**Reproductive, Maternal and Newborn Health Project**

An initiative to raise awareness and improve service provision

**THE CHALLENGE:**

Limited health care provision and service uptake hinder improvements in maternal and child health

Maternal and newborn mortality are high in Khyber Pakhtunkhwa province. The 2012-13 Demographic and Health Survey (DHS) found that 41 out of every 1000 babies in the province died during their first 28 days of life; and the most recent estimates from the 2006-07 DHS suggest that maternal mortality is also comparatively high.

Improvements in maternal and newborn health are held back by poor reproductive health care and a lack of access to family planning. In Khyber Pakhtunkhwa, government facilities offer few services that address these issues and those that are provided are often under-used.

In practice, people are often ill-informed about family planning and unaware of existing reproductive health care provisions. At the same time, the government’s ability to supply high quality services is often limited by a lack of facilities, skilled personnel and quality assurance.

**OBJECTIVE:**

Raising awareness and improving service provision

The Reproductive, Maternal and Newborn Health Project (RMNHP) aimed to improve health service provision for mothers and newborn babies and also to raise awareness about reproductive health and rights issues. The project worked in close partnership with the Department of Health and the Department of Population Welfare in Khyber Pakhtunkhwa. Activities were focused in the Haripur and Nowshera districts and were implemented between January 2015 and March 2017.

**APPROACH:**

A combined strategy to achieve better reproductive, maternal and newborn health

The RMNHP focused primarily on improving the supply and demand for reproductive health care services. On the demand side, the project worked with partners to implement a series of innovative community dialogues and to encourage religious leaders and journalists to engage on reproductive health issues. On the supply side, the project initiated a series of facilitated health worker dialogues and collaborated with other organizations to generate reliable and up-to-date maternal mortality estimates and to improve quality and patient safety in obstetric care.

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**Photo:** © GIZ / Jasmin Dirinpur

**Left:** WHO Safe Childbirth Checklist Coordinator, Ahsfa Hashmi, with a premature baby delivered at a hospital participating in QUAPASO activities.
Using facilitated dialogues to stimulate positive, community-driven change

To promote good reproductive health at the local level, the RMN-HP worked with Rutgers Pakistan to initiate a series of community dialogues that addressed son preference and unsafe childbearing practices. Through a moderated, respect-based dialogue process, participants worked together to identify the traditional values that they valued and wished to maintain, as well as practices with harmful effects that they agreed should be modified or abandoned altogether.

Providing religious leaders and journalists with tools to promote good reproductive health

The RMNHP complemented these efforts to stimulate community action, by providing support to religious leaders and journalists to enable them to engage constructively with the project and with reproductive health issues more generally. In particular, the RMNHP provided technical and logistical support for an international conference for religious leaders organized by the provincial authorities. The project also provided training to journalists about reproductive health issues.

Creating better lines of communication between health workers

To encourage more integrated care at the local level, the RMNHP initiated a series of health worker dialogues in close collaboration with District Health Officers, the provincial Maternal, Newborn and Child Health Programme and the Lady Health Workers Programme. The dialogues sought to foster greater mutual understanding and to encourage these different workers to identify the main barriers that were preventing them from working more effectively together.

Using an innovative estimation method to identify and investigate maternal deaths

The RMNHP also sought to improve the overall evidence base for policymaking by working with Population Council to generate robust district- and provincial-level maternal mortality ratios using the innovative Maternal Death from Informants (MADE-IN) / Maternal Death Follow-On Review (MADE-FOR) estimation method.

Adapting and evaluating the WHO Safe Childbirth Checklist

To improve quality and patient safety in obstetric care, the RMN-HP also partnered with Jhpiego and the University of Göttingen to adapt the WHO Safe Childbirth Checklist and to evaluate its long term gains by using a phase-in randomized controlled design to introduce the Checklist to all community midwives and public health care facilities.

RESULTS & OUTLOOK

539 community members of both sexes and different age groups took part in community consultations and five consecutive community dialogue sessions in four communities (two per district) between September and November 2016. These were followed by public meetings for the wider community, attended by 1699 participants, at which local leaders stated their commitment to improving maternal health care services and to abandoning practices linked to son preference.

4741 individuals were reached by the smaller “mini-dialogues” carried out by dialogue champions in households following the public meetings. Rutgers Pakistan also reported that more than 300,000 people were indirectly reached through the Green Ribbon and Dekho Bolo Roko Campaigns that were implemented alongside the community dialogues.

Overall, the evaluation of this intervention found evidence of a clear positive impact. Local communities publicly condemned early marriages and practices linked to son preference and there was a marked increase in women’s uptake of maternal health services. Key local authorities also expressed clear support for the approach and wrote letters of appreciation advocating in favour of up-scaling and continuing the community dialogues.

Religious leaders and journalists are engaged on key reproductive health issues

The International Ulema Conference on the Roles and Responsibilities of Religious Leaders in Promoting Reproductive Health and Family Planning was held on 15-16th March 2016 in Peshawar. Over one hundred religious leaders attended, with the vast majority of attendees coming from Nowshera and Haripur.
At the end of the conference, ninety-four religious leaders from Khyber Pakhtunkhwa province signed a declaration highlighting the importance of birth-spacing. The attendees recommended that religious leaders should be more engaged in promoting reproductive health and family planning and also emphasized the importance of communicating these messages in a manner that is sensitive to the religious and cultural context.

In addition to supporting religious leaders, the RMNHP also helped to develop and integrate a training module on reproductive health issues into a three-month development journalism course at the University of Peshawar. As part of this work, training was provided to 115 male and female journalists and this resulted in 147 products published in mainstream media outlets. One member of the journalist team – Muhammad Shahid – also won the prestigious Agahi award in recognition of his outstanding reporting on health issues.

Health workers collaborate more effectively to help overcome barriers to cooperation

Between April-October 2016, a series of health worker dialogues were carried out by trained facilitators. Participants were selected to ensure a proportionate representation from each of the four main health worker cadres involved in delivering maternal, newborn and child health services (i.e. Lady Health Visitors, Lady Health Workers, Lady Health Supervisors and Community Midwives).

A total of 436 health workers participated in the dialogues – 26% of all health workers involved in deliveries in the two districts. During the workshop the participants identified a range of barriers to collaboration, including concerns related to the division of roles and responsibilities; lines of authority; and basic administrative and logistical problems. As part of the dialogues, the health workers also worked together in bilateral sessions to propose solutions to these problems.

Following the dialogues in Nowshera the District Health Officer took the decision to oblige all health facility managers to initiate regular monthly meetings to enable health workers to discuss how best to cooperate and refer pregnant women in their catchment areas. An external evaluation of the RMNHP found that authorities in both districts were strongly committed to continuing the dialogues without any additional support.

New data on maternal mortality promotes a culture of evidence-based policy making

Following the success of an earlier pilot in Punjab province, MADE-IN/MADE-FOR was introduced in Nowshera and Haripur in August 2015.

The intervention successfully produced maternal mortality ratios of 279 and 271 deaths per 100,000 live births for Nowshera and Haripur respectively. The intervention also collected detailed data on the causes and circumstances of these maternal deaths and stimulated fruitful discussions about maternal mortality
within the target communities. The main findings were published in early 2016. The results of a subsequent pilot to test the feasibility of using informant networks to estimate neonatal mortality were published in early 2017. With additional funds from UK aid from the UK government through DFID, GIZ scaled up the study to four more districts in Khyber Pakhtunkhwa (Kohat, Mansehra, Swabi and D.I. Khan) covering a population of nearly 30% of KP’s total population.

Some first steps towards better quality and patient safety in obstetric care

The first technical working group meeting to adapt the Safe Childbirth Checklist was held in September 2015. Base-line data collection was carried out in January-February 2016 and, in March 2016, Jhpiego started the initial Basic Emergency Obstetric and Neonatal Care training sessions and held the first workshop on the adapted Safe Childbirth Checklist.

By February 2017, the Checklist had been rolled out in Nowshera and Haripur and data collection and monitoring was ongoing. A total of nine public health facilities, twenty-five Lady Health Visitors and forty-seven community midwives were using the adapted Safe Childbirth Checklist.

After the training sessions, 126 of 141 birth attendants were able to demonstrate minimum delivery skills when assessed using the Objective Structured Clinical Examination scoring framework. Feedback from all health providers about the trainings was very positive and initial reports from community midwives suggested that the roll-out monitoring had boosted confidence and was encouraging better standards of care and adherence to the Checklist.

Following the end of the RMNHP in February 2017, the University of Göttingen will continue with the monitoring and data collection activities until the endline assessment in April/May 2017. The financing of the last phase of the evaluation will be covered by the University’s own funds. The final roll-out of the Safe Childbirth Checklist to all remaining providers is planned for July 2017. A coordination group meeting involving all stakeholders will be held in Pakistan at the end of the study to disseminate the final results.

Published by
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

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As of
March, 2017

GIZ is responsible for the content of this publication.

In cooperation with
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