

Reproductive, Maternal and Newborn Health Project

An initiative to raise awareness and improve service provision

The challenge: Poor maternal and child health despite improvements over time

The health situation in Khyber Pakhtunkhwa province is similar to Pakistan as a whole. Infant and child mortality remain high, with the 2012-13 Demographic and Health Survey (DHS) reporting that 58 out of every 1000 infants died in their first year and a further 12 in every 1000 failed to reach their fifth birthday.

Fertility in Khyber Pakhtunkhwa has declined in recent years but there is still a sizeable mismatch between women's wanted and observed fertility. The DHS estimates that the average fertility rate of around four births per woman would actually have been closer to three if there had been no unwanted births.

The majority of mothers in Khyber Pakhtunkhwa receive some skilled antenatal care. However, there are substantial geographic differences in access to these services. In the five years preceding the 2012-13 DHS, 85% of urban mothers reported receiving skilled antenatal care compared to just 55.9% in rural areas.

Limited health care provision and a lack of service uptake hinder progress

Across the country, improvements in maternal and child 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. Moreover, the government's ability to supply high quality services is often limited by a lack of facilities, skilled personnel and management capacity.

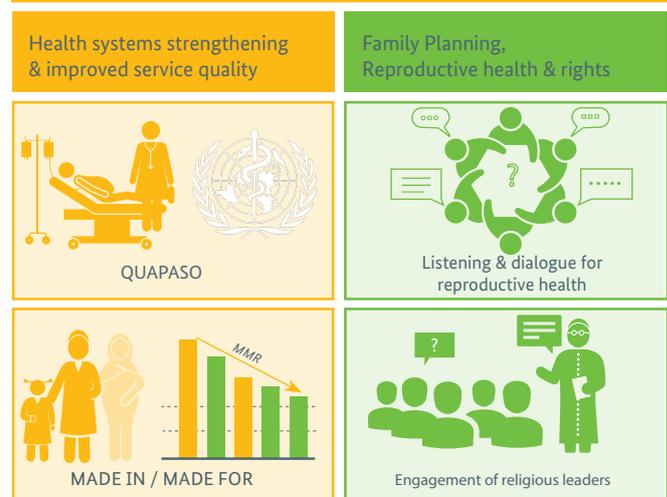
Project name	Reproductive, Maternal and Newborn Health Project
Commissioned by	German Federal Ministry for Economic Cooperation and Development (BMZ)
Project region	Pakistan, Khyber Pakhtunkhwa Province, Haripur and Nowshera Districts
Lead executing agency	Khyber Pakhtunkhwa Department of Health
Duration	January 2015 to December 2016

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

In keeping with the aims of the G8 Muskoka Initiative, the Reproductive, Maternal and Newborn Health Project (RMNHP) seeks to improve health service provision for mothers and newborns. It also aims to raise awareness about reproductive health and rights issues. The regional focus is on the Haripur and Nowshera districts of Khyber Pakhtunkhwa province.

Reproductive, Maternal and Newborn Health Project: Key Activities

Health systems strengthening and improved service quality
Family planning, reproductive health and rights



QUAPASO: Quality and Patient Safety in Obstetrics
MADE IN: Maternal Death from Informants
MADE FOR: Maternal Death Follow On Review

Left: A seven months premature baby at Women's and Children's Hospital in Haripur.

Right: Patients waiting for counselling at Women's and Children's Hospital in Haripur.





Left: Female doctor providing a counselling session on family planning and the use of contraceptives.

Right: Staff nurse presenting patient registers.

The RMNHP advises the Department of Health in Khyber Pakhtunkhwa on how to integrate and supplement existing reproductive, maternal and newborn health programmes more effectively. It also provides provincial and district-level support to the health, population welfare and planning departments; and supports other partners to improve reproductive, maternal and newborn health care and service quality throughout the health system.

On the supply side, the project seeks to strengthen health systems and improve service quality by supporting quality improvement processes and the extension of services relating to issues such as safe delivery, ante- and postnatal care. In particular, this work includes innovative initiatives to implement the WHO Safe Childbirth Checklist and the MADE-IN/MADE-FOR methodology for estimating maternal mortality.

MADE-IN/MADE-FOR

An innovative method of estimating the Maternal Mortality Ratio

- Planners in Pakistan need reliable data to estimate Maternal Mortality Ratios at the subnational level
- Community informant networks (e.g. Lady Health Workers, religious leaders) are used to identify all deaths of women of reproductive age in their communities (**Maternal Death from Informants – MADE-IN**)
- Follow-up interviews are then conducted with family members of the dead women to determine the precise cause of death and to confirm that the death was pregnancy-related (**Maternal Death Follow On Review – MADE-FOR**)
- MADE-IN/MADE-FOR has been successfully piloted in Punjab Province. Working in collaboration with the Population Council, RMNHP will replicate the methodology in Khyber Pakhtunkhwa by using it to assess the MMR in Haripur and Nowshera

QUAPASO – “Quality and Patient Safety in Obstetrics”

- ✓ QUAPASO introduces the WHO-Safe-Childbirth Checklist into all health facilities and among all community midwives in Haripur and Nowshera
- ✓ The checklist is used by health providers and has been shown to improve the quality of health services for mothers and newborns
- ✓ The intervention will be accompanied by research to evaluate the implementation of the checklist and identify key factors that promote or hinder this process

On the demand side, the project concentrates on raising awareness about family planning and reproductive health and rights. It extends access to family planning services that promote equal access to family planning, as well as implementing community-based initiatives that raise awareness about family planning issues and the availability of ante- and postnatal care in local health centres.

Through this double focus, the RMNHP sets out to improve the availability, accessibility, acceptability and quality of reproductive, maternal and newborn health care in the Nowshera and Haripur districts of Khyber Pakhtunkhwa province.

Dialogues for better reproductive health

The Dialogue Approach engages communities in a facilitated process of reflection about the beliefs and practices which influence individuals’ reproductive health and rights. By creating a space where younger and older men, and, separately, younger and older women, can exchange their views and experiences more freely, the Dialogue Approach encourages communities to consider new ways of improving community health, whilst remaining respectful of local traditions and customary practices. The Approach will be implemented in collaboration with the Peoples Primary Healthcare Initiative (PPHI) and their established community support groups. Dialogues will also be facilitated between the different professionals involved in maternal health service provision in order to strengthen referrals and networking amongst them and to work towards greater acceptance of trained midwives within the chosen communities.

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