



Research & Advocacy Fund

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

Gilgit Baltistan

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
EmONC	Emergency Obstetric and Neonatal Care
FATA	Federally Administered Tribal Areas
FP	Family Planning
GB	Gilgit Baltistan
GoP	Government Of Pakistan
HR	Human Resource
HSRU	Health Sector Reform Unit
IMR	Infant Mortality Rate
KPK	Khyber Pakhtunkhwa
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.

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.

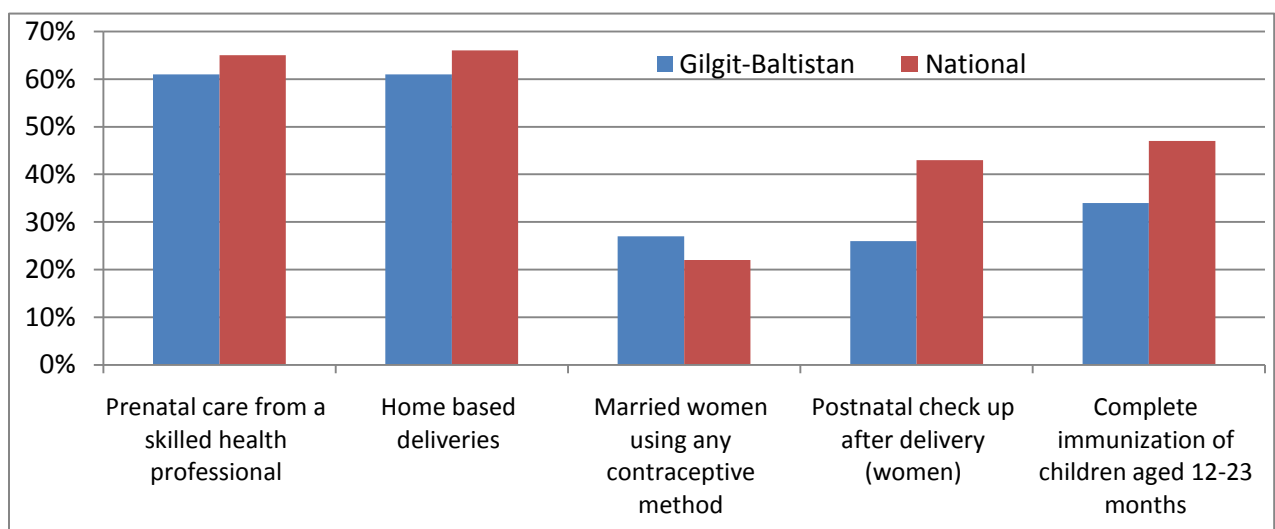
2. Gilgit Baltistan –Maternal and Newborn Health Status

The comparison of socio-economic and health indicators of GB with the National indicators are as follows:

Table 1. Health Indicators of GB

Characteristic	Gilgit Baltistan	National
Per capita Income	US \$350	US \$1046
Literacy rate	38%	56%
Population Doctor Ratio	1:4100	1:1183
Maternal Mortality Rate	600/100000	272/100000
Total Fertility Rate	4.6 children per woman	3 children per woman

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



Source: Gilgit and Baltistan DHS 2008, PDHS 2006-07

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 GB. 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 Gilgit Baltistan.

- a. In reference to **access and coverage**, the major gaps recognized were the barriers to access the MNH services. Access to services is one of the important component which can result in better utilization of services, particularly by the poor and vulnerable especially women and children and it is a major challenge in case of GB due to the geographically difficult terrain.

- b. Furthermore, emphasis was made that **quality of care** needs improvement and is another issue which is a hindrance in achieving desired MNH goals.
- c. It was proposed that the **ratio of community midwives** is not adequate considering the population of GB. This can be improved by either increasing the CMW/population ratio or by providing adequate incentives to the CMWs for improving the quality of services provided by them.
- d. Moreover, there is a need to find ways for **better utilization of the existing health care providers (HCPs)** and facilities in GB within the public sector with respect to competency, availability and motivation.
- e. Apart from the issues of access and utilization of services the **management capacity** of the personnel is another issue. There is a dire need for adequate training of management.
- f. **Maternal and new born nutrition** is another important under focused area and needs to be focused for improving the overall health of mother and newborns in GB. For this national nutrition survey has been proposed to be utilized for advocacy and evidence.
- g. In addition to all the above issues, one of the important barriers for accessing the MNH services is the financial aspect. There is a need to identify the extent to which the **financial barriers** restrict the access to MNH services

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 following problem statements for improvement of MNH status in GB;

1. There are barriers to accessing MNH services in GB.
2. There is lack of adequate coverage of the population by the CMWs.
3. There is inadequate capacity for management.
4. The nutritional status of the women and children is under focused.
5. There are issues regarding the financing of MNH Services.

The list of the identified research and advocacy gaps and the MNH priority themes are summarized in the Annexure IV

5.3 Setting priority for research and advocacy opportunities

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

The main research and advocacy opportunities identified through consensus are;

1. How existing HCPs/facilities in GB can be effectively utilized within the public sector, with respect to competency/skills, availability and motivation.
2. What is the population: CMW ratio (e.g. 1CMW/1UC) and how it can be improved
3. What are the barriers to accessing MNH services?
4. How much do financial barriers restrict/influence access to MNH Services?
5. What are the different models for marketing of CMWs in community?
6. National Nutrition Survey to be utilized for advocacy and/or evidence.
7. Need for advocacy of Incentive/motivation mechanism.

8. Advocacy opportunity for coordination and integration amongst various programs/service providers post-devolution.

6. Prioritized Research and Advocacy Opportunities

The participatory discussion exercise was concluded by sharing the final 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 maybe funded by RAF in GB; followed by summary of 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
How existing HCPs/facilities in GB can be effectively utilized within the public sector, with respect to -Competency/skills. -Availability. -Motivation.	81	Coordination and integration amongst various programs/service providers post-devolution.	108
Population: CMW ratio (e.g. 1CMW/1UC).	72	Marketing of CMWs in community	54
What are the barriers to accessing MNH services?	72	National Nutrition Survey to be utilized for advocacy and/or evidence.	36
How much do financial barriers restrict/influence access to MNH Services	54		
Incentive/motivation mechanism.	12		

7. Conclusion

The provincial consultation highlighted management issues as imperative research and advocacy areas. The participants stressed the need for exploring factors influencing health facilities and health care providers in relation to competency, skills, availability and motivation and incentives. Financial barriers, low CMWs/ population ratio are aspects that need to be researched for their role in restricting MNH services.

Advocacy need for coordination and integration amongst various programs in post devolution scenario and nutritional surveys were also emphasized by the participants.

Annexure

Annexure I. Agenda of the meeting

Provincial Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Gilgit Baltistan Date: 13 th September 2011 Venue: Marriot Hotel , Islamabad	
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 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. Behram Khan	Provincial Programme Coordinator MNCH	MNCH Programme
2	Dr. Shabbir	Assistant Director MNCH	MNCH Programme
3	Dr. Sartaj	Assistant Director MNCH	MNCH Programme
4	Dr. Shamsheer Ali	Deputy Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
5	Dr. Israr Hussain	District Health Officer (DHO) - Gilgit	Provincial Health Directorate
6	Dr. Sadiq Shah	District Health Officer (DHO) - Asthore	Provincial Health Directorate
7	Dr. Abid Hussain	GM	Aga Khan Health Services
8	Dr. Rizwan Ali	Programme Manager	Rahnuma-FPAP
9	Dr. Qayyum Ali Noorani	Program Manager	Aga Khan Foundation
10	Dr. Saadia Shabbir	SPO-Health	Aga Khan Foundation
11	Dr. Inam Kazmi	Health Expert	Freelance consultant
12	Mr. M. Afzal Khan	President	Huqooq ul Ibad Welfare Association
13	Dr. Safi	PC - GB, AJK	TRF

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	Barriers to access
Quality Of Care	There is a lack of adequate coverage of CMWs to all the needy population.
Management	Training availability
Maternal/Neonatal Nutrition	National Nutrition Survey to be utilized for advocacy and/or evidence.
Financing Of MNH Services	How much do financial barriers restrict/influence access to MNH services?

STEP 2: Research gaps and Advocacy opportunities		
Specific MNH Priority	Research Gaps And Need For Evidence	Advocacy Opportunities
Barriers to access	What are the barriers to accessing MNH services?	
There is a lack of adequate coverage of CMWs to all the needy population.	Population: CMW ratio (e.g. 1CMW/1UC).	Marketing of CMWs in community.
	Incentive/motivation mechanism.	
Management	How existing HCPs/facilities in GB can be effectively utilized within the public sector, w.r.t. -Competency/skills. -Availability. -Motivation.	Coordination and integration amongst various programs/service providers post-devolution.
Maternal/Neonatal Nutrition		National Nutrition Survey to be utilized for advocacy and/or evidence
Financing of MNH Services	How much do financial barriers restrict/influence access to MNH Services	

STEP 3: Summary Of The Scores Achieved	
Research Gaps/Needs	Scores Achieved
How existing HCPs/facilities in GB can be effectively utilized within the public sector, w.r.t. -Competency/skills. -Availability. -Motivation.	81
Population: CMW ratio (e.g. 1CMW/1UC).	72
What are the barriers to accessing MNH services?	72
How much do financial barriers restrict/influence access to MNH Services	54
Marketing of CMWs in community.	54
Advocacy	Scores Achieved
Coordination and integration amongst various programs/service providers post-devolution.	108
National Nutrition Survey to be utilized for advocacy and/or evidence.	54
Incentive/motivation mechanism.	12