



Research & Advocacy Fund

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

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.

CONTENTS

1. Introduction and background	5
1.1 RAF’s Role in MNH	5
1.2 Socio-economic, Demographic and Health Indicators.....	6
2. Aim and Objectives	7
3. Methodology	7
4. Summary of findings	8
4.1 Province Specific Priority issues/challenges influencing MNH	8
4.1.1 Barriers to Access	8
4.1.2 Quality of Care.....	8
4.1.3 Management Issues	9
4.1.4 Governance and Accountability	9
4.1.5 Human Resource	10
4.1.6 Health Care Financing	10
4.1.7 Family Planning Needs	10
4.1.8 Nutrition	10
4.1.9 Knowledge Management	11
4.2.1 Research Opportunities.....	11
4.2.2 Advocacy Opportunities	11
4.2.3 Consensus on Research opportunities	11
4.2.4 Consensus on Advocacy opportunities	12
5. Conclusion.....	12
Annexure I. Agenda of the Meeting	ii
Annexure II. Methodology.....	iii
Annexure III. List of Participants.....	v
Annexure IV. Thematic areas of prioritised issues	ix
Annexure V. Research Opportunities in Regions/Provinces.....	xiv
Annexure VI. Advocacy Opportunities for RAF funding.....	xvii
Annexure VII. Consensus on Research opportunities.....	xix
Annexure VIII. Consensus on Advocacy opportunities	xx
Annexure IX. Provincial reports	xxi

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
PAC	Post Abortion Care
PPP	Public Private Partnership
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.

Since maternal and child mortality is considered to be not just a cause but also an effect of poverty, substantial decline in its magnitude becomes one of the key policy aims for improving the general well-being of a developing economy. Health policies within the context of maternal health have not been able to achieve encouraging results. High maternal mortality rate is a matter of serious concern. Preventing maternal deaths requires the right combination of investment and public health policies to keep women healthy during pregnancy. 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 poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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 Department for International Development (DFID) and Australian Agency for International Development (AusAID) with the aim to support research and advocacy initiatives to influence pro-poor policy and practice reform related to maternal and newborn health (MNH).

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 recognising the need to support grantee work at the provincial level and to fund work in provinces/regions where it has not previously worked (particularly hard to reach areas) held a series of stakeholder consultations throughout Pakistan. The purpose of the consultations was to identify

¹ F.F. Fikree, R.H. Gray, H.W. Berendes, M.S. Karim A community-based nested case-control study of maternal mortality; *International Journal of Gynecology & Obstetrics* 47:13, December 1994, 247-255.

provincial and regional MNH priorities, research gaps and needs for evidence and/or advocacy opportunities with key stakeholders from that province/region.

1.2 Socio-economic, Demographic and Health Indicators

Even though, consolidated efforts of the Government and donors have resulted in a significant decline in the overall mortality rates during the last few decades, yet infant and child mortality remain quite high. To complicate the issue further, some of the provinces have maternal and child mortality rates that are even higher than the national figures. This is especially true for the province of Balochistan and Gilgit Baltistan (GB) which are lagging behind the rest of the provinces.

The comparison of all the provinces along with the national figures and MDG targets to be achieved are summarised in the table 1.

Table 1. Summary of Provincial MNH Health Indicators

Characteristic	MDG Targets 2015 ²	National	AJK	Balochistan	GB	KPK	Punjab	Sindh
Maternal Mortality Ratio/100000 live births	140	272	201	785	600	271	227	314
Neonatal Mortality rate /1000 live births	-	54	62	72	-	41	81	81
Child Mortality rate /1000 live births	52	94	96	89	-	101	97	101
Total Fertility Rate children per woman	2.1	4.1	4.0	4.1	4.6	4.3	3.9	4.3

Source: PDHS 2006-07

Apart from that if we take into account MDG targets to be achieved by 2015, the provincial indicators show a vast disproportion in the figures. While the national indicators show a better rate of maternal and neonatal mortality rates, the provinces of Balochistan and GB are so far behind that it seems an impossible task to bring them close to the national indicators. Sindh is no exception with its very high maternal mortality ratio and it also holds the highest neonatal and child mortality rates. The province of Khyber Pakhtunkhwa (KPK) and Punjab are making steady progress; their MMR are lower than the national rates with Azad Jammu and Kashmir (AJK) taking the lead with maternal mortality ratio being lower than the national ratio. The province of Khyber Pakhtunkhwa has the lowest neonatal mortality rate, even lower than the national one. However, no province is in any way close to achieving the MDGs targets that the Government aspires to achieve.

² Millennium development goals targets 2015. Pakistan Millennium development goals report Planning Commission Centre for Research on Poverty Reduction and Income Distribution Islamabad September 2005

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

3. Methodology

A series of consultative meeting were held in all the provinces with major stakeholders from public and private sector including representatives from departments of Maternal, Newborn and Child Health (MNCH), Health Sector Reform Unit (HSRU), research institutions and Non-Governmental Organisations (NGOs) working on maternal and newborn health. A total of six provincial and regional consultative meetings were held at Bhurban, Muzaffarabad, Lahore, Quetta, Karachi, and Islamabad. The core agenda of the meetings can be viewed for each of the meetings at *Annexure I* with the complete list of participants at *Annexure II*.

Participatory approach was followed during the consultative meetings by first sharing the current MNH status of the respective provinces followed by citing some examples which may be considered in context of post devolution scenario. The main steps for prioritising 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 issues were then re-grouped under various thematic areas for further discussion and reaching a consensus. These prioritised 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 thematic areas) was further discussed so as to determine existing evidence for the causes of that particular problem; alternatively the operational research needed to address the identified problem, 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 given a scores of 1 - 4 (where 1 was lowest and 4 was highest) based on their

- Potential for impact;
- Addressing equity Issues;
- Scalability and ;
- Policy practice implications.

The methodology followed for all the six provincial and regional meetings is given in detail in *Annexure III*.

4. Summary of findings

Main findings are discussed below:

4.1 Province Specific Priority issues/challenges influencing MNH

The meetings with the stakeholders highlighted the fact that that all the provinces face similar challenges influencing MNH, although at varying levels of intensity. For details on prioritised issues influencing MNH in the respective provinces please refer to *Annexure IV* and for individual provincial and regional reports refer to *Annexure V*.

Some of the common issues related to MNH as identified by the participants in the provincial and regional discussions are given as follows:

4.1.1 Barriers to Access

Barriers to access to healthcare facilities were identified as a key challenge by the participants in the provincial and regional consultation meetings. As expected different regions/provinces, highlighted different dominant barriers in accessing care e.g. challenges in commuting (due to difficult terrain) and distance were identified as a key challenges by stakeholders from Gilgit-Baltistan, Balochistan and FATA and inadequate health facility coverage was reported in Punjab, FATA and Khyber Pakhtunkhwa.

a. Disparity between supply and demand

Discrepancy on both demand and supply side was flagged as a major theme during the consultations. Coordination gaps resulting in disparity between supply and demand are a major cause of barrier to accessing MNH services. This is especially true for AJK where this issue was raised by all the participants. Non availability of service or insufficient services (especially EmONC services) was also highlighted. Lack of education and awareness in the community was further identified to be creating complications in the provinces.

b. Coverage of MNH services

Access to services is a major challenge in case of Gilgit Baltistan (GB) due to the geographically difficult terrain, particularly by the poor and vulnerable especially women and children. Challenges in addressing MNH needs in conflict areas and discrepancy in coverage is also reported in Punjab, FATA and Khyber Pakhtunkhwa.

c. Financial barriers

Financial barriers were identified as one of the important barriers for accessing the MNH. Lack of adequate financial resources and inappropriate resource allocation was flagged by all provinces and especially by AJK. The need to understand and identify the actual extent to which the financial barriers restrict the access to MNH services was highlighted.

d. Socio-Cultural restrictions

Socio-cultural issues such as reluctance of females to be examined/treated by male healthcare providers, particularly in the regions of FATA and Khyber Pakhtunkhwa was also identified as a source of underutilisation of public facilities. There is also the issue of lack of female health providers across all the provinces that further complicate this issue.

4.1.2 Quality of Care

Poor quality of care in terms of technical capacity, service delivery and management was highlighted by the participants of all provinces. It was identified that standards of MNH services, quality of the services offered and

the regulatory mechanisms are weak. Participants in Sindh flagged that although there are number of Protocols/SOPs/Standards available regarding family planning (FP), pregnancy care, essential newborn care (ENC) and postnatal care services, barriers remain in implementing these protocols for uplifting of the quality of services. The participants in AJK were of the opinion that quality of care can be improved by adequate training of the providers, following of appropriate standards and optimal utilisation of skills in the facility. The stakeholders in Punjab felt strongly that there may be low cost interventions that can improve the quality of care.

4.1.3 Management Issues

The participants of the consultations flagged the following issues related to management as the primary causes of inadequate management.

a. Monitoring and evaluation

Weak or non-existent monitoring and evaluation systems are considered as an important factor causing inadequate management and was highlighted by participants in all consultations.

b. Integration of MNCH related programmes

The most important issue discussed in the post devolution context was the lack of integration of the existing system and especially the MNCH related programmes (parallel programmes such as PPHI, MNCH, RH vertical programmes). This problem was also highlighted by participants from Balochistan.

c. Inadequate capacity

Inadequate capacity, faulty management design along with inadequate planning and coordination, resulting in unnecessary delays in the execution of projects, was considered an important factor leading to poor management. The participants from Sindh and Khyber Pakhtunkhwa are of the opinion that the different management approaches and practices in both public and private institutions need to be explored to provide evidence for better management.

4.1.4 Governance and Accountability

Governance and accountability was agreed to be an important factor influencing MNH indicators in Pakistan. All the participants stressed on the need for improvement in governance, especially in the context of devolution. It was recognised that poor planning along with corruption, lack of accountability and political interference are leading to poor governance in all the provinces. Enhanced political commitment and introduction of equity and rights based approach was considered imperative for improvement in MNH services. Some of the issues influencing governance and accountability are as follows;

a. Lack of policy

Lack of policy/strategy for accreditation and accountability, was identified as an important factor leading to governance and accountability issues. Participants from Sindh especially mentioned that that no regulatory body exists in Sindh to tackle this issue. Implementation of legislation was another challenge flagged by participants from Sindh. Participants from AJK also stressed the need for introduction of accountability framework and institutionalisation of MNH departments.

b. Public private partnership

The participants from the province of Balochistan expressed the need for a public private partnership model in Balochistan. It was also emphasised that contracting in/out can result in better governance, a factor highlighted by participants in Punjab.

4.1.5 Human Resource

Human resource lays the foundation for provision of services. It was highlighted that the capacity building approaches are extremely under focused and is one of the major challenges to improve MNH. Following are some issues surrounding human resource;

a. Human Resource Management

Lack of healthcare providers, especially female staff in health facilities was highlighted as an ongoing challenge by the participants. Staff retention and motivation, especially in rural and remote areas were identified as key challenges by all provinces. Stakeholders in Balochistan, Khyber Pakhtunkhwa and Federally Administered Tribal Area (FATA) highlighted the importance and the need of female health care providers for improving MNH indicators. Lack of skilled staff and inadequate capacity of the existing staff was also identified during the consultation meeting in Sindh.

Participants from the province of Balochistan emphasized the need to explore possible solutions to overcoming the Dearth of female health providers in the long run. Efficient human resource management, either through capacity building or motivation problem incentives can result in better coverage as well as quality of services. This issue is also of high importance for improving MNH in Khyber Pakhtunkhwa and FATA. In the province of GB, it was proposed that the ratio of community midwives is not adequate considering the population of GB, it was suggested that this may 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.

b. Lack of Integration of Community Mid Wives

The issue of integration of community mid wives (CMWs) and lady health workers (LHWs) remains to be addressed. Participants in Punjab raised this issue and were of the opinion that solution to this problem could possibly also resolve the issue of dearth of female health care providers. The other issues like deployment, training and marketing of CMWs -a newly introduced cadre in health was also pointed out by the participants in Khyber Pakhtunkhwa.

4.1.6 Health Care Financing

Health care financing is another important issue that was raised by the participants in the consultations, especially in Punjab. Role of government, implementers, financers etc were considered to be important for this issue. It was recognised that providing adequate models for community financing specifically for MNH and Family Planning services can result in better affordability of the services by the community.

4.1.7 Family Planning Needs

Family planning was brought forward as another important area of MNH in the discussion. The participants of AJK and Balochistan raised the importance of male involvement in family planning (FP) and failure to address the issues of youth fertility. Other FP related issues were low contraceptive prevalence, low access and coverage of FP services and overlapping of the FP services.

4.1.8 Nutrition

Poor nutritional status of mothers and newborn is another major issue recognised by the participants. The need for nutrition related interventions and research that focus on the dietary practices of pregnant and lactating women was identified. Information and advocacy regarding mothers and newborn was stressed by the participants from all the provinces.

4.1.9 Knowledge Management

There was agreement amongst all participants on the need for better knowledge and information sharing for better understanding of MNH issues and challenges and for more evidence based interventions. The need for secondary analysis of the available data and sharing of case studies was also highlighted as an important and needed step towards improved MNH status in Pakistan.

4.2 Research and advocacy opportunities in Provinces for RAF funding

The discussions on the individual issues and challenges of the respective provinces identified a number of research and advocacy opportunities. A brief description of the research and advocacy opportunities is given below; further details can be viewed at *Annexure VI* and *Annexure VII*.

4.2.1 Research Opportunities

Health seeking behaviour is flagged as an important opportunity of research in all the provinces. The influence of perceived low quality of the public facilities and lack of communication between the providers and the clients are some of the issues that need to be explored in the context of this research area.

The special MNH requirements of conflict hit areas like FATA and Khyber Pakhtunkhwa need to be explored through research for better understanding of the impact of the changing law and order situation on the overall physical and mental health of the women and children.

4.2.2 Advocacy Opportunities

Scalability of the successful MNH projects is declared to be a less focused area for advocacy. The participants of all the provinces also expressed a dire need for mapping of MNH as rights based approach at the community level. Equity issues were also highlighted by Punjab.

The participants in Khyber Pakhtunkhwa stressed the need for evidence on the influence of monitoring on improved quality of care. Responsiveness and reflective processes in managing projects/programs are other areas that can be advocated for their effect on quality of care. The participants of Punjab are of the opinion that advocacy on cost effective and efficient approaches can help in better management of services, ultimately leading to improved service delivery.

The participants of the consultations were of the opinion that these research and advocacy opportunity areas will help in proposing a legislative framework that can contribute to improved governance.

After thorough comparison and analysis of the all the research and advocacy opportunities described above; following similarities in research and advocacy areas are identified for improving MNH status in all the provinces of Pakistan.

4.2.3 Consensus on Research opportunities

Health care financing is one of the key areas recognized by majority of the provinces. Introducing new health care financing models and overcoming financial barriers such as delays in releasing the budgets can result in better output of services. Scaling up of already tested models should also be carried out for improving the MNH services. Setting benchmark for quality of care and addressing supply and demand issues for accessing the services were other similarities recognized by three of the provinces. Health seeking behaviour of the population along with proper management of human resource particularly availability of female health staff are other similar issues recognized in Balochistan and AJK

The matrix of the comparison of research area similarities among all the six provinces is given in *Annexure VIII*.

4.2.4 Consensus on Advocacy opportunities

Improvement of mother and child nutritional status by using evidence based approach and implementation of successful interventions is a key advocacy opportunity recognized by most of the provinces. In addition, the provinces of GB, Balochistan and Khyber Pakhtunkhwa and FATA were in agreement regarding appropriate management of HRH including deployment, motivation, incentives etc

Punjab, GB and Khyber Pakhtunkhwa suggested advocacy for integration of MNH programmes for improving MNH status. It was recommended by stakeholders of Punjab, Balochistan and Khyber Pakhtunkhwa that rights based approach for MNH should also be taken up.

It should be highlighted here that the research and advocacy needs of Sindh are entirely different from other provinces and its implication for future research and advocacy should be given due consideration.

Comparison of advocacy areas identified in the six provinces is given in *Annexure IX*.

5. Conclusion

Based on RAF's provincial and regional consultation meetings with MNH stakeholders from civil society, public and private sectors officials, academics and civil society organizations, the stakeholder identified the following priority issues for research and advocacy, further understanding and work on which have the greatest potential to bring about change and progress. These are:

1. **Health Care Financing** is one of the most pertinent issue in terms of its importance as a research and advocacy issue, and also as a source of rich discussion among the participants. The need for exploring alternate sources of financing and community funds for MNH, scaling and scalability of viable models is flagged by all the participants. Contracting in and out and other workable management models need to be researched and advocated as options for better management
2. **Human Resource for health** is another pertinent issue debated by the participants. The issues regarding motivation, retention and deployment along with barriers to application of skills are areas for research in relation to their relevance related to management issues and quality of care, as well as an advocacy opportunity. The participants also highlighted the need for successful models for improving availability of HRH to be advocated as evidence.
3. **Management** related issues like monitoring and evaluation, governance and accountability reflective processes in managing programmes, and public private partnerships are key areas highlighted for research and advocacy of monitoring in legislative framework needs to be advocated for future.
4. **Nutritional status of Mothers and Newborn** is another significant research area in terms of needs and advocacy. The participants stressed the need for advocacy of results of National Nutritional Survey and the translation of these results in interventions aimed at improving MNH as well as adolescent health.
5. **Barriers to Access** in terms of low perceived quality and under utilization of the health care facilities, gaps in supply and demand along with non availability of skilled staff especially female health care providers are areas that need exploration as well as advocacy.

RAF hopes to contribute to building a more rigorous understanding of the priority issues, research gaps and opportunities surrounding maternal and child mortality, and support policies and practices that can bring about transformational change.

It should be flagged here that the scoring method utilised (for identifying the prioritized opportunities) was consultative and therefore subjective. In order to finalise priorities RAF will have to consider its own priority focus and agenda and further discuss the priorities with Federal level stakeholders and other development partners.

Annexure

Annexure I. Agenda of the Meeting

Provincial & Regional Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy	
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 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 prioritised opportunities
	Next steps
	Vote of Thanks and Wrap-up
13:30	Lunch

Annexure II. 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 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 III. List of Participants

	NAME	DESIGNATION	DEPARTMENT
KPK and FATA			
1	Mr. Masood ul Mulk	Chief Executive Officer	SRSP
2	Dr. Faisal Siraj		Association for Community Development
3	Dr. Nazish	Consultant	HDP Swabi
4	Dr. Shahida Sultan	Education Advisor for NIDA Pakistan	National Integrated Development Association
5	Dr. Begum Jan	Chairperson	Tribal Women Welfare Association
6	Dr. Maryam Bibi	CEO	Khwendo Kor
7	Ms. Shazia Noreen	Manager Education	Sungi Development Foundation
8	Dr. Irshad Danish	Manager	SPARC
9	Dr. Zohaib Khan	Assistant Director, KMU	Khyber Medical University
10	Dr. Rashid Ahmed	Additional Secretary Population Welfare	Department of Population Welfare
11	Dr. Abdul Rashid Khattak	Director	Provincial Health Services Academy
12	Dr. M. Riaz	Coordinator	Health Sector Reforms Unit
13	Dr. Pervaiz Kamal	MNCH Provincial Coordinator, FATA	Provincial MNCH Program
14	Dr. Emel Khan	Director	FPHC Mardan
15	Dr. Rehman Khattak	Provincial Coordinator	TRF
16	Ms. Seema	Social Dev. Direct	Consultant
17	Dr. Haroon Rasheed Afridi	MNCH officer	WHO
18	Dr. Zalmey Shahy	Consultant	TWWA
Gilgit Baltistan			
19	Dr. Behram Khan	Provincial Programme Coordinator MNCH	MNCH Programme
20	Dr. Shabbir	Assistant Director MNCH	MNCH Programme
21	Dr. Sartaj	Assistant Director MNCH	MNCH Programme
22	Dr. Shamsheer Ali	Deputy Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
23	Dr. Israr Hussain	District Health Officer (DHO) - Gilgit	Provincial Health Directorate
24	Dr. Sadiq Shah	District Health Officer (DHO) – Asthore	Provincial Health Directorate
25	Dr. Abid Hussain	GM	Aga Khan Health Services
26	Dr. Rizwan Ali	Programme Manager	Rahnuma-FPAP
27	Dr. Qayyum Ali Noorani	Program Manager	Aga Khan Foundation
28	Dr. Saadia Shabbir	SPO-Health	Aga Khan Foundation
29	Dr. Inam Kazmi	Health Expert	Freelance consultant
30	Mr. M. Afzal Khan	President	Huqooq ul Ibad Welfare Association
31	Dr. Safi	PC - GB, AJK	TRF
Sindh			
32	Dr Muhammad Shahid Ansari		Provincial Health Development Centre
33	Dr. Waqar Ahmed	Project Director	Provincial Health Development Centre
34	Mr. Alam Farid	DGM Research	Greenstar
35	Dr. Allya Ali	Head of Training	Greenstar
36	Mr. Naveed Aamir	Economist	SPDC
37	Ms. Mariam Kamal	Project Coordinator	HOPE
38	Dr. Dure-Samin Akram	Chairperson	HELP
39	Dr. Rozina Mistri	Country Director	AKHSP

40	Ms. Sheena Hadi	Director	Aahung
41	Ms. Sabina Ansari	Advocacy Specialist	MSS
42	Dr. Khurram Azmat	Senior General Manager	MSS
43	Hammad Majid	Coordinator	SAFHR
44	Ruqayya Talpur	Director RCH/MCH	Directorate General Health Sindh
45	Dr. Yasmin Qazi	Senior Country Advisor	Packard Foundation
46	Attiya Inaam Khan	Manager Communication	TRDP
47	Sahib Jan Bader	Provincial Program Coordinator MNCH Program	MNCH Program
48	Rafat Jan	Director	AKU School of Nursing
49	Dr. Abdul Rehman Pirzado	Focal Person	WHO
50	S. Shyaat H. Zaidi	Senior Social Scientist	AKU School of Nursing
51	Dr. Javed Akhtar Sheikh	Operation Officer	WHO
52	Dr. Sadiqa Jaffery	President	NCMNH
53	Ms. Mehak Ejaz	Researcher	SPDC
54	Ms. Rubina	Professor	Ziauddin Medical University
55	Ms. Shamsa		AKF-CSRC
56	Mr. Abdul Mateen Khan	Programme Officer M&E	PAVHNA
57	Dr. Irfan Ahmed	GM	HANDS
58	Dr. M. Naeem	Executive Director	SBODS
59	Dr. Gul Sheikh	DPD	MNCH Program
		AJK	
60	Dr. Kamal-uddin Soomro	Secretary Health	Department of Health
61	Dr. Masood Ahmed Bokhari	Coordinator – MS RIP	Directorate of health
62	Dr. Sardar Mehmood	Provincial Program Coordinator MNCH Program	MNCH Programme
63	Dr. Farhat Shaheen	Deputy Director MNCH	MNCH Programme
64	Dr. Farhat Khalid	Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
65	Dr. Bilal Zafar	Public Health Specialist	MNCH Programme
66	Dr. Yasmin Abdullah	Principal	In-service Training School, Abbass Institute of Medical Sciences
67	Kh. Nisar	Office In charge	UNICEF
68	Mr. Humaira Irshad	Health Officer-MNCH	UNICEF
69	Mr. Farooque	PC Literacy	NCHD
70	Mr. Rashid Mir	DDO	UNFPA
71	Dr. Bushra Shams	Technical Advisor	UNW
72	Dr. M. Safi	Provincial Coordinator, AJK & GB	TRF
73	Mr. Mubashar Nabi	Chief Executive	Children First
74	Dr. Shahzad	Principal Investigator	Children First
75	Ms. Samra Bukhari	Programme Manager	Hamza Development Foundation
76	Mr. Saeed Abbasi	Regional Officer	TVO
77	Prof. Taqdees Gillani	Chairperson	Helping Organisation For Peoples' Equality
78	Ms. Saima Suleman	Coordinator	Crescent Development Foundation
79	Dr Muhammad Ishaq Khan	Health Expert	SERVICES Organisation AJK

80	Begum Shagufta Mustafa		Youth Academy of Pakistan
81	Ms. Syeda Anika	Coordinator	WWOP
82	Dr. Qaiser Pasha	health Advisor	AusAID
83	Mr. Ajmal Elahi	Programme Manager MER	AJK Rural Support Programme
84	Ms. Komal Akbar	M&E Officer	MNCH, AJK
Punjab			
85	Shamshad Quereshi	Senior Consultant	Contech International Health Consultants
86	Prof. Aman ullah Khan	Professor & Head	Fatimah Memorial Medical College
87	Dr. Qamar Salman	Provincial Coordinator	TRF
88	Dr. Shabnum Sarfraz	Technical Advisor	Nur Centre for Research & Consulting
89	Mr. Shobrow khan	Programme Officer	USAID GEP
90	Dr. Naeem Mahjeed	Advisor	LHW Programme
91	Dr. Akhtar Rasheed	Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
92	Dr. Jamil Ahmad Ch.	Provincial Coordination Officer	UNFPA
93	Mr. Farasat Iqbal	Programme Director,	Health Sector Reforms Unit (HSRU)
94	Dr. Syeda Zahida Sarwar	Acting Provincial Program Manager	Provincial MNCH Program
95	Mr. Mansoor Ahmed	DD M&E	PHSRP
96	Dr. Emma Varley	Assistant Professor (Anthropology)	Lahore University of Management Sciences (LUMS)
97	Ms. Iqna	Project Officer	Nur Centre for Research & Consulting
98	Mr. Tariq Mahmood	Consultant	Ashok
99	Mr. Mubarak Ali	Executive Director	Association for Gender Awareness and Human Empowerment
100	Ms. Urooj Virk	Programme Officer	Association for Gender Awareness and Human Empowerment
101	Dr. Majed Latif	PO MNCH	WHO
102	Mian M. Farooq	Zonal Coordinator	Greenstar
103	Dr. Sumera Saghir	Deputy Manager	Greenstar
104	Mr. Awais Gulshan	MSS	Regional Manager
105	Ms. Zakia Arshad	Manager Advocacy	South Asia Partnership (SAP-PK)
106	Ms. Ain ul	Research Fellow & Assistant Prof.	General Hospital & IPH
107	Dr. Saman Yazdani	Director	Centre for Health and Population Studies
108	Ms. Nabila Malick	Director ARM	Rahnuma-FPAP
109	Dr. Narmeen Altaf	Chairperson	Centre for Education and Consciousness
110	Dr. Tayyaba Butt	Associate	SIMS
111	Dr. Shahida Zaman		Health Department
112	Dr. Zareef uddin Khan	NPO	WHO
113	Mr. Omar Aftab	Executive Director	Women's Empowerment Group
114	Dr. Qutbuddin	NPO	WHO
115	Dr. Babar Alam	MNCH officer	WHO
Balochistan			
116	Mr. Asmatullah Kakar	Department of Health	Secretary Health
117	Dr. Masood Noshewani,	Provincial Health Directorate	DG-Health Services
118	Dr. Nabila sultan	Provincial Health Directorate	Director MNCH
119	Dr. Dawood Jomezai	Provincial MNCH Program	Provincial Coordinator

120	Dr. Noor Qazi	Provincial Program for Family Planning and Primary Health Care	Provincial Coordinator
121	Mr. Zoheb Qasim	Provincial Nutrition Cell	Provincial Coordinator, Nutrition
122	Dr. Ali Nasir Bugti	Provincial Nutrition Cell	Deputy Director
123	Mr. Zafar Buledi	Additional Secretary	Population Welfare Department
124	Dr. Zulfiqar Baloach	PC Hepatitis Programme	Health Department

Annexure IV. Thematic areas of prioritised issues

THEMETIC AREAS IDENTIFIED BY INDIVIDUAL PROVINCE

PROVINCES	Access/ Coverage	Quality Of Care	Management	Governance/ Accountability	Human Resource For Health	Nutrition	Healthcare Financing	Family planning	Miscellaneous
AJK	✓	✓	✓	✓	✓	✓	✓	✓	✓
BALUCHISTAN	✓	✓	✓	✓	✓	✓	✓	✓	✓
GB	✓	✓	✓			✓	✓		
KPK	✓	✓	✓	✓	✓	✓	✓		
PUNJAB	✓	✓	✓	✓	✓	✓	✓		✓
SINDH	✓	✓	✓	✓	✓	✓	✓		✓



Specific Issues and challenges under identified themes

AJK	Balochistan	GB	KPK	Punjab	Sindh
1. ACCESS & COVERAGE					
<ul style="list-style-type: none"> • Supply • Demand • Gaps in coordination results in mismatch between supply and demand 	<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. 	<ul style="list-style-type: none"> • Barriers to access 	<ul style="list-style-type: none"> • There are barriers to accessing MNH services in KPK and FATA (demand side and supply side) • Demand: Health seeking behavior, acceptability, perceived quality of public services, • Supply: Female HCPs, communication issues, 	<ul style="list-style-type: none"> • Supply side • Demand side (socio-cultural issues) • Evaluation of existing models for scalability/sustainability 	<ul style="list-style-type: none"> • Supply • Demand • Problem of access/coverage of MNH services
2. 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 utilisation ▪ There is a poor quality of care in terms of technical capacity and management. 	<ul style="list-style-type: none"> ▪ Poor quality of care. ▪ Services (infrastructure, equipment). ▪ Training. 	<ul style="list-style-type: none"> ▪ There is a lack of adequate coverage of CMWs to all the needy population. 	<ul style="list-style-type: none"> ▪ Poor quality of care by providers/service delivery points for MNH services 	<ul style="list-style-type: none"> ▪ Service Delivery (standard, package, regulation of promoters and services) ▪ Low cost intervention for improving Quality of Care for MNH services, such as infection control 	<ul style="list-style-type: none"> ▪ Protocols/ SOPs/Standards ▪ CME for licensing ▪ Ethical practices ▪ Pregnancy Care & Post Natal Care (PCPNC) guidelines available ▪ CMAM guidelines ▪ FP guidelines ▪ Essential Newborn care guidelines available.

Specific Issues and challenges under identified themes

AJK	Balochistan	GB	KPK	Punjab	Sindh
3. MANAGEMENT					
<ul style="list-style-type: none"> ▪ Monitoring and evaluation/supervision ▪ Integration ▪ Proper utilisation of resources 	<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. 	<ul style="list-style-type: none"> ▪ Training availability 	<ul style="list-style-type: none"> ▪ The inadequate/improper style or capacity for management ▪ Linkages/Integration. ▪ Management Capacity. ▪ Support System for Management. ▪ Planning and Coordination. 	<ul style="list-style-type: none"> ▪ Integration and networking of the existing system ▪ Cost-effectiveness/cost-efficiency ▪ Integration models ▪ Outsourcing/alternate management models 	<ul style="list-style-type: none"> ▪ Integration of various programs ▪ Alternative models of community health care. ▪ Use of information system (HMIS/DHIS)
4. GOVERNANCE/ ACCOUNTABILITY					
<ul style="list-style-type: none"> ▪ Political commitment ▪ Equity ▪ Rights based approach in health ▪ Accountability framework ▪ Institutionalisation 	<ul style="list-style-type: none"> ▪ Inter-sectoral collaboration. ▪ Poor planning. ▪ Corruption and political interference. ▪ Public Private Partnerships (PPPs) models in Balochistan. 	-	<ul style="list-style-type: none"> ▪ Rights-based Approach ▪ Scalability ▪ Accountability ▪ Political Will ▪ Legislative Framework ▪ Corruption 	<ul style="list-style-type: none"> ▪ Contracting in/out models ▪ Equity issues 	<ul style="list-style-type: none"> ▪ Public private partnership ▪ Accreditation ▪ Accountability ▪ Implementation of legislation ▪ There is a lack of policy/strategy for policy ▪ Lack of regulatory body ▪ Pakistan signatory to UN legislation/treaties



Specific Issues and challenges under identified themes

AJK	Balochistan	GB	KPK	Punjab	Sindh
5. 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. 	<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 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Deployment Training Marketing 	<ul style="list-style-type: none"> Functional integration of CMWs and LHWs Performance based incentives and motivation Capacity of Healthcare Providers. 	<ul style="list-style-type: none"> Capacity building approaches
6. NUTRITION					
<ul style="list-style-type: none"> Nutritional crisis Iron deficiency anemia Breastfeeding. 	<ul style="list-style-type: none"> Poor nutritional status of mothers and newborns. PINS survey report National Nutritional Survey. 	<ul style="list-style-type: none"> National Nutrition Survey to be utilised for advocacy and/or evidence. 	<ul style="list-style-type: none"> Maternal Nutrition Anemia in mothers Psychosocial effects Impact of conflict 	<ul style="list-style-type: none"> Maternal Nutrition Nutritional status for adolescents in secondary and higher secondary schools 	<ul style="list-style-type: none"> Lactation management and feeding practices Adolescents/girls nutrition Malnutrition of Pregnant & Lactating Women (PLW)
7. HEALTH CARE FINANCING					
<ul style="list-style-type: none"> Lack of resources 	<ul style="list-style-type: none"> Lack of financial resources. Resource allocation according to needs. Equity. Barriers to efficient availability of financial resources. 	<ul style="list-style-type: none"> How much do financial barriers restrict/influence access to MNH services? 	<ul style="list-style-type: none"> Transportation Micro-financing 	<ul style="list-style-type: none"> Community based financing Financing of MNH services Financial barriers (from public sector and due to non-regulation of the private sector) Role of the government (financers, implementers, regulators, monitors) Implementation by public sector Affordability by community for seeking MNH services 	<ul style="list-style-type: none"> Health insurance Addressing the three delays

Specific Issues and challenges under identified themes

AJK	Balochistan	GB	KPK	Punjab	Sindh
8. Miscellaneous					
Socio-cultural	<ul style="list-style-type: none"> ▪ Socio-cultural issues ▪ Gender issues 	-	-	<ul style="list-style-type: none"> ▪ Communicating research ▪ What researches and how have they been communicated ▪ Secondary analysis of available research ▪ Case studies of available material/research 	<ul style="list-style-type: none"> ▪ Knowledge management ▪ Illiteracy ▪ Women's status ▪ Child marriages ▪ Post-abortion care ▪ Mid-level health care providers and their empowerment.
9. FAMILY PLANNING					
<ul style="list-style-type: none"> ▪ Low contraceptive prevalence rate ▪ Overlapping of services of family planning. 	<ul style="list-style-type: none"> ▪ Access/coverage of family planning services. ▪ Need for advocacy. 	-	-	-	-

Annexure V. Research Opportunities in Regions/Provinces

AJK

Piloting of various innovative communication models for addressing MNH.
Health seeking behaviours and factors influencing preferences
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?
Models of public private partnership for improving service delivery, specifically for MNH
Family planning Health seeking behaviours, preferences, and potential for duplication, etc.
Pilot/test different models for improving quality of care for scaling up
Determine the benchmarks for quality of care
Assessing scalability of tested models for improving HR
What are the barriers to application of skills by primary level female health care providers

BALUCHISTAN

Assessment of capacity and skill mix of health care providers.
Assessment of deployment and barriers to proper posting.
Viable models for improving nutritional status of mothers and newborns.
Packaging of nutrition interventions and its incorporation at the PHC level.
Assessment of referral and communication system at various level facilities.
Assessment of known or existing PPP models followed by advocacy for scaling up.
Why poor utilization of services specifically for EmONC (supply and demand)?
Operational research for implementing minimum service delivery standards focusing on MNH including its development, scalability and sustainability.
Models for improving utilization of public sector facilities for improving MNH.
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).
Assessment of alternate financial fund flow mechanism models for addressing equity in health in the context of Balochistan.

GILGIT BALTISTAN

How existing HCPs/facilities in GB can be effectively utilized within the public sector, w.r.t <ul style="list-style-type: none"> ▪ Competency/skills.

<ul style="list-style-type: none"> ▪ Availability. ▪ Motivation.
Population: CMW ratio (e.g. 1CMW/1UC).
What are the barriers to accessing MNH services?
How much do financial barriers restrict/influence access to MNH Services
Marketing of CMWs in community.

KPK AND FATA

Institutionalizing MNH care in community investment funds
Mapping of rights based approach for MNH at community level.
Assessment of scalability of 'successful' projects.
Issues/challenges for working as a team amongst LHWs, CMWs, LHV.
The availability of female HCPs.
Responsiveness and reflective processes in managing projects/programs
Impact of conflict on MNH (psychological, access, nutrition, pregnancy outcome).
Satisfaction level of services of HCPs.
Monitoring influencing Quality of Care.
Health seeking behaviour.
What are the financial sustainability options for CMWs
Modelling of nutrition interventions for improving MNH (based upon Lancet series)
Can task shifting improve Quality of Care

PUNJAB

Evaluation of existing models for scalability/sustainability
Management Models for outsourcing/improving services at district level (focusing on MNH)
Mechanism/models for motivation and retention of HCPs
How can equity issues be translated?
Viable models for community financing for MNH, specifically for Family Planning
How to communicate research results to policy makers?
Allocation and expenditure of financial resources at various levels of care specifically for MNH?
Low cost intervention for improving Quality of Care for MNH services, such as infection control
Secondary analysis of 'what works' in research to advocacy in MNH
What are the MNH consequences due to compromised quality of service delivery?
Cultural issues in actualizing equity issues

SINDH

Qualitative research to understand the dynamics of access and demand side issues, focusing on MNH/FP.

Ad-hoc PPP models (best practices) – research outcome for advocacy

How to interface research with advocacy?

Comparative assessment of quality of care between public and private services.

Reviewing the existing models related to empowering community/women, influencing improvement of MNH/FP/Nutrition

Assessing the role and capacity of mid-level providers for post-abortion care (PAC).

Assess barriers/ challenges in implementing protocols/ guidelines.

Role of alternative models having integrated approach for community care for marginalized population.

Reviewing of existing guidelines/ protocols/ standards.

Community perception of services.

Annexure VI. Advocacy Opportunities for RAF funding

AJK

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

BALUCHISTAN

Advocacy of existing model for improving maternal and newborn health for adopting or scaling up.
Advocacy for improving monitoring and supervision.
Functional integration of family planning services by the department of population welfare and department of health.
Need for advocacy with health care providers for addressing nutritional issues, specifically for MNH.
Advocacy for consumer rights in MNH.
Posting post-graduate training in rural areas.
Advocacy for transparency in terms utilization of services.
Advocacy for addressing MNH issues in context of socio-cultural barriers and gender issues.
Advocacy for HR issues based on existing data.
Advocacy for improving nutritional status of mothers and newborns.

GLILGIT BALTISTAN

Coordination and integration amongst various programs/service providers post-devolution.
National Nutrition Survey to be utilized for advocacy and/or evidence.
Incentive/motivation mechanism.

KPK AND FATA

Policy changes with the changing environmental situation especially in IDPs context/terrain/geography.
There is a need for advocacy to integrate programs post-devolution.
MNH as Rights-based Approach for legislation (post 18th Amendment).
Advocacy by Social Mobilization
Role of media in improving access to MNH services.
Proper deployment according to the skill mix and needs.



PUNJAB

Advocacy for minimum service delivery standards with professional bodies

Advocacy for proper utilization of nutrition officers

Allocation and expenditure of financial resources at various levels of care specifically for MNH?

Nutritional status for adolescents in secondary and higher secondary schools

Implementation of integrated approach for MNH

Rights based approach for MNH

Adopting minimum standards for service delivery by population welfare department

SINDH

Utilization of existing research results related to access/coverage for advocating decision making.

UN resolutions for addressing MNH – Sensitization

Advocacy for male involvement by assessing existing and successful models.

Annexure VII. Consensus on Research opportunities

	Similarities	KPK	Punjab	GB	Balochistan	Sindh	AJK	Overall percentage
1	Health care financing new models & financial barriers	✓	✓	✓	✓		✓	83
2	Research for scalability of tested models (Scaling up)	✓	✓		✓		✓	67
3	Setting benchmark for QOC & addressing quality issues	✓	✓				✓	50
4	Supply & demand side issues to accessing MNH services				✓	✓	✓	50
5	Health seeking behaviour	✓					✓	33
6	Issues related to CMW i.e. marketing, financial sustainability, ratio	✓		✓				33
7	Assessment of skill mix of health care providers				✓		✓	33

Annexure VIII. Consensus on Advocacy opportunities

	Similarities	KPK	Punjab	GB	Balochistan	Sindh	AJK	Overall percentage
1	For nutrition status improved through new models & implementation of existing research		✓	✓	✓		✓	67
2	Advocacy for right based approach	✓	✓		✓			50
3	Integrated of MNH programmes	✓	✓	✓				50
4	Use of legislation for addressing MNH need & policy change	✓	✓				✓	50
5	HRH needs i.e. motivation, incentive, deployment etc	✓		✓	✓			50
6	Implementation of standards for QoC		✓				✓	33
7	Monitoring & supervision improved through frame work				✓		✓	33
8	FP & male involvement through new models for increasing CPR				✓	✓		33



Annexure IX. Provincial reports



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.

CONTENTS

1. Introduction and Background	5
1.1 RAF’s role in MNH	5
2. Azad Jammu and Kashmir –Maternal and Newborn Health Status	6
3. Aim and Objectives	6
4. Methodology	6
5. Key Findings	7
5.1 Identifying priority issues/challenges influencing MNH	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	8
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	10
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	v
Annexure IV. Participatory Exercise.....	vii

List of Tables

Table 1. Health Indicators of AJK	6
Table 2. Top scoring research gaps and advocacy opportunities.....	9

List of Figures

Figure 1. Maternal Health status in AJK compared with figures from Pakistan	6
---	---

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 minutes³.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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.

³ 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.

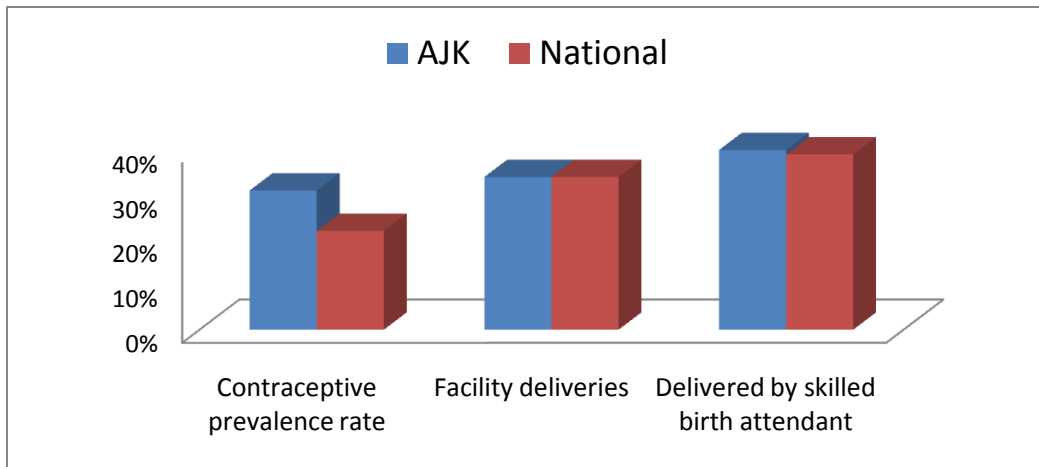
2. Azad Jammu and Kashmir –Maternal and Newborn Health Status

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

Table 2. 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 3. 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: <i>Pearl Continental Hotel Muzaffarabad</i>	
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



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.

CONTENTS

1. Introduction and Background	5
1.1 RAF’s role in MNH	5
2. Balochistan –Maternal and Newborn Health Status	5
3. Aim and Objectives	6
4. Methodology	6
5. Key Findings	7
5.1 Identifying priority issues/challenges influencing MNH	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	8
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	10
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	v
Annexure IV. Participatory Exercise.....	vii

List of Tables

Table 1. Health Indicators of Balochistan	6
Table 2. Top scoring research gaps and advocacy opportunities.....	9

List of Figures

Figure 1. Maternal Health status in Balochistan compared with National figures.....	6
---	---

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 minutes⁴.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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.

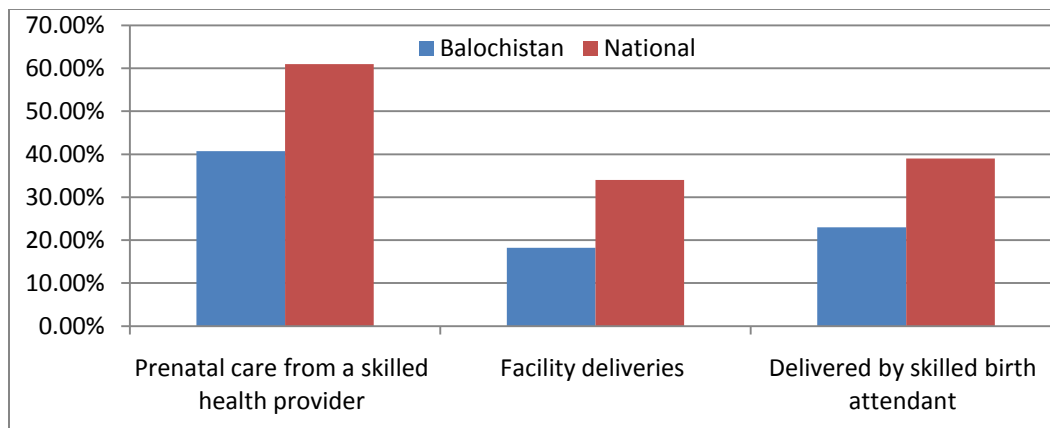
2. Balochistan –Maternal and Newborn Health Status

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

⁴ 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.

Table 4. 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 2. 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 5. 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 incorporation at the PHC level.		Need for advocacy with health care providers for addressing nutritional issues, specifically for MNH.	192
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	144	Advocacy for transparency in terms	81

for EmONC (supply & demand)?		utilization of services.	
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 Noshewani,	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



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.

CONTENTS

1. Introduction and Background	5
2. Gilgit Baltistan –Maternal and Newborn Health Status	5
3. Aim and Objectives	6
4. Methodology	7
5. Key Findings	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	8
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	9
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	iv
Annexure IV. Participatory Exercise.....	vi

List of Tables

Table 1. Health Indicators of GB.....	6
Table 2. Top scoring research gaps and advocacy opportunities.....	9

List of Figures

Figure 1. Maternal Health status in GB compared with National figures.....	6
--	---

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 minutes⁵.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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.

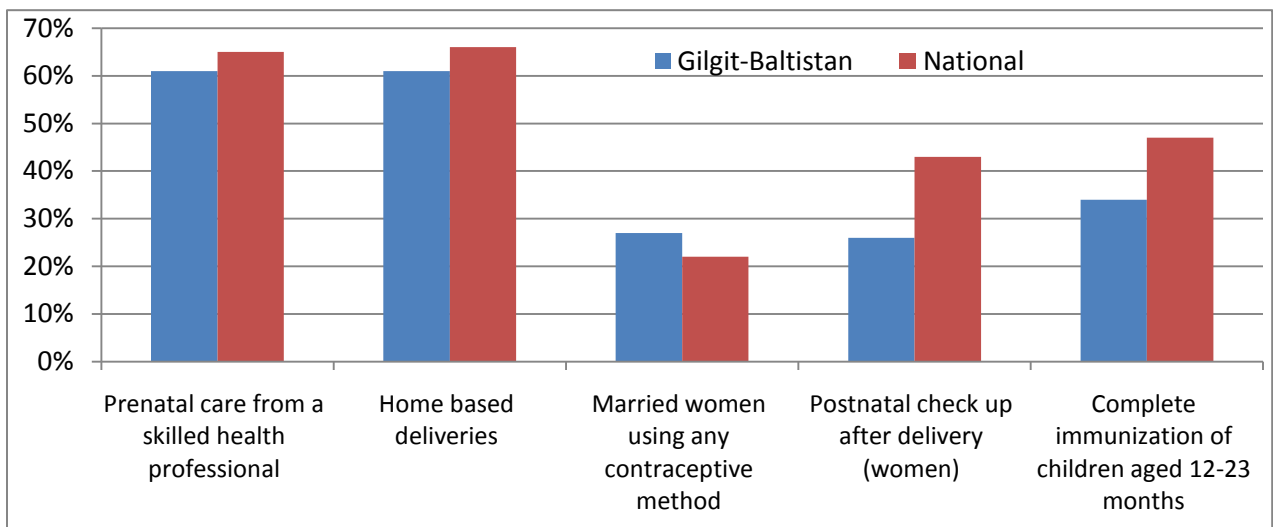
2. Gilgit Baltistan –Maternal and Newborn Health Status

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

⁵ 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.

Table 6. 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 3. 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

- e. Potential for impact;
- f. Addressing equity Issues;
- g. Scalability and ;
- h. 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 7. 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/for evidence.	54
Incentive/motivation mechanism.	12



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

Khyber Pakhtunkhwa & FATA

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.

CONTENTS

1. Introduction and Background	5
1.1 RAF’s role in MNH	5
2. Khyber Pakhtunkhwa and FATA -MNH Status	6
3. Aim and Objectives	6
4. Methodology	7
5. Key Findings	7
5.1 Identifying priority issues/challenges influencing MNH	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	9
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	10
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	iv
Annexure IV. Participatory Exercise.....	vi

List of Tables

Table 1. Health Indicators of Khyber Pakhtunkhwa	6
Table 2. Top scoring research gaps and advocacy opportunities.....	10

List of Figures

Figure 1. Maternal Health status in Khyber Pakhtunkhwa compared with National figures	6
---	---

LIST OF ABBREVIATIONS

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 minutes⁶.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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 provincial and regional levels 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.

⁶ 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.

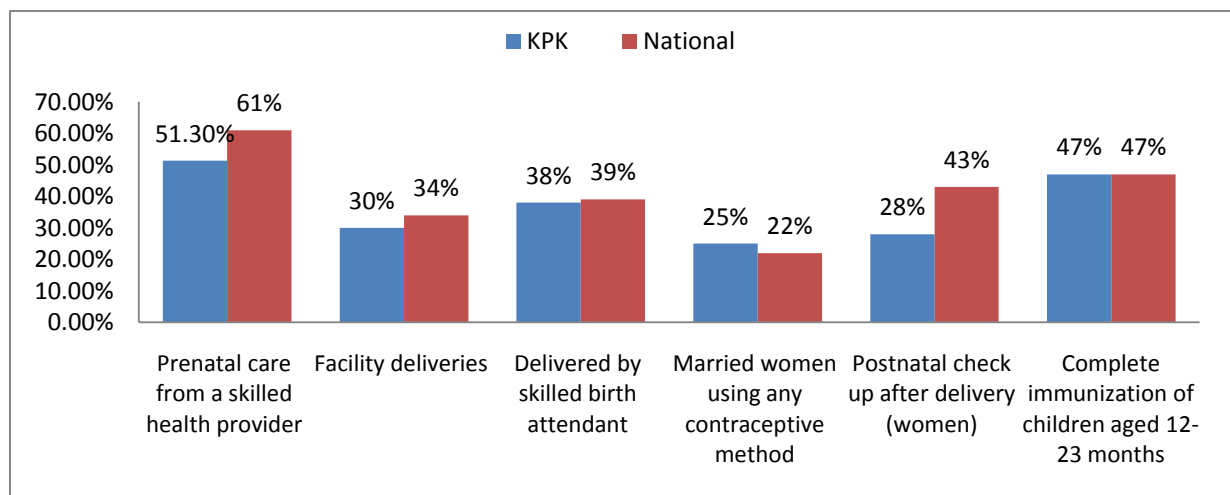
2. Khyber Pakhtunkhwa and FATA -MNH Status

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

Table 8. Health Indicators of Khyber Pakhtunkhwa

Characteristic	KPK	National
Maternal Mortality Rate	275/100000 live births	272/100000 live births
Neonatal Mortality rate	41/1000 live births	54/1000 live births
Child Mortality rate	101/1000 live births	94/1000 live births
Total Fertility Rate	4.3 children per woman	4.1 children per woman

Figure 4. Maternal Health status in Khyber Pakhtunkhwa compared with National figures



Source: 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 provincial and regional 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 from Khyber Pakhtunkhwa. 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

4. 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

5. 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.

6. 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 Khyber Pakhtunkhwa and FATA.

- a. There was consensus on the fact that there are **barriers to accessing** MNH services in Khyber Pakhtunkhwa and FATA, due to issues on both demand and supply side. The public facilities are underutilized due to the reservations of the females to be specifically seen by female healthcare provider, low perceived quality of the public facilities and the issues of communication between the

providers and the clients: these issues and specific health seeking behaviours needs to be further explored through research.

- b. It was debated that the quality of care at the MNH service delivery point is not up to the standard. The discussion highlighted the need for research and evidence on the influence of monitoring and task shifting on improved quality of care.
- c. The other most debated theme which was considered to be the root cause of many of the problems is **inadequate capacity for the management**, faulty management design along with inadequate planning and coordination which results in unnecessary delays in the execution of projects. There was consensus on the need for research on responsiveness and reflective processes in managing projects/programs. The different management approaches and practices also needs to be looked both at public and private institutions to provide evidence for better management.
- d. All the participants proposed a dire need for research on mapping of MNH as rights based approach at the community level; and the need for improvement in **Governance/accountability** was considered to be extremely important in the post devolution scenario. Assessment of the scalability of the successful MNH projects is declared to be another less focused area for research. These research areas will help in proposing a legislative framework and ultimately contribute to improving governance.
- e. The **Human Resource for Health** is the basic pillar in provision of services at the health facilities; the dearth of female healthcare providers needs to be explored in depth for overcoming this problem in the long run; this issue is of high importance for improving MNH in Khyber Pakhtunkhwa especially in the conflict hit zones of FATA. The special MNH requirements of these areas needs to be focused through research for better understanding of the impact of the changing law and order situation on the overall physical and mental health of the women and children. The other issues like deployment, training and marketing of newly introduced cadre in health; community midwives CMW is also pointed out by the participants, which needs further research.
- f. In the context of **nutritional status** of women and children, the need for advocacy and implementation of interventions based on the available information/data is highlighted by the stakeholders.
- g. The participants of the meeting also identified the need on institutionalising MNH in community investment funds and for exploring alternate means for **Healthcare Financing** through research.

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 accessing MNH services in KPK and FATA (demand side and supply side).
2. There is poor quality of care by providers/service delivery points for MNH services.
3. The capacity for management is inadequate.
4. The Human Resource for Health is not adequate.
5. The overall Governance/accountability needs improvement.
6. The nutritional status of the women and children is under focused.
7. There is lack of institutionalised MNH Healthcare Financing.

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 priorities for research are as follows:

1. How to Institutionalize MNH care in community investment funds?
2. How to do mapping of rights based approach for MNH at community level?
3. Assessment of scalability of 'successful' projects
4. What are Issues/challenges for working as a team amongst LHWs, CMWs, and LHVs?
5. What are the issues of availability of female HCPs?
6. What are responsive and reflective processes in managing projects/programs;
 - How to monitor and evaluate Learning?
 - Top down vs. bottom-up
 - Public and Private management approach
7. What is the Impact of conflict on MNH (psychological, access, nutrition, pregnancy outcome)?
8. What is the Satisfaction level of services of HCPs?
9. How monitoring influences Quality of Care.
10. What is the health seeking behaviour of the community?
11. What are the financial sustainability options for CMWs
12. How modelling of nutrition interventions will improve MNH status (based upon Lancet series)?
13. Can task shifting improve Quality of Care?

The main advocacy opportunities identified are as follows

1. Policy changes with the changing environmental situation especially in IDPs context/terrain/geography
2. There is a need for advocacy to integrate programs post-devolution.
3. MNH as Rights-based Approach for legislation (post 18th Amendment).
4. Advocacy by Social Mobilizers
5. Role of media in improving access to MNH services
6. Proper deployment according to the skill mix and needs.

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 stakeholders and finalization of the potential advocacy opportunities that can be funded by RAF in Khyber Pakhtunkhwa and FATA followed by summarizing the whole consultative process. Complete list of the scores achieved against the individual research and advocacy opportunities is given in the *Annexure IV*. The most important and high ranking research and advocacy opportunities as perceived by stakeholders are given in the table below. Same scoring priorities have been grouped together.

Table 9. Top scoring research gaps and advocacy opportunities

Research Gaps And Need For Evidence	Score	Advocacy Opportunities	Score
Institutionalising MNH care in community investment funds.	192	Policy changes with the changing environmental situation especially in IDPs context/terrain/geography.	108
Mapping of rights based approach for MNH at community level.	128	There is a need for advocacy to integrate programs post-devolution.	108
Assessment of scalability of ‘successful’ projects.	108	MNH as Rights-based Approach for legislation (post 18th Amendment).	96
Issues/challenges for working as a team amongst LHWs, CMWs, LHVs		Advocacy by Social Mobilizers.	36
The availability of female HCPs.	Role of media in improving access to MNH services		
Responsiveness and reflective processes in managing projects/programs <ul style="list-style-type: none"> ▪ Monitoring Evaluation Learning. ▪ Top down vs. bottom-up. ▪ Public and Private. 	Proper deployment according to the skill mix and needs		
Impact of conflict on MNH (psychological, access, nutrition, pregnancy outcome).	96		
Satisfaction level of services of HCPs.			
Monitoring influencing Quality of Care.			
	72		

7. Conclusion

The consultative exercise brought forward access and coverage issues related to MNH as a main source of debate along with a need for advocacy of MNH as a rights based approach for legislation especially in context of post devolution scenario. Media and social mobilizers are thought to be able to play a vital role for advocacy.

Management related issues like monitoring and evaluation, deployment according to skills, reflective processes in managing programmes, and public private partnerships are key areas highlighted for research. Mass migration in context of IDPs also needs to be catered with relevance to policy change. All these issues need to be focused for their influence in context of quality of care.

Health care financing is also a much debated issue in the consultation especially along the lines of institutionalizing MNH care in community investment funds.

It needs to be pointed out that although a separate workshop was not held for FATA, The stakeholders from FATA were present in the Khyber Pakhtunkhwa consultative meeting and pointed out similar research and advocacy opportunities as that of Khyber Pakhtunkhwa. However the stakeholders from FATA emphasized that the changing security situation in their province and its psychosocial impact on maternal and newborn health should be considered by the policy makers for future plans.

Annexure

Annexure I. Agenda of the meeting

Provincial & Regional Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Khyber Pakhtunkhwa & FATA: Date: 14 September 2011 Venue: Pearl Continental Hotel , Islamabad	
Session I: Introduction & Background	
11:00 – 11:45	Welcome Remarks
	Introductions
	RAF – Introduction and Overview
	RAF Priority Themes
	Purpose and layout of the workshop
Session II: Plenary discussion and Priority setting	
11:45 –12:05	Participatory exercise (identifying the MNH needs and gaps)
12:05-12:20	Tea Break
12:20 - 13:50	Ranking and prioritizing
	Agreeing on research gaps and/or needs for evidence and advocacy opportunities
Session III: Concluding remarks and way forward	
13:50- 14:30	Summarising the consultative process and sharing prioritized opportunities
	Next steps
	Vote of Thanks and Wrap-up
14:30	Lunch

Annexure II. List of Participants

S.NO	NAME	DESIGNATION	DEPARTMENT
1	Mr. Masood ul Mulk	Chief Executive Officer	SRSP
2	Dr. Faisal Siraj		Association for Community Development
3	Dr. Nazish	Consultant	HDP Swabi
4	Dr. Shahida Sultan	Education Advisor for NIDA Pakistan	National Integrated Development Association
5	Dr. Begum jan	Chairperson	Tribal Women Welfare Association
6	Dr. Maryam Bibi	CEO	Khwendo Kor
7	Ms. Shazia Noreen	Manager Education	Sungi Development Foundation
8	Dr. Irshad Danish	Manager	SPARC
9	Dr. Zohaib Khan	Assistant Director R&D, KMU	Khyber Medical University
10	Dr. Rashid Ahmed	Additional Secretary Population Welfare	Department of Population Welfare
11	Dr. Abdulr Rashid Khattak	Director	Provincial Health Services Academy
12	Dr. M. Riaz	Coordinator	Health Sector Reforms Unit
13	Dr. Pervaiz Kamal	MNCH Provincial Coordinator, FATA	Provincial MNCH Program
14	Dr. Emel Khan	Director	FPHC Mardan
15	Dr. Rehman Khattak	Provincial Coordinator	TRF
16	Ms. Seema	Social Dev. Direct	Consultant
17	Dr. Haroon Rasheed Afridi	MNCH officer	WHO
18	Dr. Zalmey Shahy	Consultant	TWWA

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 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	<p>There are barriers to accessing MNH services in KPK and FATA (demand side and supply side)</p> <p>Demand: Health seeking behavior, acceptability, perceived quality of public services,</p> <p>Supply: Female HCPs, communication issues,</p>
Quality Of Care	Poor quality of care by providers/service delivery points for MNH services
Management	<p>The inadequate/improper style or capacity for management</p> <p>Linkages/Integration.</p> <p>Management Capacity.</p> <p>Support System for Management.</p> <p>Planning and Coordination.</p>
Governance/ Accountability	<p>Rights-based Approach</p> <p>Scalability</p> <p>Accountability</p> <p>Political Will</p> <p>Legislative Framework</p> <p>Corruption</p>
Human Resource For Health	<p>Deployment</p> <p>Training</p> <p>Marketing</p>
Nutrition	<p>Maternal Nutrition</p> <p>Anemia in mothers</p> <p>Psychosocial effects</p> <p>Impact of conflict</p>
Healthcare Financing	<p>Transportation</p> <p>Microfinancing</p>

Step 2: Research gaps and advocacy opportunities		
SPECIFIC MNH PRIORITIES	RESEARCH GAPS AND NEED FOR EVIDENCE	ADVOCACY OPPORTUNITIES
Access/Coverage		
There are barriers to accessing MNH services in KPK and FATA <ul style="list-style-type: none"> • Demand: Health seeking behaviour, acceptability, perceived quality of public services. • Supply: Female HCPs, communication issues. 	The availability of female HCPs.	Advocacy by Social Mobilizers.
	Health seeking behaviour.	Policy changes with the changing environmental situation especially in IDPs context/terrain/geography.
		Role of media in improving access to MNH services.
Quality of Care		
Poor quality of care by providers/service delivery points for MNH services.	Satisfaction level of services of HCPs.	
	Monitoring influencing Quality of Care.	
	Can task shifting improve Quality of Care?	
Management		
The inadequate/improper style or capacity for management <ul style="list-style-type: none"> • Linkages/Integration. • Management Capacity. • Support System for Management. • Planning and Coordination. 	Responsiveness and reflective processes in managing projects/programs <ul style="list-style-type: none"> • Monitoring Evaluation Learning. • Top down vs. bottom-up. • Public and Private. 	There is a need for advocacy to integrate programs post-devolution.
Governance/Accountability		
<ul style="list-style-type: none"> • Rights-based Approach. • Scalability. • Accountability. • Political Will. • Legislative Framework. • Corruption. 	Assessment of scalability of ‘successful’ projects.	MNH as Rights-based Approach for legislation (post 18 th Amendment).
	Mapping of rights based approach for MNH at community level.	
Human Resources for Health (HRH)		
<ul style="list-style-type: none"> • Deployment. • Training. • Marketing. 	Issues/challenges for working as a team amongst LHWs, CMWs, LHV.s.	Proper deployment according to the skill mix and needs.
Health Financing		
	Institutionalizing MNH case in community investment funds	
	What are the financial sustainability options for CMWs	

STEP 3 : SUMMARY OF THE SCORES ACHIEVED	
RESEARCH GAPS AND NEED FOR EVIDENCE	SCORE ACHIEVED
Institutionalizing MNH care in community investment funds	192
Mapping of rights based approach for MNH at community level.	128
Assessment of scalability of 'successful' projects.	108
Issues/challenges for working as a team amongst LHWs, CMWs, LHV's.	108
The availability of female HCPs.	96
Responsiveness and reflective processes in managing projects/programs Monitoring Evaluation Learning. Top down vs. bottom-up. Public and Private.	96
Impact of conflict on MNH (psychological, access, nutrition, pregnancy outcome).	96
Satisfaction level of services of HCPs.	72
Monitoring influencing Quality of Care.	72
Health seeking behaviour.	54
What are the financial sustainability options for CMWs	54
Modelling of nutrition interventions for improving MNH (based upon Lancet series). <ul style="list-style-type: none"> ▪ Social ▪ Cultural ▪ Gender 	48
Can task shifting improve Quality of Care	16
ADVOCACY OPPORTUNITIES	SCORE ACHIEVED
Policy changes with the changing environmental situation especially in IDPs context/terrain/geography.	108
There is a need for advocacy to integrate programs post-devolution.	108
MNH as Rights-based Approach for legislation (post 18th Amendment).	96
Advocacy by Social Mobilizers.	36
Role of media in improving access to MNH services.	36
Proper deployment according to the skill mix and needs.	36



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

Punjab

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.

CONTENTS

1. Introduction and Background	5
1.1 RAF’s role in MNH	5
2. Punjab –Maternal and Newborn Health Status.....	5
3. Aim and Objectives	6
4. Methodology	6
5. Key Findings	7
5.1 Identifying priority issues/challenges influencing MNH	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	8
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	10
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	v
Annexure IV. Participatory Exercise.....	vii

List of Tables

Table 1. Health Indicators of Punjab	5
Table 2. Top scoring research gaps and advocacy opportunities.....	9

List of Figures

Figure 1. Maternal Health status in Punjab compared with National figures	6
---	---

LIST OF ABBREVIATIONS

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 minutes⁷.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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.

2. Punjab –Maternal and Newborn Health Status

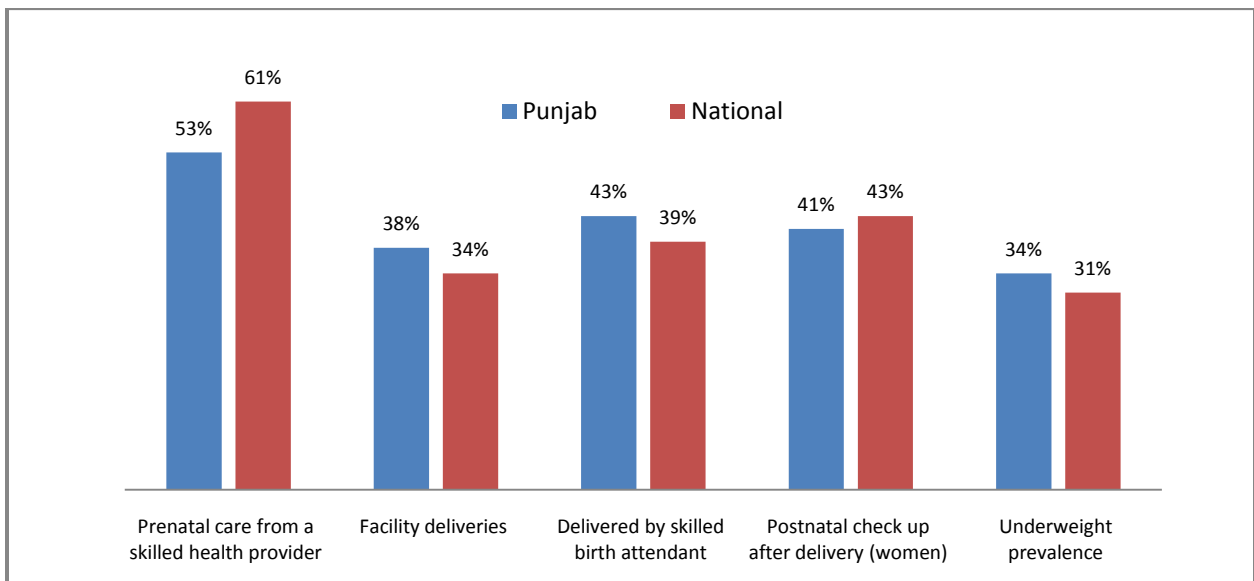
The comparison of socio-economic and health indicators of Punjab with the National indicators are as follows:

Table 10. Health Indicators of Punjab

⁷ 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.

Characteristic	Punjab	National
Maternal Mortality Rate	227/100000 live births	272/100000 live births
Infant Mortality rate	81/1000 live births	78/1000 live births
Child Mortality rate	97/1000 live births	94/1000 live births
Total Fertility Rate	3.9 children per woman	4.1 children per woman

Figure 5. Maternal Health status in Punjab compared with National figures



Source: 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 Punjab. 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 Punjab.

- a. There was consensus on the fact that there are barriers to **access and coverage** of MNH services in Punjab which are due to the problems on both supply and demand side. Socio cultural restraints play a major role on the demand side issue
- b. **Quality of care** in terms of service delivery is poor. The standard of MNH services, quality of the packages offered and the regulatory mechanism is weak. It was also flagged by the stakeholders that low cost interventions can also help to improve the quality of care provided.
- c. Another important issue which was prioritized was lack of integration of the existing system resulting in weak **management**. In addition cost effective and efficient approaches can help to improve the service delivery and can result in better management of services.
- d. It was also emphasized that contracting in/out can result in better **governance**. Equity issues were considered to be an important factor for improving governance
- e. **Human Resource for Health** and their appropriate integration is another priority which needs to be addressed. Efficient human resource management, either through capacity building, or motivation

through incentives can result in better coverage as well as quality of services. The other issue is lack of integration of community mid wives (CMWs) and lady health workers (LHWs) which needs to be addressed as far as management of human resource is concerned.

- f. In context of the **nutritional status** of the women advocacy for proper utilization of nutrition officers was highlighted by the stakeholders.
- g. Role of government, implementers, financers etc were considered to be important for **Health care financing**. It was also recognized that providing adequate models for community financing specifically for MNH and Family Planning services can also result in better affordability of the services by the community.
- h. In the end, all the participants agreed that communication of available research can also result in better understanding of MNH issues and challenges resulting in evidence based interventions. Secondary analysis of the available data and sharing of case studies will add up to improved 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 the following problem statements, for improvement of MNH status of the province;

1. There are barriers to accessing MNH services in Punjab (demand side and supply side).
2. There is poor quality of services offered.
3. Management is inadequate/ improper.
4. The Human Resource for Health is not properly managed.
5. Governance needs improvement.
6. The nutritional status of women needs to be focused
7. There is inadequate MNH Healthcare Financing
8. There is a need for communicating MNH research

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 opportunities identified through consensus are;

1. How to evaluate existing models for scalability/sustainability?
2. What are the MNH consequences due to compromised quality of service delivery?
3. How to promote Low cost interventions for improving Quality of Care for MNH services, such as infection control?
4. What are the management models for outsourcing/improving services at district level (focusing on MNH)?
5. What are the mechanism/models for motivation and retention of HCPs?
6. What are the cultural issues in actualizing equity issues?
7. How can equity issues be translated for better governance?
8. Is the allocation of financial resources at various levels of care specifically for MNH?
9. What are the viable models for community financing for MNH and Family Planning are needed?

10. How to communicate research results to policy makers?
11. To do secondary analysis of 'what works' in research to advocacy in MNH

The main advocacy opportunities identified through consensus are;

1. Rights based approach for MNH
2. Adopting minimum standards for service delivery by population welfare department
3. Minimum service delivery standards with professional bodies
4. Implementation of integrated approach for MNH
5. Allocation of financial resources at various levels of care specifically for MNH
6. Nutritional status for adolescents in secondary and higher secondary schools
7. Advocacy for proper utilization of nutrition officers

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 Punjab; 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 11. Top scoring research gaps and advocacy opportunities

Research Gaps And Need For Evidence	Score	Advocacy Opportunities	Score
Evaluation of existing models for scalability/sustainability	256	Advocacy for minimum service delivery standards with professional bodies	256
Management Models for outsourcing/improving services at district level (focusing on MNH)		Advocacy for proper utilization of nutrition officers	
Mechanism/models for motivation and retention of HCPs	192	Allocation and expenditure of financial resources at various levels of care specifically for MNH?	192
How can equity issues be translated?		Nutritional status for adolescents in secondary and higher secondary schools	
Viable models for community financing for MNH, specifically for Family Planning.		Implementation of integrated approach for MNH.	
How to communicate research results to policy makers?	32	Rights based approach for MNH	32
Is the allocation and expenditure of financial resources at various levels of care specifically for MNH?		Adopting minimum standards for service delivery by population welfare department	
<ul style="list-style-type: none"> • Low cost intervention for improving Quality of Care for MNH services, such as infection control • Secondary analysis of 'what works' in research to advocacy in MNH. 	128		
What are the MNH consequences due to compromised quality of service delivery?	72		
Cultural issues in actualizing equity issues	64		

7. Conclusion

Apart from the above mentioned research and advocacy opportunities, health care financing was a source of discussion in the provincial consultations, and the participants declared it to be an issue of prime importance. Options for community financing especially needs to be explored. Public private partnership, contracting in and out and other workable management models need to be researched and advocated as options for better management. This will also include work on scalability and sustainability of existing models.

Financial resources as a source of barrier to access, inappropriate or inadequate resource allocation, issues regarding allocation and expenditure of financial resources at various levels of care and with the specific context of MNH generated much discussion. Introduction of low cost intervention, adoption and advocacy of minimum service delivery standards at the level of health care providers and departments is also as a means for improving Quality of Care and is of considerable importance to the participants.

The importance of nutritional status of mother and child and adolescent girls, as a research and advocacy issue was another source of discussion among the participants.

Annexure

Annexure I. Agenda of the meeting

Provincial Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Punjab: Date: 20 September 2011 Venue: Avari, Lahore	
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 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.	Shamshad Quereshi	Senior Consultant	Contech International Health Consultants
2.	Prof. Aman ullah Khan	Professor & Head	Fatimah Memorial Medical College
3.	Dr. Qamar Salman	Provincial Coordinator	TRF
4.	Dr. Shabnum Sarfraz	Technical Advisor	Nur Centre for Research & Consulting
5.	Mr. Shobrow khan	Programme Officer	USAID GEP
6.	Dr. Naeem Mahjeed	Advisor	LHW Programme
7.	Dr. Akhtar Rasheed	Provincial Coordinator	Provincial Program for Family Planning and Primary Health Care
8.	Dr. Jamil Ahmad Ch.	Provincial Coordination Officer	UNFPA
9.	Mr. Farasat Iqbal	Programme Director	Health Sector Reforms Unit (HSRU)
10.	Dr. Syeda Zahida Sarwar	Acting Provincial Program Manager	Provincial MNCH Program
11.	Mr. Mansoor Ahmed	DD M&E	PHSRP
12.	Dr. Emma Varley	Assistant Professor (Anthropology)	Lahore University of Management Sciences (LUMS)
13.	Ms. Iqna	Project Officer	Nur Centre for Research & Consulting
14.	Mr. Tariq Mahmood	Consultant	Ashok
15.	Mr. Mubarak Ali	Executive Director	Association for Gender Awareness and Human Empowerment
16.	Ms. Urooj Virk	Programme Officer	Association for Gender Awareness and Human Empowerment
17.	Dr. Majed Latif	PO MNCH	WHO
18.	Mian M. Farooq	Zonal Coordinator	Greenstar
19.	Dr. Sumera Saghir	Deputy Manager	Greenstar
20.	Mr. Awais Gulshan	MSS	Regional Manager
21.	Ms. Zakia Arshad	Manager Advocacy	South Asia Partnership (SAP-PK)

22.	Ms. Ain ul	Research Fellow & Assistant Prof.	General Hospital & IPH
23.	Dr. Saman Yazdani	Director	Center for Health and Population Studies
24.	Ms. Nabila Malick	Director ARM	Rahnuma-FPAP
25.	Dr. Narmeen Altaf	Chairperson	Center for Education and Consciousness
26.	Dr. Tayyaba Butt	Associate	SIMS
27.	Dr. Shahida Zaman		Health Department
28.	Dr. Zareef uddin Khan	NPO	WHO
29.	Mr. Omar Aftab	Executive Director	Women's Empowerment Group
30.	Dr. Qutbuddin	NPO	WHO
31.	Dr. Babar Alam	MNCH officer	WHO

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	Supply side Demand side (socio-cultural issues) Evaluation of existing models for scalability/sustainability
Quality of care	Service Delivery (standard, package, regulation of promoters and services) Low cost intervention for improving Quality of Care for MNH services, such as infection control
Management	Integration and networking of the existing system Cost-effectiveness/cost-efficiency Integration models Outsourcing/alternate management models
Governance/ Accountability	Contracting in/out models Equity issues
Human resource for health	Functional integration of CMWs and LHWs Performance based incentives and motivation Capacity of Healthcare Providers
Maternal nutrition status	Maternal Nutrition Nutritional status for adolescents in secondary and higher secondary schools
Healthcare financing	Community based financing Financing of MNH services Financial barriers (from public sector and due to non-regulation of the private sector) Role of the government (financers, implementers, regulators, monitors) Implementation by public sector Affordability by community for seeking MNH services
Miscellaneous	Communicating research What researches and how have they been communicated Secondary analysis of available research Case studies of available material/research

Step 2: Research gaps and advocacy opportunities		
SPECIFIC MNH PRIORITIES	RESEARCH GAPS AND NEED FOR EVIDENCE	ADVOCACY OPPORTUNITIES
Access/Coverage		
Supply side Demand side (socio-cultural issues)	Evaluation of existing models for scalability/sustainability	Rights based approach for MNH
Quality of Care		
<ul style="list-style-type: none"> ▪ Service Delivery (standard, package, regulation of promoters and services) ▪ Low cost intervention.. 	What are the MNH consequences due to compromised quality of service delivery?	Adopting minimum standards for service delivery by population welfare department
	Low cost intervention for improving Quality of Care for MNH services, such as infection control	Minimum service delivery standards with professional bodies
Management		
<ul style="list-style-type: none"> ▪ Integration and networking of the existing system ▪ Cost-effectiveness/cost-efficiency ▪ Integration models 	Management Models for outsourcing/improving services at district level (focusing on MNH)	Implementation of integrated approach for MNH
Governance/Accountability		
<ul style="list-style-type: none"> ▪ Contracting in/out models ▪ Equity issues 	Cultural issues in actualizing equity issues	
	How can equity issues be translated	
Human Resources for Health (HRH)		
<ul style="list-style-type: none"> ▪ Functional integration of CMWs and LHWs ▪ Performance based incentives and motivation ▪ Capacity of Healthcare Providers 	Mechanism/models for motivation and retention of HCPs	Proper deployment according to the skill mix and needs.
Maternal Nutrition		
<ul style="list-style-type: none"> ▪ Maternal Nutrition ▪ Nutritional status for adolescents in secondary and higher secondary schools 		Nutritional status for adolescents in secondary and higher secondary schools
		Advocacy for proper utilization of nutrition officers

Health Financing		
<ul style="list-style-type: none"> ▪ Role of the government (financers, implementers, regulators, monitors) ▪ Implementation by public sector ▪ Affordability by community for seeking MNH services 	Is the allocation of financial resources at various levels of care specifically for MNH?	Is the allocation of financial resources at various levels of care specifically for MNH
	Viable models for community financing for MNH and Family Planning	
Miscellaneous		
<ul style="list-style-type: none"> ▪ Communicating research ▪ What researches and how have they been communicated ▪ Secondary analysis of available research ▪ Case studies of available material/research 	How to communicate research results to policy makers? Secondary analysis of 'what works' in research to advocacy in MNH	

STEP 3: Summary Of The Scores Achieved	
RESEARCH GAPS AND NEED FOR EVIDENCE	SCORE ACHIEVED
Evaluation of existing models for scalability/sustainability	256
Management Models for outsourcing/improving services at district level (focusing on MNH)	256
Mechanism/models for motivation and retention of HCPs	256
How can equity issues be translated?	256
Viable models for community financing for MNH, specifically for Family Planning	256
How to communicate research results to policy makers?	256
Is the allocation and expenditure of financial resources at various levels of care specifically for MNH?	192
Low cost intervention for improving Quality of Care for MNH services, such as infection control	128
Secondary analysis of 'what works' in research to advocacy in MNH	128
What are the MNH consequences due to compromised quality of service delivery?	72
Cultural issues in actualizing equity issues	64
ADVOCACY OPPORTUNITIES	SCORE ACHIEVED
Advocacy for minimum service delivery standards with professional bodies	256

Advocacy for proper utilization of nutrition officers	256
Allocation and expenditure of financial resources at various levels of care specifically for MNH?	192
Nutritional status for adolescents in secondary and higher secondary schools	128
Implementation of integrated approach for MNH	128
Rights based approach for MNH	32
Adopting minimum standards for service delivery by population welfare department	4



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

Sindh

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.

CONTENTS

1. Introduction and Background	5
1.1 RAF’s role in MNH	5
2. Sindh –Maternal and Newborn Health Status.....	5
3. Aim and Objectives	6
4. Methodology	6
5. Key Findings	7
5.1 Identifying priority issues/challenges influencing MNH	7
5.2 Determining research gaps and advocacy opportunities	8
5.3 Setting priority for research and advocacy opportunities	8
6. Prioritized Research and Advocacy Opportunities	9
7. Conclusion.....	10
Annexure I. Agenda of the meeting	ii
Annexure II. List of Participants.....	iii
Annexure III. Methodology.....	v
Annexure IV. Participatory Exercise.....	vii

List of Tables

Table 1. Health Indicators of Sindh.....	6
Table 2. Top scoring research gaps and advocacy opportunities.....	9

List of Figures

Figure 1. MNH Indicators from Sindh compared with National Figures.....	6
---	---

LIST OF ABBREVIATIONS

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
PAC	Post Abortion Care
PPP	Public Private Partnership
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 minutes⁸.

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.

The Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) recognises that policies implemented through interventions that aim to improve health outcomes for poor and marginalised women and children can reduce the premature death of women in pregnancy and childbirth and increase their chances of survival.

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.

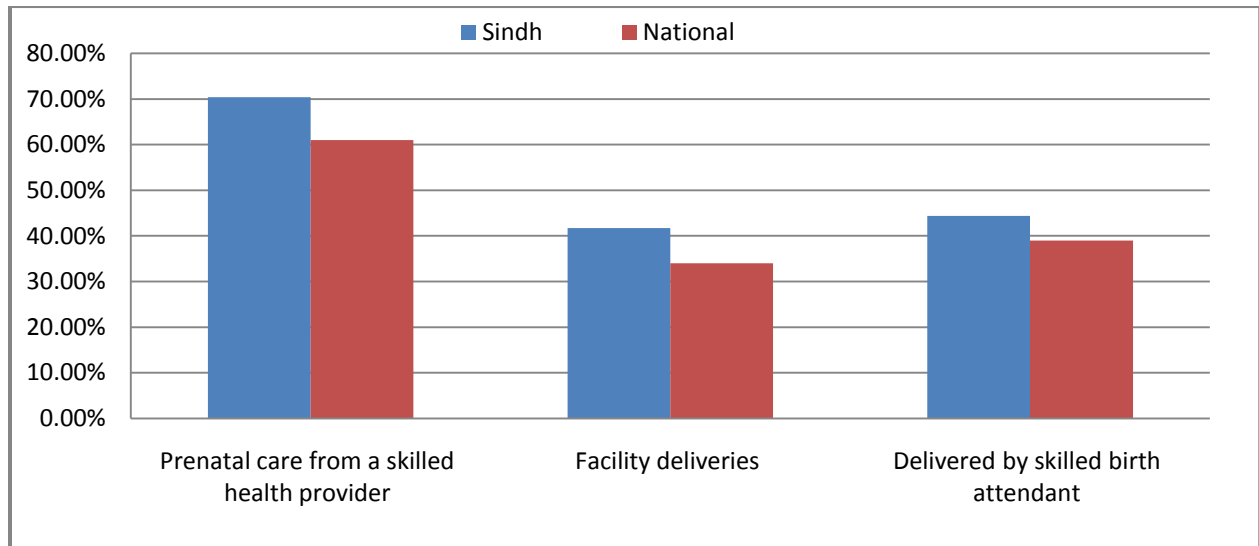
2. Sindh –Maternal and Newborn Health Status

The comparison of socio-economic and health indicators of Sindh as compared to national indicators are as follows:

⁸ 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.

Table 12. Health Indicators of Sindh

Characteristic	Sindh	National
Maternal Mortality Rate	314/100000 live births	272/100000 live births
Neonatal Mortality rate	81/1000 live births	54/1000 live births
Child Mortality rate	101/1000 live births	94/1000 live births
Total Fertility Rate	4.3	4.1 children per woman

Figure 6. MNH Indicators from Sindh 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 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 Sindh. 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 Sindh are summarized as follows;

- a. There was consensus on the fact that there are **barriers to accessing** MNH services in Sindh due to the issues on both demand and supply side. There are major issues in the access and coverage of the public facilities. These issues needs to be further explored through research.
- b. It was debated that the **quality of care** at the MNH service delivery point is not up to the standard. The discussion highlighted the fact that although there are number of Protocols/ SOPs/Standards available regarding Family planning (FP), pregnancy care, Essential newborn care (ENC) and postnatal care but there are barriers to implementing these protocols for uplifting of the quality of services.
- c. The most important issue discussed in context of the post devolution scenario was lack of proper **management** for the integration of all the MNCH related programmes which is leading to many problems. The different management approaches and practices also need further exploration for better management.
- d. All the participants identified a dire need for improvement in **Governance**. It was considered to be extremely important in the post devolution scenario. It was also brought to notice that there is lack of policy/strategy for accreditation and accountability, and no regulatory body exists in Sindh to tackle the issues of health. Apart from that the implementation of legislation is another challenge.

- e. The other less focused area of research is the assessment of the **scalability** of the successful MNH projects. These research areas will ultimately help in proposing a legislative framework and contribute to improved governance.
- f. The **Human Resource for Health** is the basic pillar in provision of services; nonetheless the capacity building approaches are extremely under focused and act as one of the major challenges to improve MNH, as pointed out by the participants.
- g. In context of the **nutritional status** of the women and children the need for information and advocacy is stressed upon by the stakeholders. Nutrition related interventions that focus on the dietary practices of Pregnant & Lactating Women is another highlighted issue.
- h. The discussion brought forward another important area of MNH that is **family planning** and the importance of male involvement in this regard. It was discussed that all current FP interventions have failed to address the issues of youth fertility and the increased male involvement in FP, a major advocacy area to be focused through future interventions.
- i. Apart from the above, the **other issues/challenges** discussed were; Knowledge management, Illiteracy, Women's status, Child marriages, Post-abortion care and the empowerment of Mid-level health care providers. All of these need to be focused for improving the overall situation of MNH in Sindh province.

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 the province;

1. There are barriers to accessing MNH services in Sindh (demand side and supply side).
2. The quality of care by providers/service delivery points for MNH services is not up to the standard.
3. There are many management related issues after devolution.
4. The overall scope of Governance/accountability needs improvement.
5. The capacity building of aspect of HRH is lacking.
6. There is lack of focus on Mother and neonate nutritional status.
7. The issues of male involvement in family planning need to be focused.
8. The issues related to Knowledge management need attention.
9. The effects of Illiteracy need to be explored
10. There is a need to improve women's status and discourage child marriages
11. Improvement in post-abortion care
12. Mid-level health care providers and their empowerment

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. How to do Qualitative research to understand the dynamics of access and demand side issues, focusing on MNH/FP?
2. How to incorporate Ad-hoc PPP models (best practices) – research outcome for advocacy?

3. How to interface research with advocacy?
4. To do Comparative assessment of quality of care between public and private services.
5. Reviewing the existing models related to empowering community/women, influencing improvement of MNH/FP/Nutrition
6. Assessing the role and capacity of mid-level providers for post-abortion care (PAC).
7. Assess barriers/ challenges in implementing protocols/ guidelines.
8. What is the role of alternative models having integrated approach for community care for marginalized population?
9. Reviewing of existing guidelines/ protocols/ standards.
10. What are the community perceptions of services?

The main advocacy opportunities identified are as follows

1. Utilization of existing research results related to access/coverage for advocating decision making.
2. UN resolutions for addressing MNH – Sensitization
3. Advocacy for male involvement by assessing existing as well as successful models.

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 Sindh 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 13. Top scoring research gaps and advocacy opportunities

Research Gaps And Need For Evidence	Score	Advocacy Opportunities	Score
Qualitative research to understand the dynamics of access and demand side issues, focusing on MNH/FP.	256	Utilization of existing research results related to access/coverage for advocating decision making.	256
Ad-hoc PPP models (best practices) – research outcome for advocacy.		UN resolutions for addressing MNH – Sensitization.	
How to interface research with advocacy?		Advocacy for male involvement by assessing existing and successful models	
Comparative assessment of quality of care between public and private services.	192		
Reviewing the existing models related to empowering community/women, influencing improvement of MNH/FP/Nutrition.	108		
Assessing the role and capacity of mid-level providers for post-abortion care (PAC).			
Assess barriers/ challenges in implementing protocols/ guidelines.	96		
Role of alternative models having integrated approach for community care for marginalized population.			
Reviewing of existing guidelines/ protocols/ standards.	48		

7. Conclusion

Through this exercise quality of care was brought forward as one of the most imperative research area Existing protocols/standards and barriers to their implementation, coverage, access, and demand issues are of prime importance to the participants and a source of much debate and discussion. Comparative assessment of quality of care between public and private facilities is suggested as well.

Advocacy for public private partnership, successful FP models, male involvement and nutrition are strongly suggested by all the participants for improving MNH status in Sindh province.

Annexure

Annexure I. Agenda of the meeting

Provincial Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Sindh: Date: 22 nd September 2011 Venue: Avari Hotel, Karachi	
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 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 Muhammad Shahid Ansari		Provincial Health Development Centre
2	Dr. Waqar Ahmed	Project Director	Provincial Health Development Centre
3	Mr. Alam Farid	DGM Research	Greenstar
4	Dr. Allya Ali	Head of Training	Greenstar
5	Mr. Naveed Aamir	Economist	SPDC
6	Ms. Mariam Kamal	Project Coordinator	HOPE
7	Dr. Dure-Samin Akram	Chairperson	HELP
8	Dr. Rozina Mistri	Country Director	AKHSP
9	Ms. Sheena Hadi	Director	Aahung
10	Ms. Sabina Ansari	Advocacy Specialist	MSS
11	Dr. Khurram Azmat	Senior General Manager	MSS
12	Hammad Majid	Coordinator	SAFHR
13	Ruqayya Talpur	Director RCH/MCH	Directorate General Health Sindh
14	Dr. Yasmin Qazi	Senior Country Advisor	Packard Foundation
15	Attiya Inaam Khan	Manager Communication	TRDP
16	Sahib Jan Bader	Provincial Program Coordinator MNCH Program	MNCH Program
17	Rafat Jan	Director	AKU School of Nursing
18	Dr. Abdul Rehman Pirzado	Focal Person	WHO
19	S. Shyaat H. Zaidi	Senior Social Scientist	AKU School of Nursing
20	Dr. Javed Akhtar Sheikh	Operation Officer	WHO
21	Dr. Sadiqa Jaffery	President	NCMNH

22	Ms. Mehak Ejaz	Researcher	SPDC
23	Ms. Rubina	Professor	Ziauddin Medical University
24	Ms. Shamsa		AKF-CSRC
25	Mr. Abdul Mateen Khan	Programme Officer M&E	PAVHNA
26	Dr. Irfan Ahmed	GM	HANDS
27	Dr. M. Naeem	Executive Director	SBODS
28	Dr. Gul Sheikh	DPD	MNCH Program

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 ▪ Problem of access/coverage of MNH services
QUALITY OF CARE	<ul style="list-style-type: none"> ▪ Protocols/ SOPs/Standards ▪ CME for licensing ▪ Ethical practices ▪ Pregnancy Care & Post Natal Care (PCPNC) guidelines available ▪ CMAM guidelines ▪ FP guidelines ▪ Essential Newborn care guidelines available.
MANAGEMENT	<ul style="list-style-type: none"> ▪ Integration of various programs ▪ Alternative models of community health care. ▪ Use of information system (HMIS/DHIS)
GOVERNANCE/ ACCOUNTABILITY	<ul style="list-style-type: none"> ▪ Public private partnership ▪ Accreditation ▪ Accountability ▪ Implementation of legislation ▪ There is a lack of policy/strategy for policy ▪ Lack of regulatory body ▪ Pakistan signatory to UN legislation/treaties
HUMAN RESOURCE FOR HEALTH	<ul style="list-style-type: none"> ▪ Capacity building approaches
NUTRITION	<ul style="list-style-type: none"> ▪ Lactation management and feeding practices ▪ Adolescents/girls nutrition ▪ Malnutrition of Pregnant & Lactating Women (PLW)
HEALTHCARE FINANCING	<ul style="list-style-type: none"> ▪ Health insurance ▪ Addressing the three delays
MISCELLANEOUS	<ul style="list-style-type: none"> ▪ Knowledge management ▪ Illiteracy ▪ Women's status ▪ Child marriages ▪ Post-abortion care ▪ Mid-level health care providers and their empowerment.

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 ▪ Problem of access/coverage of MNH services 	Qualitative research to understand the dynamics of access and demand side issues, focusing on MNH/FP.	Utilization of existing research results related to access/coverage for advocating decision making.

Quality of Care		
<ul style="list-style-type: none"> ▪ Protocols/ SOPs/Standards ▪ CME for licensing ▪ Ethical practices ▪ Pregnancy Care & Post Natal Care (PCPNC) guidelines available ▪ CMAM guidelines ▪ FP guidelines ▪ Essential Newborn care guidelines available 	Reviewing of existing guidelines/ protocols/ standards.	
	Assess barriers/ challenges in implementing protocols/ guidelines.	
	Comparative assessment of quality of care between public and private services.	
	Community perception of services.	
Management		
<ul style="list-style-type: none"> • Integration of various programs • Alternative models of community health care. • Use of information system (HMIS/DHIS) 	Role of alternative models having integrated approach for community care for marginalized population.	
Governance/Accountability		
<ul style="list-style-type: none"> • Public private partnership • Accreditation • Accountability • Implementation of legislation • There is a lack of policy/strategy for policy • Lack of regulatory body • Pakistan signatory to UN legislation/treaties 	Ad-hoc PPP models (best practices) – research outcome for advocacy	UN resolutions for addressing MNH – Sensitization
	Understanding the existing regulatory mechanisms specifically focusing on MNH	
Human Resources for Health (HRH)		
<ul style="list-style-type: none"> • Capacity building approaches. 	Pilot testing of leadership capacity building approaches for community based workers for improving MNH.	
Nutrition		
<ul style="list-style-type: none"> • Lactation management and feeding practices • Adolescents/girls nutrition • Malnutrition of Pregnant & Lactating Women (PLW) 	Comparative advantages/ impact/ effectiveness of lactation management practices between communities and facilities. -Study project/program. -Study legislation.	•
	(How) Models/Interventions for improving nutritional intake/ dietary behavior of	

	Pregnant & Lactating Women (PLW).	
Family planning		
<ul style="list-style-type: none"> ▪ Youth fertility ▪ Adolescent sexual reproductive health (SRH) ▪ Male involvement ▪ BCC 	Assessing BCC models for addressing youth fertility and/or adolescent sexual reproductive health (SRH).	Advocacy for male involvement by assessing existing and successful models
Miscellaneous		
<ul style="list-style-type: none"> ▪ Knowledge management ▪ Illiteracy ▪ Women's status ▪ Child marriages ▪ Post-abortion care <p>Mid-level health care providers and their empowerment.</p>	Assessing the existing knowledge management strategies which can/should improve MNH.	
	How to interface research with advocacy?	
	Reviewing the existing models related to empowering community/women, influencing improvement of MNH/FP/Nutrition.	
	Assessing the role and capacity of mid-level providers for post-abortion care (PAC).	

STEP 3: SUMMARY OF THE SCORES ACHIEVED	
RESEARCH GAPS AND NEED FOR EVIDENCE	SCORE ACHIEVED
Qualitative research to understand the dynamics of access and demand side issues, focusing on MNH/FP.	256
Ad-hoc PPP models (best practices) – research outcome for advocacy	256
How to interface research with advocacy?	256
Comparative assessment of quality of care between public and private services.	192
Reviewing the existing models related to empowering community/women, influencing improvement of MNH/FP/Nutrition	108
Assessing the role and capacity of mid-level providers for post-abortion care (PAC).	108
Assess barriers/ challenges in implementing protocols/ guidelines.	96
Role of alternative models having integrated approach for community care for marginalized population.	96
Reviewing of existing guidelines/ protocols/ standards.	48

Community perception of services.	One UN is already doing this
ADVOCACY OPPORTUNITIES	SCORE ACHIEVED
Utilization of existing research results related to access/coverage for advocating decision making.	256
UN resolutions for addressing MNH – Sensitization	256
Advocacy for male involvement by assessing existing and successful models.	256