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Abstract

The Community Midwifery program was introduced in 2007 across Pakistan with the idea that the trained Community Midwives (CMWs) will be deployed back to their 'native' rural communities. Hence, they are not employed by government rather they must earn their income by charging fees for their services. It is expected from them to attract clients, establish birth clinics and operate as a small business to support and sustain them financially. However, the CMW training program only teaches students about antenatal, intranatal, postnatal and newborn care, family planning services and awareness of community dynamics and does not include content about setting up a 'birth station' and how to market and sustain a small business. We encountered comments from CMWs in a variety of forums that many of them were unable to sustain a birthing station and financially support themselves. Hence a research intervention was designed for them known as 'Business Skills Training (BST)' with the objective of enhancing the business skills of CMWs to increase their likelihood of establishing financially sustainable birthing clinics. This article is the description of BST intervention and the process of this training.

Keywords

Business skills, Community Midwifery Program, birthing centers

Introduction

The Community Midwifery program was introduced in 2007 across Pakistan:¹ the midwives, completing the program, are deployed back to their primarily rural communities. By December 2011, 4,700 Community Midwives (CMWs) were trained and deployed². The goal for the Government of Pakistan for this cadre is to increase the number of women who have a skilled attendant at birth, thereby decreasing maternal and neonatal mortality and achieving Millennium Development Goal (MDG) 4 and 5. The 18-month program is approved by the Pakistan Nursing Council (PNC). Graduates must successfully complete provincial board exams to become licensed to practice. The CMWs are not employed by government rather must earn their income by charging fees for antenatal, birth, postnatal and family planning services. It is also an expectation from them to attract clients, establish birth clinics and operate as a small business, supporting them and sustaining their practices.

The CMW training program teaches students about antenatal, intranatal, postnatal and newborn care, family planning services and awareness of community dynamics and major reproductive health indicators. The CMWs receive clinical experience in the hospitals and clinics that are attached to the midwifery schools and also receive three months of community midwifery experience. They perform their clinical duties under supervision of staff midwives, Lady Health Visitors and doctors. Despite the expectation that they should be independent providers in a business model, the programs do not include content about how to set up a birth station and how to market and sustain a small business.

We encountered comments from CMWs in a variety of forums that many of them were unable to sustain a birthing station and financially support themselves. They highlighted a lack of knowledge about financial management, faced problems in promoting and marketing their services and competition from traditional birth attendants (TBAs) and other maternal and child health professionals as barriers to their ability to establish viable birthing practices.

In a joint undertaking Greenstar Social Marketing, a Non-Governmental Organization (NGO) and the faculty midwives from the Aga Khan University School of Nursing and Midwifery planned and conducted a large scale project aimed at increasing knowledge and skills of CMWs. A part of the planned intervention was a workshop to provide practical training in business skills that would be directly relevant to their situations as CMWs. The midwifery team involved a multidisciplinary group of women with expertise and experience in micro-enterprise businesses run by women. The purpose of this paper is to describe in detail the content and approaches to conducting the Business Skill training workshops. A report of the qualitative outcomes of the training is being prepared for a separate publication.

Objectives of the Training

The main objective of the training was to enhance the business skills of CMWs to increase their likelihood of establishing financially sustainable birthing clinics.

Participants

A total 600 CMWs were recruited for the project from Punjab and Sindh provinces of Pakistan. Participants were randomly allocated to either the intervention or control group. The business skill training was conducted for the 287 CMWs in the intervention group. Most of the CMWs were attempting to operate their own birthing clinics.

Training method

The theoretical content was offered in a two-day workshop. The workshop was repeated seven times in order to have approximately 30 participants in each offering. Three workshops were held in Karachi (Sindh) and four in Multan (Punjab). The main teaching approach was the use of stories of small businesses run by women, some who struggled and some who succeeded. There were short power point presentations, interactive sessions, games about finances and marketing, and physical energizers. Small groups worked on practical problems to identify solutions. A workbook prepared for the sessions was used by each participant to do individual planning and problem-solving.

Preparation of the training

Several meetings amongst the faculty midwives and multidisciplinary women were conducted to carefully plan the content. An initial step was to interview several midwives and Lady Health Visitors who were running their businesses successfully. A further environmental scan was done of small businesses run by women to understand aspects of the success and failure of micro-entrepreneurs. The written content of training materials was prepared in English and then translated to Urdu, the national language. The oral content was in Urdu or a provincial language (Sindhi or Punjabi). The workbook, entitled *Doing Small Business in the Service Industry*, was compiled and included written materials and a series of exercises for participants.

Execution of the workshops

The workshops began with general introductions of all participants and used ice-breakers to promote interaction. The content of the training was divided into two major parts, each with sub-sections as shown in Figure 1.

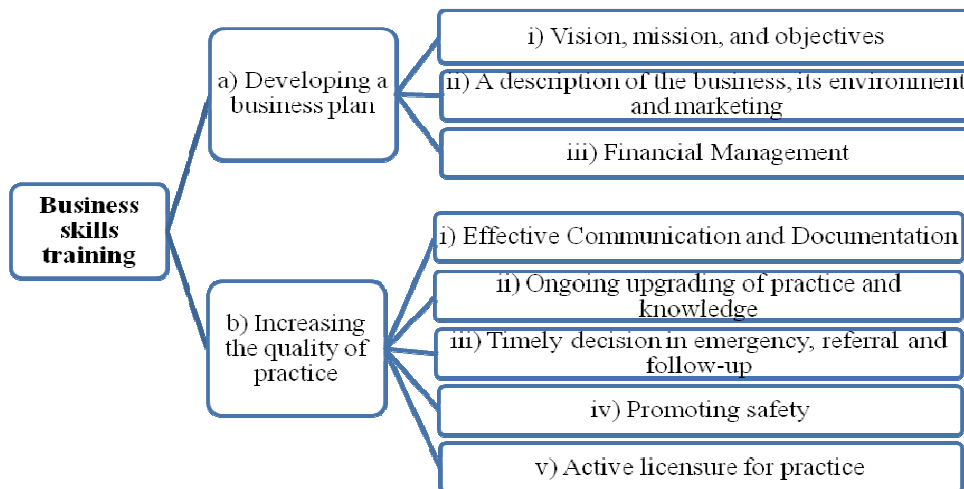


Figure 1. Business skill training module

Part I: Developing a business plan

The workshop leader used a story of a rural woman who initiated a small business but failed due to flaws in her planning and her management of the business. The story was followed by some critical questions reflecting the main content of the training, such as: what were the strengths and weaknesses of the woman in the story? What mistakes did she make in her business? What could she have done to make her business successful? Then leader linked the group discussion with the related content about developing a business plan. The story was referred to throughout the teaching session.

Vision, mission and objectives

The important concepts of vision, mission and objectives were explained with the use of examples. The importance of a clearly written statement of purpose before initiating a business was emphasized and participants were given time to formulate their own vision, mission, goals and objectives using worksheets developed for the group (Figure 2). In addition to the vision for a business, the CMWs were asked to consider their personal resources and competencies that were important to the business and what strategies would increase the likelihood of their success.

Sample Worksheet
My Vision: _____
My Mission: _____
My Goals: _____
My Objectives: _____
What are my resources and core competencies: _____
What would be my current and future strategies: _____

Figure 2. Sample worksheet for participants

A description of the business environment

In this section the leader asked the midwives to consider the “who, what, where, when, and how” of their business. They were asked to provide detailed answers to these questions in order to present a complete and accurate picture of the business environment. For example, the leader provided questions for participants to think about when deciding the layout of their clinics (Table 1)

Table 1
Sample questions about environment of birthing clinic

<ul style="list-style-type: none">✓ Where will your business be located (i.e. specific address)? Will you work from home?✓ Who lives in your neighborhood? Will they be favorable to your business?✓ Are the roads leading to your business safe and secure; properly lighted?✓ Will you own or rent the space and necessary utilities [Water, gas, electricity]✓ If you rent, what are the key conditions of the agreement?✓ Will any significant expansion or renovation be needed? If so, what, and how much will it cost?✓ Are the necessary utilities in place? What, special equipment will be required?✓ What is the area's economic, demographic and political climate? Will you be able to get customers for your service?
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The internal environment of the facility was also discussed. Where the bed would be placed? Where would chairs be located? Was there workspace i.e. a desk? How would privacy be provided? Pictures of desirable facilities were shown and participants were asked to sketch a plan for their facility and make a list of equipment they needed to buy. They worked in groups for these activities so that ideas could be shared.

Marketing the business

The concepts of a market survey and marketing strategies were introduced to the CMWs. Through discussion the leader brought out the ideas of surveying the target market and then developing marketing strategies that would publicize the CMW's services. She discussed different ways to promote the business using examples like door-to-door marketing, obtaining help from stakeholders, displaying banners and using media to increase the awareness. The most important concept, that being silent promotion (word-of-mouth: from woman to woman), was also highlighted and shown to be dependent on the quality of services with friendly and welcoming communication.

In this section the leader also discussed the importance of managing human and material resources including organization of supplies. Participants were asked to think through critical questions such as staffing requirements. Would they use a family member or employ someone to assist them? What qualities and experience should such a person have? How would they arrange medical supplies for their clinics? Can they establish linkages with pharmaceutical representatives?

Financial management

In this section the leader discussed financial aspects of starting and operating a business. Participants were asked to write down their current financial requirements, their sources of funds and any needed additional funds. The discussion also included important terms and their implications, such as i) start-up costs, ii) capital equipment/fixed assets, iii) supplies and equipment, iv) working capital; v) documenting cash flow. In addition, leader also demonstrated the documentation of cash flows e.g. daily cash sheets, income statements and balance sheets. Other financial management skills were also discussed including budgeting, how to borrow money, how to manage loans, how to maintain records and demonstrate profitability. Several different forms were provided along with assistance to help the CMWs use those (Figures 3 & 4).

CASH FLOW STATEMENT			
	January	February	March
Beginning Cash Balance			
Cash Inflows			
Account receivable collections			
Cash & cash equivalent sales			
Loan proceeds			
Owner's investment			
Other:			
Total Cash Inflows			
Available Cash Balance			
Cash Outflows			
Operations			
Office rent & utilities			
Internet connection and hosting			
Telephone services			
Salaries & wages			
Office supplies			
Postage			
Office equipment –Purchase			
Vehicle expenses			
Inventories - Purchase			
Equipment – Purchase			
Maintenance			
Delivery			
Other:			
Total Operations			
Finance & Administration			
Salaries & wages			
Employee training			
Professional fees			
Bank charges			
Credit cards fees			
Loan principal payment			
Interest			
Insurance			
Payroll taxes			
Permits & licenses			
Taxes			
Dividend			
Investments			
Charitable contribution			
Other:			
Total Finance & Administration			
Sales & Marketing			

DAILY CASH SHEET	
Beginning Cash on Hand	
Plus:	
Total daily sales(cash, checks, and charges)	
Collections on Accounts Receivables	
Other Cash Receipts:	
Subtotal	
Less:	
Charge Account Sales (included in Total Daily Sales above)	
Total Cash to Account	
Cash Paid Out:	
Cash Refunds	
Cash Returns	
Deposited to Bank	
Owner's Draw	
Misc. Expenses 1	
Misc. Expenses 2	
Misc. Expenses 3	
Total Cash Paid Out	
Cash on Hand	
Cash on Hand – Actual Count	
Cash Over (Short)	

Figure 3 and 4. Sample forms

Part II: Maintaining quality in practice

This was the second part of the Business Skills Training that focused on maintaining quality in midwifery practice. Even though quality is not directly linked with initiation of a business but it plays an important role in the sustainability of the business. In this part trainer addressed five major components of quality in the field of midwifery practice mentioned in figure 5.

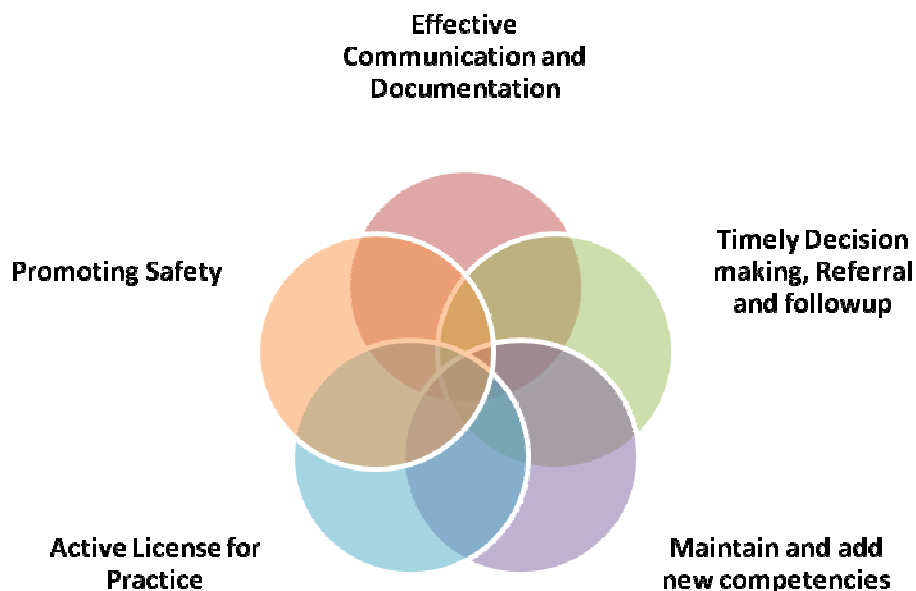


Figure 5. Quality improvement of practice wheel

Part B of the workshop was focused on quality improvement as an important part of building a business model. The leader discussed elements of quality improvement that are shown diagrammatically in Figure 5. Effective communication focused on verbal and non-verbal communication; the importance of conveying a friendly respectful attitude toward clients and building trust. A related aspect of effective communication was helping the midwives identify appropriate referral channels, building relationships with those in receiving facilities and having a detailed referral plan for emergency situations, including written referral notes and arrangements for transportation. An important aspect of quality improvement is continuing education for the midwife herself. The CMWs were encouraged to budget money for their own education and personal growth and to inform clients of ongoing learning. The maintenance of active licensure with the Pakistan Nursing Council was stressed as part of professional responsibility and evidence of continuing competence. The leader placed special importance on promoting client safety through effective infection control practices. The survival of a birthing clinic and its clients is dependent on preventing infection. Principles of hand washing, disposal of waste, disinfection and sterilization of equipment and supplies is critical to patient safety. The midwives were also encouraged to build networks with different people in the community who could provide assistance in acute situations or help with business operations (Figure 6).

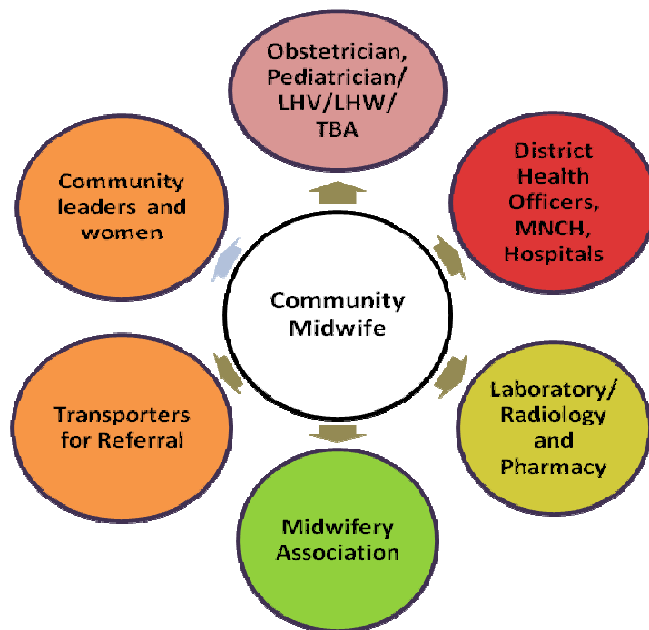


Figure 6. Networking for business

Discussion

This was the first attempt in Pakistan to provide specific training in business skills for CMWs. The planners had to create the materials and the format of the workshops and conduct them in a language suitable to everyday practice. Simple Urdu was the usual language and content was presented through examples and case studies. The CMWs often worked in groups in order to learn from each other since there was a mix of participants. Some had been able to establish successful birthing clinics but many had not. Those who had some success shared their marketing approaches, such as providing monetary incentives to traditional birth attendants when they referred women to the CMW. Even among those who were having some success, they did not have deliberate plans for operating their business and did not maintain records of their finances. The majority of them were losing money and some had closed their birthing station due to lack of funds. Almost no one had access to emergency capital in the event of a serious problem. Few of them were aware of sound infection control practices or of the importance of skilled communication.

As a result of their financial need some of the CMWs were working full time in the private sector or in NGOs and attempting to run their birth stations. Other CMWs were not practicing at all as midwives because they lacked space or equipment and furniture to set up a birthing station, or they experienced competition from doctors, Traditional Birth Attendants and Lady Health Visitors. Some were from areas where the local families were unable to pay at all for services.

Generally, the participants said the workshop helped them vastly in enhancing their business skills. They had never received information about the importance of business planning including financial management in order to make their business a success. Many of them stated that the workshop was an eye-opener as they never knew how to develop a budget, set a price for services, and maintain a financial record. Quite a few participants expressed that

the workshop had developed a strong hope and ambition to start or restart a birthing clinic. One participant stated that if she knew about these business skills three years before when she became a CMW, she would have been running a successful business by now.

The planners and facilitators of the workshops were pleased with the active participation of the CMWs. The varied experiences were useful for reflection and critical analysis; the rich group discussions were evidence of their engagement in the workshop content. Not everyone showed the same level of enthusiasm, but this was anticipated since participants did not choose to attend the workshops but were randomly allocated to the intervention group. The logistics of the workshops created difficulty at times such as when care of the infants of CMWs was unavailable and babies had to be tended to within the workshop sessions.

Recommendations

Almost all participants recommended that after completion of the 18 month CMW training there be a required course in business skills. They suggested it be longer than the workshops provided by this project with more time devoted to helping individuals plan for their specific deployment site. The lack of skills is hampering the deployment and utilization of CMWs. The CMW training programs and government funders must be made aware of this issue.

A more formal assessment of the business skills training is needed. Planned follow-up and specific assistance for problems over a period of time may be necessary to ensure long term positive outcomes. Finally, it remains to be determined if the business model of these birthing centers may act as a deterrent to seeking-care.

Conclusion

In conclusion these workshops were well received and went some distance to filling a noticeable gap in the preparation of CMWs to establish birthing clinics within a business model. Greater formal preparation is needed for all CMWs and follow-up within communities could be a further help to retaining CMWs in practice. More formal evaluation is needed to assess the impact of skills training.

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