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# **Pakistan Initiative for Mothers and Newborns (PAIMAN)**

## **Executive Summary**

**October 2004 - September 2010**

Cooperative Agreement No. 391-A-00-05-01037-00

**Pakistan Initiative for Mothers and Newborns (PAIMAN)** was a six-year project (2004-2010) implemented by JSI Research & Training Institute, Inc. in collaboration with Aga Khan University, Contech International, Greenstar, Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs, the Pakistan Voluntary Health Nutrition Association, Population Council, Save the Children US, the National Commission for Maternal and Neonatal Health, and Mercy Corps.

This report is made possible by the support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement No. 391-A-00-05-01037-00. The contents are the sole responsibility of JSI Research & Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

# EXECUTIVE SUMMARY

## Introduction

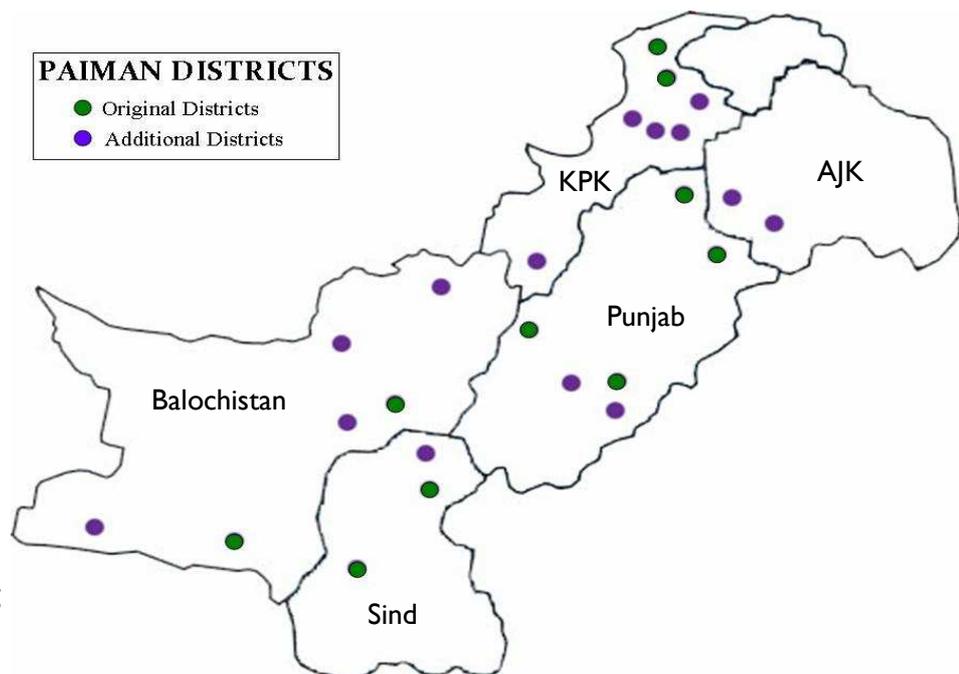
The Pakistan Initiative for Mothers and Newborns (PAIMAN) was designed to assist the Government of Pakistan (GOP) implement the full spectrum of interventions necessary to address maternal and newborn health issues in Pakistan. The initiative, funded by USAID, was planned as a five-year project. It was launched in October 2004 and was to be completed in September 2009. PAIMAN's initial mandate was to assist the GOP to improve the status of maternal and newborn health in ten districts. In 2007, the geographic scope of the project was expanded to include two Agencies and two Frontier Regions of the Federally Administered Tribal Areas (FATA), and District Swat. In September 2008, USAID awarded the consortium an expansion of the project, adding 13 more districts and increasing the scope of work to include child health and child spacing as well as an additional project year, bringing the project end date to September 2010. As a result, PAIMAN evolved into an integrated maternal, newborn, child health, and family planning project two years prior to its expected closing. The project budget was \$92 million and it served a population of 34 million with a per capita expenditure of \$2.70 for the six year project life.

The PAIMAN project was led by JSI Research & Training Institute, Inc. (JSI), a

U.S.-based public health organization with extensive experience in leading similar projects in many countries. The team included a diverse set of partners: Aga Khan University (AKU), Contech International, Greenstar Social Marketing (GS), Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHU/CCP), the Pakistan Voluntary Health Nutrition Association (PAVHNA), Population Council, and Save the Children US (SC/US). The National Commission for Maternal and Neonatal Health (NCMNH), and Mercy Corps contributed in specific areas. The members of this partnership and the collaborating organizations had extensive experience in implementing maternal and newborn care and health projects in Pakistan and other countries.

## The Challenge

PAIMAN was designed to address the high rates of maternal mortality and newborn mortality and morbidity in Pakistan. The PAIMAN districts are diverse both culturally and geographically, and





Maternal, newborn, and child health services from 2007 to 2010 showed a 33% increase in facility births, 75% increase in obstetric complications, and 40% increase in emergency C-sections performed.

challenges existed in working with a population characterized by low literacy levels, limited access to health services and perceived low quality of health services with serious human resource and coverage issues.

The challenge of implementation was not only restricted to the demographic and cultural setting. When PAIMAN was launched, Pakistan was going through the complex process of devolution and decentralization. The PAIMAN program interventions addressed the challenge by establishing partnerships with district health governments. In 2008, the process of devolution was challenged and provinces took charge again. This change in governance negatively affected project expected outcomes, as the health system became characterized by chaos, postings and transfers, and stock outs of medicines. The problems of maternal and newborn health (MNH) became

amplified because the health sector in Pakistan was beset with many critical problems.

The last six years were most challenging years in Pakistan. The 2005 earthquake, the assassination of Benazir Bhutto, the general elections of 2008, the internally displaced population crisis in the Khyber Pakhtunkhwa Province (KPK) in 2009, and the recent floods of 2010 further compounded the challenges.

### **Overall Project Strategy and Objectives**

The goal of the project was to reduce maternal, newborn, and child mortality in Pakistan. PAIMAN used the "Pathway to Care and Survival" continuum of care to respond to the needs of mothers and newborns with life-saving and supportive care. PAIMAN's strategic framework was designed to support the pathway through five key strategic objectives:

- Increase awareness and promote positive maternal and neonatal health behaviors;
- Increase access (including essential obstetric care) to and community involvement in maternal and child health services, ensuring services are delivered through health and ancillary health services;
- Improve service quality in both the public and private sectors, particularly related to management of obstetrical complications;
- Increase capacity of MNH managers and care providers;
- Improve management and integration of services at all levels.

These five project objectives were met by a series of interventions including creating awareness and demand for services, capacity building,

technical assistance, continuing education to the service providers and managers, as well as investing in health system planning, management, and health information systems.

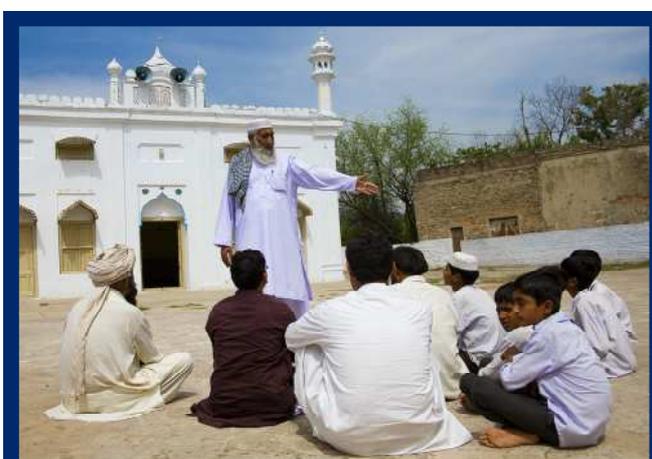
The expansion in PAIMAN's geographic and programmatic scope led to several changes in the project's proposed strategy and implementation arrangements from which a specific PAIMAN model ultimately emerged. The JSI-led consortium promoted a district-managed, integrated health systems approach within the context of available resources and project goals. In pursuance of this integrated health systems model, PAIMAN organized maternal, newborn, and child health (MNCH) services in such a manner that inputs from individual (medical) and community (public health) services were jointly planned and managed, with the goal of serving the cause of people's well-being within the environment in which they were living.

### **PAIMAN Impact**

For the first four years of project, PAIMAN targeted a population of 13 million and with the expansion in its geographic and programmatic scope, the population increased to 34 million. However, PAIMAN's outreach has extended far beyond the target districts because of the project's capacity to leverage its investments through existing government national programs.

PAIMAN's largest contribution to health systems is its ability to demonstrate a workable model fully owned by government and other stakeholders for improving MNCH in Pakistan. This model consists of a package of household to facility based interventions carried out according

to the local needs, and in partnership with communities, civil society organizations, and public and private sector actors. The model was implemented in extremely diverse socio-cultural conditions during one of the most difficult phases of Pakistan's history. Despite these challenges, PAIMAN managed to show that with a holistic approach which results in improvement in access and quality of services, major gains can be made in MNCH.



PAIMAN found that ulama can play a significant role in promoting positive behaviors related to MNCH. The cooperation between ulama and PAIMAN reflects the fact that religion and development can work hand-in-hand.

Routine monitoring and output indicator (RMOI) data show that because health facilities were made functional 24/7, patient turnover increased along with utilization. Maternal, newborn, and child health services from 2007 to 2010 showed 33% increase in facility births, 75% increase in obstetric complications admitted, and 40% increase in emergency C-sections performed.

PAIMAN's mass media messages reached to over 70% of those who had access to mass me-

dia and resulted in significant improvements in their behaviors. Skilled birth attendance was more than 52% in 10 PAIMAN districts, significantly higher than the national average of 39% as reported by the Pakistan Demographic and Health Survey in 2007. There was an increase of almost 10% in the number of pregnant women with at least three antenatal care (ANC) visits in initial PAIMAN districts. 97% of women who were exposed to a PAIMAN intervention thought that ANC check ups are necessary during pregnancy. Indicators for postnatal care within 24 hours increased by 13%. The results

provide opportunities for key decision-makers to learn from international experiences and best practices, reflect, and modify the existing policy framework in Pakistan. PAIMAN created a certain vitality and urgency regarding the issue of maternal, newborn, and child health. It helped to put the issue high on the government agenda and attracted the attention of policy makers on the critical measures required to deal with the challenge of maternal, neonatal, and child health. For example, the Karachi Declaration on *Scaling up MNCH-FP Best Practices in Pakistan*, signed on October 2, 2009, was a historic pledge of the Minis-

tries and provincial departments of health and population welfare to unite in committing to scale up selected high-impact MNCH-family planning practices, all promoted by PAIMAN in target districts.

PAIMAN had an impact in involving and energizing existing but dormant institutional arrangements such as district health management teams, health committees, support groups, and male health committees under the lady health worker. These arrangements can all be expected to help the government refine future policy. The experience of PAIMAN in scaling up the district health information system (DHIS) in its districts and in trying to ease some of the initial problems with both



Overall research findings suggest that knowledge, beliefs, attitudes, and behaviors of married women regarding maternal and newborn issues have improved significantly as a result of PAIMAN's initiatives.

clearly reflect the fact that PAIMAN messages and interventions were effective in changing behaviors within extremely diverse settings as represented by the ten original districts.

PAIMAN helped government reshape and design its policy in a manner likely to have a lasting impact on MNCH issues. The project helped to

the software and hardware is likely to influence the further scaling up and strengthening of DHIS.

### **Are PAIMAN investments sustainable?**

PAIMAN's project implementation strategy was designed with sustainability in mind. This is one of the principal reasons why PAIMAN did not

create any new institutional structures or parallel systems, but worked within the existing institutional arrangements available in the public health system. The project worked to strengthen public health systems, and focused on building the planning, management, supervision, and monitoring capacity at the district level. PAIMAN helped to enhance the strategic thinking capacity of key personnel within the health sector, particularly at the district level, and helped to build the knowledge base and expertise of health care professionals. PAIMAN worked very closely with the various tiers of health workers at the village and community level such as community midwives (CMWs), lady health workers (LHWs), and traditional birth attendants (TBAs).

PAIMAN worked with the private sector to help enhance the scope of services for MNCH. A special effort was made to initiate public-private partnerships. This led to several sustainable arrangements, such as for transport of obstetrical emergencies that are expected to last beyond the project life and provide a model for others. PAIMAN also worked closely with the media and invested in the long-term capacity of journalists. Today, there are a large number of programs on television which address the issues of maternal and child health. While it is difficult to attribute any connection between PAIMAN and the proliferation of such programs, it is sufficient to note that PAIMAN has certainly contributed to enhancing awareness about these issues in the media and building the capacity of both electronic and print media.

PAIMAN's strategic approach promising for sustainable results, but two major events threatened the sustainability of PAIMAN's contribu-

tions: The recent adoption of the 18<sup>th</sup> Amendment and the resulting unstable leadership; and the devastating floods of August 2010. The good news is that both issues, although massive in nature, have the potential to be resolved over time.



Community Midwife students attending practical training session, SON, Sindh Qatar Hospital, Karachi.

### Exit Strategy

PAIMAN had key elements of an exit strategy embedded into its model of integrated service delivery. From the outset, PAIMAN prepared for exit by:

- Increasing the level of awareness about MNCH issues and changing health seeking behavior;
- Encouraging the incorporation of key aspects of the PAIMAN model for MNCH services into government institutional arrangements and programs in the health sector;
- Building the capacity of the public health sector to plan for and deliver MNCH services;
- Encouraging and strengthening the private

sector to provide services and demonstrating the potential for public-private partnerships;

- Building the role of the community in a broad range of areas including monitoring, supervision, quality control, facilitation, and support.

In the last year of the project, PAIMAN worked closely with key government stakeholders to apprise them of best practices and lessons learned from the project's experience. Two interventions will need special attention after the

end of the project. The first is the *CMW Initiative*, which is at a stage where the system related interventions must be streamlined and fine-tuned, so as to ensure quality service delivery by the CMWs. Also, several policy level and organizational development issues still need to be addressed. The second intervention is DHIS scaling up. An integrated MNCH/FP approach and interventions require replacement of health management information systems (HMIS) with DHIS, so efforts need to be continued to provide ongoing support to provinces to scale up DHIS, particularly in Sindh and Balochistan provinces.

### Key Indicators Monitored through PAIMAN Implementation

	Objectively verifiable Indicators of achievement	Results	
		Baseline 2005	Endline 2010
1	Neonatal mortality	30/1000 live births	23/1000 live births
2	Percent of births assisted by skilled attendants	41%	52%
3	Percentage of women aged 15-49 who received 3 or more ANC visits during last or current pregnancy	34%	44%
4	Percentage of pregnant women who report receiving at least 2 doses of TT during last live birth	48%	56%
5	Percentage of women who report having a postpartum visit within 24 hours of giving birth	40%	53%
6	District health budgets show an increase of 50% or more over the life of the project (all sources excluding USAID)	Rs. 1.300 Million	Rs. 2.078 Million (60%)

## List of Abbreviations

<b>24/7</b>	24 hours a day, 7 days a week
<b>AKU</b>	Aga Khan University
<b>ANC</b>	Antenatal Care
<b>CMWs</b>	Community Midwife
<b>DHIS</b>	District Health Information System
<b>FATA</b>	Federally Administered Tribal Areas
<b>FP</b>	Family Planning
<b>GOP</b>	Government of Pakistan
<b>GS</b>	Greenstar Social Marketing
<b>HMIS</b>	Health Management Information System
<b>JHU/CCP</b>	Johns Hopkins University, Center for Communication Programs
<b>JSI</b>	JSI Research & Training Institute, Inc.
<b>LHW</b>	Lady Health Worker
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MNH</b>	Maternal and Newborn Health
<b>MOH</b>	Ministry of Health
<b>MOPW</b>	Ministry of Population Welfare
<b>NCMNH</b>	National Commission for Maternal and Neonatal Health
<b>NGO</b>	Nongovernmental Organization
<b>KPK</b>	Khyber Pakhtoon Khwa
<b>PAIMAN</b>	Pakistan Initiative for Mothers and Newborns
<b>PAVHNA</b>	Pakistan Voluntary Health Nutrition Association
<b>PPP</b>	Public-Private Partnership
<b>RH</b>	Reproductive Health
<b>RMOI</b>	Routine Monitoring of Output Indicators
<b>SC/US</b>	Save the Children, US
<b>SO</b>	Strategic Objectives
<b>TBA</b>	Traditional Birth Attendant
<b>UNICEF</b>	United Nations International Children Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



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