

# **NATIONAL PROGRAM FOR MATERNAL NEWBORN AND CHILD HEALTH**

(2006-2012)

*Government of Pakistan's Initiative for Millennium  
Developments Goals 4&5*



## **Introduction:**

Maternal, newborn and child health (MNCH) constitutes an important pillar of the development plans and is a priority agenda of the Government of Pakistan. It is an established fact, globally, that improvement in Maternal and Child health (MCH) plays a key role in reducing poverty and promoting social and economic development. Pakistan is a signatory of many international developmental strategies, including the MDGs and the government is committed to achieving a reduction in Infant Mortality Rate (IMR) from 72 to < 55/ 1000 live births, Newborn Mortality Rate (NMR) from 55 to < 40/ 1000 live births and Maternal Mortality Ratio (MMR) from 276/100,000 to 140/100,000 live Births per live by 2015.

Pakistan faces enormous challenges in terms of achieving the MDGs (4&5) and fulfilling the country's global commitment. High maternal and infant mortality rates have compounded issues that go with growing poverty in the country. Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age. A key factor responsible is the dearth of properly trained health workers in midwifery skills to conduct safe deliveries and ensure proper postnatal newborn care.

Though Pakistan has made progress during last couple of decades towards achieving these health targets yet the pace has been sluggish. Despite reduction in Maternal Mortality Ratio (MMR) from 550 in 1990s to 276 in 2006-7 and Infant Mortality Rate from 102 to 78, Pakistan is lagging behind from other developing countries in these indicators. One of the reasons for the current high MMR is lack of skilled birth attendants who can manage normal deliveries at the house hold level. The percentage of births attended by skilled health professionals doubled from around 20% in 2000 to around 40% currently but this percentage is not sufficient to cater all home based deliveries which are more than 60%. To address this issue govt is committed to increase the proportion of deliveries by skilled birth attendants from 40% to 90% and also to increase the Contraceptive Prevalence Rate (CPR) from 30% to 55%.

Moreover, catastrophic floods of 2010 affecting around 40 million people, damaging more than 1.2 million houses rendering 8 million homeless, whereas 40% of the affected population consists of women of reproductive age and children under the age of 5, would further significantly affect the overall progress of vital interventions for improving maternal, newborn and child health in the years to come as it heavily damaged the rural health care delivery infrastructure.

**Government Initiatives:** Over the years, the government initiated a number of projects aimed at improving health outcomes related to mother, newborn and child health both with public sector money and international development partners. Namely the started projects have been Women Health Project (WHP), Pakistan Initiative of Maternal, Newborn and Child Health (PAIMAN), Pakistan Health Systems Strengthening Project (GAVI-HSS) and National Program for Family Planning and Primary Health Care PHC/FP (LHW Program). The National Program for PHC\_FP aims at providing MNCH services at the doorsteps of the community and works towards bridging the gap between communities and health facilities thus improving the accessibility to essential health care services through the LHWs, This proved to be successful in providing basic health services at the community level but its impact on the Maternal and Child Mortality has not significant.

To strengthen the resource gaps in the existing service delivery for improving health of Mother, Newborn and Child Health and to achieve MDGs 4 & 5 goals, the Government of Pakistan launched the National Maternal, Newborn and Child Health Programme (NMNCH) in 2006.

***National MNCH Program:***

The overarching goal of the program is a community based approach to improve the status of mothers, newborns and children particularly those in poor and marginalised households coupled with strong institutional support to basic health care facilities.

**Program Objectives:**

1. Reduction of Maternal Mortality Ratio from 276 to 175/100,000 live Births.
2. Reduction of Neonatal Mortality Rate from 54 to 40/1000 live Births.
3. Reduction of Infant Mortality Rate from 72 to 55/1000 live Births.
4. Reduction of Under 5 Mortality rate from 94 to 65 per 1000 live Births.
5. Increase in the proportion of deliveries attended by Skilled Birth Attendants at home or in health facilities to 90 percent from 39% (Current).
6. Increase in Contraceptive Prevalence Rate (CPR) from 30 to 55 percent.

**Strategic Focus:** The strategic focus is on the following key areas to obtain objectives:

- a. Ensuring both comprehensive and basic emergency obstetric and new born care at the district level.
- b. Enrollment, Training and Deployment of community midwives in rural areas.
- c. Advocacy and demand creation.
- d. Ensuring family planning services at all health outlets.
- e. All the above components managed through management and organizational reforms.

**Program Progress to date: (2006-2011)**

<b>Performance Indicator</b>	<b>Targets</b>	<b>Progress 2007-10</b>		<b>Proposed Planned 2011-12</b>
Health Facilities Strengthening	899	628	70%	271
Health Care Providers Training	25000	13132	53%	11868
Community Midwives Training	12000	8671	72%	329
Midwife Tutors	650	350	53%	300
Midwifery Schools Establishment/Renovation	124	114	92%	10
District Management Units	134	51	38%	83
Post Graduate Training of Doctors	150	30	20%	120
Post Graduate Training of Nurses	150	30	20%	120

**Research and Advocacy:** The program is actively involved in the research activities which are vital for addressing factors leading to the factors responsible for mortality and morbidity among mothers and children. The key areas are:

- a. Assessment of training standards of skilled birth attendants (Midwives).
- b. Development of standard operating procedures for infection control in health facilities and community based maternal health practices.
- c. Scaling up of best practices which are vital for the controlling mortality and morbidity among women of reproductive age and their neonates. Such as development of Misoprostol guidelines for the control of Post partum haemorrhage which accounts for 30% of mortality among pregnant mothers.

- d. Introduction of alternate financial resources for the community than the state, to economically empower the women to take control of the expenditures involved in antenatal and natal care of pregnancies.

## **Critical Issues faced by the Program:**

### **Micro Level Issues:**

1. Funds not released during the last 18 months thus badly affecting the program activities.

### **Macro Level Approach:**

2. **Security issues:** certain domestic and international issues have undermined the efforts of Pakistan in attaining the Millennium Development Goals (MDGs) (*PMDGR*)' launched by the Centre for Poverty Reduction and Social Policy Development (*CPRSPD*), Planning Commission, Government of Pakistan). Security issues have been of concern for last many years but since 2007-08, they have been highly aggravated affecting the physical, social and human capital outcomes, undermining the development efforts.
3. **Financial crunch:** The economy has suffered losses in foreign domestic investment and exports due to the spill over effects of the global recession; followed by the financial crisis in developing countries like Pakistan.
4. **Natural Disaster:** Devastating floods of August-September 2010 have affected more than 20 million people, ravaged different rural and urban areas destroying infrastructure and agricultural heartlands of Pakistan. This has adversely impacted the overall economy and achievement of many of the MDG targets, which in the current scenario remains an ambitious target to achieve.

### **Way Forward (Policy Initiatives):**

- Innovative strategies involving private sector as a strategic partner.
  - 70% of health services provision is catered by the private sector in Pakistan. Investment and regulation of the private sector is essential to make it part of the main stream health sector.
  - The total per capita health expenditure is \$13, of which, \$9.4 is spent in the private sector.
  - The current policy and legal framework strongly support public-private partnership for fostering the synergetic effects of two system in improving the accessibility, availability and utilization of good quality of MNCH care. Innovative approaches towards strengthening this sector are essential and needs further investment.

- There is a dire to emphasize on improving the governance of health care delivery system including building management capacity of health care managers and providers.
- Alternate financing mechanism needs to be explored. Adoption of appropriate strategies for performance-based financing such as Pay for Performance and Contracting Out health Services needs to be piloted and scaled.
- Social Health protection: Health Insurance is one of the complementary interventions for the safety net beneficiaries with a purpose of improving their access to health care services and reducing income loss due to catastrophic health shocks.
- The political commitment for appropriate resource allocation, good governance and a stable security situation are prerequisites to materialize these innovative approaches and achieve the desirables MNCH outcomes.