



Research & Advocacy Fund

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.

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LIST OF ABBREVIATIONS

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

1. Introduction and Background

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

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

1.1 RAF's role in MNH

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

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

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

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

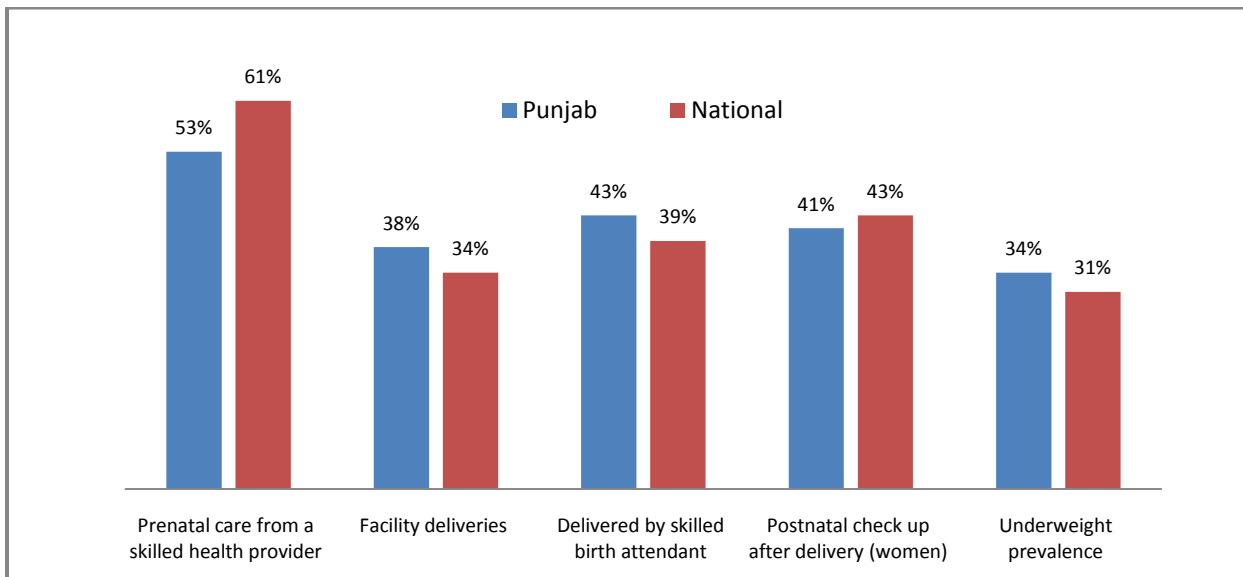
2. Punjab –Maternal and Newborn Health Status

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

Table 1. Health Indicators of Punjab

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 1. 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, financiers 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.
- a. 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 2. 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		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	128
Viable models for community financing for MNH, specifically for Family Planning.		Implementation of integrated approach for MNH.	
How to communicate research results to policy		Rights based approach for MNH	32

makers?	
Is the allocation and expenditure of financial resources at various levels of care specifically for MNH?	192
<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

Adopting minimum standards for service delivery by population welfare department	4

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 considerate 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 	<p>How to communicate research results to policy makers?</p> <p>Secondary analysis of 'what works' in research to advocacy in MNH</p>	

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