



Research & Advocacy Fund

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

Balochistan

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

AusAID	Australian Agency For International Development
CMR	Child Mortality Rate
CMW	Community Midwives
DFID	Department For International Development
EmONC	Emergency Obstetric and Neonatal Care
FATA	Federally Administered Tribal Areas
FP	Family Planning
GoP	Government Of Pakistan
HR	Human Resource
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
PHC	Primary Health Care
PPHI	People's Primary Healthcare Initiative
RAF	Research And Advocacy Fund
RH	Reproductive health
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 in Pakistan. RAF recognises the need to support grantee work at a provincial level and to fund work in provinces/region 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.

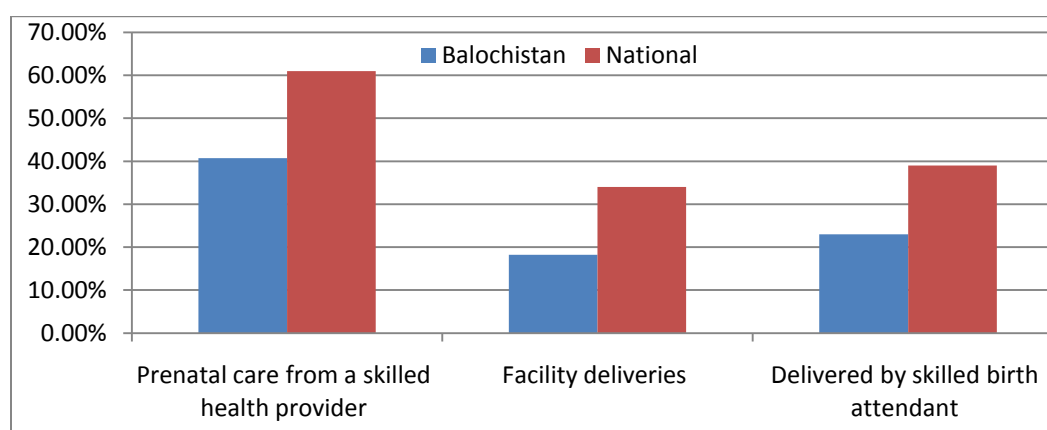
2. Balochistan –Maternal and Newborn Health Status

The comparison of socio-economic and health indicators of Balochistan and national indicators are as follows:

Table 1. Health Indicators of Balochistan

Characteristic	Balochistan	National
Maternal Mortality Rate	785/100000 live births	272/100000 live births
Neonatal Mortality rate	72/1000 live births	54/1000 live births
Child Mortality rate	89/1000 live births	94/1000 live births
Total Fertility Rate	4.1 children per woman	4.1 children per woman

Figure 1. Maternal Health status in Balochistan compared with National figures



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 provincial 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 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 Balochistan. 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 province 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 province 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 operational 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 specific issues and challenges for the improvement of the MNH in the context of the status after 18th amendment in Balochistan.

- a. **Barriers to access** MNH services in terms of demand and supply side was considered as an important issue. Non availability, insufficient services especially EmONC services are important factors for non utilization of the services, leading to further complications due to lack of education and awareness in the community.
- b. Poor **quality of care** was another issue highlighted by the participants. It was flagged that quality of care can be improved by training of the providers and ensuring appropriate equipment in the facility.

- c. Inadequate **management** especially lack of integration of all the MNCH related programmes (parallel programmes- PPHI, MNCH, RH vertical programmes) and poor monitoring and evaluation system was also considered as an important issue.
- d. **Governance** was also considered to be an important agent influencing MNH. It was recognized that there is lack of accountability and poor planning along with corruption and political interference. The participants expressed the need for a public private partnership model in Balochistan.
- e. **Human resource for Health** is one of the major challenges which need to be focused in order to improve MNH status. Lack of human resource especially female staff, along with inadequate capacity and skills add to the issues surrounding MNH.
- f. Poor **nutritional status** of mothers and newborn is another major issue which was recognized by the participants.
- g. **Family planning** especially access and coverage of FP services was also considered as an important challenge which needs to be addressed.
- h. **Lack of adequate financial resources** and unsuitable resource allocation according to the needs is another important issue which needs to be addressed
- i. Apart from the above listed issues there were few **other issues/challenges** flagged by the participants relating to socio cultural and gender 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 Balochistan (demand side and supply side).
2. The quality of care provided needs to be improved
3. There is inadequate management system
4. Governance and accountability demand special attention.
5. There is lack of trained human resource.
6. Mother and newborn nutritional status needs to be focused.
7. The family planning services needs improvement.
8. There are issues due to inadequate financial resources
9. Socio cultural and gender 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. Why there is poor utilization of services especially for EmONC?
2. How to assess referral and communication system at various health facility levels?
3. What are the different models that can be adapted for improving utilization of public health facilities?

4. Need for operational research for implementing minimum service delivery standards focusing on MNH including its development, scalability and sustainability.
5. Detailed review of various vertical / parallel programmes as regards functional integration at various services delivery levels (primary, secondary, and tertiary).
6. Assessment of known or existing PPP models followed by advocacy for scaling up.
7. Assessment of capacity and skill mix of health care providers.
8. Assessment of deployment and barriers to proper posting.
9. Assessment of financial fund flow mechanisms.
10. Assessment of alternate financial fund flow mechanism models for addressing equity in health in the context of Balochistan.
11. Viable models for improving nutritional status of mothers and newborns.
12. Packaging of nutrition interventions and its incorporation at the PHC level.

The participants agreed that advocacy opportunities existed for

1. Adoption or scaling up of existing models, for improving maternal and newborn health
2. Improvement in monitoring and supervision mechanism.
3. Consumer rights in MNH
4. HR issues based on existing data.
5. Conducting post-graduate training in rural areas.
6. Functional integration of family planning services by the department of population welfare and department of health.
7. Improving nutritional status of mothers and newborns.
8. Health care providers for addressing nutritional issues, specifically for MNH.
9. Addressing MNH issues in context of socio-cultural barriers and gender issues.

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 provincial stakeholders and finalization of the potential advocacy opportunities that can be funded by RAF in Balochistan 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 provincial 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
Assessment of capacity and skill mix of health care providers.	256	Advocacy of existing model for improving maternal and newborn health for adopting or scaling up.	256
Assessment of deployment and barriers to proper posting.		Advocacy for improving monitoring and supervision.	
Viable models for improving nutritional status of mothers and newborns		Functional integration of family planning services by the department of population welfare and department of health.	
Packaging of nutrition interventions and its		Need for advocacy with health care	192

incorporation at the PHC level.		providers for addressing nutritional issues, specifically for MNH.	
Assessment of referral and communication system at various level facilities.	192	Advocacy for consumer rights in MNH.	144
Assessment of existing PPP models followed by advocacy for scaling up.		Posting post-graduate training in rural areas.	
Why poor utilization of services specifically for EmONC (supply & demand)?	144	Advocacy for transparency in terms utilization of services.	81
Operational research for implementing minimum service delivery standards focusing on MNH including its development, scalability & sustainability.		Advocacy for addressing MNH issues in context of socio-cultural barriers and gender issues.	
Models for improving utilization of public sector facilities for improving MNH.	108	Advocacy for HR issues based on existing data.	54
Assessment of financial fund flow mechanisms.			
Detailed review of various vertical / parallel programmes as regards functional integration at various services delivery levels (primary, secondary, and tertiary).	81		
Assessment of alternate financial fund flow mechanism models for addressing equity in health in the context of Balochistan.			

7. Conclusion

Through this exercise access and coverage of MNH services was brought forward as one of the most imperative research area along with factors influencing poor utilization of services especially for EMoNC especially in context of supply and demand and finances. The assessment of referral and communication system at various level facilities is considered to be of importance.

Quality of care in terms of implementing minimum service delivery standards focusing on MNH including its development, scalability & sustainability, management issues like deployment and inappropriate posting, inadequate human resource are areas of special concern for the participants of Balochistan in terms of not only research but also as an advocacy opportunity.

Issues linked to improved monitoring and supervision, consumer rights in MNH, transparency in utilization of services are considered to be the most significant areas for advocacy; health care financing especially in context of alternate financial fund flow mechanism models and public private partnerships for health are all areas that need due focus in terms of advocacy. In addition, another major theme that came up as an advocacy as well as research opportunity is nutritional status of new born and mothers.

Annexure

Annexure I. Agenda of the meeting

Provincial Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Balochistan: Date: Monday, 26 th September 2011 Venue: Serena Hotel, Quetta	
09:30 -10:00	Arrival of Participants
Session I: Introduction & Background	
10:00 – 10:45	Welcome Remarks
	Introductions
	RAF – Introduction and Overview
	RAF Priority Themes
	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 prioritising
	Agreeing 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	Mr. Asmatullah Kakar	Department of Health	Secretary Health
2	Dr. Masood Noshervani,	Provincial Health Directorate	DG-Health Services
3	Dr. Nabila Sultan	Provincial Health Directorate	Director MNCH
4	Dr. Dawood Jomezai	Provincial MNCH Program	Provincial Coordinator
5	Dr. Noor Qazi	Provincial Program for Family Planning and Primary Health Care	Provincial Coordinator
6	Mr. Zoheb Qasim	Provincial Nutrition Cell	Provincial Coordinator, Nutrition
7	Dr. Ali Nasir Bugti	Provincial Nutrition Cell	Deputy Director
8	Mr. Zafar Buledi	Additional Secretary	Population Welfare Department
9	Dr. Zulfiqar Baloach	PC Hepatitis Programme	Health Department
10	Dr. Rukhsana Majid	Head of Department Community Medicine	Bolan Medical College
11	Dr. Tahira Kamal	Operations officer	WHO Sub Office Quetta
12	Ms. Kulsoom Bugti	Nutrition Officer	WHO Sub Office Quetta
13	Dr. Amjad Ansari	Health & Nutrition Specialist	UNICEF
14	Ms. Mehreen Abbass	Programme Assistant	WFP
15	Dr. Mieslave Stavel	Pediatrician	Medecins Sans Frontiers OCA
16	Ms Bree Cant	Midwife	Medecins Sans Frontiers OCA
17	Ms. Mahira Ali	Chief Executive Officer	A Global Movement for Children & Women (GMCW)
18	Mr. Sharaf ud din Zehri	Chief Executive Officer PAO-BK	Poverty Alleviation Organization Balochistan:
19	Dr. Badar Munir	Health Coordinator	UNHCR
20	Mr. M.Asif	CEO	The CATALYST for SUSTAINABLE DEVELOPMENT (CSD)
21	Mr. Syed Tanzeem	Provincial Coordinator	Gender in Education policy Support Project

22	Dr. Farooq Azam Jaan	In charge Health System Research	Provincial Health Directorate
23	Dr. Aamir Akram Alizai	District Programme Officer	UNFPA
24	Dr. Abdul Aziz	Health Consultant	MNCH Programme
25	Dr. Jamila Niaz	LMO	Health Institute
26	Muhammd Hanif Panazai	Regional Manager	SPARC
27	Ms.Farhat Tasneem	Sr.Programme Officer	Balochistan Environmental and educational Journey
28	Prof. Dr. Aisah	Vice president	SOGP
29	Mr. Wadood Jamal	Chief Executive	SAAD
30	Mr. Gul Muhammad	General Secretary	EHED foundation
31	Mr. Sami Ullah	General Secretary	Gul Welfare Organisation
32	Allamuddin Kakar	PC	Micro Nutrition Initiative (MI)

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 [Non-availability / insufficient services, specifically for EmONC (health facility & community level)]. ▪ Demand (lack of awareness, education, low female literacy). ▪ Mobile health teams.
Quality Of Care	<ul style="list-style-type: none"> ▪ Poor quality of care. ▪ Services (infrastructure, equipment). ▪ Training.
Management	<ul style="list-style-type: none"> ▪ Poor M&E and supervision. ▪ Functional integration (parallel programs-PPHI, MNCH, RH, Vertical programs). ▪ Women participation in decision-making.
Governance/ Accountability	<ul style="list-style-type: none"> ▪ Inter-sectoral collaboration. ▪ Poor planning. ▪ Corruption and political interference. ▪ Public Private Partnerships (PPPs) models in Balochistan.
Human Resource For Health	<ul style="list-style-type: none"> ▪ Lack of HR, sp. Females. ▪ Lack of capacity and skills. ▪ HR skill mix. ▪ Ground realities should be kept in mind.
Nutrition	<ul style="list-style-type: none"> ▪ Poor nutritional status of mothers and newborns. ▪ PINS survey report ▪ National Nutritional Survey.
Healthcare Financing	<ul style="list-style-type: none"> ▪ Lack of financial resources. ▪ Resource allocation according to needs. ▪ Equity. ▪ Barriers to efficient availability of financial resources.
Family Planning	<ul style="list-style-type: none"> ▪ Access/coverage of family planning services. ▪ Need for advocacy.
Miscellaneous	<ul style="list-style-type: none"> ▪ Socio-cultural issues ▪ Gender issues

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 [Non-availability / insufficient services, specifically for EmONC (health facility & community level)]. ▪ Demand (lack of awareness, education, low female literacy). ▪ Mobile health teams. 	Why poor utilization of services specifically for EmONC (supply and demand)?	Advocacy of existing models for improving maternal and newborn health for adopting or scaling up.
	Assessment of referral and communication system at various level facilities.	
	Models for improving utilization of public sector facilities for improving MNH	
Quality of Care		

<ul style="list-style-type: none"> ▪ Poor quality of care. ▪ Services (infrastructure, equipment). ▪ Training 	Operational research for implementing minimum service delivery standards focusing on MNH including its development, scalability and sustainability.	
Management		
<ul style="list-style-type: none"> ▪ Poor M&E and supervision. ▪ Functional integration (parallel programs-PPHI, MNCH, RH, Vertical programs). ▪ Women participation in decision-making. 	Detailed review of various vertical / parallel programmes as regards functional integration at various services delivery levels (primary, secondary, and tertiary).	Advocacy for improving monitoring and supervision.
Governance/Accountability		
<ul style="list-style-type: none"> ▪ Inter-sectoral collaboration. ▪ Poor planning. ▪ Corruption and political interference. ▪ Public Private Partnerships (PPPs) models in Balochistan. 	Assessment of known or existing PPP models followed by advocacy for scaling up.	Advocacy for transparency in terms utilization of services
		Advocacy for consumer rights in MNH.
Human Resources for Health (HRH)		
<ul style="list-style-type: none"> ▪ Lack of HR, sp. Females. ▪ Lack of capacity and skills. ▪ HR skill mix. ▪ Ground realities should be kept in mind. 	Assessment of capacity and skill mix of health care providers.	Advocacy for HR issues based on existing data.
	Assessment of deployment and barriers to proper posting.	Posting post-graduate training in rural areas.
Nutrition		
<ul style="list-style-type: none"> ▪ Poor nutritional status of mothers and newborns. ▪ PINS survey report ▪ National Nutritional Survey. 	Viable models for improving nutritional status of mothers and newborns	Advocacy for improving nutritional status of mothers and newborns
	Packaging of nutrition interventions and its incorporation at the PHC level.	Need for advocacy with health care providers for addressing nutritional issues, specifically for MNH
Health Care Financing		
<ul style="list-style-type: none"> ▪ Lack of financial resources. ▪ Resource allocation according to needs. ▪ Equity. ▪ Barriers to efficient availability of financial resources. 	Assessment of financial fund flow mechanisms.	
	Assessment of alternate financial fund flow mechanism models for addressing equity in health in the context of Balochistan.	
Family planning		
<ul style="list-style-type: none"> ▪ Access/coverage of family planning services. ▪ Need for advocacy. 		Functional integration of family planning services by the department of population welfare and department of health
Miscellaneous		
<ul style="list-style-type: none"> ▪ Socio-cultural issues. ▪ Gender issues. 	Advocacy for addressing MNH issues in context of socio-cultural barriers and gender issues	

STEP 3 : SUMMARY OF THE SCORES ACHIEVED	
RESEARCH GAPS AND NEED FOR EVIDENCE	SCORE ACHIEVED
Assessment of capacity and skill mix of health care providers.	256
Assessment of deployment and barriers to proper posting.	256
Viable models for improving nutritional status of mothers and newborns.	256
Packaging of nutrition interventions and its incorporation at the PHC level.	256
Assessment of referral and communication system at various level facilities.	192
Assessment of known or existing PPP models followed by advocacy for scaling up.	192
Why poor utilization of services specifically for EmONC (supply and demand)?	144
Operational research for implementing minimum service delivery standards focusing on MNH including its development, scalability and sustainability.	144
Models for improving utilization of public sector facilities for improving MNH.	108
Assessment of financial fund flow mechanisms.	108
Detailed review of various vertical / parallel programmes as regards functional integration at various services delivery levels (primary, secondary, and tertiary).	81
Assessment of alternate financial fund flow mechanism models for addressing equity in health in the context of Balochistan.	81
ADVOCACY OPPORTUNITIES	SCORE ACHIEVED
Advocacy of existing model for improving maternal and newborn health for adopting or scaling up.	256
Advocacy for improving monitoring and supervision.	256
Functional integration of family planning services by the department of population welfare and department of health.	256
Need for advocacy with health care providers for addressing nutritional issues, specifically for MNH.	192
Advocacy for consumer rights in MNH.	144
Posting post-graduate training in rural areas.	144
Advocacy for transparency in terms utilization of services.	81
Advocacy for addressing MNH issues in context of socio-cultural barriers and gender issues.	81
Advocacy for HR issues based on existing data.	54
Advocacy for improving nutritional status of mothers and newborns.	44