

Rolling Out the MDGs

Pakistan Initiatives for Mothers and Newborns (PAIMAN)

16th Canadian Conference on International Health
Ottawa, October 28, 2009

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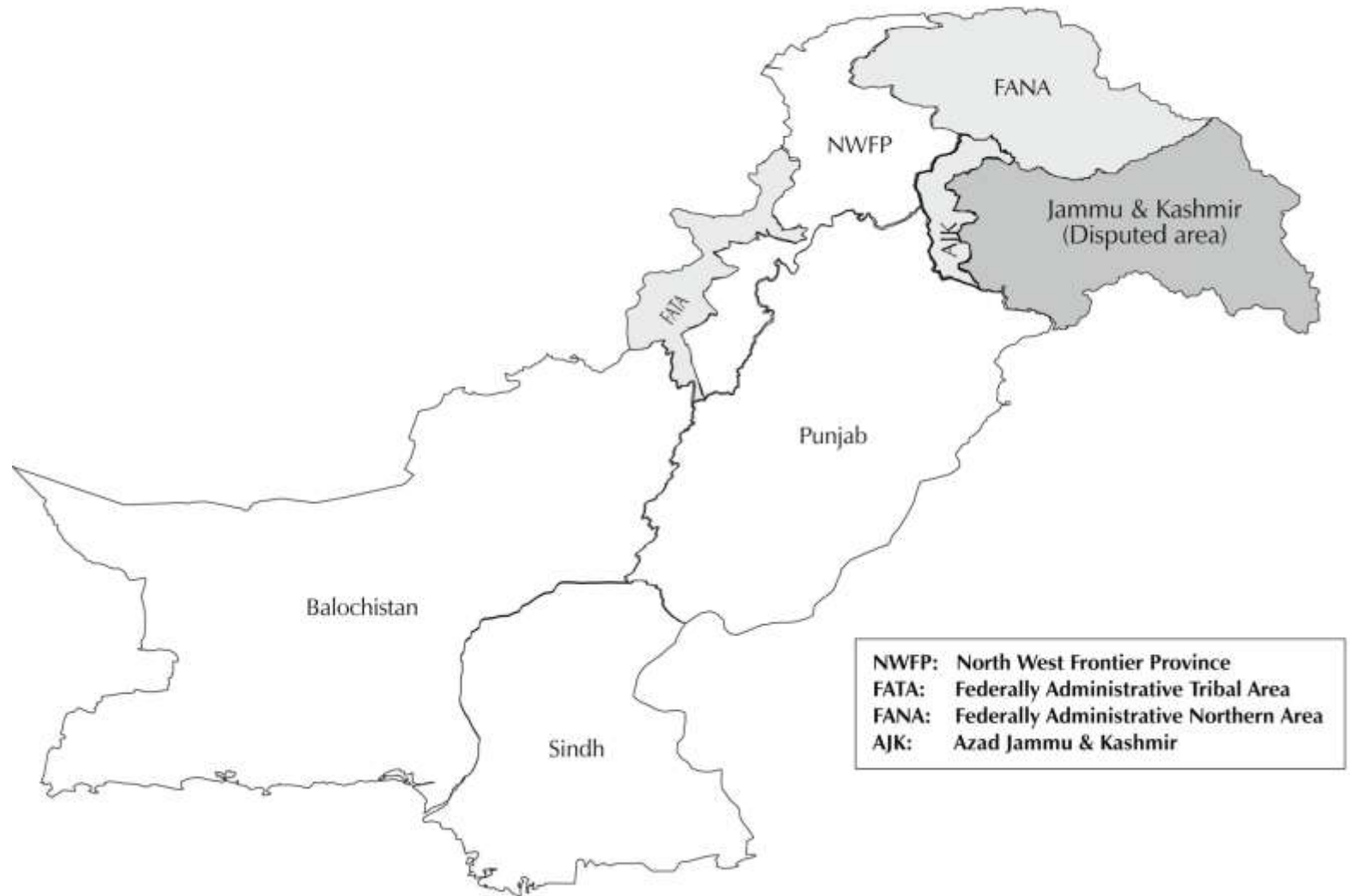


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Situation of MNCH-FP in Pakistan

MAP OF PAKISTAN

(Shaded areas were not surveyed in the 2006-07 Pakistan Demographic and Health Survey.)



NWFP: North West Frontier Province
FATA: Federally Administrative Tribal Area
FANA: Federally Administrative Northern Area
AJK: Azad Jammu & Kashmir



Pakistan Profile

796,096 square kilometres	36th largest country/territory by surface area
Agricultural economy with vibrant, growing manufacturing sector	Semi-arid to arid agriculture based on irrigation – Indus River & tributaries
Two thirds population living in rural areas	29% of pop in the lowest wealth quintile living in rural areas 46% of pop the highest wealth quintile living in urban areas
Strong average economic growth of over 7.5 % 2003-07	Maintains Pakistan's position as one of the fastest growing economies in the Asian region along with China, India, and Vietnam.
Source: PDHS 2006-2007	

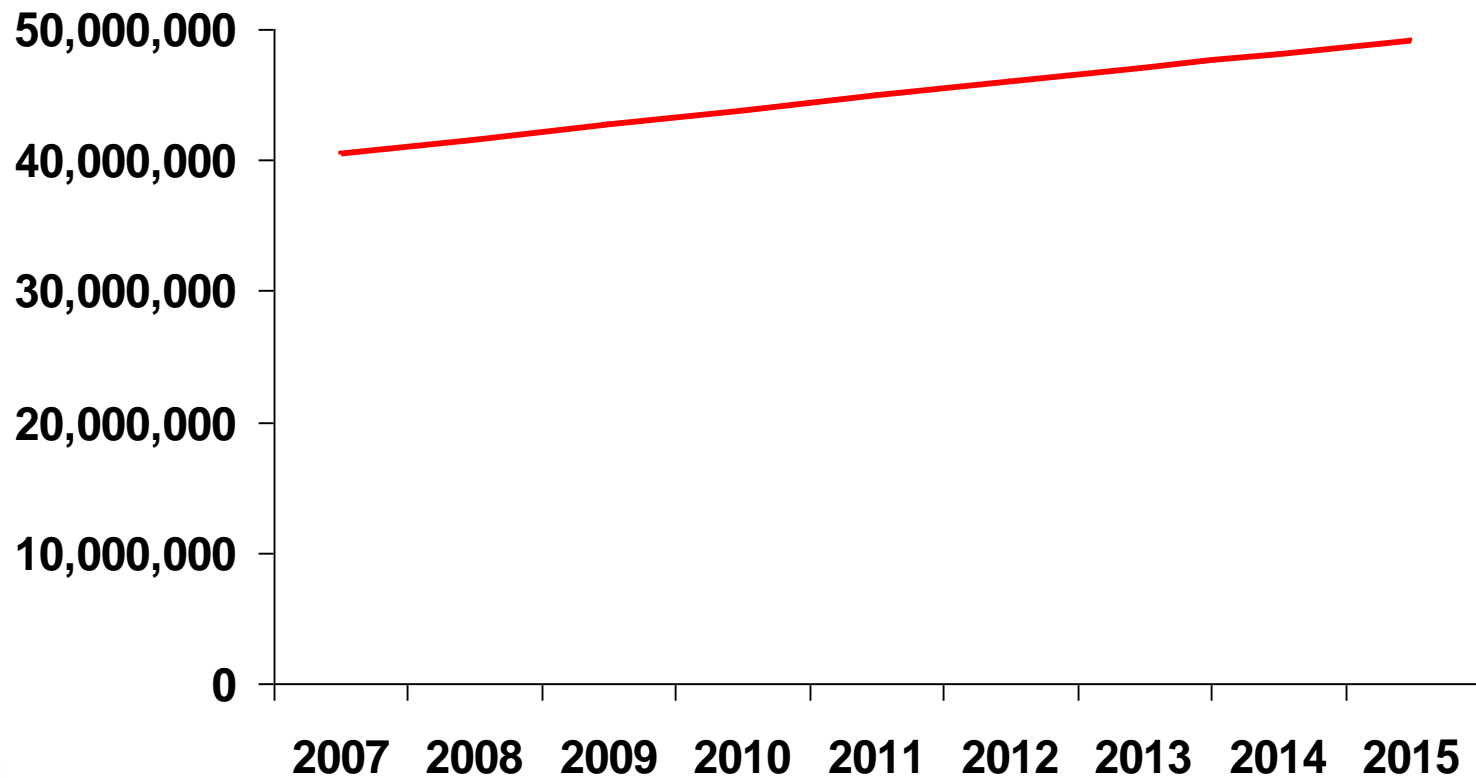
Demographic Profile

Population 167 million	6th most populated country in the world
Population Density 210 person/sq. km.	36th largest country/territory by surface area
Growth Rate 1.9%	Population will double in ~ 35 years
Total Fertility Rate 4.1 births/women	Target is 'Replacement Level' of 2.1 births by 2020
Currently married women using family planning 29.6%	Actual demand for family planning is ~ 67.0%



Women of Reproductive Age in Pakistan

Projected increase in WRA 8.7 million



Source: SPECTRUM 3.04 Projections

Pakistan Initiative for
Mothers and Newborns

Health Facilities and Services

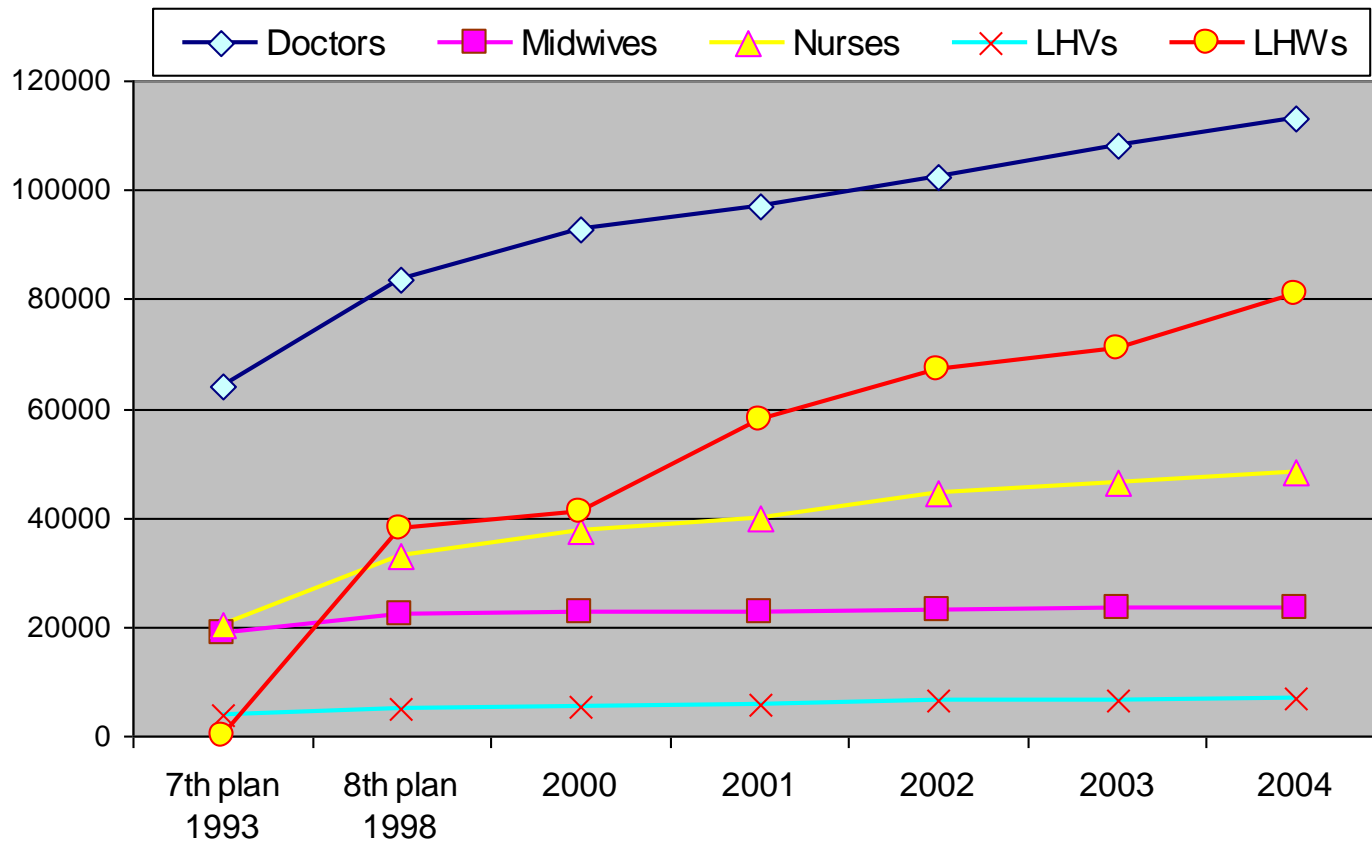
Public sector hospitals	906
Basic Health Units	5,290
Population/Bed	1,536
Doctors – 1/1,300*	122,798
Nurses – 1/4,600	57,646
Midwives	25,000
Lady Health Workers	110,000



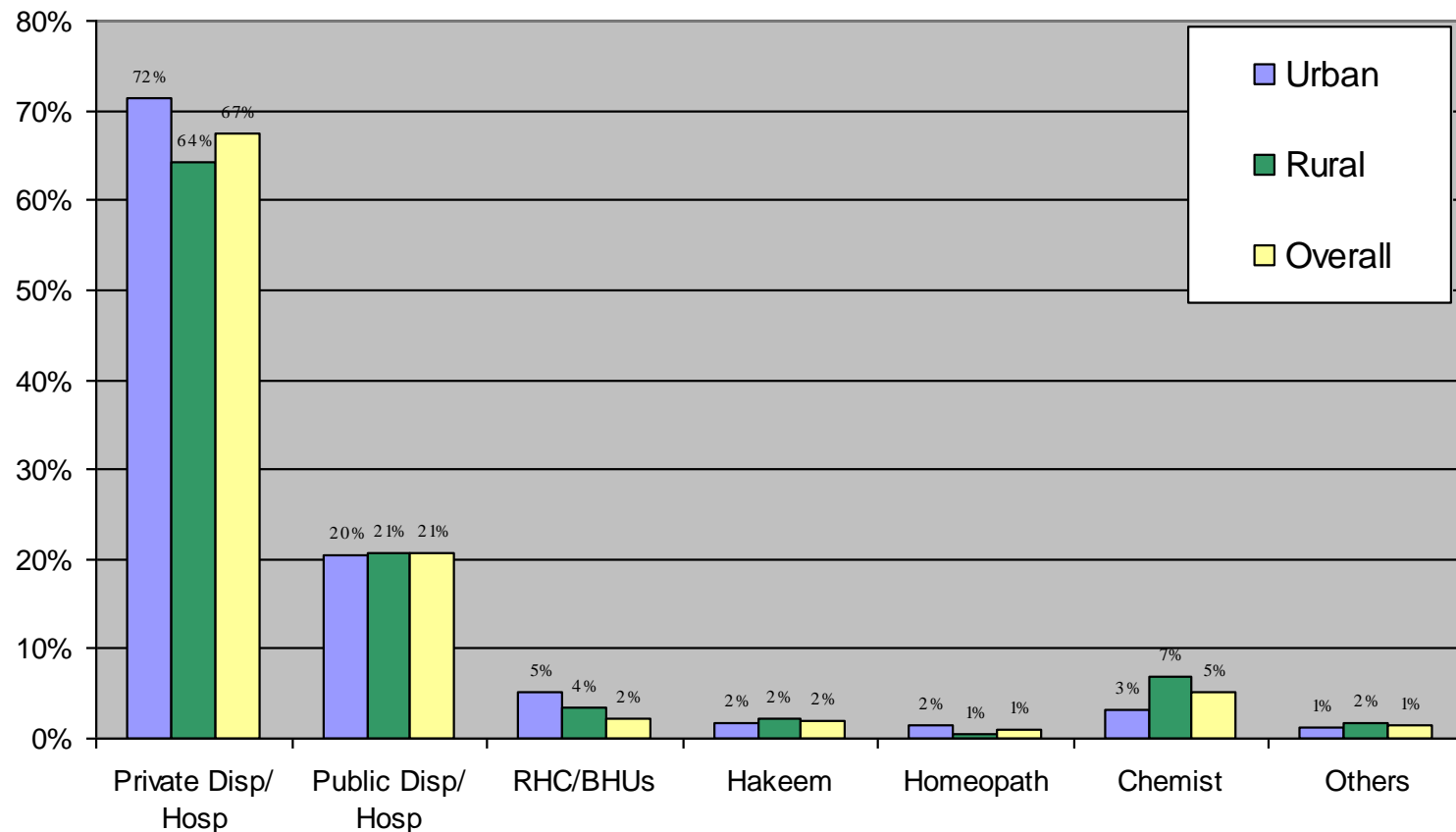
*Source: PDHS 2006-2007

Health – HR Development

Status Quo in the number of LHV, Midwives and Nurses



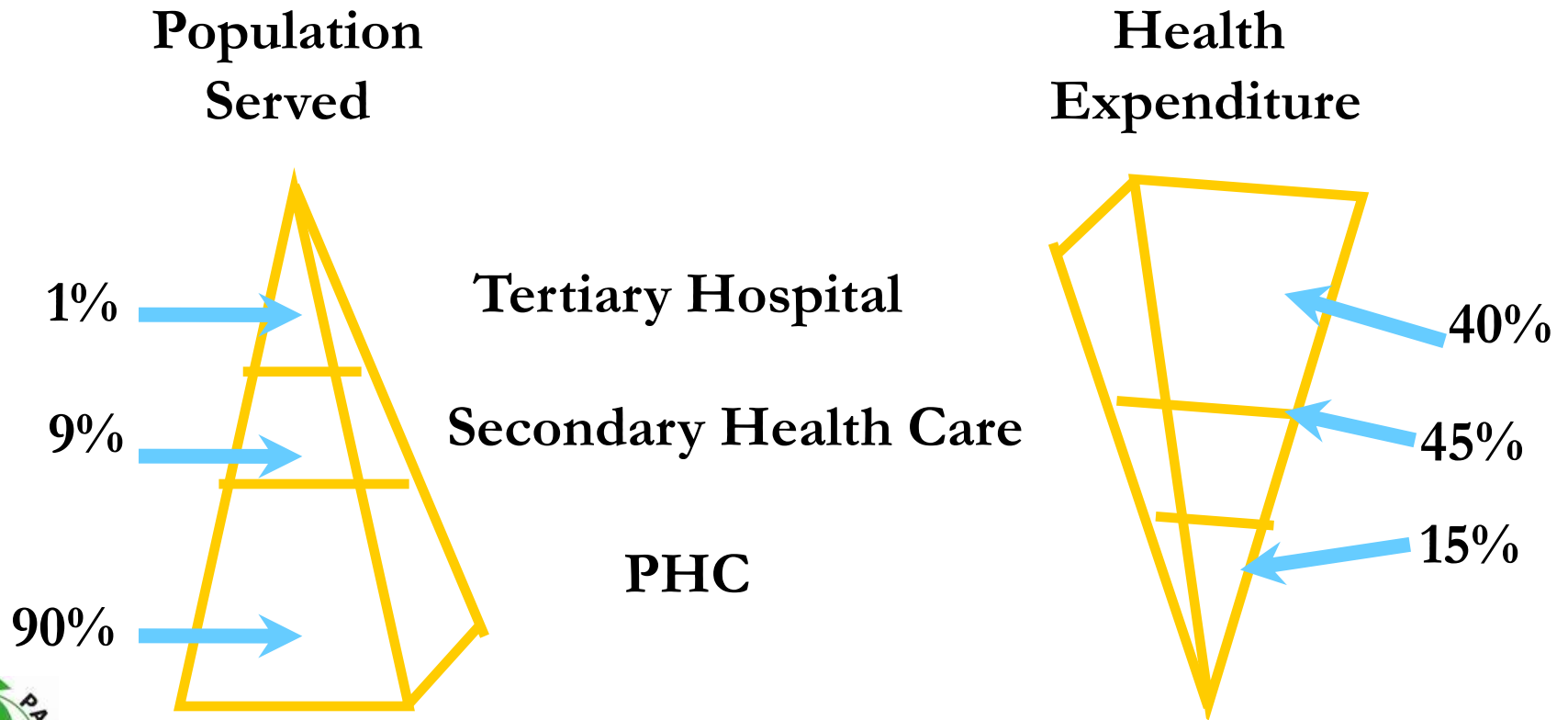
Confidence in Public Sector Facilities?



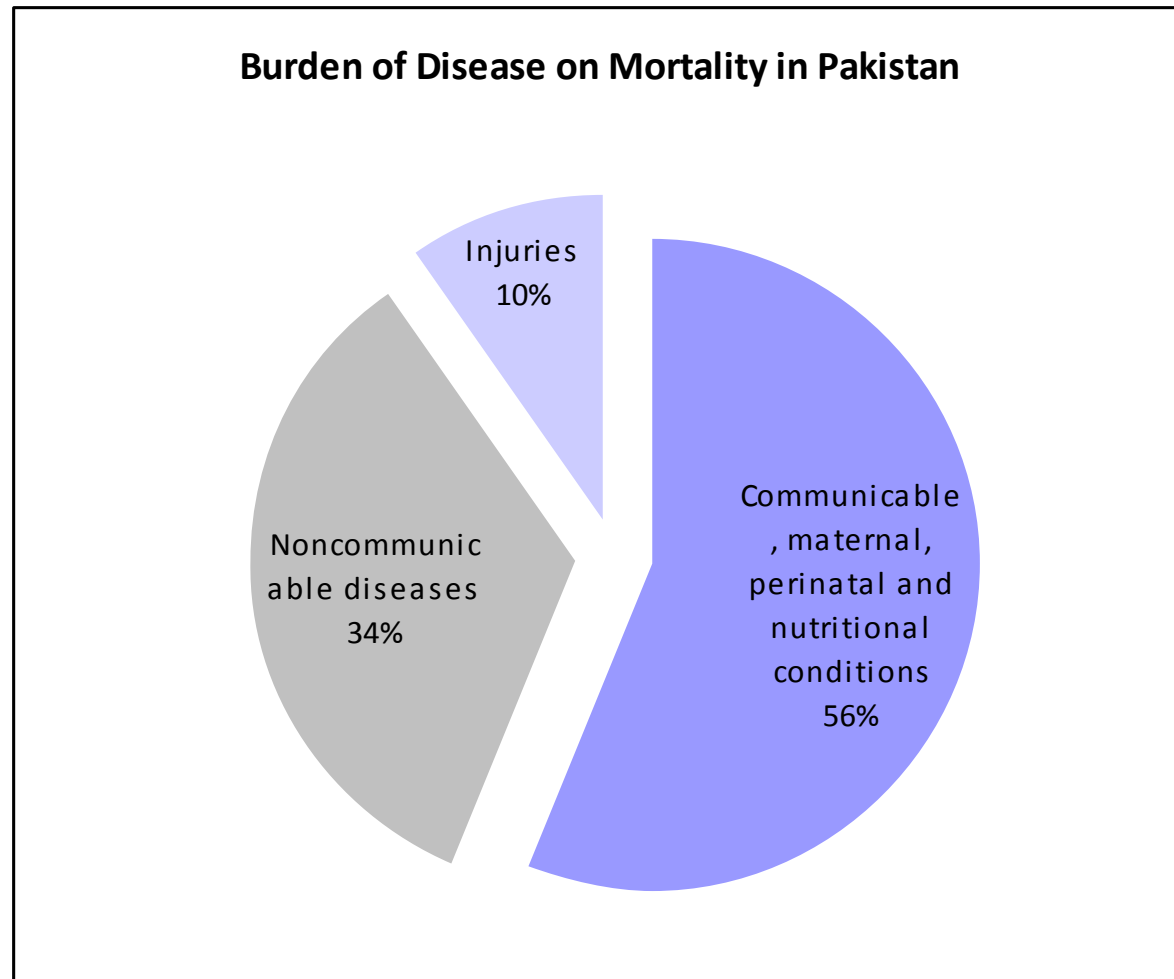
Quality issues lead to lack of confidence in Public sector with resulting high out of pocket expenditure for the poor



CBI-The Rationale: Inequitable Distribution of Health Resources



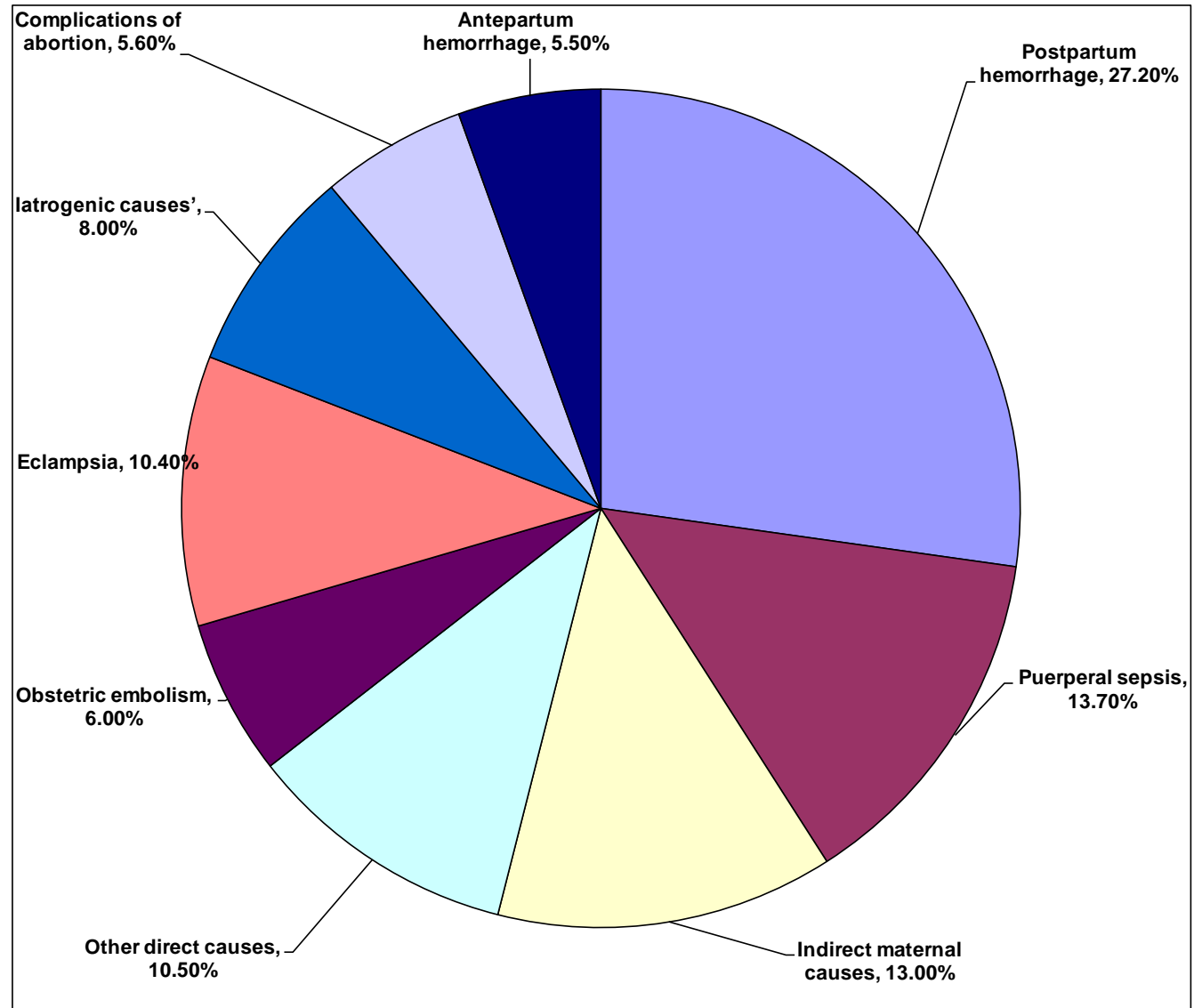
20% of GoP reported expenditure is allocated to address 56% of disease burden



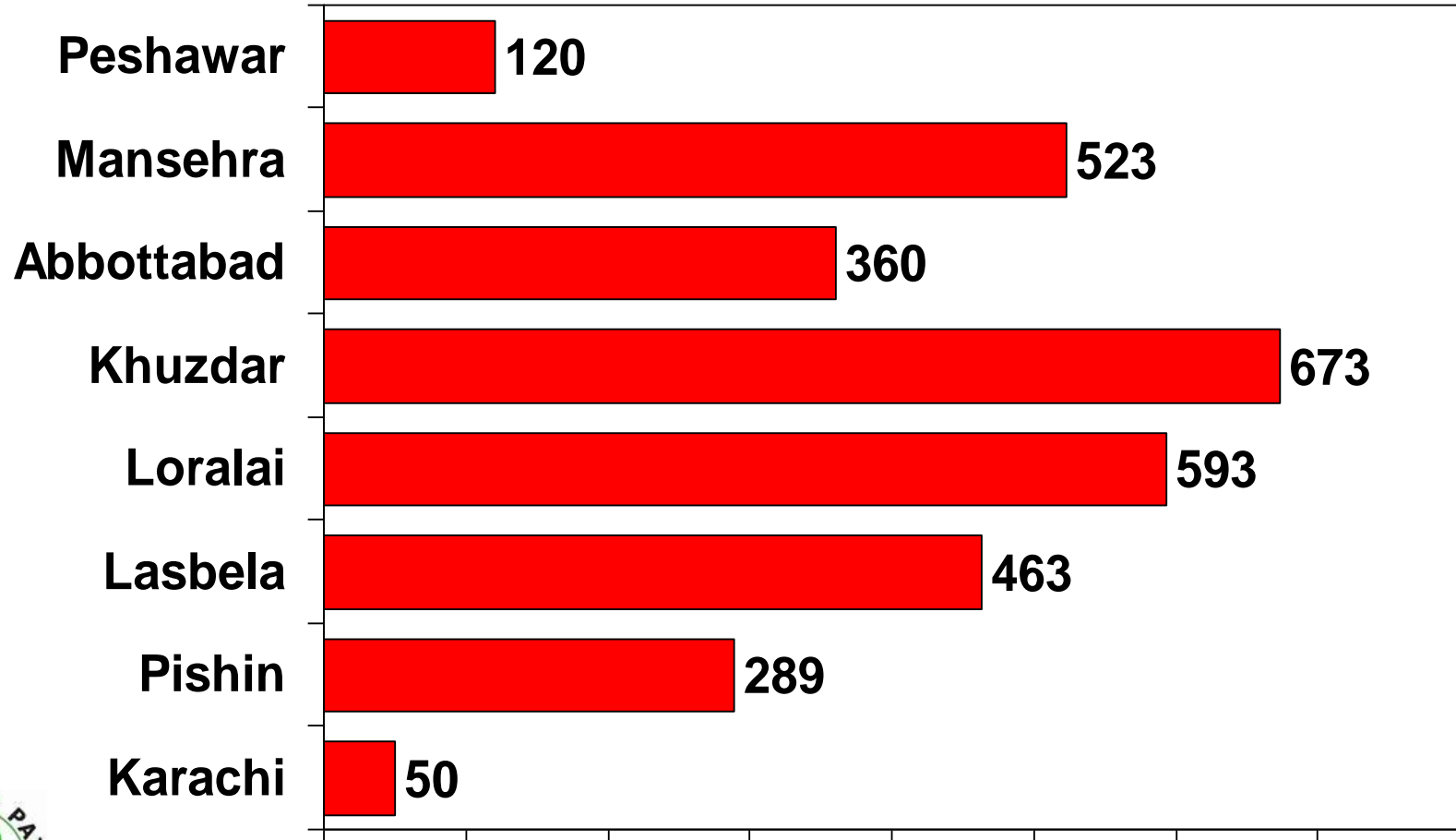
MDG Health Indicators

Maternal Mortality	276 - 500 per 100,000 live births
Infant Mortality Rate	78 per 1,000 live births
Neonatal Mortality	54 per 1,000 live births
Under-five mortality	94 per 1,000 live births
Source: PDHS 2006-2007	

Common Causes of Maternal Mortality



Mothers dying per 100,000 live births in selected districts, 1993



Maternal Health Indicators

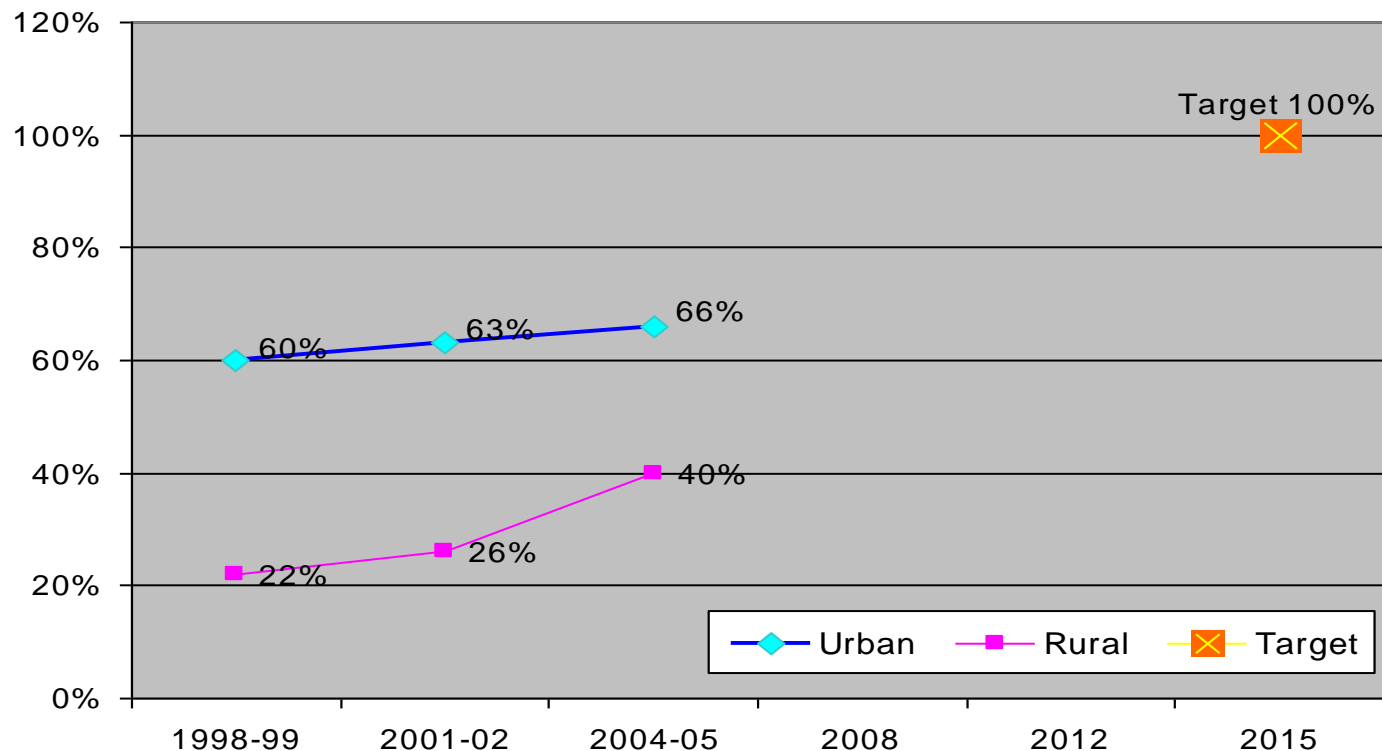
Women whose last birth was not protected against neonatal tetanus	40.2%
Women who receive skilled care during pregnancy	39.1%
Percentage births attended by unskilled birth attendant	61.2%
Births delivered at home	65.7%
Women who did not receive postpartum care by skilled provider	73.7%



Source: PDHS 2006-2007

Urban Rural Gap – “One” Antenatal Visit

Recommended **Four** Antenatal Visits !!



• There is wide Gap between urban-rural for one antenatal visit

• Further, it is required to have at least 4 antenatal

• From 40% we have to reach 100% rural women seeking at least one antenatal visit

Child Health Indicators

One out of every ten children dies before reaching the fifth birthday	Under-five mortality 94
Almost 60% of under-five mortality occurs within the first month of life	Neonatal mortality 54
Half of all the children in Pakistan are anemic	Under-five anemia 50.9
Four out of every ten children are underweight	Under-five underweight 38.0
More than 60% children (12-23 months) in Pakistan do not have all the basic vaccinations	Basic Vaccination Coverage 39.2



Source: PDHS 2006-2007

Where do we stand?

Country	Life Expectancy	Infant Mortality Rate	Under 5 Mortality Rate	Population Growth Rate
Pakistan	65	78	94	1.9
Bangladesh	64	47	61	2.0
India	65	54	72	1.5

Priority Areas!

- **Creating awareness and demand for MNCH services**
- Community Midwives trained & placed in rural communities
- Provision of Basic and Comprehensive EmONC & IMNCI services
- Improved EPI coverage
- Comprehensive family planning services
- Nutrition interventions
- All these priorities are supported by the National Program for PHC & FP



Pakistan Initiative for Mothers and Newborns- PAIMAN



Pakistan Initiative for Mothers and Newborns (PAIMAN)

- ❖ USAID funded 6 year project
- ❖ Focus on Maternal, Newborn & Child Health & Family Planning
- ❖ Health system strengthening is a cross cutting intervention.



Project Overall Goal

Pakistan Initiative for Mothers and Newborns is working to reduce maternal, newborn, and child mortality in Pakistan, through viable and demonstrable initiatives and capacity-building of existing programs and structures within health systems and communities, to ensure improvements and strengthen links in the continuum of health care for women and children from the home to the hospital



Strategic Objectives

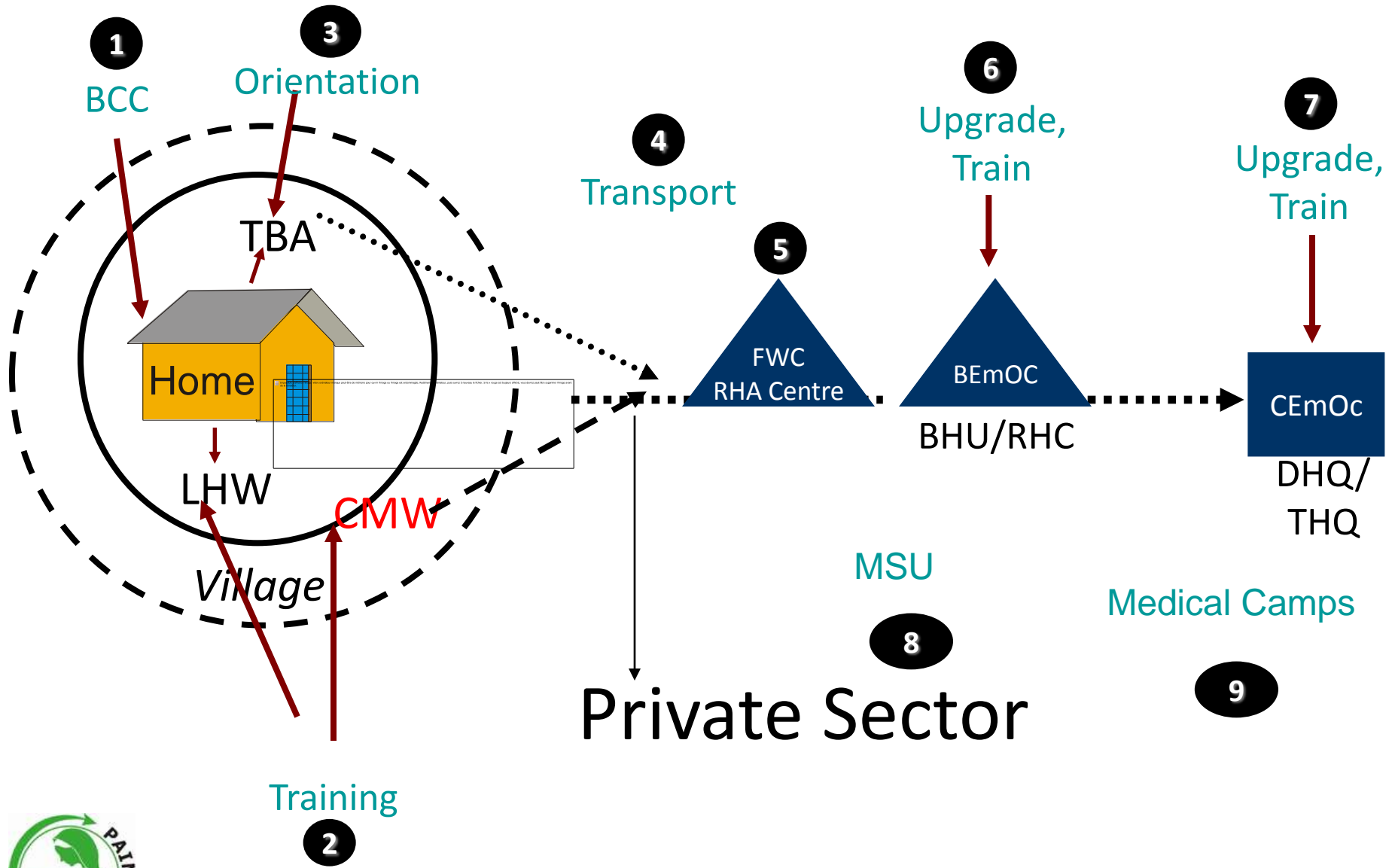
- ❖ Increase awareness and promote positive maternal, newborn and child health behaviors
- ❖ Increase access to emergency obstetrics, newborn and child care, and reproductive health
- ❖ Improve service quality in both the public and private sector
- ❖ Increase Capacity of Health Managers and Care Providers
- ❖ Improve management and integration of services at all levels



PAIMAN's Strategy

"Pathway to Care and Survival"
continuum of care from household to
hospital

Intervention: Home to Hospital



So-1 Demand Creation

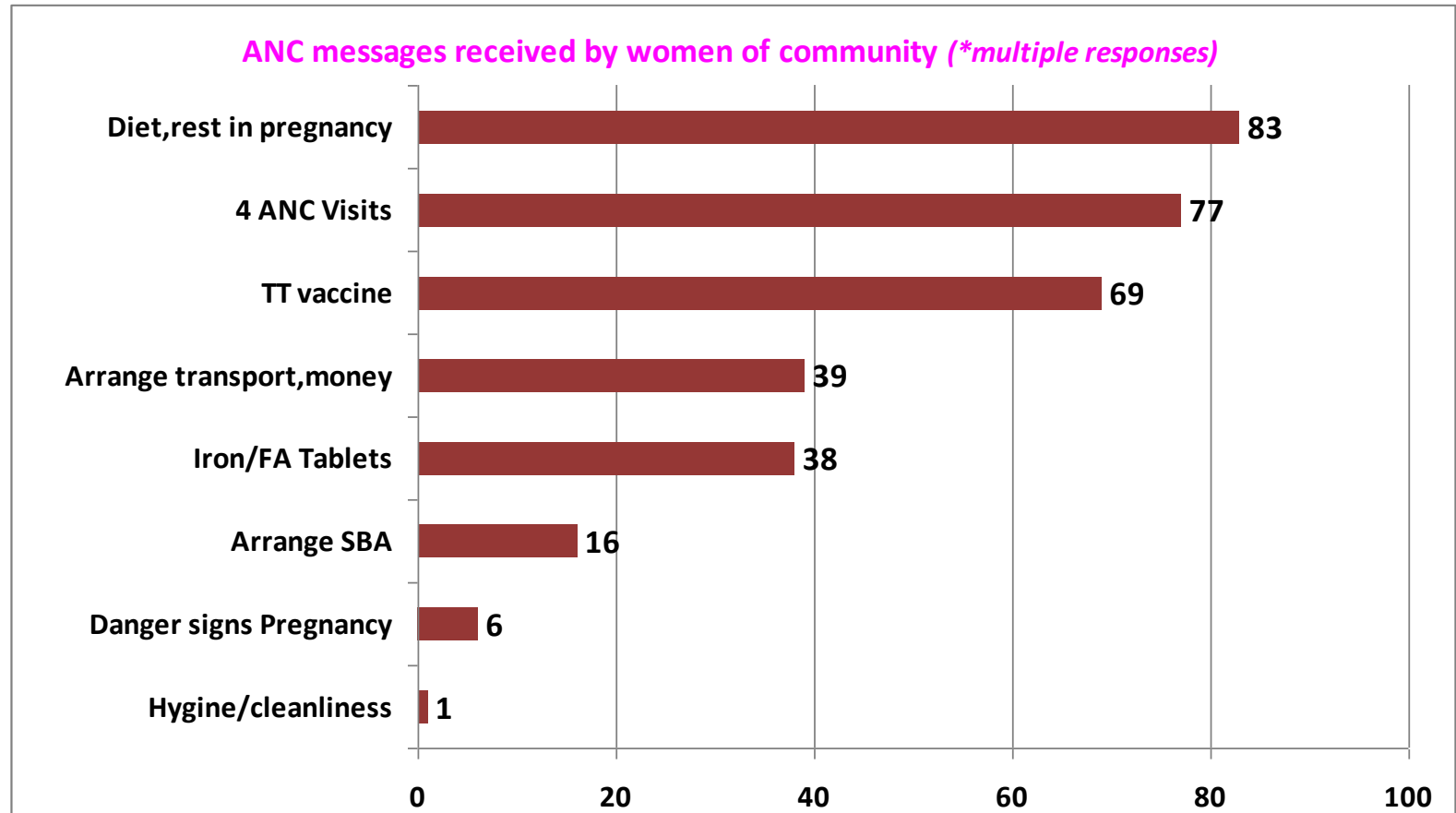
Increase awareness and promote positive maternal and newborn health behaviors

Reaching Community through LHWs

- Working through 11000 Lady Health Workers (LHWs)
- Reached 2.41 million beneficiaries through LHW support groups
- Revitalization of Village Health Committees



Topics of discussion during SG meeting



Reaching the underserved Areas through NGOs

78 NGOs have reached 1.45 million beneficiaries in non-LHW areas.



Reaching the underserved Areas through NGOs

Scope of Work

- Advocacy
- Social Mobilization
- Improving emergency transportation
- Orientation of TBAs
- Strengthening of EPI, TT vaccination Campaign
- Free medical camps

Awareness Raising Events

26,885 beneficiaries reached through 36 mega events



Awareness Raising Events

112,453 beneficiaries reached through 415 local events



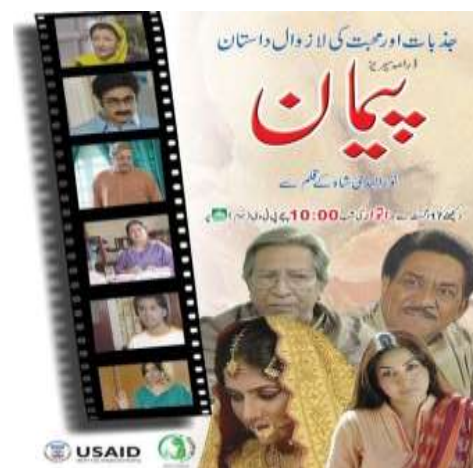
Awareness Raising Events

1,934 District and Tehsil assembly members participated in 41 Seminars



Reaching Diversity with Television Drama Series “Paiman”

- A 13-episode drama series on PTV Home
- Subsequent airing on national / regional terrestrial and cable television channels;
- Dubbing in regional languages for regional audiences
- Showing selected episodes through “Video-on-Wheels” approach
- TVC Newborn



Reaching through Ulama Intervention

- Only influential and those whose mosques are in far-flung areas uncovered by LHWs
- Delivering MNCH messages to men through *Wa'az* during Friday prayer and to women through *Mufita* lectures



Developing Capacity on communication skills

- Three annual one-week intensive workshops on “Leadership in Strategic Health Communication
- Participants learn to apply key leadership principals in designing strategic health communication programs.

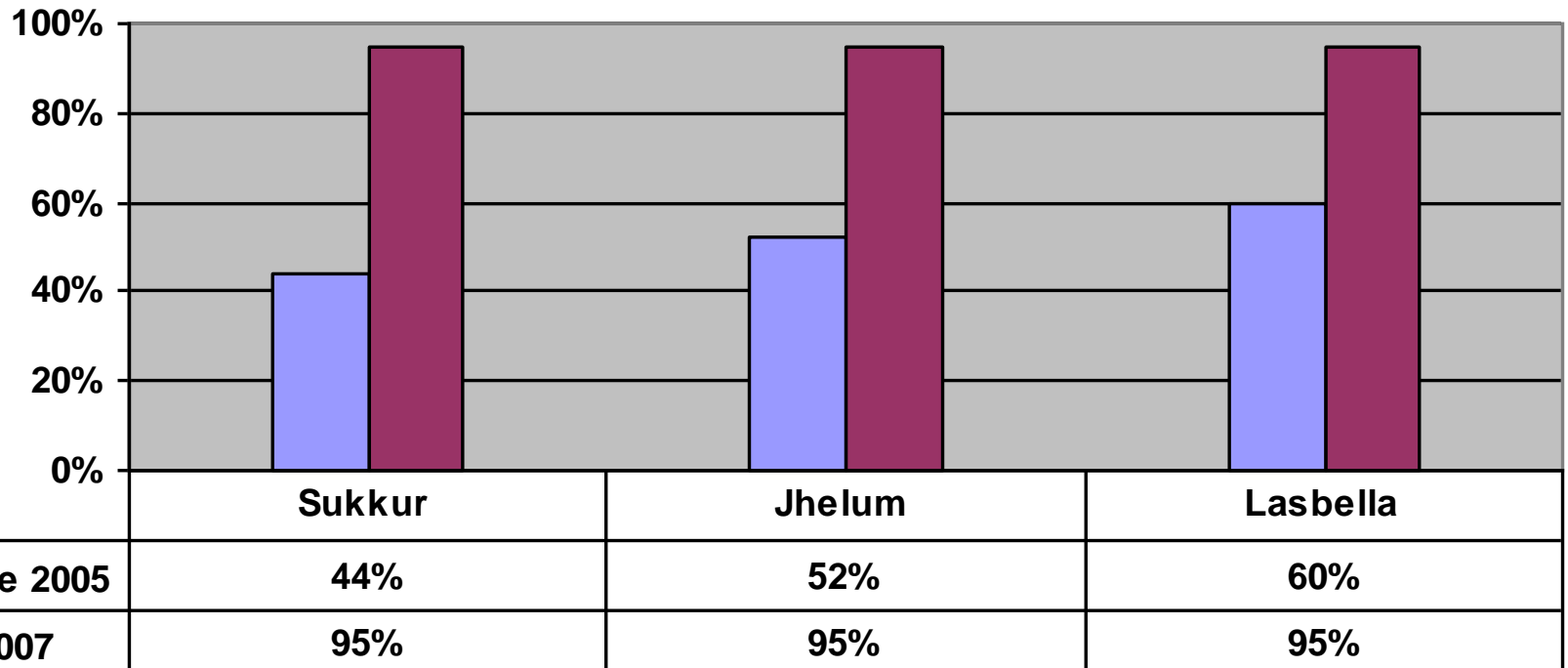


Impact

Activities	Beneficiaries
Support Groups by LHWs	2,411,613
IPC Beneficiaries-Greenstar	240,533
Sub-Grantee NGO Beneficiaries	1,551,206
Totals	4,203,352

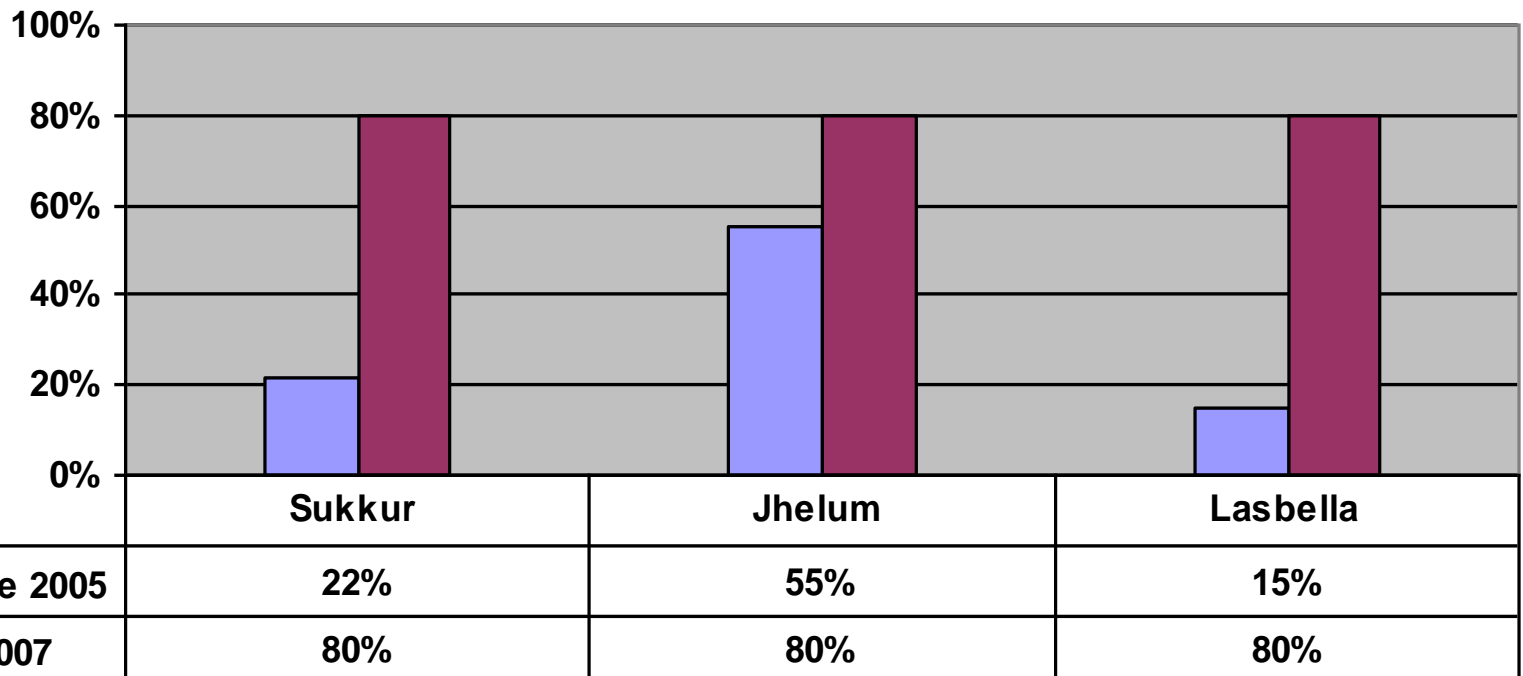
Level of Knowledge about Post Natal Care- Attitude towards PNC

Attitude towards need for Post natal care



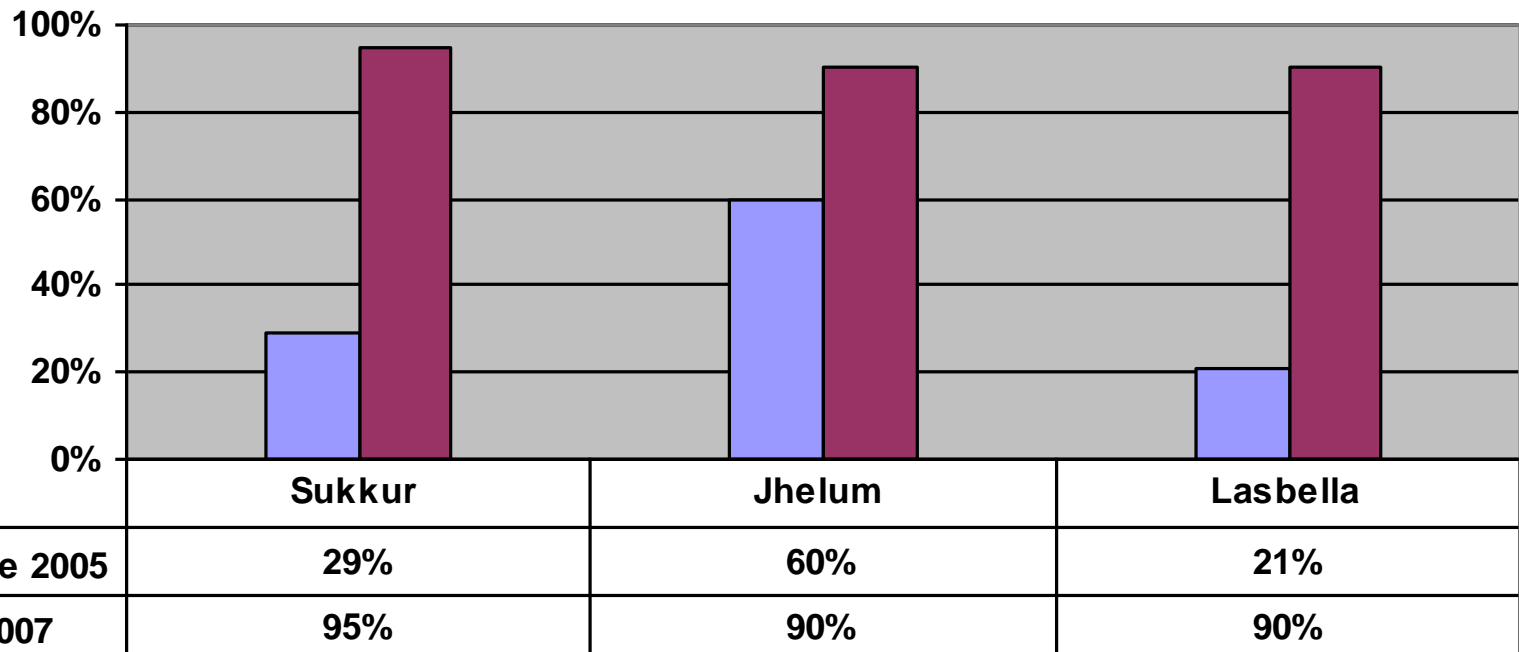
Level of Knowledge about Pregnancy Care- No. of ANC visits

Knowledge about 4 or more ANC Checkups during pregnancy



Level of Knowledge about Pregnancy Care- First ANC visit

Knowledge regarding first ANC visit within 3 months of Pregnancy



SO-2&3 Improving Access and Quality

- Increase **access** to emergency obstetrics and newborn care
- Improve service **quality** in both the public and private sector

Access to skilled care at the time of birth

1. Short term Strategy
2. Long term strategy
3. Bridging the gap through TBAs

Short term strategy

Hands on training of the existing midwives

- Four week training course offered
- 588/730 existing midwives in 24 districts have been trained
- One year post training assessment of knowledge and skills was conducted
- 6 days refresher training provided.



Long term strategy

- Enrollment of 1822 CMWs in 24 selected districts
- 446 CMWs have graduated and are under the process of Deployment in the community



Long term strategy

- Deployment of newly graduated CMWs
 - Establishment of 1100 Midwife Homes
 - Image building in the community
 - Linkages with other community and facility based HCPs
 - Monitoring and reporting mechanism



Bridging the gap through TBAs

- Orientation of 1930/2250 TBAs in 24 selected districts on:
 - Clean delivery practices
 - Recognition of danger signs
 - Improved referrals
 - Linkages with other community and facility based HCPs
 - Client Centered Approach
 - Assessment of retention of knowledge and practice
- Follow up & refresher orientation



Emergency Obstetric and Newborn Care

- 31 HFs in 10 existing districts have been upgraded and 59 more in 14 additional districts are under process
 - Civil works
 - Electro-medical equipment and instrument
 - Furniture
 - Capacity building of HCPs
 - Display of standard protocols

Addressing Human Resource Issue

- Advocacy for placement of HCPs through existing resources
- Involvement of teaching institutions
 - Post-graduate trainee rotation
 - Visit of consultants to CEmONC facilities for mentoring purpose
 - Specialist surgical camps
 - Hands on training of the local facility staff in teaching hospitals

Emergency Transport Management

24 ambulances
have been handed
over to the districts
and 48 are under
process

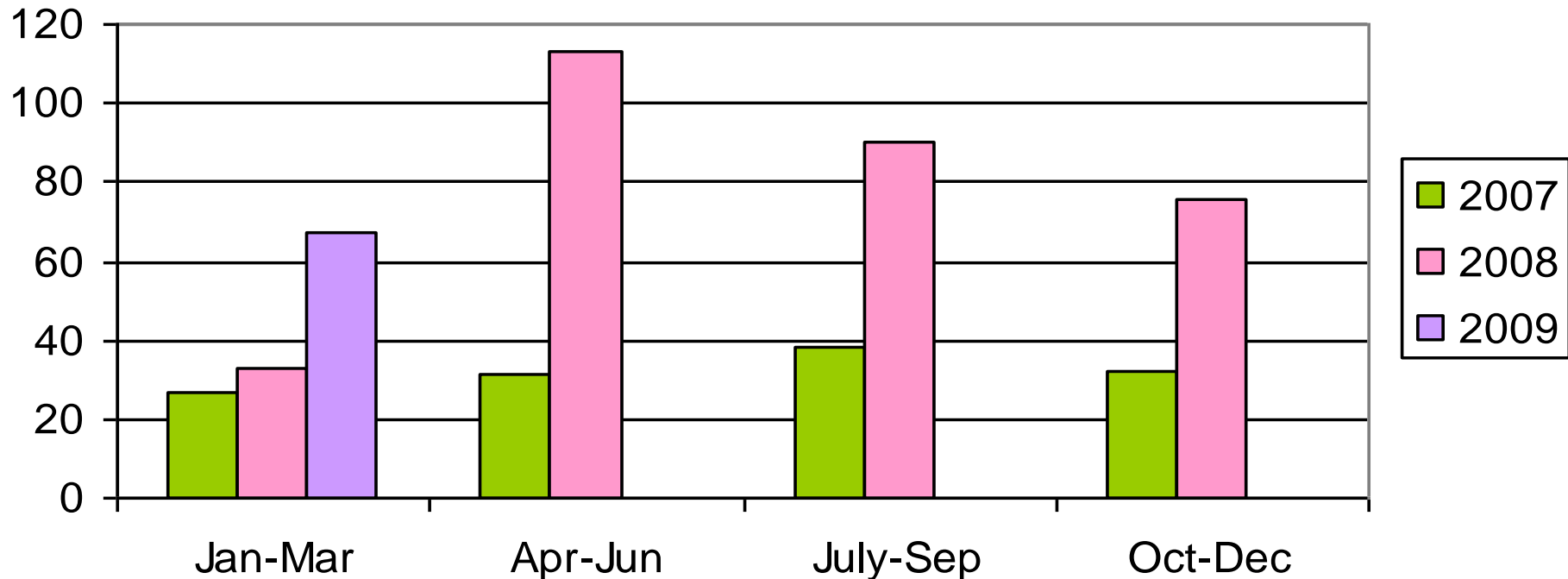


Emergency Transport Management

- MOU with EDHI ambulance services
- Community Operated emergency transport system (RESAI) in five districts
- Ten ambulances managed by each of five local NGOs
- Community transport arrangement through village health committees.

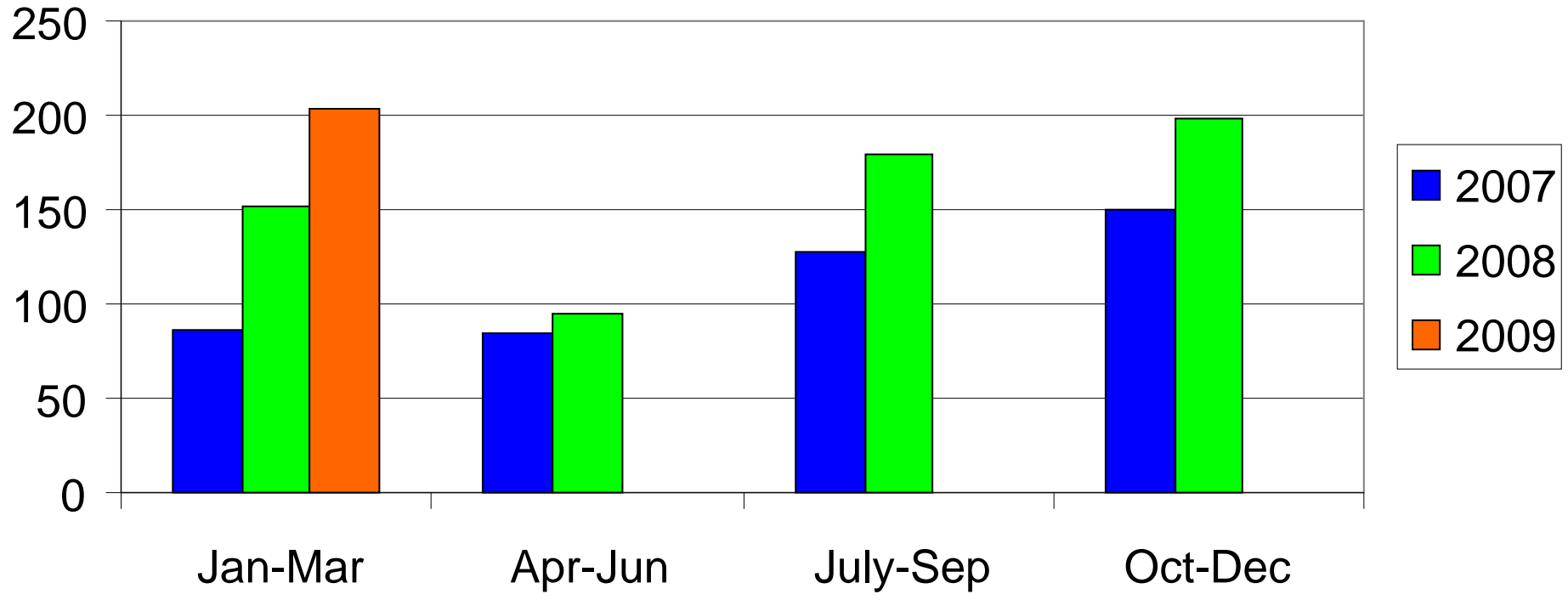
Routine Monitoring of output Indicators (RMOI)

Obstetric Complications Admitted in PAIMAN Upgraded Health Facilities in Lasbella
(144% increase in 2008 from 2007)



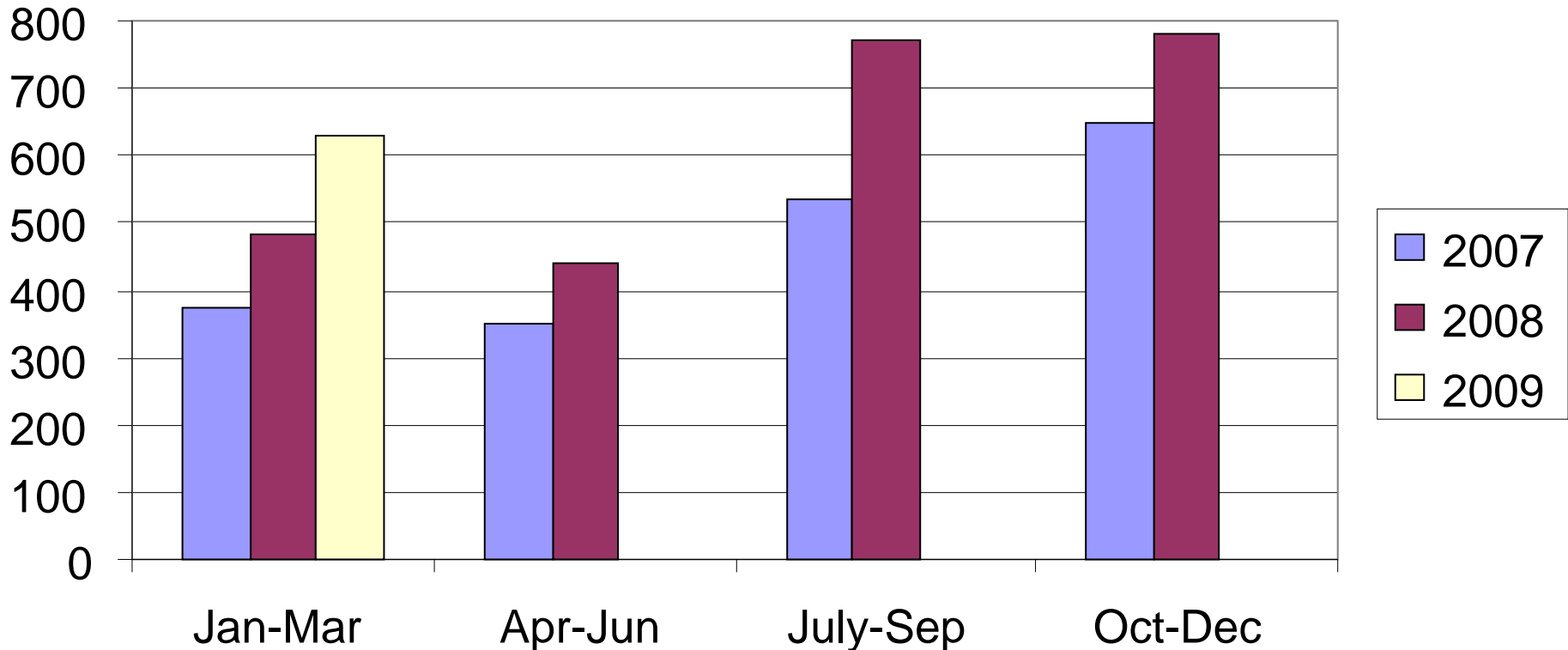
Routine Monitoring of output Indicators (RMOI)

Deliveries in PAIMAN Upgraded Health Facilities in Jaffarabad
(39% increase in 2008 from 2007)



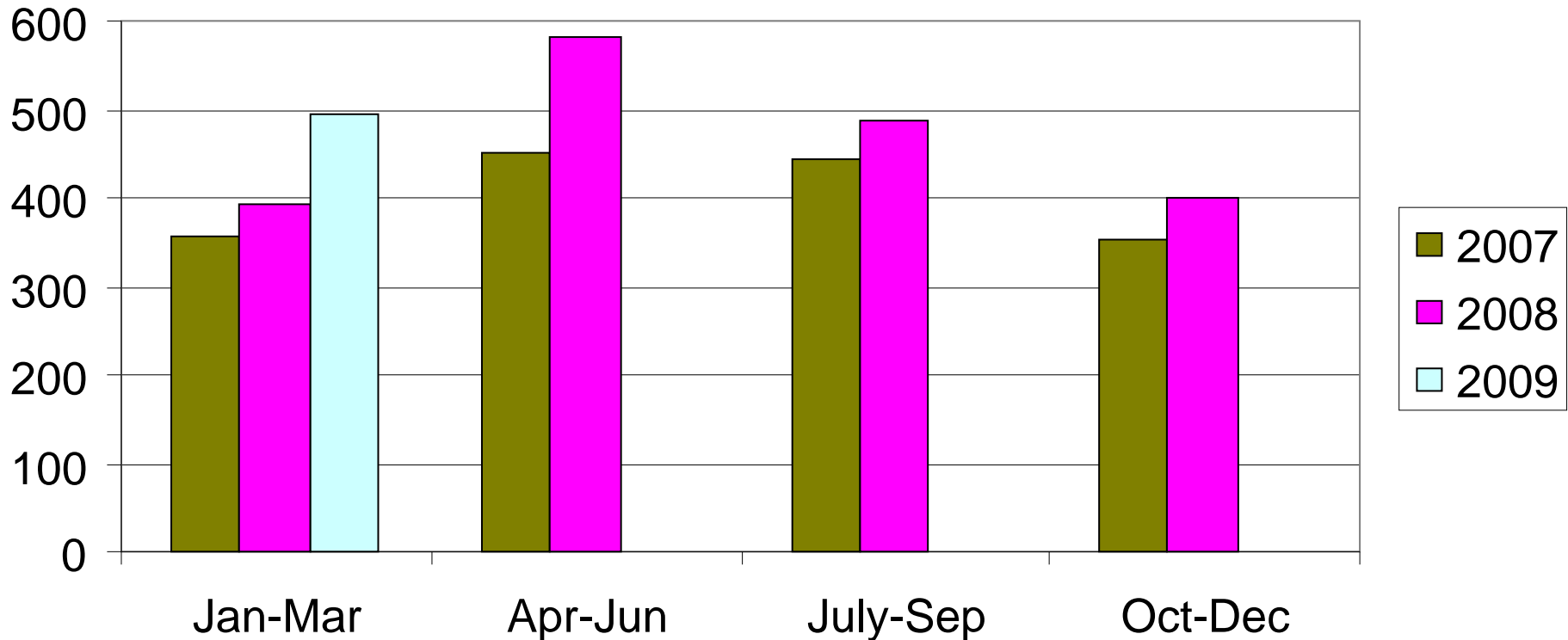
Routine Monitoring of output Indicators (RMOI)

Deliveries taking place in PAIMAN Upgraded Health Facilities in Sukkur (30% increase in 2008 from 2007)

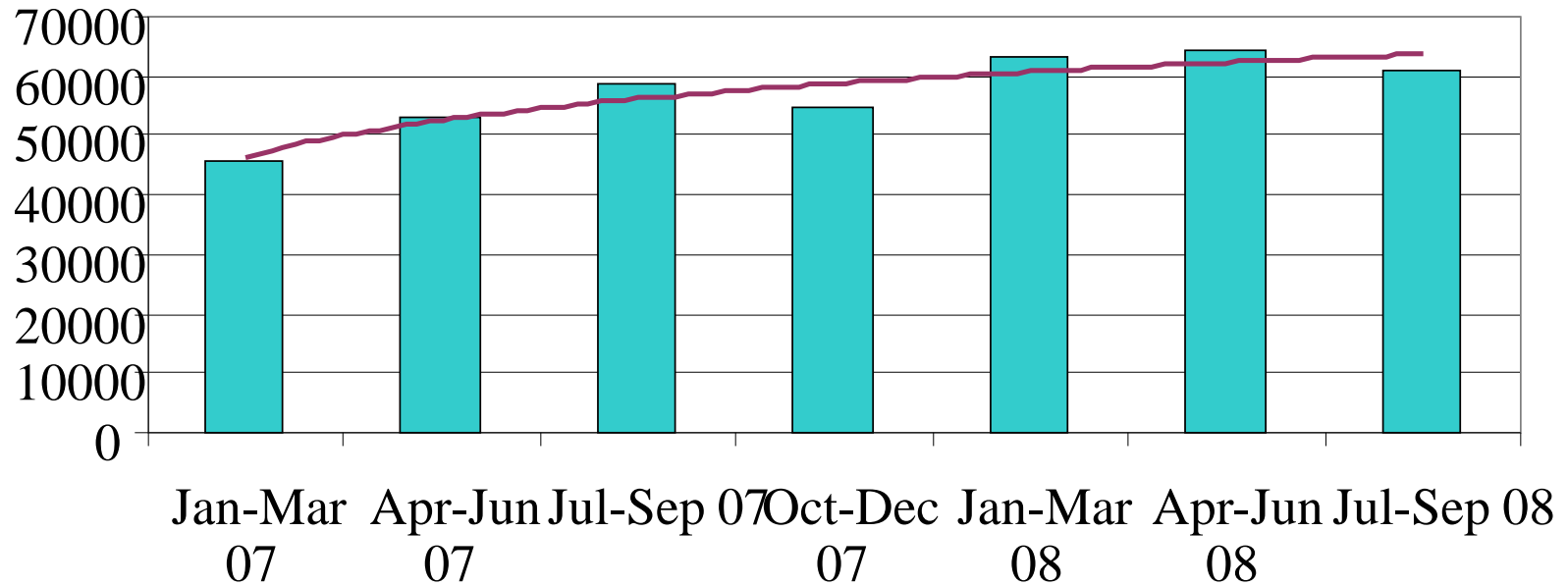


Routine Monitoring of output Indicators (RMOI)

Obstetric Complications Admitted in PAIMAN Upgraded Hospitals in Dadu, Sindh (16% increase in 2008 from 2007)

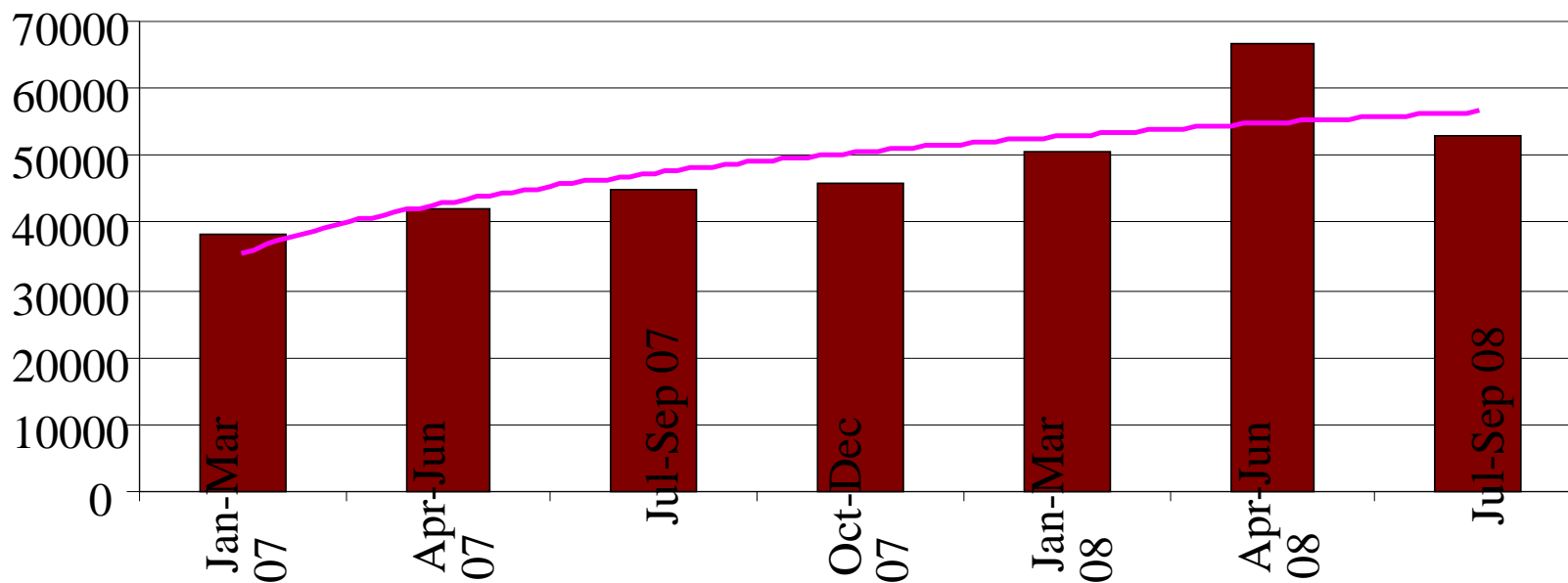


20% increase in TT Immunization of Pregnant Women in PAIMAN Districts from 2007 to 2008

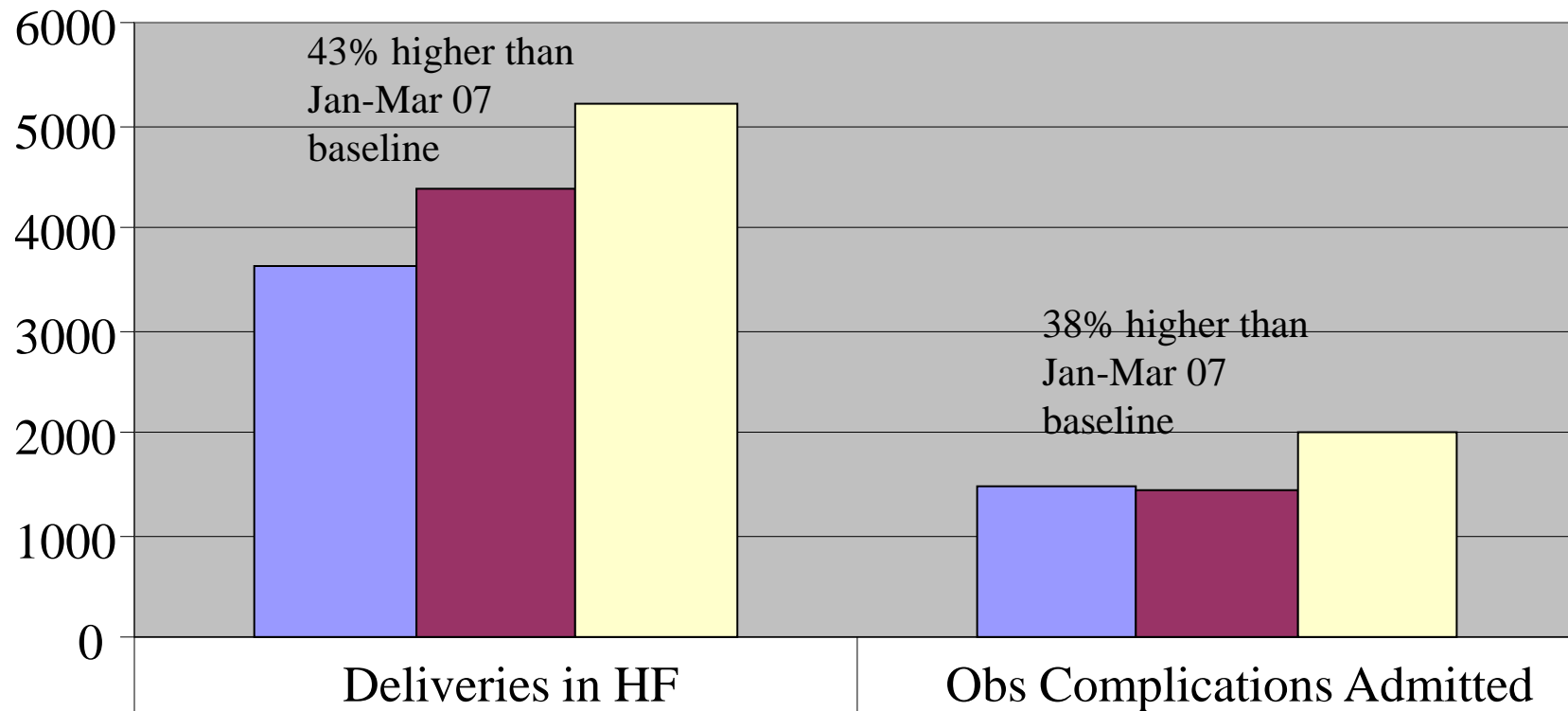


ANC Visits at Government Health Facilities in PAIMAN Districts

36% increase in ANC visits at HF's from 2007 to 2008)



Obstetric services provided at Upgraded Health Facilities in PAIMAN's Original 10 districts



■ Jan-Mar 07
 ■ Jan-Mar 08
 ■ Jan-Mar 09

3639
 4388
 5201

1460
 1440
 2013

Private Sector Initiatives

Thematic Areas

- **Improving Access and Quality**
 - RESAI :Rural Emergency Services Ambulance Initiative
 - CMW'S prequalification for enrollment in Balochistan & NWFP
 - LHW'S prequalification for enrollment in Balochistan & NWFP
 - Blood Bank THQ Hospital Mian Channu
 - Birthing Centers

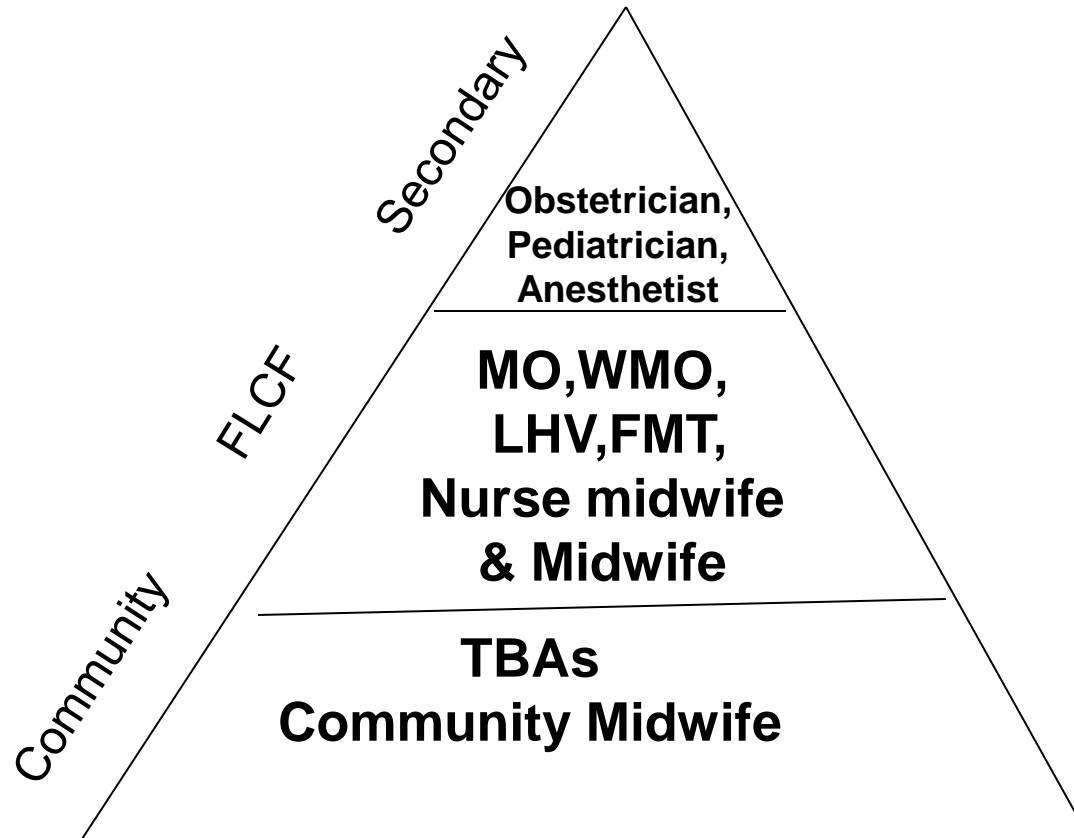
Signing Ceremony with Private Health Care Providers



SO IV-Capacity Building

Increase capacity of MNH managers and care providers

Providers Trained at Different Levels



In-Service Trainings

S.NO	Type of Training	Result
1	CEmONC Advance training on MNH for private providers	100%
2	EMNC TOTs	100%
3	EMNC for Public Sector EMNC for private providers	98% 100%
4	Training of Provincial Trainers for LHW trainings	94%
5	Training of District Trainers for LHW trainings	90%
6	Trickledown trainings of LHWs	98%

In-Service Trainings (cont...)

S.NO	Type of Training	Results
7	Refresher Trainings for CMWs and LHVs	96%
8	Evidence Based Decision Making	100%
9	Refresher Training on HMIS	100%
10	Leadership Training for District Managers	86%

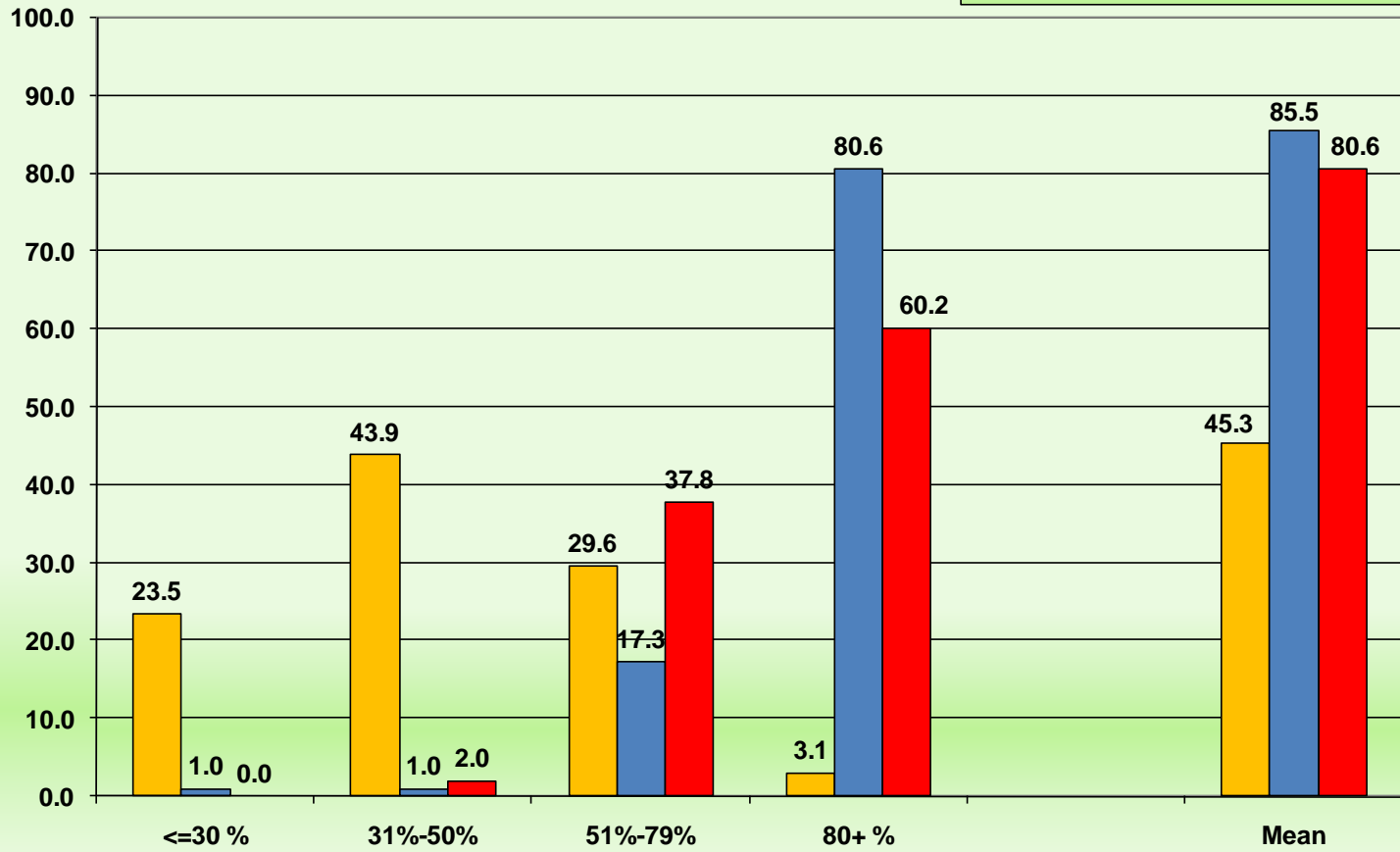
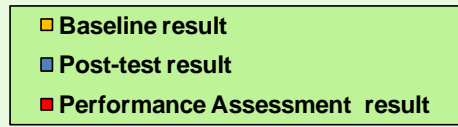
In-Service Trainings (cont...)

S.NO	Type of Training	Result
12	Strategic & Annual Operational Planning	100%
13	Logistical Systems	100%
14	Financial Management	100%
15	IMNCI Trainings	68%
16	IYCF Trainings	72%
17	CCA training on RH services	84%
18	Clinical trainings for birth spacing	64%
19	ESS and BLS trainings	86%

Pre-Service Trainings

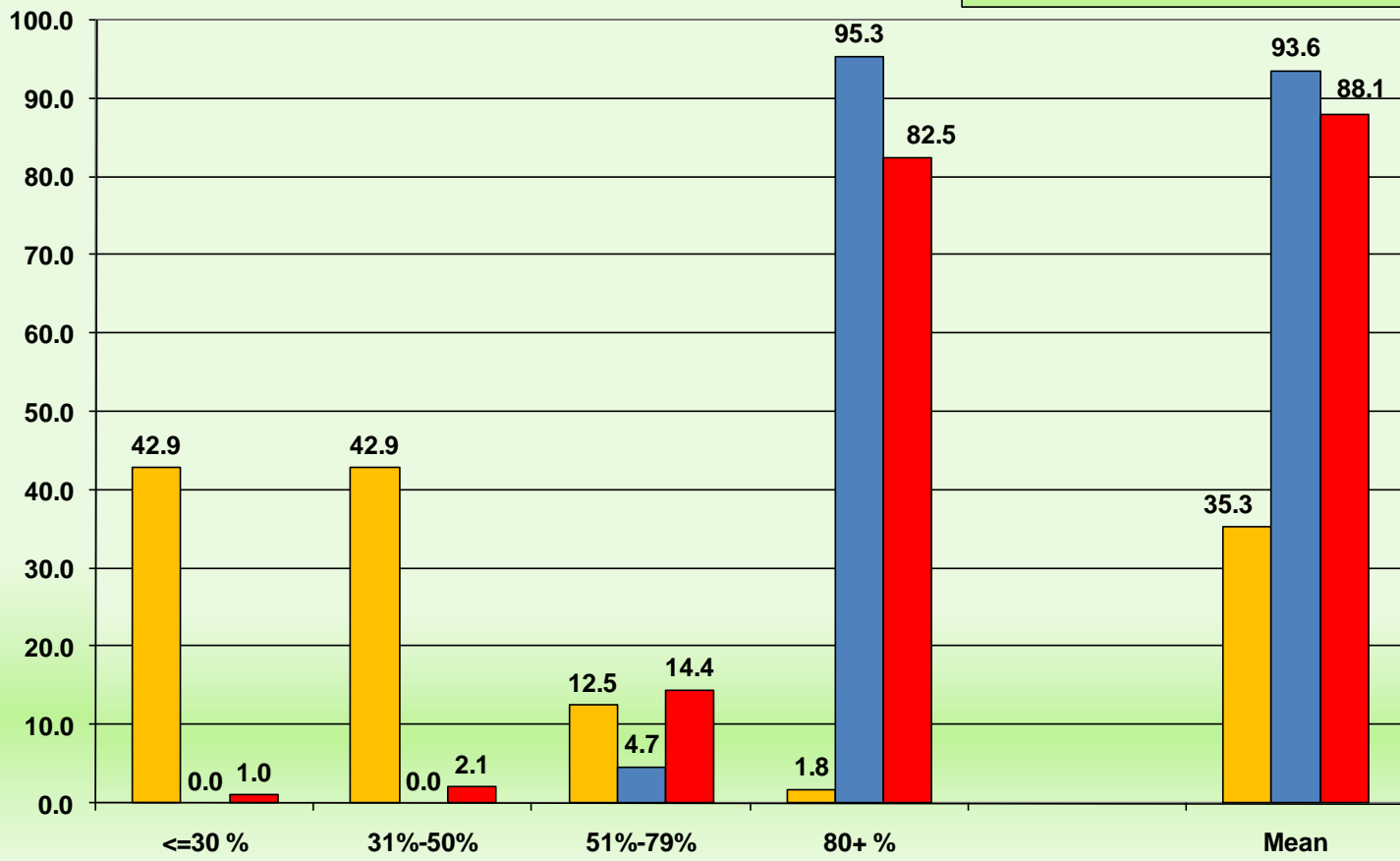
S.NO	Type of Training	Result
21	CMWs	100%
22	Accelerated educational program for LHWs in Baluchistan	Enrolled
23	Accelerated educational program for CMWs in Baluchistan	Enrolled

Nurses/LHVs Knowledge Assessment

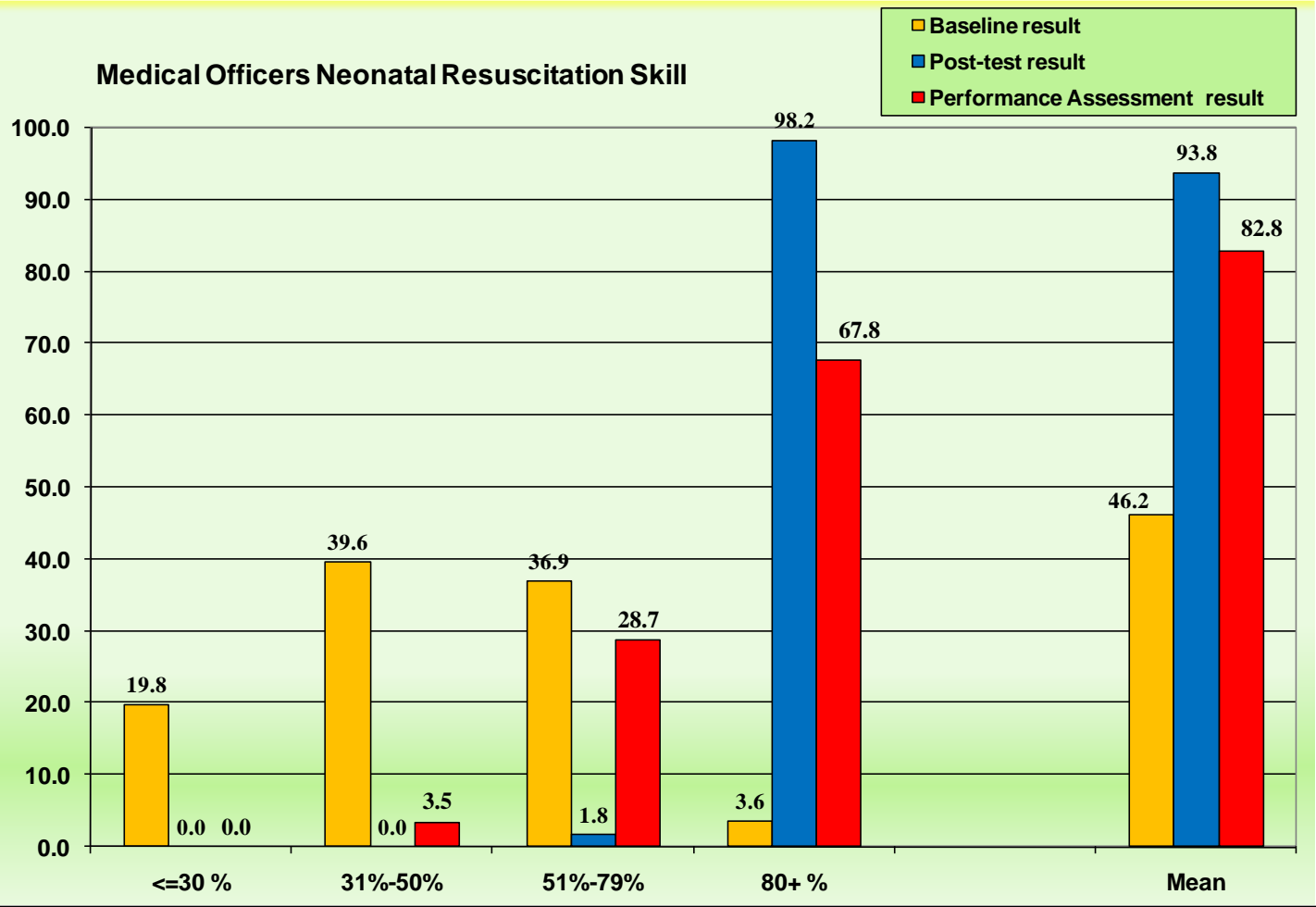


Nurses/LHV Active Management of third stage of labor Skill

- Baseline result
- Post-test result
- Performance Assessment result



Medical Officers Neonatal Resuscitation Skill



Health Systems Strengthening

Improve management and integration of services at all levels

Health System Strengthening Interventions

- District Health Management Teams
- Capacity building
 - District Health Managers
 - DHMT Members
 - Facility In-charges
 - Staff
- Management information system (MIS)
- District annual operational plan (DAOP)

Management Capacity Building

- Health Planning
- Financial Management
- Logistics Management
- Supportive Supervision
- Use of information
- Target setting

- DAOP
- Budget Preparation
- MIS Reports
- M&E

Trainings

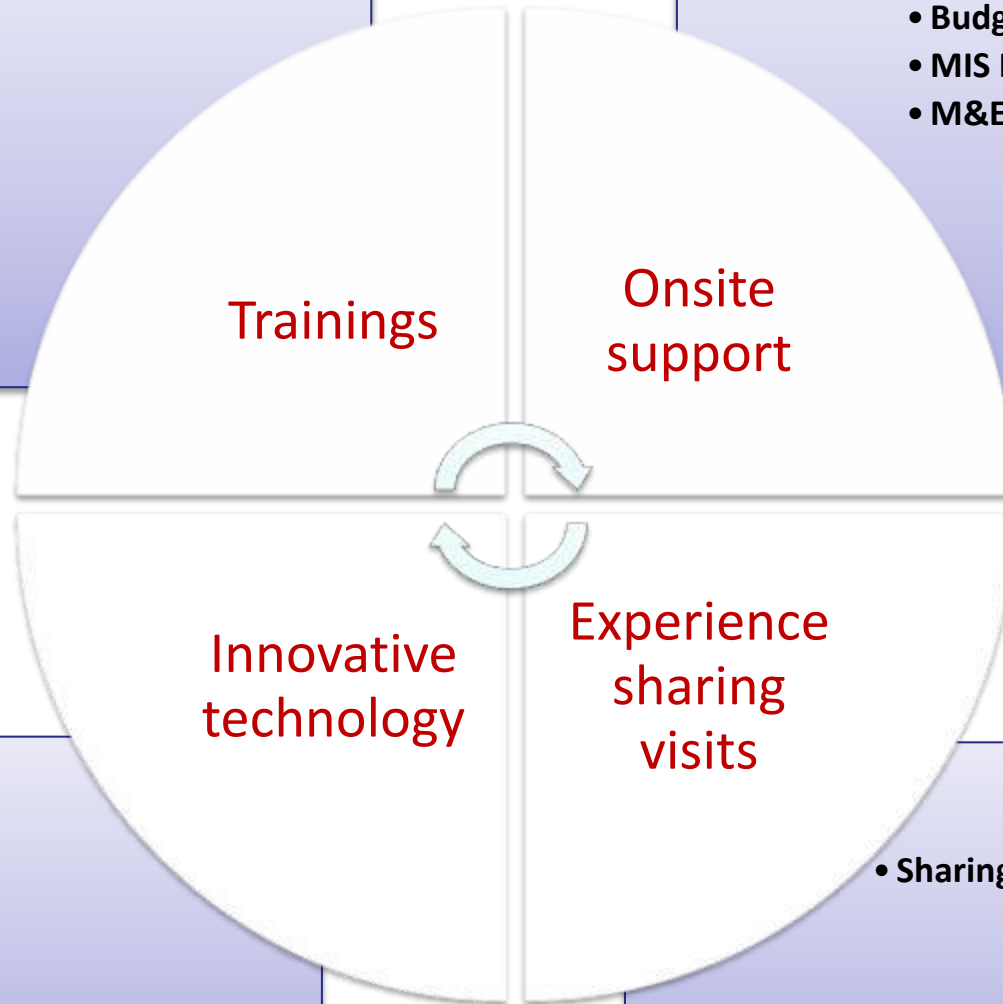
Onsite
support

Innovative
technology

Experience
sharing
visits

- HealthPlan® Software
- FinSoft® Software
- DHIS software

- Sharing best practices

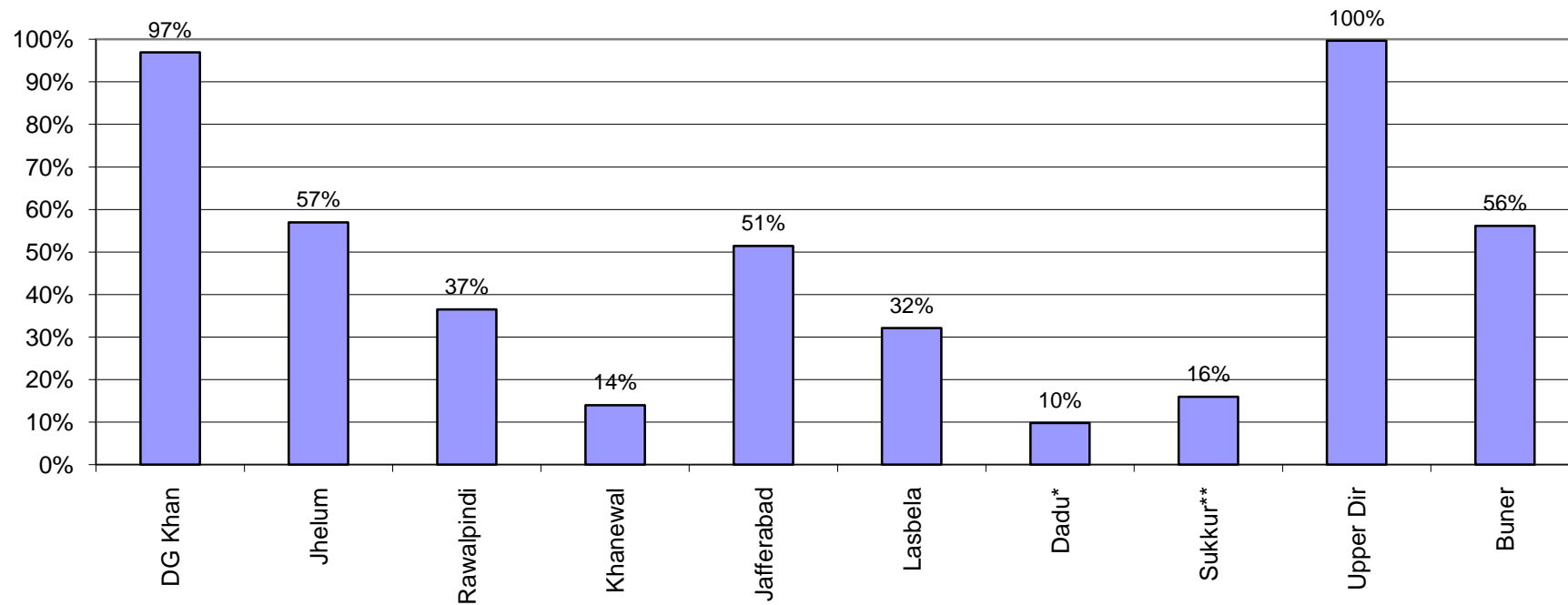


Management Capacity Building Outcome/Impact

- All PAIMAN districts preparing DAOP
- Monthly MIS report generation
- Use of information
- Application of new techniques for supervision
- Increase budget allocation

Increase in District Health Budget

Percentage Change in the Health Budget
2005-06 v/s 2007-08





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CA # 391-A-00-05-01037-00 project is funded by the United States Agency for International Development and implemented by JSI Research & Training Institute, inc. in conjunction with Aga Khan University, Contech International, Greenstar Social Marketing, JHU/CCP, PAVHNA, Population Council, Save the Children USA