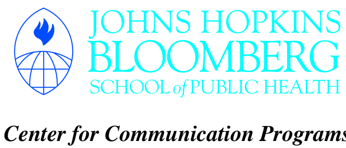

Center for Communication Programs

JSI Research & Training Institute, Inc.

PAIMAN 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, PAVHNA, Contech International, Save the Children US, Population Council, Johns Hopkins University/CCP, and Greenstar Social Marketing.

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PAIMAN

After the Promise...

The Pakistan Initiative for Mother and Newborns (PAIMAN) is a six-year Project designed to reduce the Country's maternal, newborn and child mortality and address issues of family planning. The Project is striving to make sure that women have access to skilled birth attendants during childbirth and throughout the postpartum period, while newborns and children (under 5 years) are nourished and nurtured well, protected from infections and properly treated for the common childhood illnesses as per the IMNCI (Integrated Management of Neonatal and Childhood Illnesses) guidelines.

The Project, which is funded by the United States Agency for International Development (USAID), was originally launched in 2004 for a period of five years in ten districts of Pakistan. In 2008, the Project was extended for a period of one year and expanded to an additional 14 districts and tribal areas. The Project is now being implemented in total of 24 districts and two Federally Administered Tribal Agencies, covering all the regions of Pakistan including Azad Jammu & Kashmir. PAIMAN, therefore, works at national, provincial, regional and district levels to strengthen the capacity of public and private healthcare providers and to improve healthcare system infrastructure. The Project has developed a community-based approach that provides a continuum of care to mothers, newborns and children through supportive linkages from home healthcare to hospital-based care. PAIMAN's key partners are the Ministry of Health, Ministry of Population Welfare, Provincial Health and Population Welfare Departments, the private sector, PAIMAN consortium members and the community. The Project has five strategic objectives that provide an overarching framework of implementation:

- SO-1. Increase awareness and promote positive maternal, newborn and child health behaviors.
- SO-2. Increase access (including emergency obstetric care) to and community involvement in maternal, newborn & child health services and ensure services are delivered through health and ancillary health services.
- SO-3. Improve service quality in both the public and private sectors, particularly related to the management of obstetrical complications and child survival.
- SO-4. Increase the capacity of MNCH and FP managers and healthcare providers.
- SO-5. Improve management and integration of services at all levels.

The present profile provides its readers with a gist from a number of initiatives being undertaken by PAIMAN in each of the abovementioned strategic objectives. The Profile is arranged as per the strategic objectives of PAIMAN detailing rationale, process, impact and the way forward of selected initiatives.

Contents

Status of Maternal, Neonatal, Child Health and Family Planning in Pakistan — 01

SO-1
Increase awareness and promote positive maternal, newborn and child health behaviors — 05

SO-2
Increase access to and community involvement in maternal, newborn & child health services and ensure services are delivered through health and ancillary health services — 17

SO-3
Improve service quality in both the public and private sectors, particularly related to the management of obstetrical complications and child survival. — 29

SO-4
Increase the capacity of MNCH and FP managers and healthcare providers — 39

SO-5
Improve management and integration of services at all levels — 45

Status of Maternal, Neonatal, Child Health and Family Planning in Pakistan

There is now growing evidence globally that speaks to the effectiveness of behavior change communication and community mobilization to impact family and community care interventions to improve MNCH/FP.

Pakistan endures unacceptably high rates of maternal, infant, and child mortality and morbidity. The 2006-07 Pakistan Demographic and Health Survey (DHS) reports the following:

- Maternal mortality ratio of 276 maternal deaths per 100,000 births, with much higher rates in rural areas
- Stagnating infant mortality rate of 78 deaths per 1,000 live births
- Under-five mortality rate of 94 per 1,000 live births, an almost 25% drop since the 1990-91 DHS
- Contraceptive prevalence rate of less than 30%, with modern methods being used by 22%
- An unmet need for family planning of 24.9% among couples, with 10.9% for spacing and 14% for limiting
- 64.7% of babies delivered at home
- Less than half [47.0%] of children fully immunized
- Less than 40% of infants exclusively breastfed for the first six months (other studies have found rates as low as 10%)
- One in seven children [16.1%] under age 5 with symptoms of acute respiratory infection in the previous 2 weeks
- One out of every five children [21.8] under the age of 5 having had an episode of diarrhea in the past 2 weeks

Continuum of Care

Promising Approaches and Strategies

A review of recently conducted research, including DHS, provides evidence for existing PAIMAN interventions and offers guidance in the design of the expanded Project.

Integrated Approaches

As much as three-fourth of healthcare needs of the population in Pakistan are fulfilled by the private sector which primarily consists of curative services. Yet the private sector's potential to change MNCH indicators has not been maximized. There seems to be consensus among leading researchers on Pakistan for developing better linkages among mid wives, lady health worker and traditional birth attendants to work as a team for promoting community obstetrics and referrals.

Reaching the Masses with Mass-Media

In 19 out of a total of 20 studies conducted by Bhutta et al (2008) to assess the global evidence base for specific delivery platforms for MNCH interventions in primary care settings, it was found that mass media is effective in promoting key MNCH behaviors and the uptake of interventions. In Pakistan, a mass-media campaign to eliminate tetanus increased immunization rates to more than 80% and halved neonatal deaths from tetanus in targeted areas. Exposure to family planning messages in the mass media has been consistently associated with modern method use in

Pakistan. However, low exposure to mass-media in some rural areas may preclude a universal application of this approach in PAIMAN districts for which the Project has adopted a carefully designed media-mix approach strategically employing all forms of media. The latest DHS found that nine out of ten women [87.0%] in Balochistan reported not seeing or hearing a family planning message in the media compared with half of the women [49.0%] in Punjab.

Family- and Community-care Interventions Through Improving Skills

In Pakistan, maternal and newborn healthcare is mostly based in the home. While antenatal care utilization has increased to 65% among pregnant women, more can be done to improve these rates and to increase use of postpartum visits (utilized by 43% of women). The delivery and postpartum periods offer opportunities to affect both maternal and newborn health outcomes. Midwives, LHWs, and dais can be further trained and utilized to respond during these critical health moments.

Globally, evidence suggests that home-based interventions that include care of low birth weight infants, breastfeeding support, thermal care, hygienic cord care, early recognition and care seeking for illness among others, would result in an estimated 20-40% reduction in neonatal deaths. There is a need in Pakistan to impart higher level skills for basic newborn resuscitation, community management of pneumonia, and use of oxytocic agents that could be successfully implemented by trained midwives and other community medical workers.

The Way Forward

There is now growing evidence globally that speaks to the effectiveness of behavior change communication and community mobilization to impact family- and community-care interventions to improve MNCH/FP. These lead to improved home-based practices, care-seeking behaviors and, ultimately, improved health outcomes at the household and community levels.

Interventions to improve the continuity of care between trained community workers, midwives, and doctors continue to show results. A global review of such interventions found a reduced likelihood of hospitalization thereby reducing unnecessary burden on secondary and tertiary healthcare facilities.

Newer to the agendas of developing countries are the areas of child development and maternal depression. Child development interventions are sometimes integrated into nutrition, education, or child health programs. Promising work has been done in Pakistan to address maternal depression by training community workers to implement a cognitive behavior therapy intervention as part of their routine care. These are a few of the neglected areas in the context of public health management in Pakistan which need immediate attention.

SO-1

Increase awareness and promote positive maternal, newborn and child health behaviors.

The Dancing Agents of Change: Using Puppetry for Health Communication

PAIMAN has adopted a media-mix approach which effectively employs all forms of communication, including traditional or community media.

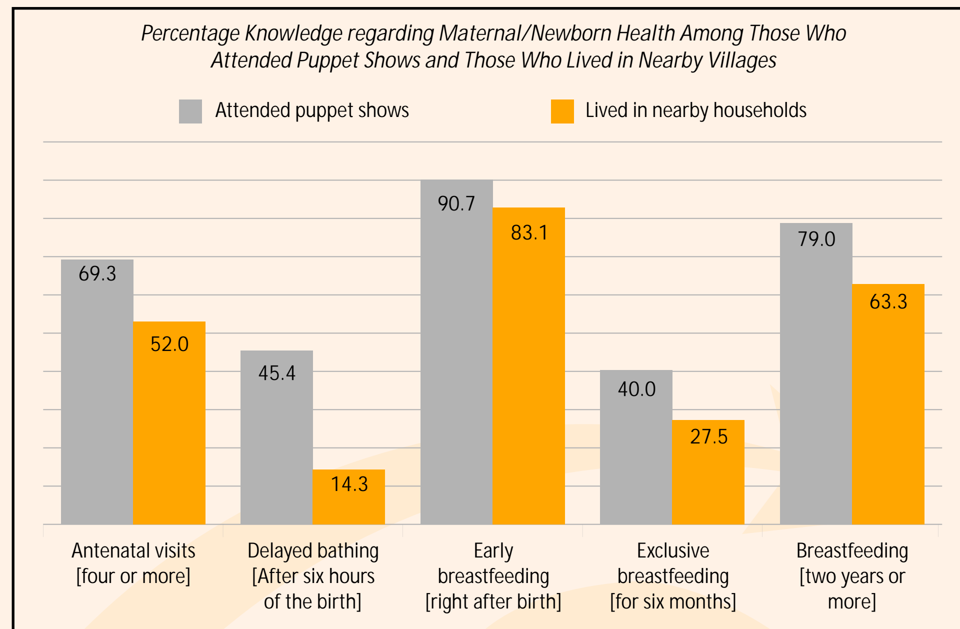
Background

An effective health communication strategy, in countries as diverse as Pakistan, has to take into account factors, among others, of limited and varying reach of mass-media, low levels of literacy and education attainment, cultural and religious believes and a range of gender constraints in order for meaningfully reach intended audiences. PAIMAN has adopted a media-mix approach which effectively employs all forms of communication, including traditional or community media. The Project has championed an extremely cost-effective and unique approach by reviving a centuries old tradition of an indigenous form of puppetry and using it for health behavior change communication.

The long-lasting tradition of string puppetry in parts of Pakistan makes the intervention culturally relevant and acceptable. Puppet shows provide much needed opportunity for entertainment to remote communities. Since setting of a puppetry counter takes just five minutes and uses simple sheets of cloth and two bedsteads [charpai] which are readily available in every home, it is extremely mobile and can be held within the four walls of a home to respect women seclusion. Perhaps most important, puppetry has always been and still is a family entertainment which attracts both men and women of all ages.

Process

Puppet shows are held in rural areas after carefully mapping villages where the reach of mass-media is severely limited. Specific MNCH messages are entwined into the stories and characterizations of puppet shows that effectively combine storytelling with song and dance and target men and women in their reproductive ages. An open place such as a school playground or a villager's courtyard that can easily accommodate up to 50 to 75 persons is first selected to organize the show. Public announcements are made a day before the show through a loudspeaker. Community mobilizers and local health workers spread the word by going door-to-door to invite villagers. Shows are held separately for men and women. Each puppet show is 30 to 40 minutes followed by a quiz on the health messages delivered during the performance to reinforce envisaged behavior change. Two families from Southern Punjab that had been conducting puppet shows for generations were selected and vigorously trained for this purpose. The families travel independently from one another conducting two to three shows daily. After being successful piloted in Jhelum District around 400 puppet shows have been held, with an average attendance of 50 to 60 adults,



Women gather to enjoy Putlee Tamasha in D.G Khan.

Villagers enjoy puppet show in local school in Jhelum.

in Rawalpindi, Khanewal, D. G. Khan Sukkur, and Dadu Districts.

Results

A study was conducted in two randomly selected villages in Dadu District to assess the effectiveness of puppet shows in delivering health messages. Questionnaires were administered with intervention group-villagers who had attended the puppet shows and with the non-intervention group, people who lived in nearby households but had not watched the show. The results testify puppetry to be an effective means for health communication in areas that cannot be reached by modern technologies and mainstream media. They showed clear difference in the level of knowledge in all the variables studied between those who were exposed to health messages during puppet shows than those who had not attended the shows. Moreover, results also revealed that puppetry can have a significant complemen-tary impact if it is combined with other channels of communication and community interventions.

The Way Forward

The intervention, besides reviving a centuries old tradition of puppetry in Pakistan, has proven to be an effective medium for health communication in areas where reach of modern channels of communi-cation are still limited. The intervention also provides a much needed opportunity of entertain-ment to villages, especially for women. The cost for conducting one show was estimated to be US$ 100 or US$ 1.8 for each person reached through this intervention making it extremely cost-effective. Due to its enormous success, PAIMAN plans to use string puppetry to deliver key MNCH messages in parts of Balochistan.

Involving Ulama for Improving MNCH Behaviors

...the level of cooperation and support extended by ulama to PAIMAN is reflective of the fact that religion and development can go hand-in-hand.

A group discussion with local Ulama from Taunsa Shareef in district D. G. Khan.

Background

Pakistan is predominantly a Muslim country where ulama [religious scholars] are looked up to by a majority of people for guidance on a range of issues, including those that relate to their health and well being. Ulama are widely respected and often perceived as among the few reliable channels of communication, especially among the rural population and in areas where literacy is low and access to mass-media is limited. Through their mosques and seminaries, where regular and large congregations of men are held, ulama are endowed with a powerful platform for promoting positive behaviors. In order to tap this important communication channel, PAIMAN is sensitizing ulama and encouraging them to advocate for mother, newborn and child health issues, in their sermons and lectures. It is expected that the intervention will ultimately help improve knowledge and increase involvement of men for improving the status of MNCH in Pakistan.

Process

After being successfully piloted in the districts of Buner and Upper Dir, the ulama intervention was extended to districts of Punjab and NWFP. Lessons learned during the pilot as well as during actual implementation have been incorporated in successive phases to further improve the intervention. The ongoing phase of the ulama intervention, after being implemented in districts of D. G. Khan, Khanewal, Jhelum, Rawalpindi and Swat, is being implemented in districts of Peshawar, D. I. Khan, Charsadda, Mardan, Vehari and Zhob. Networking and reinvigorating activities continue in all districts.

The ulama intervention entails carefully mapping all influential mosques and religious personalities in rural areas where lady health worker coverage and the reach of mass-media is limited. Members of the Central Shora [a committee of 5 ulama], which comprises nationally renowned and well-respected ulama and created for this very purpose by PAIMAN together with the intervention team, first visit the most influential of the ulama from each target district and hold individual sensitization meetings. From these meetings, four to five ulama that are most forthcoming and receptive of the intervention are selected to form a 'district pool of ulama.' With the help of ulama from the district pool, and representatives from the Central Shora and PAIMAN team, all the ulama identified during the mapping exercise are reached individually. Identified ulama, in these individual meetings besides being sensitized, are presented with a range of evidence-

based material together with the booklet "Role of Ulama in Ensuring Maternal and Newborn Health" which primarily uses Quran and Hadith as its main reference points. Targeted ulama are then invited to carefully planned group meetings so that participants are of the same stature and sect to reinforce earlier sensitization efforts. Ulama are encouraged, vigorously followed-up and rewarded for delivering lectures and sermons on MNCH issues, especially during the weekly congregation of Friday prayer. To date, more than 400 ulama have been sensitized and networked while an additional 300 are planned to be reached before the end of the Project.

Results

A randomized study was conducted in districts of D. G. Khan and Khanewal to assess the effectiveness of ulama intervention, especially the medium of wa'az delivered during the Friday payer, for communicating health related messages. Of the 35 randomly selected ulama approached for this research, all delivered their wa'az on the issue of MNCH as requested on a specific date during the Friday prayer. This indicates strong willingness of ulama to assume an effective role in community uplifting initiatives. Further insights, as revealed by the research, show that 16 of the Friday wa'az contained six or more specific messages on MNCH, out of a total of eight requested to be delivered. Around 1,200 exit interviews compared the level of knowledge on communicated messages among attendees of Friday prayer who had listened to the wa'az on MNCH and those who had not attended such a wa'az. The results indicate not only the level of knowledge is substantially higher among those who had attended the Friday wa'az with messages as compared to other groups, but even when the variable of education is controlled, Friday wa'az seem to have made a significant impact.

A group discussion with local ulama from Katcha Khou in Khanewal district.

The Way Forward

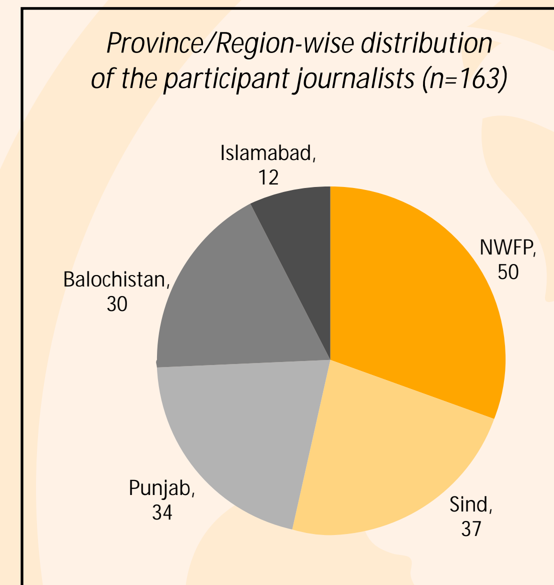
The experience gained from this intervention and insights from the evaluation both indicate the significant role ulama can play in promoting positive behaviors, especially those related to MNCH. Further, the level of cooperation and support extended by ulama to PAIMAN is reflective of the fact that religion and development can go hand-in-hand. Several initiatives have been planned to sustain the ulama intervention after Project end through networking and empowering targeted religious leaders.

Networking with journalists to highlight maternal, newborn and child health issues in print and electronic media: Lessons from the PAIMAN experience

Realizing that working with reporters only was not enough to highlight the issue on regular basis, PAIMAN took another strategic step. This included inviting editors, columnists, TV anchors and media owners to a separate sensitization session.

Background

Media plays an important role in the agenda setting because of the multiplier effect that it has on various segments. A powerful news story evokes response and promises from policy makers. People become more aware on the issue and put more pressure on the policy. Editors and fellow journalists also read this story, get stimulated and contribute more on the same subject which keeps the issue alive and adds pressure. Thus it is important to establish long-lasting partnerships with the media professionals.



Developing an effective partnership with media in countries like Pakistan is not easy. The industry lacks the basic understanding of and ability to report effectively on public health issues. Primary reasons cited for this deficiency include a preponderance for political issues and the mindset toward medicalized approach to reporting. This is compounded by the perceived "lack" of demand by the public on preventive and promotive health issues. As a result, the health and social issues tend to be treated as soft, and moved down the reporting priority list. Realizing the need to sensitize the journalists on public health issues and bringing maternal, newborn and child health (MNCH) on to the policy, media and public agenda; PAIMAN has established a partnership with media that will continue beyond the life of PAIMAN project. Following are the salient features of this intervention.

Process

PAIMAN laid the foundations of partnership with a local organization, 'Intermedia' in 2005 and this successful partnership continues till day. Intermedia has a vast experience of conducting trainings for journalists. Under the partnership, journalists from print and electronic media in PAIMAN districts, provincial capitals and the federal capital were invited to sensitization/training workshops. MNCH experts were invited to these trainings to apprise the participants of the prevalent MNCH situation in the country. Their talks were followed by presentations of senior media professionals who explained how these technical issues could be converted into a striking story. Contact details of various MNCH experts in different parts of the country were provided to these journalists for ready reference. A network of Alumni of these workshops was also formed.

Realizing that working with reporters was not enough to highlight the issue on regular basis, PAIMAN took another strategic step. This included inviting editors, columnists, TV anchors and media owners to a separate sensitization session. PAIMAN and Intermedia also developed a training module which included a reference manual for journalists, PowerPoint presentations and reading materials highlighting various MNCH issues. In addition, the team identified resource persons including senior journalists and editors, and MNCH experts to facilitate the training sessions. As part of the advocacy

efforts, an award was also announced for best English and Urdu newspaper stories and best television and radio documentary reports on MNCH. These safe motherhood awards have been announced for current year also and are expected to continue beyond the life of the project.

Results

Six training workshops each spanning 4 days were conducted in various cities of all four provinces. A total of 163 journalists belonging to print and electronic media were trained during these workshops. These journalists belonged to the four provinces and the federal capital Islamabad. A break-up of this number can be seen in Figure 1.

PAIMAN and its partner Intremedia ensured that due representation be given to print and electronic, and regional and national media. A break up of the participant journalists according to their association is being provided in figure 2.

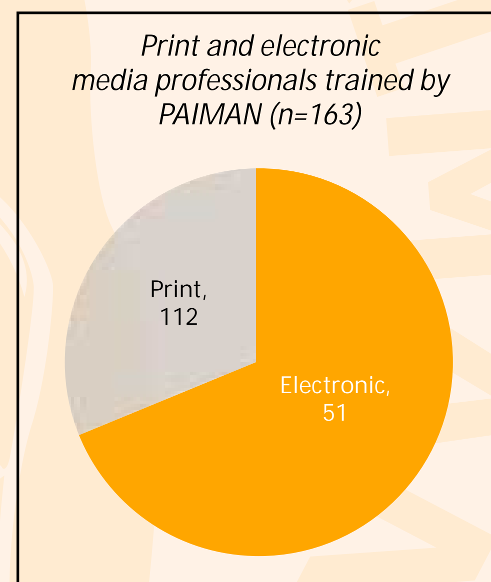
The roundtable for editors and media owners was held on September 2, 2007 and attended by 29 senior media persons. Notable columnists, intellectuals and media gurus were present in this one-day sensitization event. The Annual awards for 2007, were given to four categories -- English report, Urdu report, Television report, and Radio Report on MNH issues. The awards were presented at the concluding session of the Alumni Meeting in Lahore where Punjab Minister for Health was chief guest while the function was presided by PAIMAN Chief-of-Party. The souvenirs were also given to the participants on this occasion. Currently, a total of 207 news reports and stories have been received for the safe motherhood awards 2008-9. These include 190 print and 17 television reports and documentaries.

The Way Forward

The advocacy intervention has worked well in bringing MNH on to the media and policy agenda. At least 190 print and electronic media stories on MNH were published/broadcast during the period Nov 2006-Nov 2007. Out of these, 86 were contributed by professionals who were not participants to these workshops highlighting that the output of these trainings had a multiplier effect generating a response from the non-participant journalists as well.

Active participation, comments and subsequent contributions of media gurus also proves that this initiative has been effective. A number of policy statements on MNH are also a sign that media stories have triggered a policy response. The GOP is giving a greater emphasis to MNH. Various press reports and govt. actions are a testimony. A National Maternal Newborn and Child Health program is being launched. A thorough analysis however is required to establish the causality. The overall results are encouraging and underscore the need for projects to formulate long-term partnerships with media.

Print and electronic media professionals trained by PAIMAN (n=163)



Reaping the Benefits of Expanding TV Reach

PAIMAN has produced a drama series, a talk show series, a music video & five TV commercials.

Background

Widespread illiteracy, restrictions on women mobility and immense cultural diversity of PAIMAN districts pose serious challenges in delivering health messages across an area of around 125,000 square kilometers. Television, with an overall viewership of almost 50% in PAIMAN districts offers a viable solution. Evidence from national surveys conducted in India, Bangladesh and Pakistan concludes that exposure to mass-media has a direct affect on attitudes and behaviors related to family planning (Olenick, I, 2000). In a recent study carried out in Rawalpindi, Sukkur and Lasbela that was commission by PAIMAN for a third-party evaluation of its mass-media products found that eight out of every ten currently married women reported watching television regularly. It was in this context that in the Project's third year PAIMAN started using TV to reach out to its audiences. The Project has produced TV talk shows, a drama series, five television commercials and a music video to generate support and improve behaviors about mother's and newborn's health issues.

Dard [Pain] was the title of first two episodes of a 13-episode drama serial "Paiman."

District officials participating in a PAIMAN TV talkshow to discuss MNCH in their area.

Scene from PAIMAN music video.

Process

A careful media mapping of PAIMAN districts was the first step to clearly understand the areas and audiences to be targeted through television and other forms of media. PAIMAN baseline studies and other research were used to shortlist communication objectives, audiences and messages. These messages were then packaged into various products as deemed appropriate for achieving the established objectives e. g. a talk show for policy advocacy, drama series and TV commercials for changing household behaviors, and a music video for promoting caring male role models. Creative briefs for each of the selected products were prepared that clearly discussed the problem at hand, objectives of the assignments, profiles of target audiences, intended messages, and expected outcomes. These briefs were shared with production agencies and followed by detailed discussion on approach, mood, scripts, directors and other talent for each of the products.

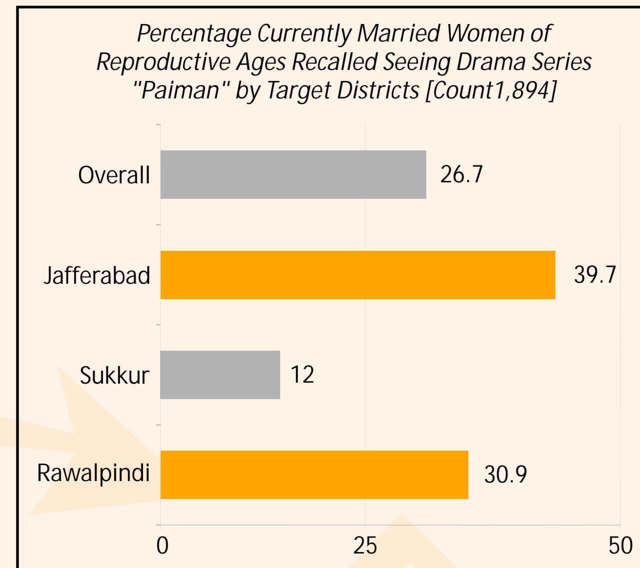
For harnessing support and generating political will at district level, an innovative TV talk show series was produced. Each show discussed the local maternal and newborn health situation of a particular district with its decision makers and solicited their on-camera commitments for bringing improvements. To further augment the importance of the shows, they were recorded on location in district town halls in front of local audiences and broadcasted from April – June 2007 on one of the two national terrestrial channels. For improving knowledge and attitudes vis-à-vis maternal and child health issues, a 13-episode TV drama series, "Paiman" was produced.

Utilizing the talent of Pakistan's top writers, directors, actors and other media personalities, the drama series addressed 13 key behaviors impacting the health of mothers and children as highlighted in PAIMAN formative research. The drama series was televised on PTV Home during prime time in the last quarter of 2008 and generated positive reviews. The third key media intervention is a music video focused on husband's responsibility for his wife during pregnancy, child birth and the postpartum period. This five-minute video showcases a story of a caring husband who ensures every comfort of his wife during the most important periods of their lives. The video was aired during the second quarter of 2008 on three leading TV channels either free or on subsidized rates. The subtle messages of the drama series and music video were supported through five television commercials. Focusing on key hurdles in adopting healthy MNCH behaviors, these commercials conveyed messages on the importance of utilizing a skilled birth attendant, antenatal check ups, postnatal care, birth preparedness and newborn care. Commercials were aired just before the telecast of each episode of the drama series "Paiman."

Results

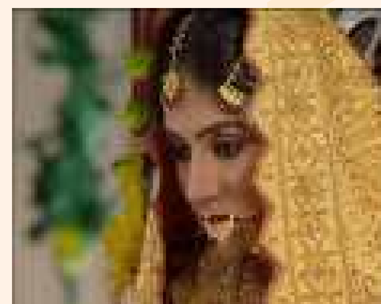
Qualitative research conducted six months after the TV talk shows aired revealed that more than two-thirds of the participants felt accountable after being in front of a camera and wanted to carryout work in the field of MNCH.

In addition, other PAIMAN media products discussed above have recently been evaluated through a third-party using both qualitative and qualitative methods. Preliminary findings reveal that the drama series "Paiman" was watched by a quarter of currently married women in targeted districts and among them nine of ten liked the drama and thought it was a superior production.



The Way Forward

In view of its wide reach, popularity and dynamics of providing total control over timing, contents and quality of products, television is an effective and cost efficient medium of communication. With demonstrated evidence of more than 10 years in Pakistan and the findings of PAIMAN evaluation studies, mass-media in general and television in particular need to continue to feature in PAIMAN's strategic interventions along with traditional/folk media and interpersonal communication.



Scenes from most popular episode Sharram ("Shame") of drama serial "Paiman."

Knowledge Management

PAIMAN's unique opportunity in maternal and neonatal health in Pakistan is its mandate and resources specifically designated for knowledge management.

Background

Knowledge management (KM) is the collection, organization, compilation, dissemination, and communication of information within and outside the PAIMAN consortium. The Population Council, responsible for PAIMAN monitoring and evaluation (M&E), coordinates knowledge management within the consortium.

An important M&E sub-component KM objectives are:

- To track, organize, disseminate external MNCH data for use by PAIMAN partners.
- To ensure appropriate sharing of information among partners.
- To collect, organize, disseminate internal information to relevant stakeholders.

A valuable PAIMAN legacy can be a working knowledge management model that can support and sustain future efforts to save lives of mothers and newborns. PAIMAN's unique opportunity in maternal and neonatal health in Pakistan is its mandate and resources specifically designated for knowledge management. A model can inspire the Ministry of Health, partnering with research institutions, universities, NGOs, and the private sector, to establish knowledge management initiatives in other health and social sector programs.

Process

In conducting KM activities in PAIMAN districts, the Population Council, began by identifying a Knowledge Management Support Person (KMSP) in each partner organization. Since then, KMSPs, coordinating with the Population Council Knowledge Management Coordinator, have been effectively taking KM to their respective organizations.

PAIMAN Knowledge Management Support Persons

Intranet and Website

With PAIMAN funding, the Population Council developed a PAIMAN intranet and a website (www.paiman.org.pk). The intranet is accessible by PAIMAN consortium members and the website by the public. Through the intranet, PAIMAN members can organize and share knowledge electronically. The website provides background information on PAIMAN, access to its various publications, baseline reports, formative reports, newsletters,

success stories, and much more.

PAIMAN News Roundup

PAIMAN News Roundup is published at the end of each quarter. This multi-page newsletter comes in English and Urdu versions. Its objective is to bring together PAIMAN partners by keeping them informed about Project activities. It provides a platform to share successes, lessons learned, and best practices. Its aim is to bond all PAIMAN partners together into a family unit and keep them informed about past, current, and future activities and events.

Results

Major KM achievements have been development of the PAIMAN website, intranet, and newsletter, and restructuring and strengthening the Information Resource Center at Population Council Pakistan.

The website is more widely and frequently accessed today compared with previous years.

Increased partner contributions of news, articles, and success stories to News Roundup show an interest in information sharing among PAIMAN partners.

Year	Hits
2006	1,874 (Nov & Dec only)
2007	30,367
2008	53,066
2009	22,058 (May 2009)
Total	107,365

Knowledge management is gaining momentum through various PAIMAN tools and activities.

The Way Forward

The Population Council will continue to coordinate all partner organization knowledge management personnel and include activities, publications and evidence from the additional 14 districts as well as the family planning and child health programmatic expansion.

During the remaining Project period, knowledge management will focus on increasing the number and range of publications. Publications will be aimed at prestigious peer-reviewed journals. High impact articles will be on broader evidence gained from PAIMAN. At the same time, shorter policy briefs and programmatic articles will target provincial-and district-level managers to influence programs at those levels. The entire PAIMAN experience will be showcased as a best practice in Asia.

Under its KM component PAIMAN will organize two major regional and international consultations to provide leadership in gathering lessons learned towards achieving major Millennium Development Goals and assessing the region's progress.

SO-2

Increase access to and community involvement in maternal, newborn & child health services and ensure services are delivered through health and ancillary health services

Community Midwifes: A Ray of Hope to Bring New Life to Communities

PAIMAN will support the National MNCH Program in establishing about 1,100 community-level Midwife Homes (birthing centers).

Newly graduated CMWs with guests in Multan

Background

The 2006-07 Pakistan Demographic and Health Survey found an IMR rate of 78 deaths per 1,000 live births; under 5 mortality of 94 per 1,000 live births and MMR of 276 per 100,000 live births. Pakistan has been investing primarily in facility-based interventions for many years which has not produced desired results. Major investment in community-based interventions was made through the LHW program in the early nineties. Recently the Government of Pakistan introduced the community-based community midwife (CMW) through the National MNCH Program. Twelve thousand CMWs are to be trained over six years with PAIMAN training 2,000 of the 12,000.

Process

CMW training strategy envisages that the CMW will receive classroom teaching, simulation and compulsory hands-on training. The classroom and simulation training is for 12-15 months covering theoretical aspects of the curriculum. The hands-on training is 3-6 months at a THQ/RHC where she will perform home based deliveries as well as institutional deliveries. Each CMW candidate should have practical training of a minimum of 25 deliveries; 15 in hospital and 10 in home, each noted in a log book.

Implementation and Results

PAIMAN began CMW training in 2005. A major problem encountered was the absence of midwifery tutors. PAIMAN, on the request of MoH, trained a core group of 44 national-level CMW tutor master trainers in collaboration with the International Confederation of Midwives, World Education and

Pakistan Nursing Council. After completion of the four week comprehensive training course the master trainers trained 150 district-level CMW tutors.

PAIMAN enhanced CMW school capacity in terms of building, furniture, boarding, messing and practical training labs before enrolling CMWs. PAIMAN up-graded and renovated 23 CMW schools. After all preparations were made, students were selected according to criteria of the Pakistan Nursing Council. Detail of PAIMAN-funded CMWs enrolled so far is given in the table.

Placement of CMWs

Newly graduated CMWs will be registered with the Pakistan Nursing Council and then start practicing community-level midwifery. PAIMAN will support the National MNCH Program in establishing about 1,100 community-level Midwife Homes (birthing centers). A list of necessary equipment, instruments and furniture for these

Province	District	Number
Punjab	Rawalpindi	211
	Jhelum	91
	Khanewal	172
	DG Khan	193
NWFP	Buner	54
	Upper Dir	46
	Swat	50
Sindh	Dadu	106
	Sukkur	50
Balochistan	Jaffarabad	17
	Lasbella	78
FATA	Kurram	18
	Khyber	
	TOTAL	1,086

Homes has been finalized in mutual consultation with the National MNCH Program and all other stakeholders. PAIMAN has started procurement of the required items. The first batch of CMWs from Punjab has graduated and a detailed survey of their homes has also been completed. Based on the report, PAIMAN along with the National MNCH Program Punjab has started establishing Midwife Homes.

Lesson Learned & Way Forward

1. Low education level and restricted mobility of females particularly in Balochistan and NWFP made identification of candidates for the CMW training program according to the PNC criteria a big challenge. PAIMAN started an accelerated condense educational program in NWFP and Balochistan to address this problem.
2. Placement and acceptability of young women by the community as CMWs and linking them with health facilities and the other community-based health workers poses many challenges. PAIMAN is working with the National MNCH Program, local communities and all community health workers for placement of CMWs.
3. Monitoring, supervision and reporting of CMWs will require special attention. PAIMAN is working with stakeholders to finalize CMWs' monitoring and reporting tools. PAIMAN also begun operations research on CMW placement and supervisory models.

Traditional Birth Attendant: The Choice of Sixty Seven Percent of Pregnant Women in Pakistan

PAIMAN is continuing its intervention to orient and re-orient more TBAs in its expansion districts and the original 10 districts.

Background

In the rural areas of Pakistan, a dai (traditional birth attendant-TBA) is the key person who conducts most of the deliveries. In fact, about 67% of deliveries are assisted by these TBAs and it is them who take the decision whether or when to take the pregnant women to a hospital in cases of obstetric or neonatal emergencies. Most of the times, the TBAs show reluctance to refer obstetric emergency to a health facility because of the fear of loosing a case and eventually loosing her reputation in the community.

These TBAs do not have any formal training in maternal or neonatal care. Mostly, they acquire their skills by observing older women in the family and then begin practicing themselves. As a result, they acquire many harmful delivery care practices and lack knowledge on important danger signs of pregnancy and childbirth. In such circumstances, it is important that TBAs are trained in clean delivery practices, early recognition of danger signs and referral to an appropriate health facility in case of an emergency.

TBA training conducted by PAIMAN is improving maternal health practices.

Process

Many training programs have been implemented in Pakistan to orient TBAs, but there is little evidence that these have contributed to changing their behavior. A unique eight-day orientation curriculum, tested under the SMART project in D.G. Khan District and demonstrating positive results, was adopted by PAIMAN. This training program orients the TBAs on safe delivery practices using a client-centered approach and inspires them to change their harmful delivery care practices. The orientation was carried out through sub-grantee NGOs who were first trained on this innovative training methodology.

The training of trainers (ToT) of sub-grantee NGOs is based on adult-learning principles, is very interactive and participatory. The "Client-Centered Safe Delivery Practices Training Manual" is used for the training. Facilitators ensure experiential learning, giving credence to and drawing lessons from the experiences of the participants. A unique feature is that the participants observe the full eight-day TBA training and then practice conducting different sessions in front of facilitators and their fellow participants. They learn to critically assess and analyze each session and provide appropriate feedback for improving their facilitating skills.

The TBA training promotes two way communications: on one hand, enhancing the technical skills of TBAs and, on the other, influencing their behavior through a client centered approach. Models and charts are used

to give hands-on training for critical issues such as how to assist delivery, use of safe delivery kits, immediate care of newborn, resuscitation for asphyxia, etc. At the end of training, the participants leave with a pictorial booklet and five Clean Delivery Kits. A rapport is created between them and a referral health facility so that they feel comfortable in referring clients to that health facility.

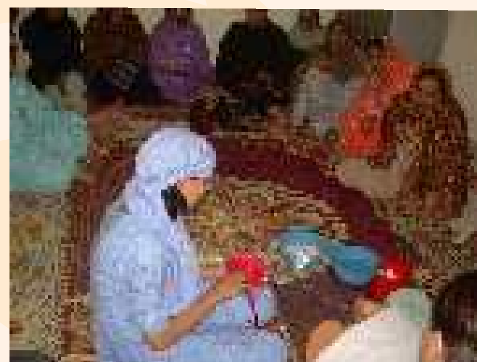
After orientation of TBAs, they are followed-up by PAIMAN field staff and the local sub-grantee NGO staff. Pictorial referral slips are provided to all TBAs for referring emergency cases to the nearest health facility. Since most of the TBAs are illiterate, they simply mark the appropriate picture showing the particular emergency and refer the case for management. Sub-grantee NGOs during their field monitoring visits gather the data on use of clean delivery kits and referral by TBAs and submit to PAIMAN quarterly.

Results

Thirty five district trainers form the sub-grantee NGOs have been trained to provide TBA training. Six supervisors also participated in the ToT for ensuring subsequent monitoring and supervision of the TBA trainings. To-date, PAIMAN has trained 1,900 TBAs and are regularly followed-up by the project staff.

After about 12-18 months working in the field since getting orientation, the TBAs were brought together again for a 3-day refresher orientation and experience-sharing. The following is quote by Haleema Bibi a TBA from Dara Bagh, district Dadu.

"When I went home I realized that both my daughter and daughter-in-law are very important for me. I promised that I will give them more care because they need it. Inshallah, I will also take care of the women in my community because they are also like my daughters."


TBAs being trained on safe delivery practices.

The Way Forward

PAIMAN is continuing its intervention to orient and re-orient more TBAs in its expansion districts and the original 10 districts. All the previously trained TBAs in 10 PAIMAN districts are receiving a 3-day refresher orientation by the district TBA trainers, and 350 more TBAs will be trained in the additional PAIMAN districts. PAIMAN will continue follow-up of the trained TBAs and facilitate strengthening of their linkages with LHWs and the respective health facilities.

Birthing Centers: Doorstep Service to Far-flung Areas

The PAIMAN birthing center initiative aims to develop community-level infrastructure able to implement and contribute to community-based interventions promoting the use of maternal health, newborn care and contraceptive services as well as to reduce barriers to such services.

Background

People living in remote areas of Pakistan must travel many hours to reach health facilities. In the case of maternal emergencies many times lives are lost before reaching the facility. In order to improve access to MNCH services in such areas PAIMAN has established birthing centers either in redundant basic health units or in space donated by the community. The PAIMAN birthing center initiative aims to develop community-level infrastructure able to implement and contribute to community-based interventions promoting the use of maternal health, newborn care and contraceptive services as well as to reduce barriers to such services. Birthing centers are an innovation for providing basic MNCH services at community level through involvement of local NGOs, health department and PAIMAN.

Process

Birthing centers are established at a site which is mutually agreed by the health department, local NGO and PAIMAN. The health department contributes by providing the building, its repair and maintenance, utility cost, medicines, and general supplies. PAIMAN provides support through a sub-grant to a local NGO for the salary of one LHV, TBA, and security guard for each center. The commitment expected from the staff hired for a birthing center is the availability of services to patients round-the-clock. The NGO is responsible to provide supportive supervision, management, capacity building for birthing center staff, and community mobilization activities in the birthing center catchment area.

In areas where the need is immense and a government facility is not available, the community is asked to contribute land for establishment of a birthing center. For example the birthing centre in Serwari – Buner District, NWFP.

Results

Nine birthing centers have been launched and are providing round-the-clock (24/7) services to their communities. Four of nine birthing centers have been established in the sensitive areas of NWFP, two in Punjab,

one in Sindh and two in Balochistan. Two additional birthing centers are being established in Swat District.

In order to make birthing centres sustainable the PAIMAN NGO organizes the community to establish a citizen's community board (CCB) registered with the district government. Once the board is established the NGO helps it prepare projects to compliment and sustain the services offered by the birthing center.

One PAIMAN sub-grantee NGO, 'Pakistan Lions Youth Council,' established a birthing center at basic health unit 58/10R Khanewal. A CCB was established and registered. The CCB was supported to prepare a project for the purchase of an ambulance. It arranged funds to cover 20% of the ambulance cost and submitted a proposal to the district government for the remaining 80%. The proposal was approved and one ambulance was purchased and is being managed by the community.

Services Provided by Birthing Centers (2008)

Service	Jan-March	April-June	July-Sept.	Oct.-Dec.	Total
OPD attendance	3,143	3,543	3,434	3,062	13,182
ANC checkups	578	565	665	517	2,325
Deliveries	145	143	111	158	557
Referrals	24	34	30	17	105
Postnatal checkups	197	188	170	187	742
TT vaccinations to pregnant ladies	321	287	334	248	1,190

Birthing Center Nehag Bandie (Upper Dir)

Reaching the Difficult to Reach through Local NGOs

For areas not covered by LHWs, PAIMAN devised an innovative sub-grants program for reaching out to households and communities with maternal and child health messages through local NGOs.

Background

Non-governmental organizations (NGOs) and lady health workers (LHWs) play a pivotal role in creating awareness and organizing communities. As partners in PAIMAN, LHWs are rendering valuable support to its Communication, Advocacy and Mobilization (CAM) activities in target districts. For areas not covered by LHWs, PAIMAN devised an innovative sub-grants program for reaching out to households and communities with maternal and child health messages through local NGOs. Initial sub-grants have been for improving knowledge and mobilizing communities followed by delivery of services in some of the remotest Project areas.

Process

The goal of the sub-grants program is to improve knowledge, promote the use of maternal, newborn, child health and contraceptive services besides developing community-level infrastructure able to implement and contribute to community-based interventions.

For selection of NGOs, a request for applications was advertized in newspapers. Applications were received and scrutinized on the basis of selection criteria and shortlisted applications were sent to provincial and district-level Pre-Screening and Review Committees headed by concerned Director Generals Health and DCOs/EDOs (Health). After initial selection through these committees, PAIMAN staff performed a pre-award assessment prior to final selection. Once selected, proposal writing workshops were organized to build the NGO's capacity to prepare program proposals. Developed proposals were submitted to USAID for review and approval after which sub-agreements were signed with 37 NGOs.

Implementation and Results

Utilizing US$6 million the 37 selected NGOs started working in non-LHW areas covering nearly 7 million people in 10 PAIMAN districts. The NGOs organized local events to improve MNCH knowledge, attitudes and behaviors. Target audience for these activities included religious leaders,

Villagers in Sindh participate in a walk to promote TT vaccination

political leaders, school teachers, students, traditional birth attendants (TBAs), and health workers. In addition to organizing local fairs and advocacy events, sub-grantee NGOs also gave orientation to TBAs on clean delivery practices and followed-up these TBAs after orientation.

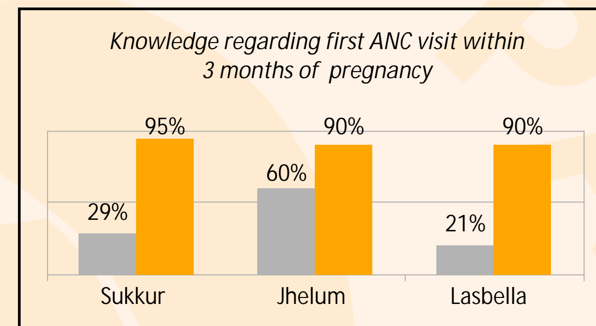
Their activities included organizing communities, establishing community revolving funds and making arrangements for a MNCH emergency transport system. In the second year of the sub-grants program, NGOs started providing support to districts in organizing TT vaccination campaigns and free medical camps in remote areas. The sub-grantee NGOs have reached 1,259,000 beneficiaries. They have organized 188 free medical camps benefitting over 43,400 and carried out 121 TT vaccination rounds benefitting 156,000 pregnant women. Sub-grantee NGOs have also established nine birthing centers in hard to reach areas of their districts.

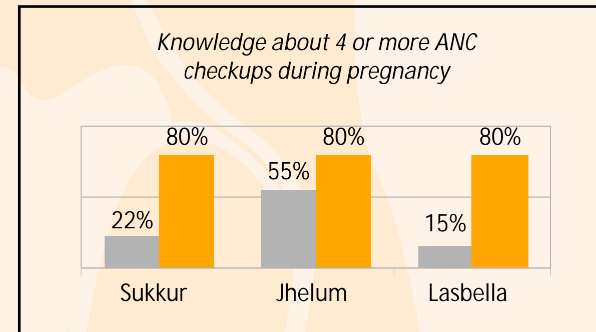
Midterm Assessment

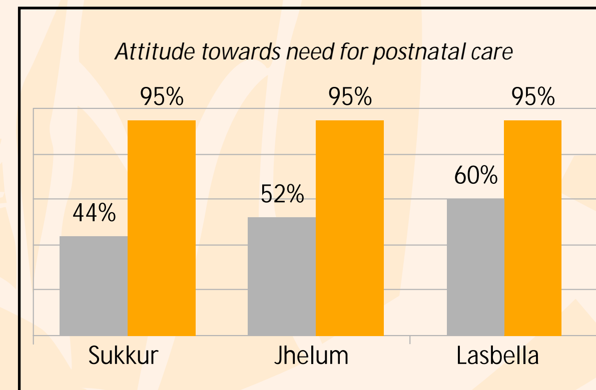
In 2007, an assessment using the Lot Quality Assessment Sampling technique was carried out in three sample districts to assess knowledge and attitudes of the local communities where sub-grantee NGOs were working. Following are some of the assessment results:

Way Forward

1. After assessment of the performance of sub-grantee NGOs, sub-grant agreements for NGOs deemed effective will be extended for one year from April 1, 2009.
2. Selection of the local NGOs from the additional PAIMAN districts has been completed and they will submit their proposals the last week of March 2009.
3. Sub-grantee NGOs, through their revised scope of work, will also support districts in strengthening EPI through tracing and vaccinating all defaulters.' They will also establish a vaccination point at all birthing centers.







Women's Support Group Meetin

The purpose of the support groups are to extend information and awareness to women, create positive behavior change and build linkages between the community and health facility staff.

Background

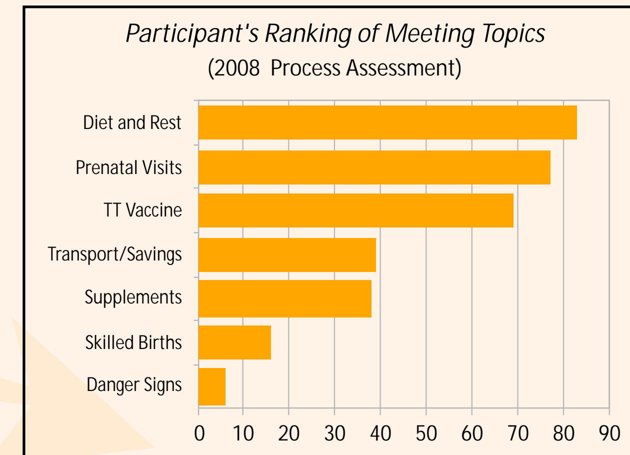
Women are the PAIMAN Project's primary audience. However and unfortunately, in Pakistan's social context, they are secondary when decisions are made about seeking care during pregnancy. The Ministry of Health is working to promote positive maternal, newborn and child health behaviors through the Lady Health Workers Program. Third-party assessments revealed that these community-based lady health workers' skills in counseling and conducting group meetings needed to be refreshed.

PAIMAN initiated training to strengthen these skills through support groups on maternal and newborn health issues. The purpose of the support groups are to extend information and awareness to women, create positive behavior change and build linkages between the community and health facility staff.

Methodology

After receiving training from PAIMAN staff on support group methodology, the lady health worker brings her new skills back to her community. She identifies potential members of the support group, with a focus on pregnant women, mothers who are breastfeeding and women with toddlers. Each lady health worker forms four support groups of 8 to 15 ladies each and conducts two meetings per month on topics related to the ante-natal period, birth preparedness, post-natal period and danger signs in mothers and newborn.

PAIMAN-trained lady health worker conducting a support group meeting in a rural village of Rawalpindi.



During support group meetings, lady health workers facilitate introductions, explain meeting objectives and generate discussion related to the topic by asking open-ended questions and probing. The participants' active role focus on mother-to-mother communication. Circular seating permits all participants eye-to-eye contact.

Throughout the session, the lady health worker listens and ensures each woman takes part in the discussion. She uses the pictorial book Sehat Ki Dastak (Health is Knocking on Your Door) to promote discussion and reinforce the key messages. At the end of the meeting, she asks the ladies to recount the key messages. Lastly, the lady health worker and participants decide on the date, time, venue and topic for the next meeting.

Impact

Since the PAIMAN Project began, 8,135 lady health workers have participated in four-day trainings on support group methodology. Trained lady health workers have organized 23,738 support groups and reached 1,234,542 women through 131,139 meetings.

As a result, in a safe, comfortable environment more than a million women have had the opportunity to learn about healthy behaviors. Pregnant participants are now better-able to recognize the danger signs of pregnancy and more confident in discussing their health needs with the decision-makers in their families. Through discussions regarding harmful myths about forbidden foods and iron supplements, participating mothers know how to take better care of themselves and their newborns. For example, participants learn the importance of breastfeeding and dangers of bathing a newborn too early. Participants report that their newborns are thriving and they feel more empowered and healthy.

Lessons Learned

PAMAIN has learned that training lady health workers on support group methodology is a successful way to promote healthy behaviors at the community level. The woman-to-woman format is culturally acceptable and effective. Field visits and interviews with the participating women show that meetings are a very important role in strengthening positive behaviors regarding mother, newborn and child health. It is also clear that PAIMAN staff follow-up meetings with lady health workers further improved their counseling skills. Another key lesson to improve quality of meetings and promote ownership is to involve the district health department in monitoring of support group meetings.

Empowering Mothers

Only five days after the delivery of her first child, Shazia Perveen feels better than she ever imagined. She credits her participation in a support group for expecting mothers, facilitated by a lady health worker trained and supported by PAIMAN. There, Shazia learned the importance of antenatal check ups, iron tablets and vaccinations as well as a good diet before and after delivery. As a result, she defied harmful cultural taboos and took iron tablets and began breastfeeding her baby immediately. Shazia says she is grateful to PAIMAN for providing her with the information needed to improve her health, but is also proud because, "I decided by myself that I will take all the necessary action during pregnancy and after delivery for my and my baby's health."

PAIMAN-trained lady health worker conducting a support group meeting in a rural village of Rawalpindi.

Improve service quality in both the public and private sectors, particularly related to the management of obstetrical complications and child survival.

SO-3

Infection Prevention and Control: Protecting Health Care Providers and Communities

Based on the lessons learned, staff and managers of all the 31 upgraded health facilities in 10 original PAIMAN districts have been trained.

Background

Health care-associated infections lead to death, disability and excess medical costs. Infection prevention and control maximize patient outcomes and are part of government's responsibility to provide effective, efficient and quality health services. People who provide or receive health care services whether in a hospital, clinic or other health care setting, are at risk of acquiring and transmitting potentially life-threatening infections through accidental exposure to blood and body fluids or contaminated objects. Over the past two decades, considerable progress has been made globally in understanding the basic principles of preventing such infections, but they continue to be a significant cause of mortality and morbidity.

Occupational exposure to blood and body fluids puts health care providers at risk of infection from blood-borne pathogens such as hepatitis B (HBV), hepatitis C (HCV) and HIV.

As part of PAIMAN's renovating and upgrading of selected health facilities a pilot study to determine indigenous hospital clinical waste management options was conducted. The most promising options to curb/address the hospital/clinical waste management were tested.

Process

UNICEF along with the Health Department drafted an Infection Prevention and Control Strategy which was implemented successfully in UNICEF districts. PAIMAN signed a Memorandum of Understanding with UNICEF to collaborate for implementing the Infection Prevention and Control (IPC) Strategy in PAIMAN districts. The IPC strategy envisages the training of health managers and health care providers on the principles of IPC. The training is designed to help health care providers enhance their ability to protect themselves and their clients from infections. Two IPC training modules have been designed; (1) Three-day module for health managers including Medical Superintendents, facility in-charges and Executive District Officers (Health); (2) Six-day module for health care providers including senior WMO/MO or Registrars, OT technicians, OT nurses and labor room nurses. The internationally accepted practices covered in the course use low-tech approaches that are practical, simple, easy to use and generally inexpensive. IEC materials on solid waste handling and disposal have also been developed. Lady Aitcheson Hospital Lahore has been made the PAIMAN training centre and model for IPC.

Implementation and Results

The hospital waste management was pilot tested at RHC Mandra and THQH Gujar Khan in District Rawalpindi through a consultant having in-country experience in hospital waste management. Indigenous low cost conventional incinerators were installed at RHC Mandra and THQH Gujar Khan.

THQ Hospital Gujar Khan

Before: Hospital waste collection and disposal

After: Low cost conventional incinerator

Based on the lessons learned, staff and managers of all the 31 upgraded health facilities in 10 original PAIMAN districts have been trained. During the training, the participants prepared IPC Implementation Plans for their respective health facility. A participant's handbook has also been developed for ready reference during implementation of participant's IPC implementation plan at their respective health facility. After the training, the concerned health care providers of the 31 Upgraded Health Facilities have been provided regular support in implementing their IPC plan through monitoring visits by PAIMAN field staff.

Health care providers and waste handlers were trained on segregation and disposal of solid waste according to set protocols. PAIMAN initially provided support to two pilot test facilities, but in most of the other upgraded health facilities, the local authorities have procured the required color coded bins for segregation of wastes and waste disposal bags.

Lesson Learned & Way Forward

1. Upgraded health facilities in a few districts were unable to purchase color coded segregation bins and waste disposal bags. District health managers were encouraged through DHMT meetings to allocate budget to such health facilities for the purchase of these items. Some districts have allocated the budget for this fiscal year and some have promised to allocate funds from next fiscal year. PAIMAN is supporting these districts in the interim.

2. Frequent posting/transfer of trained staff is another challenge. Districts are encouraged to make infection prevention trainings part of their regular in-service training program. District Jhelum and Rawalpindi have institutionalized these trainings as part of their in-service training program.

3. PAIMAN is now scaling up hospital waste management in three additional districts.

Renovation of Health Facilities: Strengthening Service Delivery

Standard protocols to manage various MNCH emergencies were prepared and provided to all selected health facilities.

Background

Round-the-clock functioning health facilities is mandatory to improve health facility utilization and community referral. PAIMAN's 2005 needs assessment of health facilities revealed that most health facilities were not functioning round-the-clock, required extensive renovations and lacked essential equipment. Based upon these results it was decided that PAIMAN would renovate 31 health facilities in its 10 districts.

Process

The civil works and equipment needs assessment was shared and finalized with provincial and district level health managers at a consultation meeting. Civil works were carried out through local contractors identified in consultation with district health authorities. The work of the local contractors was monitored and supervised through civil engineers hired by PAIMAN. Equipment and ambulances were procured through international bidding observing USAID rules and regulations.

Curriculum for various trainings was either designed or adopted which were followed by training of master trainers and trainers using the existing infrastructure of the public sector. Public sector institutions were strengthened and used for rollout trainings. These trainings were monitored by independent monitors. Pre and post tests were conducted to assess each training.

Implementation and Results

PAIMAN transformed the selected health facilities into round-the-clock functioning facilities by investing in four important areas.

1. Delivery rooms, operation theatres, obstetric/paediatrics wards, waiting areas, OPDs, laboratory, and x-ray rooms were renovated to meet minimum MNCH standards. Water and sanitation was improved.

2. Purposely-designed electro-medical equipment, instruments, furniture and ambulances were provided.

3. Through advocacy for placement of required staff, staffing levels were improved. LHVs and nursing staff were placed at most focus health facilities. PAIMAN provided financial support for hiring required staff on contract at three health facilities. Post-graduate trainees working at tertiary care hospitals started working on rotational basis at some remote health facilities where all other interventions to

Before: Labor Room

After: Labor Room

improve staffing failed. Private sector specialists were also involved to provide emergency cover to some of the health facilities where post-graduate trainee rotation was not possible. About 2,000 health staff working at the selected HFs were trained to improve their MNCH knowledge and skills.

4. Standard protocols to manage various MNCH emergencies were prepared and provided to all selected Health Facilities.

Lessons Learned & Way Forward

1. Health facilities can only function round-the-clock if skilled health care providers are available day and night, which was a major challenge. PAIMAN adopted various strategies to tackle this problem keeping in mind the ground realities at each HFs

2. Execution of the civil works can be very challenging, especially in areas where there are security issues. In order to overcome heightened security issues, PAIMAN has employed local contractors to execute civil works in the selected health facilities.

3. Installing the equipment and training the health care providers in how to use the equipment was another uphill task. Installation of Project-supplied equipment is monitored closely through the involvement of users at health facilities.

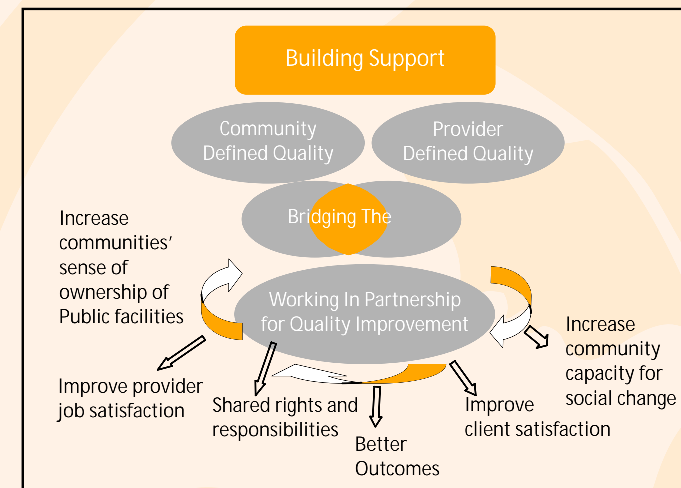
Partnership Defined Quality

Through the PDQ process, awareness of the communities regarding the PAIMAN Project has increased and, in many cases, the community capacity to respond to problems in the public health facilities has enhanced.

Background

Many health interventions fail to achieve lasting improvement in quality of health services despite the system strengthening efforts carried out by them. It has been learnt that involving the community's perspective in quality improvement is key to achieving sustainable results. Based on this learning, PAIMAN is using community involvement to increase public access to health facilities and improve the quality of maternal, neonatal and child health services in Pakistan.

Partnership Defined Quality (PDQ) is an internationally-tested methodology which



involves communities in defining, implementing and monitoring quality improvement in health facilities. PAIMAN started piloting PDQ in Pakistan during December 2006 in ten health facilities- one in each of the original ten PAIMAN districts. Looking at the encouraging results, the initiative is being scaled-up to four health facilities in each of the ten project districts.

Process

PAIMAN district-based teams facilitate the conceptualization and implementation of the PDQ process at the local level. In the first phase, PAIMAN staff conduct meetings with all the health care providers and staff at the selected public health facilities. All the staff including the night guard up to senior medical officer are involved to explore their perceptions on the quality of health services being provided. Following this, PAIMAN facilitates separate meetings to explore the perceptions of community members in the facilities' catchment area. These meetings are inclusive and include marginalized groups, non-clients, local government representatives, women and religious leaders.

In the second phase, PAIMAN organizes joint Bridging the Gap workshops with selective groups of service providers and community members to achieve a shared vision of quality. As a result of these workshops, the participants form joint teams for quality improvement. The establishment of these quality improvement teams (QIT) is a milestone towards bridging the gap between the public health care providers and the communities they serve.

Once established, the quality improvement teams jointly develop action plans and identify the priority issues affecting the quality of health services. Through regular PDQ meetings, the quality improvement teams discuss and address the problems affecting their community's public health facility such as staff attitude, lack of basic equipment and need for curtains in the labor room to ensure privacy etc. The teams also take actions on matters that require more than just the discussion. Fund raising is a practical example that many of these teams undertake on their own initiative.

Results

To date, PAIMAN has facilitated the formation of 18 quality improvement teams. These teams have created linkages between the selected facilities and their communities and helped build a sense of community ownership. Each quality improvement team is actively identifying and prioritizing problems specific to their facility. The results vary as some teams take on smaller problems like the provision of a watercolor and a dustbin and others take on ambitious construction work.

The achievements under the PDQ component include provision of clean drinking water, improving women's waiting room, donating equipment, organizing trainings for traditional birth attendants, purchasing generators to cope with load-shedding, and hiring an ambulance driver. Teams have raised funds and successfully sought donations from pharmaceutical companies.

Lessons Learned

It is important to earn the commitment and motivation of the health department and that of community's influential people before implementation. Through the PDQ process, awareness of the communities regarding the PAIMAN Project has increased and, in many cases, the community capacity to respond to problems in the public health facilities has enhanced. The PDQ approach will continue to be replicated in more clinics as the PAIMAN Project expands. The way forward is to encourage the QIT to establish more networks to promoting services among non-clients/non-users. Furthermore, PAIMAN will disseminate lessons learned regarding PDQ to government, NGOs and development partners.

Members of quality improvement team

BHU Kali Mitti: A vignette from the field

In October 2008, PAIMAN initiated the Partnership Defined Quality process at the basic health unit (BHU) in the village of Kali Mitti in the sub-district Murree. A 25 member quality improvement team with health facility staff and community members was formed.

After thorough discussions, the team concluded that they needed an ambulance driver, fuel and a porch to park the ambulance. The BHU had less covered space and no functional laboratory. This meant that pregnant women had to sit uncomfortably while waiting and were not able to obtain blood tests. Therefore, the quality improvement team decided that a new waiting room and a laboratory needed to be constructed.

The cost of construction was estimated at 500,000 rupees. Up to this day, the team has already collected 150,000 rupees. The quality improvement team has already hired a full time driver for ambulance service and completed a porch for the ambulance. Now, the ambulance is functional and can be used to transfer pregnant women with obstetric complications to a tehsil headquarter hospital in Muree or the district hospital in Rawalpindi.

The construction of a waiting room for men and a laboratory is also underway and expected to be completed in a couple of months. These steps are expected to improve the quality of maternal, newborn and child care in the area. However, these are not the only tangible benefits of the PDQ process. There has been an important shift in perspective by both the health staff and the community members.

Dr. Abdul Salam is a Medical Officer at the BHU Kali Mitti and a member of the quality improvement team. He explains, "I am the most fortunate person for having the opportunity to be a part of this important initiative as community participation is essential for sustainability in a project."

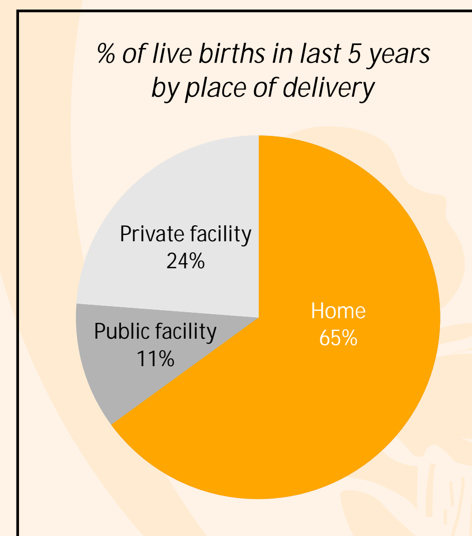
Due to the hard work of the quality improvement team, the BHU at Kali Mitti is becoming a better health facility. Fida Abbasi, a member of the Kali Mitti quality improvement team, sums it up: "It is true that God helps those who help themselves."

Clean Delivery Kits Can Contribute to a Reduction in Maternal and Neonatal Mortality

The Clean Delivery Kit (CDK) is a simple and effective product for ensuring clean deliveries

Background

Pakistan's health indicators are significantly worse than most of its regional neighbors, with maternal mortality estimated at 276 per 100,000 live births and under five child mortality at 93 per 1,000 live births.[1] The Government of Pakistan is determined to reduce maternal and neonatal mortality rates and to meet Millennium Development Goals 4 and 5. 65% of deliveries take place at home in the presence of traditional birth attendants (TBAs) and dais. Certain newborn care practices are also believed to contribute to high neonatal mortality. Cord cutting and cord care practices are often unhygienic and contribute to tetanus and other infections.[2] The clean delivery kit is a product that can help to ensure that deliveries are clean.



Greenstar is a consortium partner of the USAID funded Pakistan Initiative for Mothers and Newborns (PAIMAN) project. Under this project, Greenstar is working in ten districts across the country to supply clean delivery kits to TBAs and dais, give them an orientation on clean delivery practices and recognition of early signs of complications and provide them with referral information for complications. Greenstar also trains private sector health care providers in ANC/PNC, and basic and comprehensive emergency obstetric care to increase the availability of skilled birth attendants and clinics where women can access quality maternal care.

Why Clean Delivery Kits

Clean delivery kits are intended to make home deliveries cleaner and safer by providing the health attendant with all necessary equipment in one convenient package. The product has already been used in a number of other countries to facilitate home births, and its correct use has been documented to reduce the chances of tetanus and neonatal and maternal sepsis, which can occur during delivery. It has proved particularly useful in low-income areas lacking hospital facilities.

[1] Pakistan Demographic and Health Survey (PDHS), 2006-7
[2] Ali, Nabeela Sate of Worlds Newborns: Pakistan

The Product

Greenstar Clean Delivery Kits are marketed under the brand of "Clean Start." Each package contains a plastic sheet, cord clip, gloves, razor, soap and instructions. The delivery kits have been marketed and sold to various institutions. When launched, point of sale (POS) materials including information leaflets were distributed among TBAs to promote the brand.

TBA Orientation

With the support of the Midwifery Association of Pakistan (MAP), Greenstar conducted a six day orientation of 400 TBAs in 10 districts. The topics covered included:

- Clean birth practices including use of the clean delivery kit,
- Recognition of complications during pregnancy, delivery, and in neonates,
- In case of complications, immediate care and referral to a proper facility through the use of referral cards.

Greenstar has provided a structure of supportive supervision to the TBAs who have been trained.

Results

More than 100,000 CDKs have been distributed in a period of two years. The usefulness of CDKs captured the interest of the Ministry of Population Welfare and the district governments of Khanewal and DG Khan. These district governments have purchased CDKs and distributed them through Lady Health Visitors and Lady Health Workers. CDKs are also available at public facilities in all PAIMAN districts including basic health units and rural health centers.

The CDK is a very useful and affordable solution for ensuring clean deliveries both at home and primary health facilities. As an ongoing activity Greenstar is providing CDKs to community-based organizations that, under the PAIMAN Grant component, have provided an orientation program to 1,500 TBAs in 10 PAIMAN districts. Moreover, to ensure that CDKs are available to TBAs in the PAIMAN districts, Greenstar has established sale points at retail outlets within the districts.

A TBA washes her hands before doing an examination in a role play during her six-day orientation in Lasbella.

Reshma, a TBA from Sukkur, proudly displays a CDK from her bag. Reshma delivered a baby girl in a train while travelling to Karachi from Sukkur. "This was possible only because I had the kit with me." says Reshma.

SO-4

Increase the capacity of MNCH and FP managers and healthcare providers.

Capacity Building of District Health Departments in Implementing a Client Centered Approach to Delivering RH Services:

The goal is to improve the quality of care in the health delivery services for clients. So far, 27 trainers of government health departments from 9 districts have been trained, as trainers of the Client Centered Approach.

Background

PAIMAN is implementing the Client Centered Approach for delivering RH services through training the service providers of the project districts. The goal is to improve the quality of care in the health delivery services for clients. So far, 27 trainers of Government Health Departments from 9 districts have been trained, as trainers of CCA. They are imparting the CCA training to the service providers in PAIMAN districts. Service providers include doctors and paramedics (both male and female).

At the end of CCA training, the participants should be able to:

- Clarify and explain the link between self-awareness, health and development.
- Identify their own attitudes, prejudices and behavior so as to facilitate a positive change in them.
- Communicate more effectively.
- Increase their awareness regarding gender relations and its link to health.
- Respect and develop rapport with clients.
- Identify the reproductive health needs of clients beyond the immediate problem through a process of information exchange.
- Assess the client's domestic / social background affecting those needs / situations.
- Respect the identified needs of the client.
- Apply negotiation skills to meet the identified needs of clients, and empower them through an equal exchange of information.

Process

CCA training utilizes highly interactive, participatory and adult learning methodology. The main philosophy is to identify human emotions/feelings through self realization, and synthesizing the learning in a rational direction. CCA training is based on psychological exercises, personality development themes, behavior change communication (interpersonal communication / counseling skills in the context of a clinical and policy environment. It incorporates role plays, case studies, discussions, videos and energizers as training tools.

The main contents of CCA training are:

1. Self Awareness
2. Gender
3. Communication, focusing on interpersonal communication skills
4. Behavior
5. Power Dynamics

6. SAHR, the counseling checklist evolved through gelling of self awareness-communication and clinical settings

Client Centered Approach is being implemented in the PAIMAN project through two steps:

Results/Accomplishments

The training results in a change in service providers' behavior towards their clients, so that the provider welcomes client in a polite manner, and listens carefully to ascertain accurate information from the client in order to understand the problem. The interpersonal communication between the client and service provider is based on negotiation from a wide range of options, addressing client's needs in a way that is acceptable to the client.

Supervision by Master Trainers

Step 1: Training of Trainers (ToT)-Central Level

Duration: 9-day
Master Trainers: PAIMAN
Trainees: District Training Teams (3 members) from each PAIMAN district

Step 2: Roll-out CCA Trainings-District Level

Duration: 5-day
Trainers: District Training Team
Trainees: Service providers of district (15-20 per batch)

Lessons Learned

- CCA is an interactive, behavior change training, therefore district trainers should be care fully selected.
- The supervision and monitoring of roll-out CCA trainings at the district level is vital to ensure quality.
- Support of district health supervisors/managers for service providers is essential to implement CCA, therefore orientation about CCA and supportive supervision should be provided to health supervisors and managers.

CCA incorporates role plays, case studies, discussions, videos and energizers as training tools.

Strengthening Skills for Improving Quality of Care

PAIMAN baseline found counseling skills of all health care providers to be inadequate.

Background

In April 2006, a baseline assessment of health care providers conducted in PAIMAN districts revealed poor knowledge of maternal and newborn health issues. Barely 16 percent of doctors scored more than 60 percent in the knowledge assessment and most doctors and lady health visitors scored less than 50 percent on newborn resuscitation skills. In addition, the baseline found counseling skills of all health care providers to be inadequate.

The PAIMAN Project aims to increase the capacity of managers and health care providers for effective maternal and newborn care interventions. To ensure a continuum of care from normal delivery and essential newborn care at home to the management of emergency obstetrical and neonatal complications in the hospital, PAIMAN is building the capacity of both informal and formal health care providers at the primary, secondary and tertiary level.

Methodology

Before implementing the capacity-building package, PAIMAN conducted a training needs assessment of health care providers for identifying the gaps in their knowledge and skills. Based on the assessment's findings, PAIMAN adapted the existing curricula used by the Ministry of Health and developed comprehensive training materials including clinical protocols, IEC materials, quality assurance tools as well as monitor's checklists.

The cornerstone of capacity building in PAIMAN is that all trainings are competency based with an emphasis on acquiring the essential skills and attitudinal concepts needed to perform a job rather than just acquiring new knowledge. PAIMAN is using a mastery learning approach which makes the learning process participatory, relevant and practical. It builds on what the participant already knows or has experienced, and provides opportunities for practicing skills.
In order to ensure a continual learning experience, PAIMAN's capacity-building component includes performance assessments and refresher trainings of the initially-trained health care providers. PAIMAN uses performance assessment results to determine the specific needs during refresher trainings which occur at least six months after the first training.

For sustainability and institutionalizing capacity building, trainings are conducted by trainers at health department training institutions such as provincial health development centers, district health development centers, district headquarter hospitals, nursing schools, public health and midwifery schools in both the public and private sector.

Results

PAIMAN's capacity-building activities have trained almost 5,000 facility-based public and private sector health care providers on technical skills and health management to improve the quality of maternal and newborn health services. As a result, millions of mothers and their newborns have a better chance of survival.

To improve access to skilled birth assistance, PAIMAN took the initiative of training a cadre of community-based midwives on skilled delivery care during childbirth. Thus far, more than 1,100 women have completed this training program and are now helping the women in their communities have safer deliveries for both the mother and baby.

PAIMAN has trained more than 8,000 lady health workers on promoting positive maternal and newborn behavior at the community level. Now, lady health workers can better advise women on healthy behaviors and are more likely to recognize danger signs.

Trainings on basic obstetric complications and emergency newborn care have reduced the shortage of qualified local providers able to manage emergencies pertaining to pregnancy and childbirth. Now, PAIMAN-trained health care providers can better handle life-threatening problems like postpartum hemorrhage and newborn asphyxia.
About 75 district health specialists, such as gynecologists, pediatricians, anesthetists and senior medical officers, serving at secondary and tertiary care facilities have been trained in comprehensive emergency obstetric and newborn care. After receiving training from PAIMAN, these specialists can better perform blood transfusions and caesarean sections.

Lessons Learned

PAIMAN is continuously learning from its experiences and incorporating improve-ments in its interventions. For example, the training manuals which were earlier printed in Urdu were later translated into regional languages to facilitate district-level health care provider's learning.

Also, PAIMAN learned that there is an insufficient pool of specialist cadre at district level and certain facilities have one specialist to deal with all cases. In response, PAIMAN now trains all gynecologists, pediatricians, anesthetists and senior medical officers on both maternal and the newborn components. This adaptation will help develop a team of health care providers able to address both emergency obstetrical and newborn cases.

Teaching Life-saving Skills

Dr. Abdul Majeed Memon is presently the Chief Pediatrician at Sukkur District Head Quarter Hospital in Sindh Province. He is in charge of two pediatric wards in addition to the neonatology unit. Dr. Memon identified the major obstacles in delivering quality health care services as a shortage of staff, in areas with skills related to maternal and child health, and medical officer's lack of orientation on emergency care.

He told PAIMAN staff, "Nothing is more heartbreaking than watching a newborn die or a child suffer from brain damaged caused by asphyxia. As a facilitator for PAIMAN trainings, I share my lifesaving skills on newborn resuscitation with others even if they aren't specialists." As a result, Dr. Memon has taught 150 doctors, nurses and even government lady health workers in responding to newborns in distress.
Not only is the PAIMAN Project helping Dr. Memon share his professional expertise, PAIMAN has also helped him broaden his medical knowledge to specialized care of new mothers. In June 2008, Dr. Memon and 12 other doctors participated in a five-day training workshop sponsored by PAIMAN at the Pakistan Institute of Medical Sciences on the maternal component of Comprehensive Emergency Obstetric and Newborn Care.

Dr. Memon had the opportunity to learn management of life threatening emergencies affecting mothers, "As a pediatrician, I am called for the baby but now I think I can also guide the team handling the mother on the correct principles of maternal management. I feel prepared to deal with life-threatening emergencies like postpartum hemorrhage."

SO-5

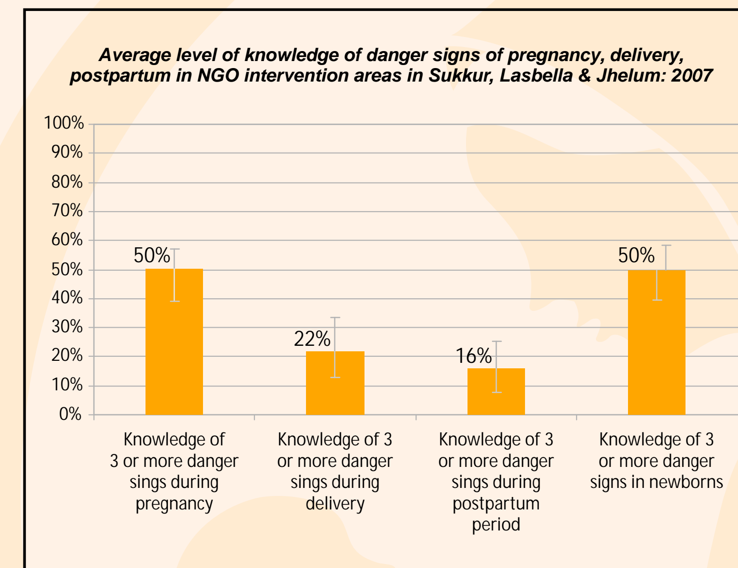
Improve management and integration of services at all levels.

LQAS: A Powerful Management Tool for District Health Managers

Repeated assessment can also help in showing changes in performance.

Background

Strengthening management capacity of district health managers is one of the strategic objectives of PAIMAN. A simple management approach is the "See-Plan-Do-See" cycle where a health information system is the "See" component of the cycle. District health managers are receiving routine information on disease, health services and health resources from health facilities in their district. This data helps them manage resources and identify priority areas. However, as put by the Executive District Officer



(EDO) (Health) of Jhelum, Dr Asif Qadir Mir, "I like to know more about how much we are reaching out to the population; what is our service coverage; are the health facilities functioning as intended; is the routine information system, on the basis of which we are making many decisions, giving us accurate data?" To answer such questions, one needs to do surveys; but surveys are expensive, time consuming, need a thorough design, and results are only available after quite some time.

Methodology

The Lot Quality Assurance Sampling (LQAS) technique provides a tool for managers to easily carryout quick assessments with minimum resources and with results available at the end of data collection. Assessments using LQAS do not have the levels of confidence or precision that a well designed large survey provides, but they give managers a good idea about which supervisory area is doing well and which needs more attention. Or, which service area needs strengthening in order to have better coverage. Thus, in the hands of district managers, LQAS is a powerful supervisory/management tool that helps them take evidence-based decisions to improve health system performance.

PAIMAN is training district managers on LQAS-based assessments and has supported a number of LQAS assessment exercises. In 2007, a household level assessment was done in PAIMAN-supported NGO-intervention areas in 3 districts to assess the level of maternal and newborn care knowledge among married women. The findings were striking. On one hand they indicated almost universal knowledge about the importance of antenatal and delivery care; on the other, they indicated a general lack of knowledge about essential details such as danger signs of pregnancy, childbirth and immediate neonatal period. These findings helped stimulate discussion at

national level for focusing appropriate messages on danger signs of pregnancy, childbirth and in newborns.

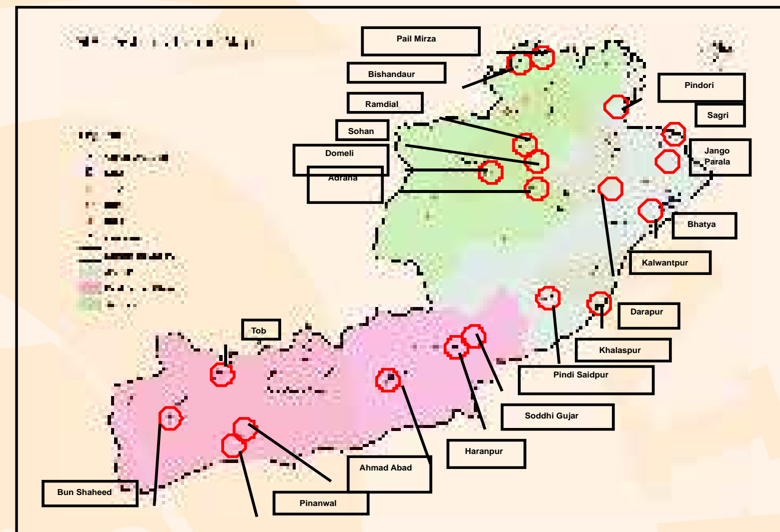
Results

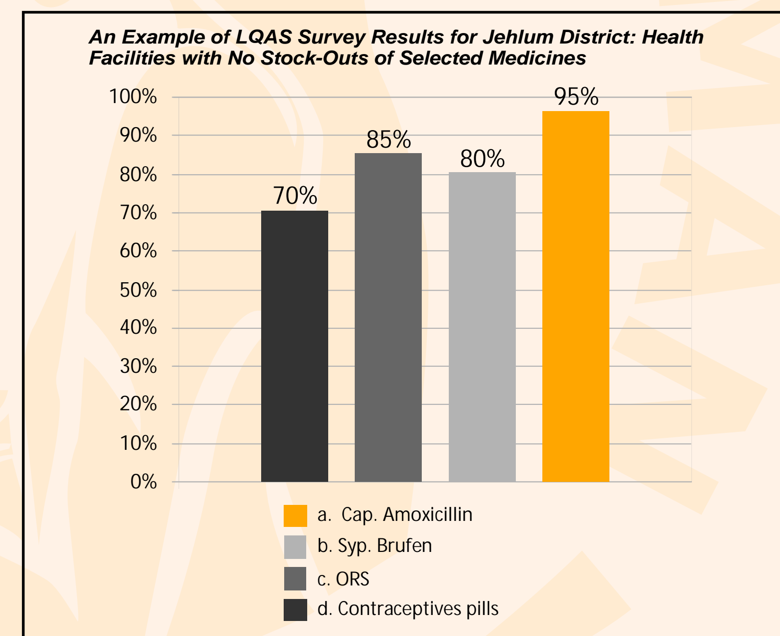
In 2008 in Jhelum District, the EDO (Health) decided to use LQAS to carryout a rapid assessment of the situation in district basic health units (BHU). He formed five teams comprising of district level managers and administered a simple questionnaire that targeted medicine supply, vaccine storage, client satisfaction, supervisory visits by district managers and data accuracy of monthly reports.

Nineteen BHUs were randomly selected and the data collection was complete within two days. The results were compiled at the end of the second day and were presented to the EDO (Health) the same day. Immediate decisions were taken by the EDO. Importantly, even though many shortfalls were identified, the results were fully owned by the EDO and his team because the exercise was carried out by them and they knew that the results collectively reflect what they have seen individually at the health facilities.

The Way Forward

Thus, LQAS provides the district managers a simple, easy to implement supervisory tool. As a rule, district managers are supposed to routinely carry out supervisory visits of all the health facilities. By coordinating their supervisory visit plans among themselves so that 19 health facilities are randomly picked and visited every month, the district managers can get a district-wide picture helpful for them to target various programmatic, logistic, human resource and management areas for improvement. Repeated assessment can also help in showing changes in performance.





Strengthening District Health Systems through Effective Leadership and Client Centered Services

> "This workshop is the best one of my life which really inspired me."

Background

Leadership is the ability to achieve a shared vision that leads to a significant change. Leadership within the social sector implies embracing change and galvanizing people to bring about a marked improvement in the quality of life. Leadership is required at all levels, from grassroots to policy makers.

In Pakistan, since implementation of the devolution plan and decentralization, districts have been empowered to prepare and implement their own programs and policies that reflect the needs and priorities of their service population.

To enhance access to high quality services, district managers must be helped to become leaders who can think innovatively and strategically plan interventions that improve lives. With the goal to transform district health and population managers, service providers and district administrators into effective leaders and change agents, PAIMAN designed the 7-day workshop "Strengthening District Health Systems through Leadership and Client Centered Services." Six workshops have been held and 106 district managers have been trained in:

- Leadership Training
- Methodology/process
- Focus on practical/ problem oriented/ experiential learning
- Plenary discussions and presentations
- Exercises/assignments/ group work/case studies based on real life situations (ex. from districts)
- Minimal focus on instruction
- Reading materials/reports

Workshop Contents & Themes

- Leadership and self–awareness
- Leadership, concepts and skills
- Exercising effective leadership
- Client Centered Approach

Results

Results of the leadership workshops are assessed through periodic feedback received from participants on how the training has benefitted them personally and professionally. On the basis of the feedback received, the results can be grouped into two broad categories:

- Personal Growth: At the personal level, the participants feel the following changes and improvements in themselves.
- Personal development – self-empowerment through knowledge, behavioral and attitudinal change, improvement in communication skills, becoming more client focused.
- Enhanced responsibility towards job requirements with renewed enthusiasm, motivation and zeal.

Professional Growth: At the professional level, training has benefitted them as follows:

- Staff development through communicating and disseminating training contents to district colleagues.
- Improved intersectoral coordination through strengthening of district health teams.
- Greater sensitization to gender issues within the workforce and at the workplace.
- Enhanced commitment to the maternal and child health cause. Concrete steps taken such as increased district budgetary outlays, expeditious handling of projects, initiation of new training programs.

Some quotes from workshop participants:

"This workshop is the best one of my life which really inspired me."

"The workshop evoked me internally. I feel change in myself."

"My attitude and behavior improved as well as my skills, knowledge and concepts. I also see a change in behaviors of officers which is remarkable."

"I am sensitized and prepared to bring change in health services by improving networking between different stakeholders."

"During the sessions I realized that I am also one of the people who can bring change."

"Overall workshop is very informative. I have not attended this type of workshop in my service tenure."

"The 7 day workshop was a learning and inspirational opportunity and has made me a positive person, a leader, and a change agent. This was an excellent workshop for me."

Lessons Learned

- Participants, irrespective of age and status, are willing to challenge their preconceived ideas and notions and embrace new paradigms.
- Leadership training should be a component of both pre-service and in-service training; it is part of a process and must be reinforced by close follow-up, supportive supervision and refreshers.
- Once empowered, leaders can vociferously advocate maternal health issues.
- Since health is interdisciplinary, bringing together officials from various sectors can help in prioritizing health issues at district level.

District Health Information System: Promoting Results-Based Management

DHIS software is user-friendly, generates analytic reports at district level and can be connected to the Executive District Officer (EDO)-Health computer to permit ready access to reports.

Background

A district health information system (DHIS) is designed to provide district, provincial and federal managers with relevant routine information (service statistics, disease data, human resource, logistics, and financial) for making informed decisions for improving the health system's performance and promote district-level result-based management. It is the outcome of a 3-year (2004-2006) JICA-funded project implemented at the request of the Ministry of Health.

Process

DHIS was developed through an extensive consultative process where the MOH and provinces took an active role at every stage of development which was overseen by a National Steering Committee. The Steering Committee in January 2007 decided to implement DHIS country-wide replacing HMIS for First Level Care Facilities (HMIS/FLCF).

The DHIS indicators have been simplified and rationalized according to the needs of districts, provinces and of the center. Redundancies are minimized and an expanded list of diseases, secondary hospital data and health resource data has been included. Nevertheless, the workload on facility staff has been reduced. For example, at RHC level, the DHIS report captures 140 data items versus 446 in HMIS.

DHIS software is user-friendly, generates analytic reports at district level and can be connected to the Executive District Officer (EDO)-(Health) computer to permit ready access to reports. The system compels districts/provinces to set their own performance targets and helps in comparing performance among health

Comparison between HMIS/FLCF and DHIS

HMIS/FLCF

- Only FLCF level
- Outdoor/outreach (vertical programs)
- 114 indicators for BHU
- FLCF required to capture 446 variables
- Reporting on only 18 diseases
- Complex record keeping tools
- DOS based software, rigid design

DHIS

- FLCF + Secondary hospitals
- Outdoor/outreach + Indoors + diagnostic services + Resource (HR, Finance, logistics)
- 43 indicators for BHU: 79 indicators for hospitals
- RHC required to capture 276 variables
- Reporting on 42 diseases from OPD, 50 diseases from indoor
- Simplified record keeping tools, redundancies reduced
- Software flexible to accommodate present and future needs

facilities, tehsils and districts. The Executive Dashboard is an innovative feature of DHIS software that provides the EDO (Health) instant access to various indicators and their analyses.

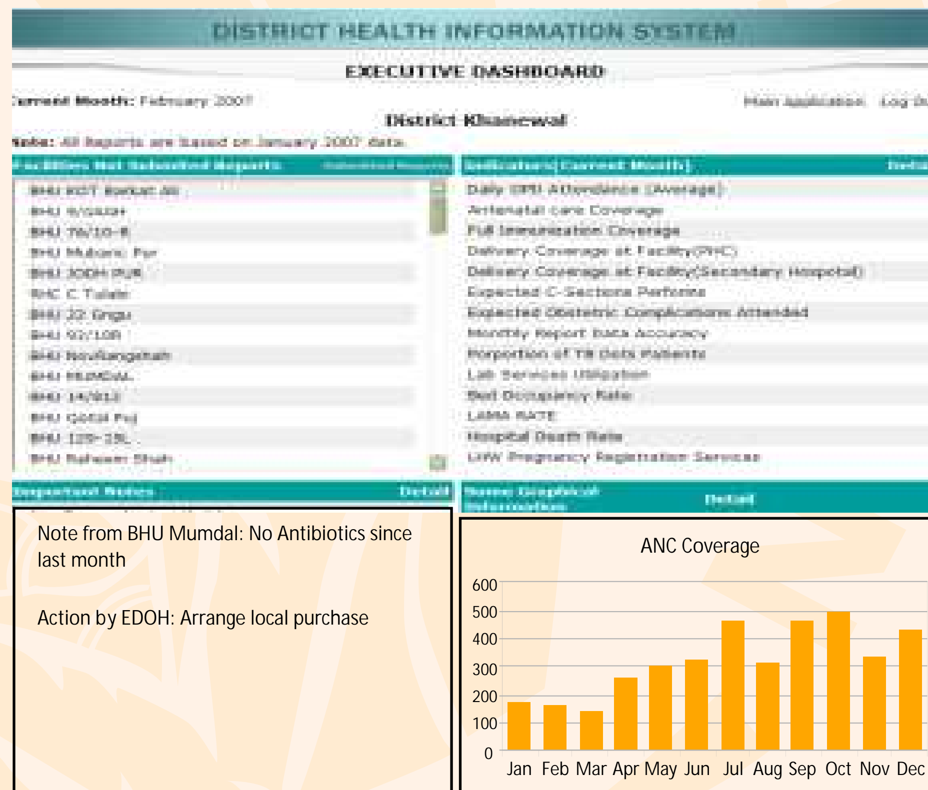
The indicator specific reports are automatically generated as soon as monthly data from health facilities is fed into the system. These reports provide a ranking of the health facilities according to their current month's performance and also provide the previous month's ranking and performance. There is also a target line indicating the level the district set for itself as desirable performance for a particular indicator. In this way, the report provides comparisons of health facility performance.

Despite these technical improvements in the design of the public sector HIS, country-wide implementation of DHIS is yet to be achieved. Since the completion of the JICA-funded development study in January 2007, there has been a void in leadership support from the National Health Information Resource Center (NHIRC) which is responsible the stewardship for DHIS. This led to serious deficiencies in coordination with and lack of ownership of the provinces. Only one province out of four has implemented DHIS. Also, software trouble shooting support was non-existing till November 2008 when PAIMAN started to look into the matter.

The Way Forward

With PAIMAN stepping in and providing both technical and financial support to the Government, and change at the helm of NHIRC, a new country-wide momentum has been created. Other international development partners are also getting involved. Software problems are being solved and resources are being mobilized for initiating DHIS implementation throughout the country within next one year.

> These reports provide a ranking of the health facilities according to their current month's performance and also provide the previous month's ranking and performance

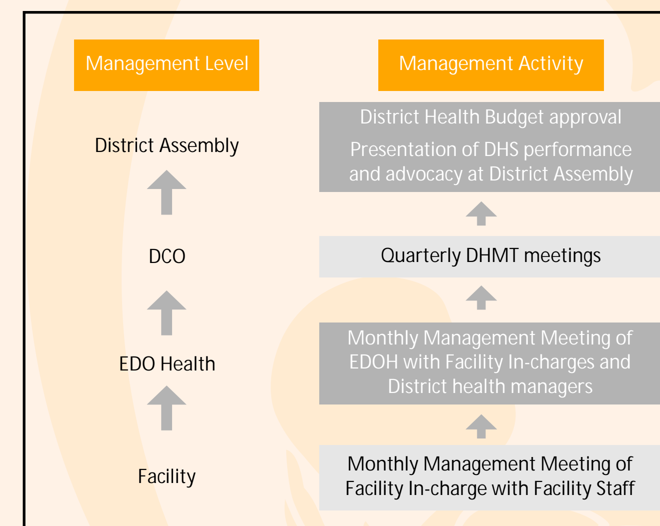


District Health Management Teams: Working in a Team – Making a Difference

> ...the DHMTs in the 10 districts have matured in terms of their decision making capability.

Background

The objective of a district health system is to ensure effective delivery of health services to contribute to the continuous improvement of the health status of the population. Inter-sectoral collaboration, community participation and support (including financial allocations) from the district government are some of the essential elements that a district health system requires to be effective. Plans or decisions made by the district health department will have greater value if they are also owned by policy makers/top managers and community representatives in the district government. A decision making process through consensus building and team approach provides a proven way of improving organizational performance. It was with this backdrop that PAIMAN is propagating the District Health Management Team (DHMT) as an integral part of the management of a district health system.



Process

In the DHMT model, the chairmanship is with the district coordination officer (DCO) who is the administrative head of district government or the district Nazim (the elected head of district council), and the members include, in addition to health officials, the Executive District Officer (EDO)-Finance, EDO-Social Welfare, the chairman of the district health committee which is a monitoring body formed by the district assembly, and representatives of NGOs and private practitioners.

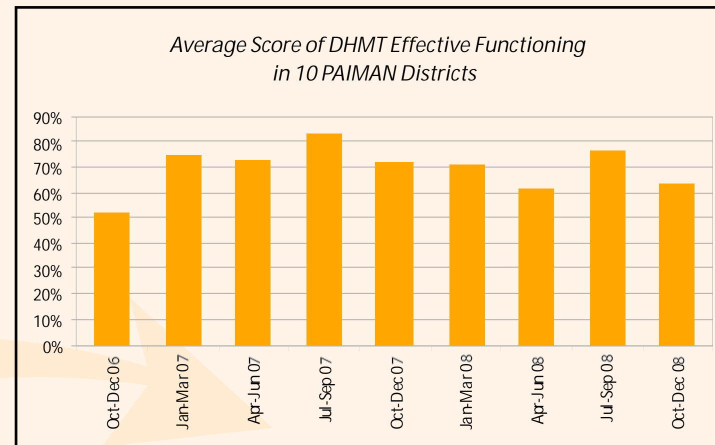
The rationale behind this expanded membership model is that the inclusion of DCO or Nazim would expedite decision-making, especially such decisions which are beyond the scope of the district health department and require actions from the district government, district administration or other government offices. This also promotes ownership of the decisions taken by the DHMT where DCO or Nazim is in the chair. Such broad-based membership from different sectors promotes inter-sectoral coordination and collaboration by bringing together district officials from various government departments who can contribute to the improvement of health, promote public-private partnership and increase consultation

with and participation in decision-making of the community through their elected representatives.

Results

PAIMAN facilitated the formation of DHMTs during 2006-07 in its 10 original districts. Since then, DHMTs in these districts are meeting fairly regularly. In order to promote DHMT's effectiveness as a decision making team at district level, PAIMAN developed a DHMT Effective Functioning Scoring System to assess the participation of the chairperson and members, regularity of meetings, review of performance data, and decision making by DHMT. The findings of the assessment carried out by PAIMAN using the scoring system were also shared with the respective DHMTs.

The chart provided here depicts the difficulty in maintaining a high level of commitment to and effectiveness of DHMTs in a situation where there have been changes in the central and provincial governments, frequent changes in the members and officials heading DHMTs, political and security uncertainty. Nevertheless, since 2007, the DHMTs in the 10 districts have matured in terms of their decision making capability. A review of DHMT meeting minutes show how in the initial period discussions were mostly focused on reporting of certain project-specific activities. However, over time, the DHMTs started to look at the bigger picture. Health in its various aspects was discussed and decision taken accordingly.



The Way Forward

Overall, DHMTs are seen as an effective intervention in contributing to the strengthening of the health system in delivering quality services which are accessible, delivered in equitable manner and meet the needs of the district population. Making the intervention successful will require more years of external facilitation and support from higher political and administrative authorities.

Examples of Decisions taken by DHMTs

Management:
- Provision of jeep to tehsil health officer for supervisory visits
- Habitual absentee staff to be re-shuffled
- Collaboration with Population Welfare Department
- Established tubal ligation camps at health facilities in collaboration with DPWO

Financial issues
- Requesting district government to increase allocations for medicines
- EDO-Finance to expedite release of funds for trauma center

Coordination
- DCO to arrange donor conference for tehsil hospital
- Establishment of District AIDS Control Cell

Construction of new health outlets
- Construction of maternity homes in THQHs
  Monitoring construction work in a RHC

Strengthening District Health Systems through Effective Leadership and Client-Centered Services

The 7-day "Strengthening District Health Systems through Leadership and Client-Centered Services" workshop builds district health mangers' skills.

Background

Leadership, the ability to achieve a shared vision that leads to significant change, implies embracing change and galvanizing people to effect a marked improvement in quality of life. It is a skill necessary from grassroots workers to highest level policy makers.

Since implementation of the Pakistan Devolution Plan and decentralization, districts have been empowered to prepare and implement their own programs and policies that reflect population's needs and priorities. Therefore, it is particularly necessary for district managers to become leaders, to think innovatively and strategically and plan interventions to improve lives.

The Population Council's leadership program goal is to transform district health and population managers, service providers, and district administrators into effective leaders, change agents instrumental in improving reproductive health services by planning and implementing innovative intervention strategies. The 7-day "Strengthening District Health Systems through Leadership and Client-Centered Services" workshop builds district health mangers' skills. In six workshops, 106 district managers from 15 PAIMAN districts have been trained.

Process

Focus on practical/problem oriented/experiential learning
Plenary discussions and presentations
Exercises/assignments/group work/case studies based on real life situations (ex. from districts)
Instruction held to a minimum
Reading materials/reports

Leadership training main contents and themes are:
- Leadership and self–awareness
- Leadership, concepts, and skills
- Exercising effective leadership
- Client-Centered Approach in reproductive health

Results

Impact of leadership workshops are based on participant's periodic feedback regarding the personal and professional benefits of training. Results are grouped into two broad categories.

On the personal level changes and improvements are:
- Personal development from self-empowerment through knowledge, behavioral and attitudinal change, improvement in communication skills, and provision of more client-centered services.
- Renewed enthusiasm, motivation, zeal, and enhanced responsibility towards job requirements.

On the professional level benefits are:

- Staff development--communicating and disseminating training contents to district colleagues.
- Improved inter-sectoral coordination through strengthening of district health teams.
- Greater sensitization to gender issues within the workforce and workplace.
- Enhanced commitment to maternal and child health causes.
- Concrete steps taken, such as increased budgetary outlays in the district budget, expeditious handling of projects, initiation of new training programs.

Workshop Participants Quotes

"This workshop is the best one of my life, which really inspired me."

"The workshop evoked me internally; I feel a change in myself."

"My attitude and behavior improved, as well as my skills, knowledge, and concepts. I see a change in the behavior of my officers, which is remarkable."

"I am sensitized and prepared to bring change in service by improving networking between different stakeholders."

"During the sessions, I realized that I can also bring about change."

"I have not attended a workshop of this kind in my service tenure."

"The 7-day workshop is a unique learning and inspirational opportunity--it has made me a positive person, a leader, and a change agent."

Lessons Learned

- After attending the training, participants, irrespective of age and status, are *willing to challenge* preconceived ideas and notions and embrace new paradigms.
- Leadership training is *part of a process and must be reinforced* with close follow-up, supportive supervision, and refresher training.
- Managers *can be transformed* into forward-thinking, visionary leaders.
- Once empowered, leaders *can vociferously advocate* for maternal and newborn health issues.
- Leadership training *should be a component of pre-service and in-service trainings.*
- *Bringing together officials from various sectors can help in prioritizing health issues at* the district level.