

Health Worker Dialogues

Enhancing cooperation between different health worker cadres

Maternal and newborn care is limited by a lack of cooperation between health workers

Improving health care for mothers and newborn babies is key to reducing Khyber Pakhtunkhwa's (KP) high maternal and neonatal mortality rates. Recent Population Council research estimates district-level maternal mortality ratios of 271 per 100,000 live births in Haripur and 279 in Nowshera.

Within districts, trained primary-level health care is provided by community-based Community Midwives, Lady Health Workers, Lady Health Supervisors and facility-based Lady Health Visitors. However, despite the presence of these primary-level health care workers, the 2012-13 Demographic and Health Survey found that 38% of all mothers in KP received no antenatal check-ups and 61% missed out on postnatal care. Around 59% of births occurred at home, with 24% of all deliveries assisted by a traditional birth attendant and just 17% attended by a midwife, nurse or lady health visitor.

The existing services for mothers and newborns are hampered by frictions between the different health worker cadres. Overlapping responsibilities and inter-professional rivalries limit communication about specific cases and create bottlenecks in the referral system. One of the main reasons for these tensions is systemic: Community Midwives are managed by a different programme from the Lady Health Supervisors and Lady Health Workers. Unfortunately, these two programmes are both vertically administered and the different health professionals receive little encouragement to work together.

Project name	Reproductive, Maternal and Newborn Health Project
Commissioned by	German Federal Ministry for Economic Cooperation and Development (BMZ)
Project region	Pakistan, Khyber Pakhtunkhwa Province, Haripur and Nowshera Districts
Lead executing agency	Khyber Pakhtunkhwa Department of Health
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Improving communication between health workers and encouraging greater mutual respect

The Reproductive, Maternal and Newborn Health Project (RMNHP) seeks to improve cooperation between primary health care workers in Nowshera and Haripur by initiating a series of facilitated dialogues involving members from each of the different health worker cadres. In particular, the dialogues aim to:

- Raise health workers' awareness about the roles and responsibilities of the different types of primary health care workers (via the "Professional Profiles" exercise) and encourage greater mutual respect
- Improve cooperation and referrals between primary health care workers



Left: LHVs and CMWs of district Haripur having a discussion on areas of good collaboration and how to tackle existing barriers.

Right: District Coordinator DHIS and Coordinator DHO office Nowshera explaining importance of good collaboration, timely referrals and keeping records.



Left: Lady Health Supervisor presenting professional profiles to HWD participants in Nowshera.

Right: LHWs developing professional profiles during a group work session at the HWD workshop in Haripur.

Using facilitated dialogues to build better professional relationships

The *Generation Dialogue Approach* was first developed in Guinea (West Africa) to reduce the widespread practice of female genital cutting. By creating the conditions for a respectful exchange of ideas, the approach has proven effective at promoting inter-generational understanding and positive social change in a number of countries in Africa. The Health Worker Dialogues are inspired by this method but instead use dialogue to improve cooperation between different cadres of health workers and promote greater mutual respect.

To begin with, members of the four different health worker groups are brought together to get to know one another and each others' roles and responsibilities; and to jointly explore the barriers that prevent them from working more effectively together. Trained dialogue facilitators encourage participants to practise listening to one another and pose "generative" questions to help them to identify some of the key factors that limit collaboration and to consider how these might be overcome. The facilitators are an interdisciplinary team, with members taken from each of the different health worker groups and they act as role-models, showing how well interdisciplinary collaboration can work.

Following the initial dialogues, the groups are then opened up to district and provincial programme managers and health officers. As part of this process, the health workers present the results of their discussions and explain what they would like to do in order to collaborate better. They are also encouraged to identify any systemic barriers and to request that the programme managers and health officers take concrete steps to address these issues. A three-month follow-up meeting is used to monitor progress towards realising the planned changes and to assess whether there has been any increase in the number of referrals between health workers.

Some positive first steps towards a more collaborative working relationship

Four teams of facilitators took part in a three-day training in Islamabad in February 2016. It is planned that the teams will conduct one Health Worker Dialogue per month in each district. The dialogue workshops last 2.5 days and bring together representatives of the four different health worker groups who are working in the same area (i.e. Community Midwives, Lady Health Workers, Lady Health Visitors and Lady Health Supervisors). Provincial and district-level programme managers and health officers also attend the workshops to understand the barriers to better cooperation and to support the solutions proposed by the participating health workers.

The first dialogue sessions were held on 4-6th April 2016 in Nowshera and 25-27th April 2016 in Haripur. So far, the feedback has been positive. The sessions are often the first opportunity for health workers to meet and get to know other colleagues working on maternal and newborn health in their community. Overall, participants have praised the dialogues for giving them a better understanding of their colleagues' work and for highlighting the areas where their roles and responsibilities are complementary. Some workers have also reported an increased motivation to refer cases to one another and the RMNHP plans to assess whether there is a subsequent improvement in referrals in the coming months.

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