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.

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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
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 minutes[1].

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.

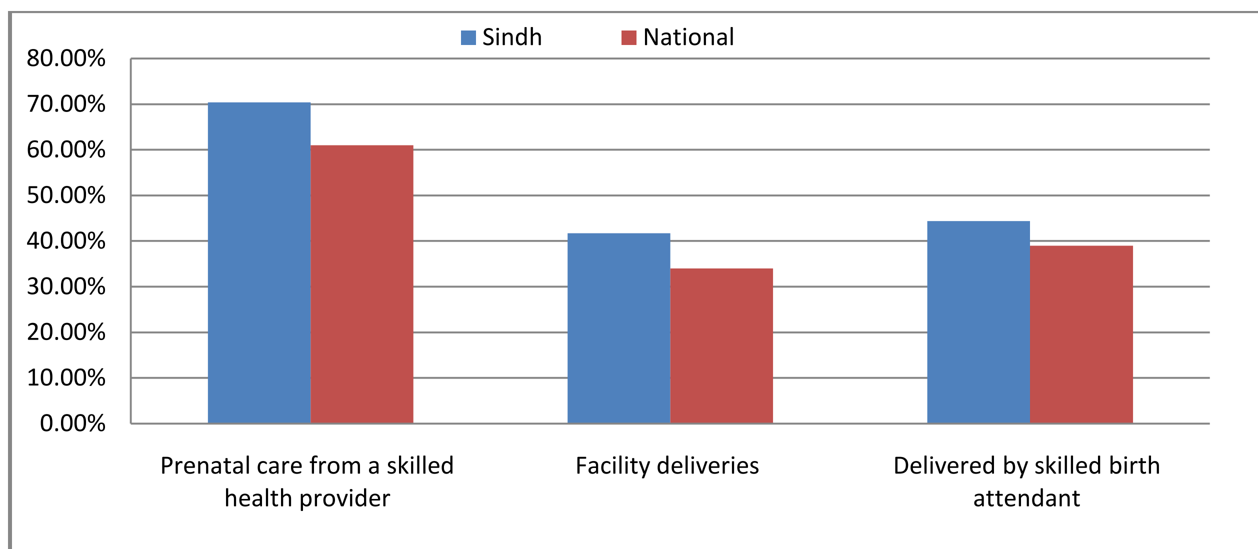
2. Sindh –Maternal and Newborn Health Status

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

Table 1. 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	4.1children per woman

Figure 1. MNH Indictors 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 car 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 2. Top scoring research gaps and advocacy opportunities

Research Gaps And Need For Evidence	Score
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.	
How to interface research with advocacy?	
Comparative assessment of quality of care	192

Advocacy Opportunities	Score
Utilization of existing research results related to access/coverage for advocating decision making.	256
UN resolutions for addressing MNH – Sensitization.	
Advocacy for male involvement by assessing existing and successful models	

between public and private services.			
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

Agenda of the meeting

Provincial Consultation on Priorities and Opportunities for Maternal and Newborn Health Research and Advocacy in Sindh: Date: 22nd 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**

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 Aaamir	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	Progromme Officer M&E	PAVHNA
26.	Dr. Irfan Ahmed	GM	HANDS
27.	Dr. M. Naeem	Executive Director	SBODS
28.	Dr. Gul Sheikh	DPD	MNCH Program

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.

Participatory Exercise

Step 1: Identified Thematic areas	
Thematic Areas	**Specific Issues/Challenges**
ACCESS/ COVERAGE	▪ Supply ▪ Demand ▪ Problem of access/coverage of MNH services
QUALITY OF CARE	▪ 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	▪ Integration of various programs ▪ Alternative models of community health care. ▪ Use of information system (HMIS/DHIS)
GOVERNANCE/ ACCOUNTABILITY	▪ 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	▪ Capacity building approaches
NUTRITION	▪ Lactation management and feeding practices ▪ Adolescents/girls nutrition ▪ Malnutrition of Pregnant & Lactating Women (PLW)
HEALTHCARE FINANCING	▪ Health insurance ▪ Addressing the three delays
MISCELLANEOUS	▪ 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		
▪ 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		
▪ 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		
• 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		
• 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)		
• Capacity building approaches.	Pilot testing of leadership capacity building approaches for community based workers for improving MNH.	
Nutrition		
• 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		
▪ 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		
▪ Knowledge management ▪ Illiteracy ▪ Women's status ▪ Child marriages ▪ Post-abortion care Mid-level health care providers and their empowerment.	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