

TO IDENTIFY THE SEXUAL AND REPRODUCTIVE HEALTH RESEARCH TRAINING NEEDS OF HEALTH AND ALLIED PROFESSIONALS IN PAKISTAN

By

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IAMANEH Scholarship



PAKISTAN

- POPULATION: **166 million** in 2006
- Sixth most populous country of the world
- Growth Rate: 2.09% (2006 est.) *
- In Pakistan, as in many developing countries, **poverty is intrinsically linked with poor sexual and reproductive health (SRH).** With each factor being the cause and outcome of the other, a destructive cycle exists.
- Low levels of knowledge about SRH are a major barrier to people accessing SRH services, and information available to the Pakistani population including men remains limited, with women and young people being particularly marginalized in terms of access to information and services.**

Source: *Demographics of Pakistan 2007; ** Population Reference Bureau, 2006.

PAKISTAN

Knowledge of sexual and reproductive health (SRH) among health professionals is an essential studying point, as they are the ones who have to provide medical information and help to women, men and adolescents of both sexes.

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- Knowledge of research methodologies for conducting research in SRH by health and allied professionals is also very important as policy makers and programme managers in every country need to make decisions informed by scientific research.
- For better understanding of the needs and problems, countries have to promote research existing in their own particular settings.

Research Centers Working In Government Sector In Pakistan

Lahore-Diabetes, hypertension, coronary heart diseases, lipid & calcium metabolism
Karachi-Gastrointestinal disorders & hepato-biliary diseases
Peshawar-Maternal & Child Health, Health Systems Research & Community Health
Lahore-Tuberculosis
Islamabad-Communicable Diseases, Surveillance of infectious diseases
Multan-Community Health, Metabolic Diseases, Indigenous Medicine & Endocrinology
Quetta-Metabolic Disorders.
Jamshooro-Community Health
Faisalabad-Nutrition
Peshawar-Health Systems Research
Lahore-Health system research, clinical research, national health survey of Pak & data analysis
Karachi-Health Systems Research, Community Health

National Research Institute Of Fertility Control NRIFC- Mainly dealing with family planning but

• NONE OF THE CENTERS HAS SEXUAL AND REPRODUCTIVE HEALTH MENTIONED EXPLICITLY IN ITS MANADATE. DUE TO NON PERFORMANCE OUT OF THE TOTAL EIGHTEEN CENTERS FIVE HAVE BEEN CLOSED AND THE PERFORMANCE OF OTHER CENTERS IS ALSO UNDER SECRUTINY.

PRESENT SCENARIO IN PAKISTAN



Literature review indicates:

- Lack of awareness and interest in research on SRH issues among health professionals in Pakistan.
- Low level of knowledge among teachers and health care providers regarding adolescent development and their Inability to provide appropriate information about sexuality and reproduction to adolescents.

Source:(Y.S.Qazi. Adolescent reproductive health in Pakistan-2003) Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia. Dept. of RHR, WHO 2003.

PRESENT SCENARIO IN PAKISTAN (Continued)



A research conducted in Pakistan on the subject of Sexual health services in Rawalpindi, demonstrates:

Behavior change of service providers is required.

Possible only if they have evidence based data available to deal with SRH issues.

SOURCE:S.M. Ranjha. Sexual health services for adolescents at sex clinics in Rawalpindi, Pakistan. Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia

IV INNOVATION FORUM - NELSHA DEMAND MANAGEMENT MEASURES - STAIDANS COMMUNITY HEART FAILURE SERVICE - MAIDON & SOUTH CHEIMSTORD PC I Admissions nce Scheme - Cornwall Rapid Assessment Teams - West Sussex Redesign of Diabetes Services - Exeter PCT Hip and Knee Triage service - Exeter PCT Spinal e - NHS Eyecare Services Programme (Gateshead Integrated Low Vision Service) - Exeter PCT DVT service - Berkshire Priorities Committee - Milton Keynes unity Matrons Pilot - Milton Keynes PCT and Council - Milton Keynes Admission Avoidance/ Facilitated Discharge- Joint Health and Social Care Intermediate Care es Milton Keynes PCT and Council - Cornwall Community Matron Programme (EPIC) - Cornwall "Acute Care at Home" Service - Mid Essex Vascular Assessment e - Huddersfield Medical Assessment Clinic - Barking & Dagenham PCT Orthopaedic Screening Service - West Sussex Improved COPD Service - South-East Regionality Regionality of the service - South-East Regionality Authorities – Social Services depts./Contracting & Commissioning : Person-Centred Fee Matrix. - End of life beds within Southern Norfolk PCT - AGW West Glos PC y Care Facilitator in A&E - AGW REACT Bristol (emergency care) - Western Sussex PCT Service Redesign and Demand Management - Newcastle Hospitals NHS lewcastle PCT University of Newcastle upon Tyne Developing and evaluating the effectiveness of educational prompts in improving diabetes - Demand Managemei es In Cambridgeshire Vr d Externar non - I DNC FERM CONDITIONS I North Example in arrivements I bara to y tes Orderin). E s Devon Shared Care Follo Icoma Pilot - AGW E ecure Cut patients Primary Care Dermato og Service II / G V Sandan FC Clecture – Referral I Doger ien (Le tra OS V BANES aedic Elective - AGW Community Matron Bristol North PCT - South Leicestershire Primary Care Trust and University Hospitals of Leicester Trust. - Primary Care A inators Project. - Walthemstow PC7 shared care of Glaucoma - Brindford Wilstwood Park Diesing stig & Treatment Centre - Bradford South & West PCT - AGW on PCT Non-elective - Grapht Care Orders: ACW LANES PCT/2 von Ambular ce Admission avec an ce Find PCP of Not Pleet ver - AGW West Gloucestershire PC e - GPwSI Led Carpar Tunnel Service - AGW Soun witsnire PCT - Environment of primary care for a defined range of conditions using a GPwSi. - AGW BANES ediate Care Bed Pilot - AGW Bristol North BNNSSG Musculoskeletal Assessment and Treatment Service (MATS) - AGW Cotswold & Vale PCT : PBC - Elective and ective practice action plans - North West London Haemoglobinopathy Managed Clinical Network - Sedgefield PCT Emergency Care Practitioner "First Contact in Ca ". Service - Dorset Intermediate Orthopaedic Service - Cheltenham and Tewkesbury Emergency Out of Hours Social Care Services pilot – Cheltenham and Tewkes - Good Hope Hospital NHS Trust Telemedicine Leg Ulcer Treatment - Sedgefield / Durham Dales PCTs Emergency Care Practitioner Telephone Assessment and ent in the Out of Hours Service - Adaptation and the establish of Stabis and Share of Access - West Lincs PCT DART arge, Assessment, Rehabilitation Taan), Wand the estabish of Share of Access - West Lincs PCT Intermedia Nursing beds in the independent sector sessment Service (SCAS) eak and Dales PCT Musculoskel Centre Focused on Sexual and CHD Protocols Pack - W CT Nurse Led Intermediate Care Rural Locality integration of services Care Pathway - RochdalePCT/He Reproductive Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Practice plans to reduce admission of the Reproductive Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Practice plans to reduce admission of the Reproductive Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Practice plans to reduce admission of the Reproductive Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Practice plans to reduce admission of the Reproductive Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT so and Pilot - Sufel East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT - Sufer East Mutcupskeletal Clinical Assessment Service (MCAS) - Sunderland TPCT - Sufer East Mutcupskeletal Clinical Assessment - Sufer East Mutcupskeletal - Sufer Hackney Anti Coagulation Enhanc thma Review and Management. CHARM - City & Hackney GPwSI led De**rmatology clinics - City 8** ey Emergency Contraception. - City Packistancham Commissioning & Demand Management Initiatives - East Devon PCT Specialist Orthopaedic therapist Role - Claremont Medical Practice Integrated Team Work to proactively manage patients with Long Term Conditions - Bradford Falls & Bone Health tion/Taking Care of Yourself project - Bradford South and West PCT Leg Ulcer Clinic - Bradford Integrated Community Care Teams - Bradford South + West PCT E nrombosis (DVT) Pathway - Bradford South + West PCT Early Discharge Pathway for Patients with Chronic Obstructive Pulmonary Disease (COPD). - Bradford So PCT Crisis Intervention - Bradford Hospice @ Home - Durham Integration of Primary & Secondary Emergency Care - Stoke Mental Health Promotion Toolkit and sting in primary care - Tower Hamlets Carpal Tunnel Syndrome Pathway - Essex Tier 2 - Clinical Assessment service for Orthopaedics and Rheumatology - 7 UL Habits of Effective CAMHS and the Choice and Partnership Approach - Ashford GPSI Cardiology Clinic - GPSI led ENT Clinic - Ashford Integrated Clinical ment and Treatment Service for Musculoskeletal Conditions (ICATS) - Blackpool Structured Patient Educational Programme for people with Type 2 Diabetes: (X-- Norfolk healthline - NE Lincs Paediatric Service Review Focus On Management Of Unscheduled Care - North Bradford PCT COPD Case Management - Guildford ey Dentistry - Guildford & Waverley PCT ENT Tier 2 Service - Guildford & Waverley Hub for Health - Greater Peterborough NHS Evecare Services Programme -Im Integrated Back Pain Service Choice at Point of Referral Pilot expanded to full Musculoskeletal Clinical Assessment Service - Surrey Heath and Woking Heart Project - East Sussex Physiotherapy Choice Appointments - Lincolnshire Acute Care - Lincolnshire Primary Mental Health Care Service - Lincolnshire South West Orthopaedic Clinical Assessment Service - West Essex Heart Failure Project - Hampshire 'Perfict' Partners - North Manchester Tier 2 Continence service - Doncast ence Clinical Assessment Service (CAS) - Doncaster Unscheduled Care Network: GP in A+E Pilot - Doncaster Orthopaedic Clinical Assessment Service - Leeds W lest Care Plus Programme - Lambeth Case Management Pilot - South Birmingham PCT Integrated Support Worker Scheme - North Staffs Community Managemen

OBJECTIVES

- To assess the knowledge of the target group regarding capacity to do research and gaps in knowledge.
- To assess the knowledge of the target group about important issues related to sexual and reproductive health.
- To ascertain what kind of research on sexual and reproductive health has been conducted by the target group in the last two years.
- To identify what are the research needs in SRH in Pakistan.

METHODOLOGY PHASE 1:



- STUDY UNIVERSE
- STUDY SAMPLE
- PRE TESTING OF QUESTIONAIRE
- ADMINISTRATION OF QUESTIONAIRE AND DATA COLLECTION
- PRE TESTING OF QUESTIONAIRE
- DATA ANALYSIS
- PAPER WRITING IN LIGHT OF THE RESULTS
- COURSE ON SEXUAL AND REPRODUCTIVE HEALTH RESEARCH

METHODOLOGY

- PHASE 2:
 - Conducting five workshops in all the locations around Pakistan. Focus group discussions will be a part of the workshops.
 - Conducting Key Informant Interviews.
 - All the data collected will be analyzed and published in the form of a book titled "Sexual & Reproductive Health Research Training Needs of Health & Allied Professionals of Pakistan".
 - PHASE 3:
 - Holding a National Seminar for disseminating the results of the study with involvement of the Federal and Provincial Ministries of Health, Non Government Organizations, International Agencies and Development Sections of the Embassies of various countries.

TIMELINE OF ACTIVITIES:

| | | | | | | | | | | | | | | 10.00 | in the second |
|---|--------------------|-----|-----|-----|-----|-----|-----|----|----------|-----|-----|-----|-----|-------|---------------|
| Activity | Time line(2007-08) | | | | | | | | | | | | | | |
| Application for funding and approval of project: (However this time may also be less than as pointed out depending on finding the funding agency) | | | | | | | | | | | | | | | |
| Development of Questionnaire, pre- testing and finalization: | | | | | | | | | | | | | | | |
| Selection of Random sample of participants in the study: | | | | | | | | | | | | | | | |
| Administration and collection of Questionnaires: | | | | | | | | | | | | | | | |
| Data entry, cleaning and Analysis One month: | | | | | | | | | | | | | | | |
| Writing of Research Paper: | | | | | | | | | | | | | | | |
| Selection of participants for Workshops, Focus group discussions and Key informant interviews: | | | | | | | | | | | | | | | |
| Analysis of data and writing of research papers in light of the results of the second phase of research: | | | | | | | | | | | | | | | |
| Preparation and holding of National Seminar for dissemination of results: | | | | | | | | | | | | | | | |
| | Apr | May | Jun | Jul | Aug | Sep | Oct | No | v Dec | Jan | Feb | Mar | Apr | Мау | |

CALE

B. Survey, Follow Up, Workshops, Publication of Report and National Seminar:

BUDGET

A. Human Resource Requirement:

| S r # | Project Staff | Numb er of Person s | Man-days Involvement | Cost per day in US\$'s | Total in US Dollars | Comment s |
|-------------|---|------------------------------|-------------------------|---------------------------------|---------------------------|--------------|
| 1 | Principal Investigator | 01 | 90 | 150 | 13500 | |
| 2 | Co-Investigator /Project Manager | 01 | 270 | 100 | 27,000 | |
| 3. | Office Secretary | 01 | 270 | 10 | 2700 | |
| 4 | Statistician | 01 | 90 | 60 | 5600 | |
| 5 | Key Punch Operators | 02 | 90 | 15 | 2700 | |
| 6 | Transcriptionist's | 02 | 35 | 20 | 1400 | |
| 8 | Facilitator Focus Group Discussions | 01 | 35 | 50 | 1750 | |
| 9 | Driver | 01 | 270 | 10 | 2700 | |
| | TOTAL | 10 | | | 57,350 | |

Total Project Cost:

A (57,350) + B (152,500) = US\$ 209,850/-

| S r # | Activity | Description or Quantity | Cost | Total in US Dollars |
|-------------|---|--|--|--------------------------------|
| 1 | Printing of Questionnaires | 5000 | US Cents 50 / Questionnaire | 2,500/- |
| 2 | Postage with Self Addressed Stamped Envelope | 5000 | US \$ 1 | 5,000/- |
| 3 | Follow Up Through Telephone Calls | 5000 | US\$1 | 5,000/- |
| 4 • | Five Workshops for 30 participants for 7days | Cost of Lunch and teas, resource persons / lecturers and other workshop expenditures. | US\$ 15000/- per workshop | 75,000/- |
| 5 | Publication of Final Report In form of a Book | 3000 copies | US\$10/ per copy | 30,000/- |
| 6 | National Seminar | One | 30,000 | 30,000/- |
| 7 | Transportation | For Whole project | 3000/- | 3000/- |
| 8 | Stationary | One lot | 2000/- | 2000/- |
| 9 | Office Space | | | |
| 1 0 | Computers, Electricity, Administrative Support | Through out the Project | Will be provided by ICSRH Pakistan which will be equivalent to 10 to 15 % of the project cost | Cost to be born by ICSRH |
| | Total | | | 152,500/- |
| | | 1 | 1 | 1 |

Thank You For Your Attention





