices and irrational charges of private health care sector can be brought down by creating competitiveness among them
- The inaccessibility of flood affected areas, debilitated flood affected HCF and shortage of trained HCF staff were the main challenges in implement this project.
- Mobilization of the affected population was affected due to inaccessibility of remote villages and return of affecties to their native areas.
- The model has proved a cost effective approach in saving hundreds of lives, therefore the project could be sustained with meager funding from “Baitulmal” ,”Zakat” , or district government allocated funds.
- Public sectors health facilities although better equipped with human and infrastructure but are poor to perform specially during the night, for EmOC and Neonatal care. The reason is probably the conflict of interest of health care providers who run private clinics at the same time as felt in District Kashmore.

## 6. Case Stories |

### Stories 01 A Relief for the Poor

Arbela, wife of Anayatullah Buriro is resident of Village Meer Pur Buriro Taulka Thull She has 06 children and now she was pregnant again. She belongs to a very poor family and works in the fields because her husband is jobless. After the recent devastating floods, her house was damaged and her belongings washed away. They could not afford the expenses of the delivery. This community is close knit and people generally take care of each other.



NARI project team visited this village, registered pregnant ladies, carried out their ante-natal checkup and distributed vouchers, advising them about the referral facilities where they can available the services free of cost.



When Arbela went into labor pains her husband took her to his own village to get her delivered by a Dai (Traditional Birth attendant). The Dai checked her and informed her husband that the case is complicated and she is unable to handle it. There was a frantic search for an auto rickshaw to take her to the Channa Medical Center (NARI referral facility) with the NARI referral form.

Dr. Mukhtiara Jamali received them in Channa Medical Center. After some investigation it was discovered that she has triplet babies, so that case had to be conducted as a Caesarean delivery. Finally, her case was operated successfully by the gynecologist and she gave birth to three cute baby girls safe and sound. Dr. Mukhtiara now advised Arbela on the various options available for contraception and she has agreed to tubal ligation.

She was very much happy and her family was praying for HANDS services in which they are offering very needy and poor people who cannot even think of going to a private hospital.

## Stories 02

### Timely Intervention prevents Maternal Mortality

Ms Maryam, wife of Muhammad Hanif Parehri village Haji Angharyo Parehri, UC Gul Muhammad Baran-Jati, was full term pregnant. She belongs to a poor family which could not afford the expenses of a hospital delivery. She was taken to a local TBA (Traditional Birth Attendant), and was told her that the position of her baby was abnormal and she cannot be helped. After the recent floods, there was no public HCF available in her area.



Hanif was extremely worried. Next morning, it was announced in the local mosque, that a medical team is coming to the village and will attend to maternity cases. She was in a critically condition when taken to the NARI team. Hanif was desperate. The NARI Team gave reassured and after initial medication, took them in their vehicle to Hope Hospital Thatta. The gynecologist there attended to them immediately. Hanif was told that all expenses will be borne by the NARI team. Hanif was relaxed now that his wife is in good hands.

Maryam gave birth to a baby boy.

Maryam and her husband Mr. Hanif are very much thankful to HANDS/NARI Staff. The grand mother of baby was very pleased and satisfied regarding the health facilities at Hope Hospital.



The lesson learn of this case is that proper health coverage can reduce maternal mortality.