



Research & Advocacy Fund

Priorities and Opportunities for Maternal and Newborn Health Programme Research and Advocacy
Provincial & Regional Stakeholders Consultation Meetings Report

Azad Jammu and Kashmir

DISCLAIMER

This report is based on the views of the participants in the provincial and regional consultation meetings and do not necessarily reflect the views of the Maternal and Newborn Health Programme Research and Advocacy Fund (RAF).

This report has been developed to reflect the discussion points and significant findings from the provincial and regional consultation meetings and should be used as a reference material. Please note that this report is not meant to be a comprehensive or scientific account of the various themes that were identified, factors that influence or contribute to maternal and newborn health in Pakistan.

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LIST OF ABBREVIATIONS

AJK	Azad Jammu and Kashmir
AusAID	Australian Agency For International Development
CMR	Child Mortality Rate
CMW	Community Midwives
DFID	Department For International Development
FATA	Federally Administered Tribal Areas
FP	Family Planning
GoP	Government Of Pakistan
HSRU	Health Sector Reform Unit
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MNH	Maternal and Newborn Health
NGO	Non Government Organization
NMR	Neonatal Mortality Rate
RAF	Research And Advocacy Fund
SOP	Standard Operating Procedures

1. Introduction and Background

Pakistan's maternal and child mortality rates are the sixth highest in the world. Despite the Government of Pakistan (GoP) targeting improvements in maternal and child health over the last 15 years, maternal and neonatal mortality and morbidity remain significant challenges. An estimated 30,000 women die each year because of complications during pregnancy and delivery – the equivalent of one woman dying every 20 minutes¹.

Nearly all maternal deaths worldwide are preventable. The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for the poor and marginalized, women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival. And when they survive, their families, communities and countries thrive. It's a virtuous circle.

1.1 RAF's role in MNH

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) is a five year national programme funded by DFID and AusAID - which aims to support research and advocacy initiatives to influence pro-poor policy and practice reform related to maternal and newborn health (MNH) in Pakistan.

The purpose of RAF is to improve MNH practices and supporting policies related to Millennium Development Goals (MDGs) 4 and 5. To do this, RAF supports quality non-clinical research and effective advocacy. In order to fund a portfolio of strategic projects, RAF offers three different models of funding that include open calls; restricted calls; and commissioned work. The three models enable RAF to fund strategic projects based on current gaps in MNH and the needs and realities of poor and marginalised women and their communities. To date RAF has undertaken four rounds of open calls for proposals. RAF is currently funding 16 projects covering 56 districts all over Pakistan and all 10 districts in Azad Kashmir. RAF funded research projects are generating evidence for; better functioning, acceptability management and scale up of CMW services, public private partnership model for family planning services, knowledge, perceptions and key family practices on MNH, improving birth preparedness for poor women provision and quality of antenatal services in first level care facilities, advocacy projects on post abortion care and MNH needs in crisis and post crisis situations are also being implemented.

The devolution of the Ministry of Health and vertical programmes to the provinces has huge implications for Maternal and Newborn Health. RAF recognises the need to support grantee work at provincial and regional levels and to fund work in provinces/regions where it has not previously worked, particularly hard to reach areas and therefore held a series of consultations throughout Pakistan.

¹ A community-based nested case-control study of maternal mortality F.F. Fikree, R.H. Gray, H.W. Berendes, M.S. Karim International Journal of Gynecology & Obstetrics Volume 47, Issue 3, December 1994, Pages 247-255.

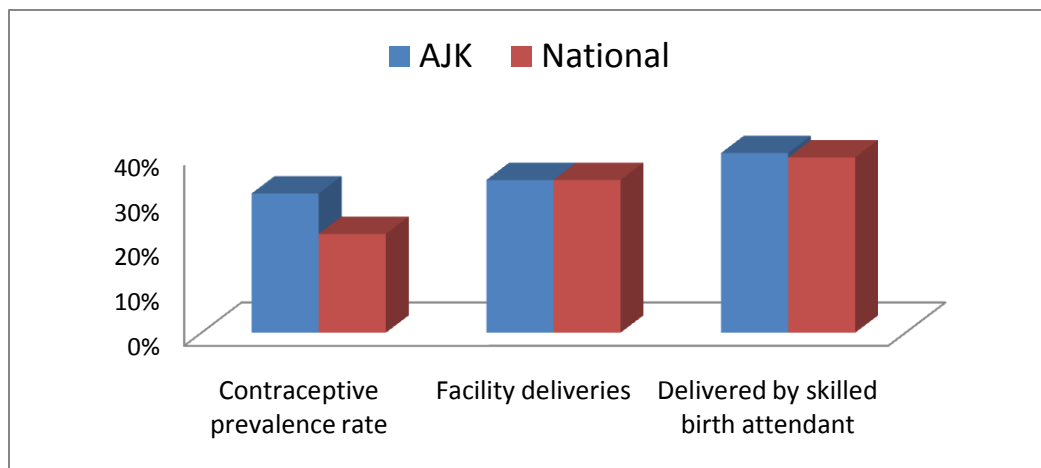
2. Azad Jammu and Kashmir –Maternal and Newborn Health Status

The comparison of socio-economic and health indicators of Azad Jammu and Kashmir and Pakistan’s indicators are as follows:

Table 1. Health Indicators of AJK

Characteristic	Azad Jammu & Kashmir	Pakistan
Maternal Mortality Rate	201/100000 live births	272/100000 live births
Neonatal Mortality rate	62/1000 live births	54/1000 live births
Child Mortality rate	96/1000 live births	94/1000 live births
Total Fertility Rate	4.0 children per woman	4.1children per woman

Figure 1. Maternal Health status in AJK compared with figures from Pakistan



Source: PDHS 2006-07, MICS 2009

3. Aim and Objectives

RAF’s main aim is to improve MNH practices and supporting policies related to MDG 4&5. The overall objective of the stakeholders’ consultations is to identify the province specific opportunities for RAF to fund through restricted calls or direct commissioning. The specific objectives are to:

1. Increase provincial and regional ownership in the post 18th amendment situation
2. Identify provincial and regional MNH priorities, research gaps and needs for evidence and/or advocacy opportunities
3. Prioritize 3-5 potential opportunities for RAF funding in each province/region

4. Methodology

Consultative meeting was held with the representatives from the departments of MNCH, HSRU, NGO’s working on Mother and Neonatal Health in AJK. The agenda of the meeting can be viewed at *Annexure I* with the complete list of participants at *Annexure II*.

Participatory approach was followed during the consultative meeting by first sharing the current MNH status in the region and citing some examples which may be considered in context of post devolution scenario. The main steps for prioritizing new opportunities are described as follows

1. Step One: Identifying priority issues/challenges influencing MNH

Participants were asked to identify the issues and challenges which influence the MNH status in their region by using 'zop' cards. These were then further re-grouped under various thematic areas after further discussion and reaching a consensus. These prioritized issues and challenges identified were further translated into the problem statements

2. Step Two: Determining research gaps and advocacy opportunities

Each problem statement (under the various thematic areas) were further discussed so as to determine whether there is some existing evidence for the causes of that particular problem; alternatively what research may be needed so that this identified problem can be properly addressed for improving MNH care. Similarly a separate discussion was also held to identify the "advocacy" opportunities.

3. Step Three: Setting priority for research and advocacy opportunities

This step constituted of identification of the most pertinent MNH research areas and advocacy opportunities in reference to the problem statements. The identified areas were later given a scores of 1 - 4 (where 1 was lowest and 4 was highest) based on their

- a. Potential for impact;
- b. Addressing equity Issues;
- c. Scalability and ;
- d. Policy practice implications.

In the end the cumulative scores of each of the prioritised areas were compared for final selection of top scoring research topics and/or advocacy opportunities. The complete details of the methodology followed during the sessions and their expected output is given in the *Annexure III*.

5. Key Findings

5.1 Identifying priority issues/challenges influencing MNH

The stakeholders brought forward the following issues and challenges for the improvement of the MNH in AJK are summarized as follows;

- a. Coordination gaps resulting in disparity between supply and demand, cause **barriers to access** MNH services in AJK was considered as an important issue.
- b. Poor **quality of care** in terms of technical capacity and management was another issue highlighted by the participants. It was flagged that quality of care can be improved by adequate training of the providers, following of appropriate standards and also suitable utilization of skills in the facility
- c. Inadequate **management** due to poor monitoring and evaluation system was also considered as an important issue.

- d. **Governance and accountability** was also considered to be an important agent influencing MNH which can be improved through enhanced political commitment and introduction of equity and rights based approach. Apart from that, the need for introduction of accountability framework and institutionalization of MNH departments was also considered imperative by the participants.
- e. **Human resource for Health** is one of the major challenges which need to be focused in order to improve MNH status. The inappropriate distribution of trained human resources in terms of skills, level of care and capacity add to the issues surrounding MNH.
- f. There is low contraceptive prevalence and overlapping of the **Family planning services** which was also considered as an important challenge which needs to be addressed.
- g. **Lack of adequate financial resources** and unsuitable resource allocation according to the needs is another important issue which needs to be addressed in AJK and alternate means of healthcare financing needs to be explored.
- h. Poor **nutritional status** of mothers and newborn is another major issue which was recognized by the participants.
- i. Apart from the above listed issues there were few **other issues/challenges** flagged by the participants relating to socio-cultural aspect.

The list of research gaps/needs and the identified issues and challenges are summarized in the *Annexure IV*.

5.2 Determining research gaps and advocacy opportunities

In line with the above discussion, the issues and challenges were translated into the following problem statements;

1. There are barriers to access of MNH services in AJK due to gaps in coordination resulting in disparity between supply and demand.
2. There is a poor quality of care in terms of technical capacity and management.
3. There is inadequate management system in respect to monitoring and evaluation/supervision.
4. Governance and accountability demand special attention.
5. There is an inappropriate of trained human resources in terms of mix, and level of care.
6. There is low contraceptive prevalence rate and overlapping of FP services.
7. There are issues due to inadequate financial resources.
8. Mother and newborn nutritional status needs to be focused specially in respect to Iron deficiency anemia and breast feeding.
9. Socio cultural issues need more attention.

5.3 Setting priority for research and advocacy opportunities

The above mentioned thematic statements were discussed further for the research and advocacy opportunities and the following opportunities were identified.

The main research opportunities are as follows:

1. Piloting of various innovative communication models for addressing MNH (policy and community levels).
2. Health seeking behaviors and factors influencing preferences.
3. Factors influencing motivation, retention, and appropriate deployment of HR according to the needs

4. Piloting alternate health care financing models.
5. Models for improving nutrition of mothers by food supplementation and other measures.
6. What is the level of/factors/reasons influencing the disparity between supply and demand?
7. Models of public private partnership for improving service delivery, specifically for MNH
8. Family planning Health seeking behaviours, preferences, and potential for duplication, etc.
9. Pilot/test different models for quality of care for improving scaling up.
10. Determine the benchmarks for quality of care.
11. Assessing scalability of tested models for improving HR.
12. What are the barriers to application of skills by primary level female health care providers?

The participants agreed that advocacy opportunities existed for

1. Legislation for improving monitoring and accountability for following basic protocols.
2. Advocacy for improving MNH through the three tiers (primary, secondary and tertiary) – Politicians vs. constituencies.
3. Advocacy for implementing existing standards and lessons learnt from other areas.
4. Advocacy for ensuring development and implementation of monitoring framework in all programs.
5. National Nutrition Survey results to be used for advocacy models for improving the nutritional status of mothers by food supplementation and other measures.

6. Prioritized Research and Advocacy Opportunities

The participatory discussion exercise was concluded by scoring of the prioritized MNH opportunities (the details of the scoring criteria are given in the methodology section) identified by regional stakeholders and finalization of the potential advocacy opportunities that can be funded by RAF in AJK followed by summarizing the whole consultative process. Complete list of the scores achieved against the individual research and advocacy opportunities are given in the *Annexure IV*. The most important and high ranking research and advocacy opportunities as perceived by regional stakeholders are given in the table below. Same scoring priorities have been grouped together

Table 2. Top scoring research gaps and advocacy opportunities

Research Gaps And Need For Evidence	Score	Advocacy Opportunities	Score
Piloting of various innovative communication models for addressing MNH (policy and community levels)	192	Legislation for improving monitoring and accountability for following basic protocols.	256
Health seeking behaviours and factors influencing preferences	144	Advocacy for improving MNH through three tiers – Politicians vs. constituencies	256
Factors influencing motivation, retention, and proper deployment of HR according to the needs			
Piloting alternate health care financing models			
Models for improving nutrition of mothers by food supplementation and other measures			
What is the level of/factors/reasons influencing the mismatch between supply and demand?		Advocacy for implementing existing standards and lessons learnt from other areas	128

Models of public private partnership for improving service delivery, specifically for MNH	108		
Family planning Health seeking behaviours, preferences, and potential for duplication, etc.			
Pilot/test different models for improving quality of care for scaling up	96	Advocacy for ensuring development and implementation of monitoring framework in all programs	108
Determine the benchmarks for quality of care	48	National Nutrition Survey results to be used for advocacy models for improving the nutritional status of mothers by food supplementation and other measures	81

7. Conclusion

This exercise brought forward Human Resource for Health (HRH) as one of the most imperative research area in context of exploring factors influencing motivation, retention and proper deployment of human resources according to the needs, the barriers to application of skills and the successful models for improving availability of HRH. While the issues linked to management, monitoring and accountability are considered to be the most significant areas for research as well as advocacy. Furthermore, the participants had a consensus on health care financing, public private partnerships, scalability of MNH projects in context of quality of care and nutritional status of MNH as issues that need a special focus for advocacy.

Annexure

Annexure I. Agenda of the meeting

Regional Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Azad Jammu & Kashmir: Date: Friday, 30 th September 2011 Venue: Pearl Continental Hotel Muzaffarabad	
09:30 -10:00	Arrival and registration of Participants
Session I: Introduction & Background	
10:00 – 10:45	Welcome Remarks
	Introductions
	RAF – Introduction and Overview
	RAF Priority Issues
	Purpose and layout of the workshop
Session II: Plenary discussion and Priority setting	
10:45 –11:05	Participatory exercise (identifying the MNH needs and gaps)
11:05-11:20	Tea Break
11:20 - 12:50	Ranking and prioritizing
	Agreeing on research gaps and/or needs for evidence and advocacy opportunities
Session III: Concluding remarks and way forward	
12:50- 13:30	Summarising the consultative process and sharing prioritized opportunities
	Next steps
	Vote of Thanks and Wrap-up
13:30	Lunch

Annexure II. List of Participants

S.NO	NAME	DESIGNATION	DEPARTMENT
1	Dr. Kamal-uddin Soomro	Secretary Health	Department of Health
2	Dr. Masood Ahmed Bokhari	Coordinator - MS RIP	Directorate of health
3	Dr. Sardar Mehmood	Provincial Program Coordinator MNCH Program	MNCH Programme
4	Dr. Farhat Shaheen	Deputy Director MNCH	MNCH Programme
5	Dr. Farhat Khalid	Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
6	Dr. Bilal Zafar	Public Health Specialist	MNCH Programme
7	Dr. Yasmin Abdullah	Principal	Inservice Training School, Abbass Institute of Medical Sciences
8	Kh. Nisar	Office Incharge	UNICEF
9	Mr. Humaira Irshad	Health Officer-MNCH, Maternal and Child Health Care Section	UNICEF
10	Mr. Farooque	PC Literacy	NCHD
11	Mr. Rashid Mir	DDO	UNFPA
12	Dr. Bushra Shams	Techical Advisor	UNW
13	Dr. M. Safi	Provincial Coordinator, AJK & GB	TRF
14	Mr. Mubashar Nabi	Chief Executive	Children First
15	Dr. Shahzad	Principal Investigator	Children First
16	Ms. Samra Bukhari	Programme Manager	Hamza Development Foundation
17	Mr. Saeed Abbasi	Regional Officer	TVO
18	Prof. Taqdees Gillani	Chairperson	Helping Organization For Peoples' Equality (HOPE)
19	Ms. Saima Suleman	Coordinator	Crescent Development Foundation
20	Dr Muhammad Ishaq Khan	Health Expert	SERVICES Organization AJK
21	Begum Shagufta Mustafa		Youth Academy of Pakistan

22	Ms. Syeda Anika	Coordinator	WWOP
23	Dr. Qaiser Pasha	health Advisor	AusAID
24	Mr. Ajmal Elahi	Programme Manager MER	AJK Rural Support Programme
25	Ms. Komal Akbar	M&E Officer	MNCH, AJK

Annexure III. Methodology

The methodology adapted for the consultative meetings is discussed below. The discussion points were generated through a participatory exercise.

Session I: Introduction & Background

This session included:

- Welcome note by the facilitator/RAF Representative
- Introduction of the participants
- RAF – Introduction and update of research and advocacy activities initiated by RAF
- Current MNH status of the Province
- Success stories on key areas in that province and/or elsewhere
- Post devolution opportunities

Expected Output of Session I

The participants will be able to appreciate the role played by RAF in supporting research and advocacy initiatives to influence policy and practice reforms related to MNH in Pakistan, especially in post devolution scenario.

Session II: Plenary discussion and Priority setting

This session included:

- Participatory exercise

For determining the MNH priorities in their respective provinces, participants were requested to use a card (colloquially called “zop” card) one MNH priority per card, using at least 3-5 cards. These were pasted on the wall and then grouped to come up with thematic areas. It was envisaged that there will be 5-8 maximum of thematic areas. The thematic areas were then listed on a flip chart and scored 1-4 in pre-defined categories such as research gap, opportunity for advocacy, potential for scalability, potential for impact, policy/practice implications etc. Once scored the scores were collated to come up with a provincial/regional MNH priorities agreed by all the participants.

This followed by picking the top most MNH priority and generating a discussion to identify research gaps and/or needs for evidence and later on recognise advocacy to improve MNH status in the province/region.

This is illustrated in the following matrix:

MNH PRIORITIES	RESEARCH GAPS AND NEED FOR EVIDENCE	ADVOCACY OPPORTUNITIES

Depending on the interest of participants and discussion generated, there will be further discussion to reach consensus on 3-5 potential specific opportunities on either research gaps and/or advocacy needs.

Expected Output of Session II

The participants will identify MNH priorities for conducting research and advocacy.

Session III: Concluding remarks and way forward

This session concluded the event by summarising the consultative process and sharing of the prioritised opportunities to be funded by RAF in that particular province/region as identified by Provincial stakeholders.

The RAF representatives would then thank the participants, share concluding remarks and give an outline of the way forward.

Expected Output of Session III

The Participants will have developed a sense of ownership for identifying the research and advocacy needs to improve MNH in their province and helping to develop the prioritised opportunities to be funded by RAF.

Annexure IV. Participatory Exercise

Step 1: Identified Thematic areas	
Thematic Areas	Specific Issues/Challenges
Access/ Coverage	<ul style="list-style-type: none"> ▪ Supply ▪ Demand ▪ Gaps in coordination results in mismatch between supply and demand
Quality Of Care	<ul style="list-style-type: none"> ▪ Best practices ▪ Low quality ▪ Involvement of private sector ▪ Capacity and skills ▪ Technical capacity of HR ▪ Standards available but are not approved ▪ Skill mix and utilization ▪ There is a poor quality of care in terms of technical capacity and management.
Management	<ul style="list-style-type: none"> ▪ Monitoring and evaluation/supervision ▪ Integration ▪ Proper utilization of resources
Governance/ Accountability	<ul style="list-style-type: none"> ▪ Political commitment ▪ Equity ▪ Rights based approach in health ▪ Accountability framework ▪ Institutionalization
Human Resource For Health	<ul style="list-style-type: none"> ▪ Capacity/skill mix ▪ Number and distribution ▪ Training of community midwives ▪ There is a mal-distribution of human resources in terms of mix, and level of care.
Nutrition	<ul style="list-style-type: none"> ▪ Nutritional crisis ▪ Iron deficiency anemia ▪ Breastfeeding.
Healthcare Financing	<ul style="list-style-type: none"> ▪ Lack of resources
Family Planning	<ul style="list-style-type: none"> ▪ Low contraceptive prevalence rate ▪ Overlapping of services of family planning.
Miscellaneous	<ul style="list-style-type: none"> ▪ Socio-cultural

Step 2: Research gaps and advocacy opportunities		
Specific MNH Priorities	Research Gaps And Needs For Evidence	Advocacy Opportunities
Access/Coverage		
<ul style="list-style-type: none"> ▪ Supply ▪ Demand ▪ Gaps in coordination results in mismatch between supply and 	What is the level of/factors/reasons influencing the mismatch between supply and demand?	Advocacy of existing models for improving maternal and newborn health for adopting or scaling up.

demand.	Health seeking behaviours and factors influencing preferences.	
Quality of Care		
<ul style="list-style-type: none"> ▪ Best practices ▪ Low quality ▪ Involvement of private sector ▪ Capacity and skills ▪ Technical capacity of HR ▪ Standards available but are not approved ▪ Skill mix and utilization ▪ There is a poor quality of care in terms of technical capacity and management 	Pilot/test different models for improving quality of care for scaling up	Advocacy for implementing existing standards and lessons learnt from other areas
	Determine the benchmarks for quality of care	
Management		
<ul style="list-style-type: none"> ▪ Monitoring and evaluation/supervision ▪ Integration ▪ Proper utilization of resources 	Models of public private partnership for improving service delivery, specifically for MNH.	Legislation for improving monitoring and accountability for following basic protocols.
		Advocacy for ensuring development and implementation of monitoring framework in all programs.
Governance/Accountability		
<ul style="list-style-type: none"> ▪ Political commitment ▪ Equity ▪ Rights based approach in health ▪ Accountability framework ▪ Institutionalization. 	Assessment of known or existing PPP models followed by advocacy for scaling up.	Advocacy for improving MNH through three tiers – Politicians vs. constituencies
Human Resources for Health (HRH)		
<ul style="list-style-type: none"> ▪ Capacity/skill mix ▪ Number and distribution ▪ Training of community midwives ▪ There is a inappropriate distribution of human resources in terms of mix, and level of care. 	Factors influencing motivation, retention, and proper deployment of HR according to the needs	
	Assessing scalability of tested models for improving HR.	
	What are the barriers to application of skills by primary level female health care providers?	
Nutrition		
<ul style="list-style-type: none"> ▪ Nutritional crisis ▪ Iron deficiency anaemia 	Models for improving nutrition of mothers by food supplementation	Advocacy for improving nutritional status of mothers and newborns

<ul style="list-style-type: none"> Breastfeeding 	and other measures	National Nutrition Survey results to be used for advocacy models for improving the nutritional status of mothers by food supplementation and other measures
Health Care Financing		
<ul style="list-style-type: none"> Lack of resources 	Piloting alternate health care financing models	
Family planning		
<ul style="list-style-type: none"> Low contraceptive prevalence rate Overlapping of services of family planning. 	Family planning Health seeking behaviors, preferences, and potential for duplication, etc.	
Miscellaneous		
<ul style="list-style-type: none"> Socio-cultural 	Piloting of various innovative communication models for addressing MNH (policy and community levels).	

STEP 3: SUMMARY OF THE SCORES ACHIEVED	
RESEARCH GAPS AND NEED FOR EVIDENCE	SCORE ACHIEVED
Piloting of various innovative communication models for addressing MNH (policy and community levels)	192
Health seeking behaviours and factors influencing preferences	144
Factors influencing motivation, retention, and proper deployment of HR according to the needs	144
Piloting alternate health care financing models	144
Models for improving nutrition of mothers by food supplementation and other measures	144
What is the level of/factors/reasons influencing the mismatch between supply and demand?	108
Models of public private partnership for improving service delivery, specifically for MNH	108
Family planning Health seeking behaviours, preferences, and potential for duplication, etc.	108
Pilot/test different models for improving quality of care for scaling up	96
Determine the benchmarks for quality of care	48
Assessing scalability of tested models for improving HR	36

What are the barriers to application of skills by primary level female health care providers	24
ADVOCACY OPPORTUNITIES	SCORE ACHIEVED
Legislation for improving monitoring and accountability for following basic protocols	256
Advocacy for improving MNH through three tiers – Politicians vs. constituencies	256
Advocacy for implementing existing standards and lessons learnt from other areas	128
Advocacy for ensuring development and implementation of monitoring framework in all programs	108
National Nutrition Survey results to be used for advocacy models for improving the nutritional status of mothers by food supplementation and other measures	81