



Upscaling RMNCH/FP in Pakistan

Goal

- ▶ To scale-up state of the art best practices on FP/RH & MNCH in Pakistan to achieve Millennium Development Goals 4 & 5

Where We Hope to Be

- ▶ By the end of 2015 Maternal and Child mortality reduced by three quarters and two thirds, respectively by adopting evidence based best practices
- ▶ Universal coverage of modern family planning methods by 2010

Where We Are Now

- ▶ Maternal Mortality Ratio: 350-400/100,000 live births (estimated)
- ▶ Neonatal mortality rate*: 54/1,000 live births
- ▶ Infant Mortality Rate*: 78/1,000 live births
- ▶ Under-5 Mortality*: 94/1,000 live births
- ▶ Contraceptive Prevalence Rate* 30%
- ▶ Total Fertility Rate*: 4.1
- ▶ Population Growth Rate**: 1.8%
- ▶ Unmet need of FP: 35%

***DHS 2007**

**** FBS 2006**

Reasons for the Gap

- ▶ Lack of integrated National strategy on FP/RH/MNCH
- ▶ Inadequate implementation of existing national policies
- ▶ Lack of integration among vertical programs
- ▶ Human resource constraints
- ▶ Inequitable distribution of resources
- ▶ Weak facility-community linkages and referral pathways
- ▶ Lack of awareness and perceived lack of value of FP/RH/MNCH by families and communities

Current Interventions to Address the Gap

▶ **Maternal Health**

- ▶ Training/placement of Community Midwives in rural areas
- ▶ Provision of Basic and Comprehensive EmONC and FP services
- ▶ Creating awareness and demand for services
- ▶ Prevention & Management of Malaria

▶ **Newborn Care**

- ▶ Prevention and management of birth asphyxia, LBW, and sepsis at community and facility level
- ▶ ANC through LHWs/CHWs and Health System Facilities
- ▶ Breastfeeding
- ▶ Seeking Skilled Care

Current Interventions to Address the Gap ... cont'd

▶ **Child Care**

- ▶ Prevention & Management of Diarrhea
- ▶ Prevention & Management of Pneumonia
 - ▶ Strengthen skills of HCPs in early recognition and management
 - ▶ Community Case Management by LHWs (pilot)
- ▶ Prevention & Management of:
 - ▶ Malaria
 - ▶ Communicable diseases

▶ **FP/RH**

- ▶ Integrated package for FP/RH at all levels of healthcare delivery system
- ▶ Provision of comprehensive family planning services
- ▶ National standards and curricula on family planning
- ▶ Training curricula/programs for various cadres of health providers
- ▶ Unified / standardized package by public-private sector service providers
- ▶ Behavior Change Communication campaigns

Best Practices to Scale-up

- ▶ Maternal health
 - ▶ AMTSL; MgSO₄
- ▶ Newborn
 - ▶ Exclusive breastfeeding; resuscitation, LBW & sepsis management
- ▶ Child health
 - ▶ Zinc; low osmolarity ORS; management at community level of ARI
- ▶ Family Planning
 - ▶ Strengthening of long acting methods; plus LAM; SDM; EC; PAC
- ▶ Cross cutting
 - ▶ Advocacy; involvement of male and female religious leaders; adolescent & youth RH
- ▶ Integration
 - ▶ Functional integration of FP/RH/MNCH

Scaling-Up Best Practices

	Family Planning	Maternal Health	Newborn Health Care	Child Health Care	Cross Cutting
Best Practice	<p>Birth spacing as an integral part of FP/RH/MNCH program</p> <ul style="list-style-type: none"> ▪ LAM ▪ SDM ▪ EC ▪ PAC <p>UNFPA has piloted PAC in 11 districts</p>	<p>AMTSL</p> <ul style="list-style-type: none"> ▪ POPPHI has through NCMNH in 3 hospitals, 23% reduction PPH ▪ PAIMAN/MAP replicating in 10 district and 4 Tertiary hospitals at provincial level ▪ UNFPA has replicated in 10 districts upto RHC level 	<p>Community package on Immediate Newborn Care</p> <p>SNL has demonstrated in Hala & Matiari 20% reduction NMR</p>	<p>Effectiveness of Zinc on prevention and management of Diarrhea</p> <p>Low osmolarity ORS</p> <p>AKU has demonstrated 17% reduction Child Mortality in Hala</p>	<ul style="list-style-type: none"> ▪ Involvement of Key Stakeholders/ Religious Leaders ▪ MOPW has sensitized 12,000 RLs ▪ PAIMAN has worked in 2 district ▪ UNFPA has worked in 10 districts upto Union Council level
Challenge	Policy Endorsement by key stakeholders for EC and PAC	Implementation according to standard protocol at all levels	Incorporation of the package into National Strategy/Policy & Resource Allocation	Incorporation of the package into National Strategy/Policy & Resource Allocation	Active Role of RL in Advocating/supporting FP
Scale-up Best Practice	<p>Demonstrating successful examples of EC and PAC from other Muslim countries and within Pakistan</p> <p>LAM & SDM: Integrated into MNCH package</p> <p>Pilot in 19 Districts of USAID & UNFPA by 2009; scale up to 132 by 2010</p>	<ul style="list-style-type: none"> ▪ Consultative meetings ▪ Skill building workshops at academic institutions 	<ul style="list-style-type: none"> ▪ Consensus building workshop ▪ Inclusion in National MNCH & LHW program ▪ Advocacy Advisory Network for Newborns 	<ul style="list-style-type: none"> ▪ Consensus building workshop ▪ Inclusion in National MNCH & LHW Program 	<ul style="list-style-type: none"> ▪ Formation of Broad stakeholder group ▪ Develop strategy ▪ Formulate and implement agenda specific Advocacy strategy for FP/MNCH
Lead Agency	MOPW/MOH	MOH	MOH	MOH	MOPW/Religious leaders consortium
Collaborative Partner	USAID/DFPAP UNFPA USAID/PAIMAN; Private Sector/NGOs	USAID/PAIMAN UNFPA; SOGP; WHO	SNL/ SC-US USAID/PAIMAN UNFPA, UNICEF; PPA; WHO	UNICEF; National Program for FP& PHC WHO; USAID/SC; PPA	Ministry of Religious Affairs; UNFPA, MOH, WRA; MOE

Thanks