
Ministry Of Health
National MNCH Program (2006-2012)
Key Maternal and Child Health Indicators

- MMR (Estimate) 350-450/100,000 live births
- Proportion of Women 15-49 years at least one antenatal care consultation: 27% (RH &FP survey 2001-02)
- Skilled Birth Attendance Rate: 24% (PIHS 20001-02)
- Contraceptive Prevalence Rate: 34% (MoPW 2004)
- Infant Mortality Rate: 82/1000 live births (UNICEF 2004)
- Under 5 mortality rate: 103/1000 live births (UNICEF 2004)
- Low Birth Weight: 25%
- Prevalence of Iron Deficiency Anemia in Pregnant Women: 70%
25,000 Maternal Deaths

~ 350,000 annually bear the burden of maternal ill health & suffering
For every 1000 children born in Pakistan:

- A 100 children will not live to see their 5th birthday.
- Of these 80 will die in the first year of life.
- Of these 45-50 will die in the first month of life.
- Of these 30 are dead within the first week of life.
Pakistan’s Commitment to Meet MDG Goals

The Millennium Development Goals
(Special focus on women and children)

**Goal 4**
Reduce child mortality by two third between 1990-2015

**Goal 5**
Reducing maternal mortality by three quarters between 1990-2015
Target 2015: 140 per 100,000 live births

Current rate 350 per 100,000 live births

At current pace MMR in 2015: 230 per 100,000 live births
**Status of MDG - Child Health (Goal 4)**

**Target 2015:**
40 per 1000 live births

**Current Rate**
77 per 1000 live births

At current pace IMR in 2015:
61 per 1000 live births
## Health Sector Context

- High population growth rate
- Low literacy rate
- Inadequate Health Sector Allocation
- Poverty
- Lack of comprehensive MNCH services in districts
- Fragmented and poorly coordinated efforts among different programs/projects
- Organizational and management issues
- Human resource gaps
- Issues of quality of care, lack of access and under-utilization of services
- Lack of awareness and socio-cultural barriers
GOVERNANCE ISSUES WITH REGARDS TO THE HEALTH SECTOR

- Fragmentation of MNH Programs
- Lack of human resource development policy
- Stand alone Donor driven Projects.
- Inadequate financing in Health Sector.
- Weak Monitoring & Evaluation
- Lack of community involvement in planning, implementation and accountability.
- Emphasis on biological determinants and not on cultural and social aspects.
- Lack of inter-sectoral coordination for partnerships
What Have We Done To Achieve the MDGs

• The National Health System has been strengthened through a number of Programs and Projects e.g. NP for FP and PHC (LHW Program), EPI, WHP, RH Project and Nutrition Program that has provided an impetus for comprehensive up scaling of MNCH initiatives.

• All future activities will be placed within the framework of National MNCH Program.
The National MNCH Program: Process

- MNCH Cell established in the MoH in Feb. 2005
- Technical Advisory Group formulated to assist in development of MNCH Policy and Strategic Framework document
- MNCH Policy and Strategic Framework developed through Provincial and District consultations and endorsed by the Prime Minister in National Health Forum (1st April, 2005)
- Islamabad Declaration on the MNCH strategic framework unanimously adopted by federal and provincial governments, donors on April 2, 2005
- Project Document developed through consultation and presented for approval
- Approved at a cost of Rs.19,994/- million for a period of 6 years including DFID share of Rs.9500/- million
Salient Features of the National MCH Program

• MNCH Program funding is an additional tied grant for Upscaling of existing funds and activities.

• Unified Policy on MNCH through an integrated National Program (services and projects)

• Aligned activities of donors/development partners to the Program Strategies through a programmatic approach

• Universal coverage, quality of care and district focus

• Comprehensive Essential Services Package at all levels of health care system

• Public Private Partnership
MNCH Program Strategies

- Improve accessibility of quality health services
- Increase the demand for health services
- Strengthen the existing district health systems

**Community based Skilled Birth Attendants**
- Train and deploy 12,000 Community based Skilled Birth Attendants (Community Midwives)
- 124 midwifery schools functional
- Strengthen Pakistan Nursing Council and Nursing Examination Boards
- Recruit, Train and Deploy 600 (324 new) midwifery tutors

**Provision of 24/7 Basic and Comprehensive EmONC Services**
- Provide Comprehensive EmONC services in 268 hospitals and Basic EmOC Services in 608 RHCs and preventive services in 5882 BHUS
  - Provide incentives to HCP
  - PG students rotation
  - Trainings on EMOC, Non obs complications refreshers, attachments at Teaching hospitals
  - Reimbursement for emergency transportation of deliveries
  - Essential equipment

**Child and Neonatal Health Strategy**
- Provide complete coverage for neonatal resuscitation and child care at all EmONC facilities
- Establish Well baby clinics in all hospitals
- Provide incentives to HCP
- Strengthen EPI service delivery through referrals
- Collaborate with Nutrition program
- Trainings on IMCI, IMPAC, refresher
- Provide Essential equipment to hospitals

**Comprehensive Family Planning Services**
- Provide comprehensive FP services through all health facilities
- Collaborate with MOPW to shift RHS centers to hospitals
- Provision of full range of services
- Trainings on STIs, FP counseling, surgical contraceptives
MNCH Program Strategies

- Improve accessibility of quality health services
- Increase the demand for health services
- Strengthen the existing district health systems

Advocacy and Demand Creation:
- BCC, Community Mobilization and Advocacy treated as a specialized field
- Communication planning, implementation and evaluation is need/ research based.
- Focus on improving past performance and creating capacity in designing and implementing scientific communication and training programs.
- Capacity building to handle planning as well as monitoring and evaluation activities

Management and Organization Reforms:
- Performance based incentives for Federal, Provincial and District health management teams and MS hospitals
- Management Trainings
- Integrated approach to service delivery
- Flow of funds through regular government channels to increase ownership
- Provision for contribution by district, provincial govts and development partners

Monitoring and Evaluation Framework:
- Strengthen MIS system
- Provision of Bonus linked to MIS
- Involvement of stakeholders in M&E
- Inbuilt review mechanisms
- Baseline, midterm and five year evaluations of all components
- Identification of district targets for performance monitoring
MNCH PROGRAM TARGETS

• To reduce the Under Five Mortality Rate to less than 65 per 1000 live births by the year 2011 (Target 2015: 45/1000)
• To reduce the Newborn Mortality Rate to less than 40 per 1000 live births by the year 2011 (Target 2015: 25/1000)
• To reduce the Infant Mortality Rate to less than 55 per 1000 live births by the year 2011 (Target 2015: 40/1000)
• To reduce Maternal Mortality ratio to 200 per 100,000 live births by the year 2011 (Target 2015: 140/100,000)
• To increase the proportion of deliveries attended by skilled birth attendants at home or in health facilities to 90%. (Target 2015: >90%)
• Increase in Contraceptive Prevalence Rate from 36 (2005) to 51 in 2010 and 55 in 2015
Factors Facilitating Scale Up

- High level of political commitment
- National health policy 2001
- Population policy 2002
- PRSP
- 10 year perspective plan (2001-2011)
- MDGs
Essential MNCH Services Packages at the Community, Primary and Mid-level Health Facilities and Secondary Hospital
Community level MNCH Packages

- To reduce unmet need by providing FP services at doorstep
- Information and education for empowerment and change (IEEC)
- Prenatal risk assessment, Referral in pregnancy
- Prenatal care, Birth preparedness
- Skilled birth attendance
- Referral of high-risk women to First Level Care Facilities, Consultation with SBA
- Newborn care, Newborn RSR
- Postpartum care
- Easy and organized access to EmONC services
Primary Level Health Facility

- Family planning
- Prenatal care
- Nutritional advice and supplements
- Normal delivery of high-risk pregnant women
- Basic minimum curative care to women and newborns
Mid-level Health Facility
(Integrated Rural Health Complex)

- Family planning
- Prenatal care
- Nutritional advice and supplements
- Normal delivery of high-risk pregnant women
- Basic minimum curative care to women and newborns
- Basic EmONC
- Training and supervision of LHWs, TBAs primary level facility staff in obstetric and newborn first-aid
- Immunization
- Nutrition supplementation
Secondary Hospital

• Comprehensive EmONC
• Training and supervision of staff, and referral links with Mid-level health facilities
• All other services provided at primary and mid-level facilities
Expectations from PMNCH

• Presence of PMNCH in Pakistan
• Mobilize additional resources for existing funding gaps in National MNCH program
• Institutionalize Research in MNCH Program
• Capacity building for effective Monitoring & Evaluation Processes
• Technical Assistance in training of private sector health care providers in MNCH