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Midwifery in Gilgit Baltistan by Aga Khan Health Service, Pakistan

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Abstract:

Midwives are practicing in diverse capacities in public and private health settings of Pakistan, including Non-Governmental Organizations (NGOs) such as the Aga Khan Health Service, Pakistan (AKHS, P), which is a leading non-profit, non-governmental and non-denominational community-based organization that provides quality maternal and child health services all over Pakistan. Maternal and child health centers led by registered Midwives and Lady Health visitors (LHV), were specifically established in Gilgit Baltistan in 1974 by this NGO as a strategy to combat the alarming rates of maternal and child mortalities,.

Introduction:

Gilgit Baltistan (previously known as Northern Areas) is bound in the North by Afghanistan and China, in the East by Kashmir, in the South by Kohistan and in the West by the Chitral district of Khyber Pukhtoonkhwa. The Babusar pass, which is 3,120 meters above the sea level, connects Abbottabad and the capital city, Islamabad, with Gilgit. The region has been divided into seven districts: Skardu, Diamer, Ghanche, Ghizer, Astore, Hunza/Nager, and Gilgit. The region's administrative headquarters are located in Gilgit town. The terrain of the Gilgit- Baltistan region is quite different from the rest of country, and is characterized by high and rough mountains and vast glaciers. People here live in isolated, scattered, small villages. The geography, rough roads, harsh weather, and spread of population over a large area makes the delivery of health services very challenging. In some places heavy snowfall blocks the whole area for more than six months of the year, making the accessibility to health facilities and delivering services extremely difficult.



AKHSP’s strategy for enhanced maternal and child health care services at Gilgit Baltistan

AKHS, P established its first health center in 1974 in Gilgit town and then in Ghizer, Hunza/Nager, and Skardu health centers were established progressively. Initially, Registered Midwives (RMs) from Southern Pakistan were recruited to serve in the health units in Gilgit- Baltistan, because of a shortage of local Midwives; however, these RMs were replaced by the local midwives within a decade (AKHS, P, nd). This was followed by the launch of a comprehensive community based primary health program in which midwives are the most important tier as facility based health professionals as well as a part of mobile teams, which has made this possible for this program to achieve its goals successfully

Health facilities in small villages are constructed with the support of the local community; in the form of unskilled labor and donations of land for the health centers. The health facilities are staffed by two qualified LHV/RMs, who independently provide the necessary Maternal and Child health care. The midwives in the mobile health teams encourage the mothers to deliver under the care of RMs instead of getting delivered at home, either as unattended or under untrained persons in the community.

Table 1:

Midwives at Health Centers in selected districts of Gilgit Baltistan

S#	Midwifery led care centers Gilgit Baltistan	Units/modules	Staff/team or unit	
			RN RM*	LHV RM**
1	Family Health Centre (FHC)	8	1	1
2	Maternal & Child Health Centre (MCH)	21	0	2
3	Mobile field team	4	1***	2****
Total		33		

*Staff with diploma in nursing and diploma in midwifery registered with the Pakistan Nursing Council (PNC), responsible for providing family health care including MCH care,

** Staff with two years diploma of lady health visitor and diploma in midwifery registered with the PNC, responsible for maternal and child health care

*** A senior staff (Field Health Officer FHO) LHV RM preferably RN RM, responsible for the administration of the entire module, comprising several MCHs and FHCs

**** Senior LHV RMs responsible for mobile health care and supportive supervision of the Centre based staff

The contribution of RMs working in the region of Gilgit Baltistan, under the umbrella of the AKHSP, has had an exemplary impact in terms of reduction in maternal and child mortality in the region. The contribution of Midwives is noteworthy in decreasing the trend of mortalities; IMR was 158/1000 live births in the program population, in the baseline survey, and MMR was more than 500/100, 000 live births. These were reduced to 19/1000 and 39/100,000, respectively, the after initiation of this program (HMIS AKHS, P, 2012).

AKHS,P has expanded its programs to the community through continued capacity building of these same midwives and LHV. Currently, AKHS, P is also working on improving adult health, community mental health, and school health, catering to the needs of the community due to the shifting burden of diseases from communicable to non-communicable diseases in the region. Besides reproductive and child health services, LHV and RMs are actively involved in campaigns for health promotion and disease prevention, heart health screening, screening for breast cancer through clinical breast examinations, and school health screening. The RMs and LHV working at AKHS, P are well trained and competent because their training includes all the above programs, including reproductive health care, and Integrated Management of Childhood and Neonatal Illnesses (IMNCI). Supportive supervision is being ensured in the organization through periodic Supportive Supervisory Visits (SSV) to the field sites and facilities, by the master trainers and supervisors of

the programs. On the basis of needs identified through the SSVs, refresher trainings are being arranged every year so that quality standards are maintained in the organization.

The contribution and dedication of the AKHS,P staff is always appreciated by the higher authorities of the organization, as it was done upon the ISO 9001:2008 QMS certification of AKHS, P, in 2014. RMs have contributed to the ISO certification process through their untiring efforts, by ensuring the preparation and implementation of standards in their respective units. The LHV RMs at mid-level managerial positions are trained as internal auditors for AKHS, P, who conduct audits, monitor the quality indicators, and ensure the implementation of set standards at each level. This certification has boosted up the morale of RMs and improved their practices, which will impact the image of RMs in the region as well as in the country. AKHS,P has to go on crossing such milestones for providing quality and safe care to the population of Pakistan and the competent RMs working with AKHS,P have to set an example for the country with their best practices.

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