

Pakistan



The Provision of Reproductive,
Maternal, Newborn, Child Health,
and Nutrition (RMNCH-N) Services
During and Post-COVID-19

2020

~ A Strategic Framework ~

Islamabad, August 2020



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Research & Development
FORUM *for* 
Safe Motherhood Private Limited

Pakistan
 THE WHITE
RIBBON
ALLIANCE
HEALTHY WOMEN
HEALTHY WORLD

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Acronyms and Abbreviations

ANC	Antenatal care
BCC	Behavior change communication
BMGF	Bill and Melinda Gates Foundation
CDC	Center for Disease Control (USA)
CHW	Community health worker
CIP	Costed Implementation Plan
CMW	Community midwife
COVID-19	The 2019 novel coronavirus
CSO	Civil society organization
DAFPAK	Delivering Accelerated Family Planning in Pakistan
DGHS	Directorate of General Health Services
DHIS	District Health Information System
DM	Diabetes mellitus
DoH	Department of Health
EPI	Expanded Programme on Immunisation
FP	Family planning
FPAP	(Rahnuma) Family Planning Association of Pakistan
FPRH	Family Planning and Reproductive Health
FSM	Forum for Safe Motherhood
HCP	Healthcare professional
HCV	Hepatitis C
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HSA	Health Services Academy (Islamabad)
HTN	Hypertension
IPC	Infection prevention and control
IRMNCH	Integrated reproductive, maternal, newborn, and child health
JSI	John Snow, Inc.
KMU	Khyber Medical University
KP	Khyber Pakhtunkhwa
KPHCC	Khyber Pakhtunkhwa Healthcare Commission
LHW	Lady health worker

MISP	Minimum Initial Service Package
MNCH	Maternal, newborn, and child health
MSDS	Minimum service delivery standards
NCMNH	National Committee for Maternal Newborn and Child Health
NDMA	National Disaster Management Authority
NGO	Non-government organization
NHSRC	(Ministry of) National Health Services Regulation and Coordination
OPD	Out-patient department
PCR	Polymerase chain reaction (medical test)
PDHS	Pakistan Demographic and Health Survey
PDMA	Provincial Disaster Management Authority
PHC	Punjab Healthcare Commission
PNC	Postnatal care
PPA	Pakistan Pediatric Association
PPE	Personal protective equipment
PPHI	People’s Primary Health Care Initiative
PWD	Population Welfare Department
RH	Reproductive health
RMC	Respectful maternity care
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
RMNCH	Reproductive, maternal, newborn, child health
RMNCH-N	Reproductive, maternal, newborn, child health, and nutrition
SBA	Skilled birth attendant
SHCC	Sindh Healthcare Commission
SIMS	Services Institute of Medical Sciences
SOGP	Society of Obstetricians and Gynecologists of Pakistan
SOP	Standard operating procedure
SRH	Sexual and reproductive health
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

Preface

This document has been developed as a policy guidance and accountability tool to help shape the immediate, medium- and long-term policies and actions needed for restoring maternal, newborn, and child health (MNCH) and family planning (FP) service delivery, and keeping them intact in the post-COVID-19 period. It targets decision-makers and development partners with the aim of creating the realization that women and newborn children need quality and respectful maternity care (RMC) services even when disasters strike. In line with this, it brings forward the key challenges and ways for delivering maternal and newborn health services with dignity and respect in the COVID-19 environment, especially focusing on barriers in health facilities and at the community level.

The development of this document was led by the Health Services Academy (HSA), Islamabad, in partnership with the Forum for Safe Motherhood (FSM) and the White Ribbon Alliance chapter of Pakistan. The process involved an extensive literature review, in-depth discussions with key MNCH and FP health experts from across Pakistan, and a series of consultative sessions organized at the national and provincial level with key development partners, government entities, civil society stakeholders, and public health champions.

This document is expected to help galvanize national and provincial responses in support of addressing women's MNCH and FP needs during and after the emergency COVID-19 situation. It will pave the way for the formulation of pro-women policies that will effectively address these needs, and create support around adopting an RMC charter as a priority in maternity care service delivery standards.

It is evident that in the coming days, targeted efforts will be required by decision-makers, development partners, and MNCH and FP champions to join hands in pursuing the provision of MNCH and FP services with respect and dignity. This document will serve as the first step in that direction.

1. Overview

The 2019 novel coronavirus (COVID-19) originated from the Wuhan province of China in December 2019, spreading across over 200 countries in just three months. This global pandemic presented a difficult challenge, even for the world's best health systems, affecting developed and developing countries alike. Public health scientists anticipated health system overloads and recommended widespread lockdowns, stay-home-stay-safe policies, social distancing, the use of masks, virus testing, infected patient isolation, suspected patient quarantine, and the use of personal protective equipment (PPE) by health and frontline workers. All of these measures were strongly advocated by the World Health Organization (WHO), Center for Disease Control (CDC)-USA, and Oxford University, UK.

Pakistan is also suffering from the effects of the pandemic. The first cases were reported on February 26, 2020—one in Karachi and one in Islamabad. The trend continued across the country, reaching 300,000 cases and 6,200 deaths.¹ The most affected are urban, crowded, congested cities, but cases are scattered across all places. A surge was seen in May–June 2020, where the daily case figure crossed 6,000 cases in mid-June.

The pandemic exposed structural deficiencies and gaps in healthcare systems. The situation was exacerbated by a shortage of health workers, especially those catering to women and children. In addition, frontline workers were at high-risk due to inadequate systems and practices and the shortage of PPE.

This shows that greater efforts are required to improve preparedness and response in dealing with a public health crisis of this scale. The crisis caused the federal and provincial governments to divert resources to the pandemic response, thereby compromising mother and children's healthcare services at all levels. This sort of unprecedented strain on the healthcare system is likely to lead to increases in maternal and neonatal mortality and morbidity in Pakistan's already compromised service delivery system.

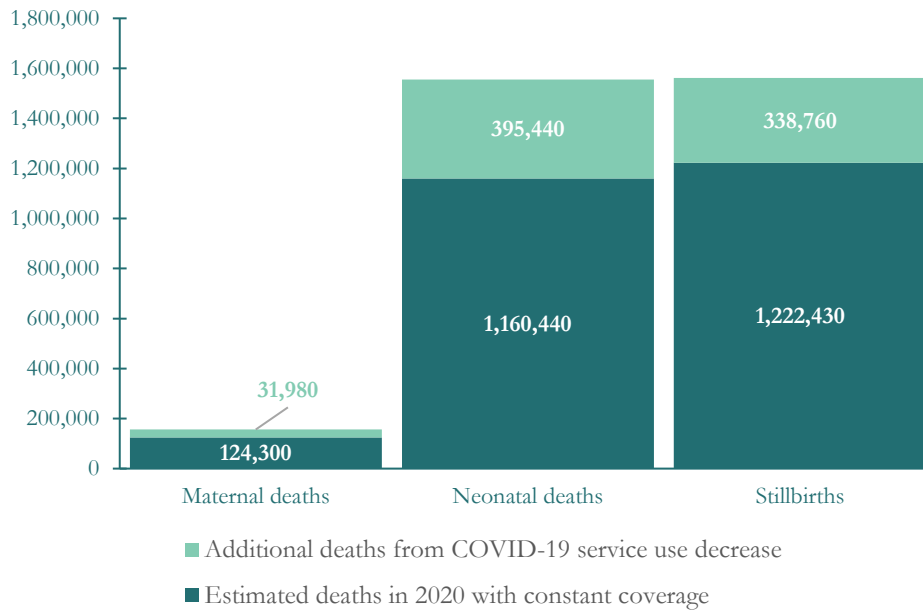
1.1 The Impact of COVID-19 on Women and Children Healthcare Services

It is estimated that a 45% decrease in services for six months could result in 1,157,000 additional child deaths and 56,700 additional maternal deaths. This represents a 9.8–44.7% increase in under-5 deaths and an 8.3–38.6% increase in maternal deaths across 118 countries.² According to estimates published in *Lancet Global Health*, a peer-reviewed medical journal, in July 2020, the impact of COVID-19 on maternal and newborn health services in India, Indonesia, Nigeria, and Pakistan over 12 months is estimated at 766,180 deaths—31,980 maternal deaths, 395,440 newborn deaths, and 338,760 stillbirths. This implies a 31% increase in mortality (Figure 1).

¹ Government of Pakistan. 2020. Know about COVID-19. Islamabad: Ministry of National Health Services Regulation and Coordination. <http://www.covid.gov.pk/>.

² Robertson, T., Carter, E.D., Chou, V.B., Stegmuller, A.R., Jackson, B.D., Tam, Y., Sawadogo-Lewis, T., and Walker, N. 2020. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: A modelling study. *Lancet Glob. Health*, 8(7): E901–908. Doi: [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1).

Figure 1: Additional Indirect Deaths Due to COVID-19 in India, Indonesia, Nigeria, and Pakistan Over 12 Months



Situation analysis to assess the impact of COVID-19 on reproductive, maternal, newborn, child health, and nutrition (RMNCH-N) services in Pakistan is limited. The situation demands the attention of policymakers for the provision of uncompromised health services for mothers and children. To this end, all key players, including public and private organizations working on mother and child health, should convene to develop key immediate and long-term actions through debate, discussion, and consensus.

Despite its challenges, the pandemic has provided an opportunity to transform health systems, and especially to address women’s and children’s health needs. This may be accomplished by strengthening coordination between partners and key actors to develop holistic responses to mitigate pandemic risks and create an efficient, effective, accessible, and responsive healthcare system capable of handling public health crises.

1.2 From ‘Too Far to Go’ to ‘Nowhere to Go’ for RMNCH-N Services

Pakistan’s health system has been promoting facility-based RMNCH-N services for the last 20 years. Pakistan Demographic and Health Survey (PDHS)-2018 data shows that antenatal care (ANC) and birth-related characteristics have improved in facility-based services. The proportion of pregnant women with ANC from skilled birth attendants (SBAs) reached 86% in 2018 from a modest 25% in 1990. The number of pregnant women with more than four ANC consultations increased to 51% from under 25% in just a decade. Deliveries in health facilities increased to 66% in 2018 from just 13% in 1990, and 34% in 2007. SBA-attended births increased to 69% in 2018 from 17% in 1990, and 39% in 2007. Basic child immunization improved from 35% in 1990 to 66% in 2018.

However, the pandemic may negatively affect the facility-based health service uptake dividend gained in recent decades, simply because the COVID-19 response required people to stay home and actively avoid seeking assistance for both common and elective purposes at healthcare facilities. On the other hand, most RMNCH-N services are elective—family planning advice and services, pregnancy registration, ANC, laboratory testing, facility delivery, postnatal care (PNC), vaccinations, nutrition counseling, and supplements. This was strongly advocated, and the community mobilization movement of RMNCH-N was targeted for the elective uptake of services in facilities. The closure of elective hospital services, including RMNCH-N, has resulted in the non-availability of both public and private services since March 2020.

2. Respectful Maternity Care During COVID-19

The Forum for Safe Motherhood (FSM) initiated an advocacy project titled ‘Safer Together: Respectful Maternity Care (RMC) during the COVID-19 Pandemic’. This sought policy commitments to ensure reproductive health (RH) service delivery within the COVID-19 response and advocated for the development of behavior change communication (BCC) strategies and messages that consider women’s RH needs and the delivery of maternal, newborn, and child health (MNCH) services. This initiative is a result of FSM-organized consultations with key RH stakeholders in Pakistan on April 13, 2020. Attendees included representatives from WHO, the United Nations Population Fund (UNFPA), Bill and Melinda Gates Foundation (BMGF), Palladium, Delivering Accelerated Family Planning in Pakistan (DAFPAK), John Snow Inc. (JSI)-United States Agency for International Development (USAID), and Population Council-Pakistan.

The consultation highlighted the need for broader national- and provincial-level consultations to help develop a roadmap for ensuring uncompromised MNCH/RH services during the pandemic. Building on the initial consultation, FSM is collaborating with the Health Services Academy (HSA), Islamabad, to develop a comprehensive MNCH/RH framework by engaging with and developing consensus among Pakistan’s leading stakeholders. The project will also highlight MNCH/RH service needs through media conferences, op-eds, and blogs to influence the government and policymakers.

3. Strategic Framework Development Process

An RMNCH-N services strategic framework for COVID-19 (during and after) was developed (Figure 2).

Figure 2: Process of Strategic Framework Development



3.1 Desk Review

The purpose of the desk review was to retrieve and review national and international guidelines to improve insights and the direction of RMNCH-N services in Pakistan. A list of documents consulted is shown in Annex 1. A second objective was to identify variables and critical aspects of guidelines for discussion with experts. The desk review also revealed the indicators shown in Table 1.

Table 1: Selected RMNCH-N Indicators, Pakistan

Indicator	National value
1. Facility-based delivery	66%
2. Skilled birth assistance	69%
3. Proportion of cesarean sections	22%
4. At-least one antenatal check-up	81%
5. Postnatal checkups (within two days)	62%
6. Newborn care with two signals checked	58%
7. Full vaccination under two years	66%
8. Percentage with diarrhea in children (30 days)	19%
9. Neonatal mortality rate	42/1,000
10. Infant mortality rate	62/1,000
11. Child mortality rate (under five years)	74/1,000
12. Breastfeeding initiation counseling in ANC	52.2%
13. Counseling on exclusive breastfeeding in ANC	54.3%
14. Counseling on balanced diet in ANC visits	69.6%
15. Women (15–49 years) with normal body-mass index	46%
16. Child stunting (under five years)	42%
17. Child wasting (under five years)	18%
18. Underweight children (under five years)	23%
19. Overweight children (under five years)	10%
20. Total fertility rate per woman	3.6
21. Desire to limit childbearing (women)	44.9%
22. Desire to limit childbearing (men)	36.9%
23. Using contraception (any method)	34.2%
24. Using contraception (modern methods)	25%
25. Teenage pregnancy	8%
26. Consanguinity (cousin marriages)	62%
27. Unmet need for family planning (FP)	17%
28. Never heard or saw FP messages	76%
29. Never discussed FP in last visit to health facility	78%
30. Postpartum FP discussed during PNC	11%

3.2 In-depth Interviews With RMNCH-N Experts

Twenty-nine in-depth interviews with key MNCH/RH experts were conducted at both the national and provincial level to gain insights on available guidelines and framework development. Of these, five were federal-level experts, nine were from Khyber Pakhtunkhwa (KP) and Punjab each, and six were from Sindh (Annex 2). Expert feedback culminated in the following points:

1. There is decreased availability and accessibility of already scarce RMNCH-N services.
2. RMNCH-N is considered less important in emergencies. COVID-19 has reinforced this.
3. Human, financial, infrastructure, logistic, and material resources have been diverted to the COVID-19 response, resulting in a lack of services and increased lack of confidence in the continuity of care.
4. Service closures have occurred in both the public and private sectors.
5. Situation analyses to determine COVID-19's impact on RMNCH-N status and indicators is limited.
6. Online and telemedicine services are limited to certain urban areas.

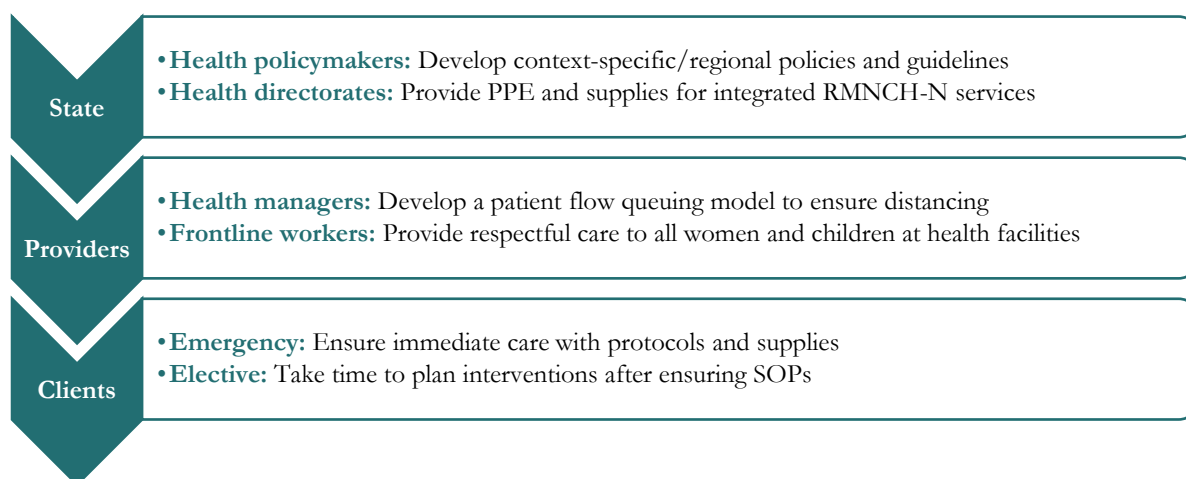
3.3 Strategic Framework Development

A structured framework for action based on desk review findings and in-depth interviews was developed. The aim was to present the draft in consultations and seek expert feedback. A revised template was shared in consultative meetings. The framework contains actionable items, identifies key institutions responsible, and lists main actions against strategic objectives (section 3.6).

3.4 The Strategic Framework's Key Stakeholders

RMNCH-N is a multi-stakeholder challenge. However, they can be grouped into the state (policymakers and directorates), providers (managers and frontline health workers), and clients (requiring elective and emergency nature) (Figure 3).

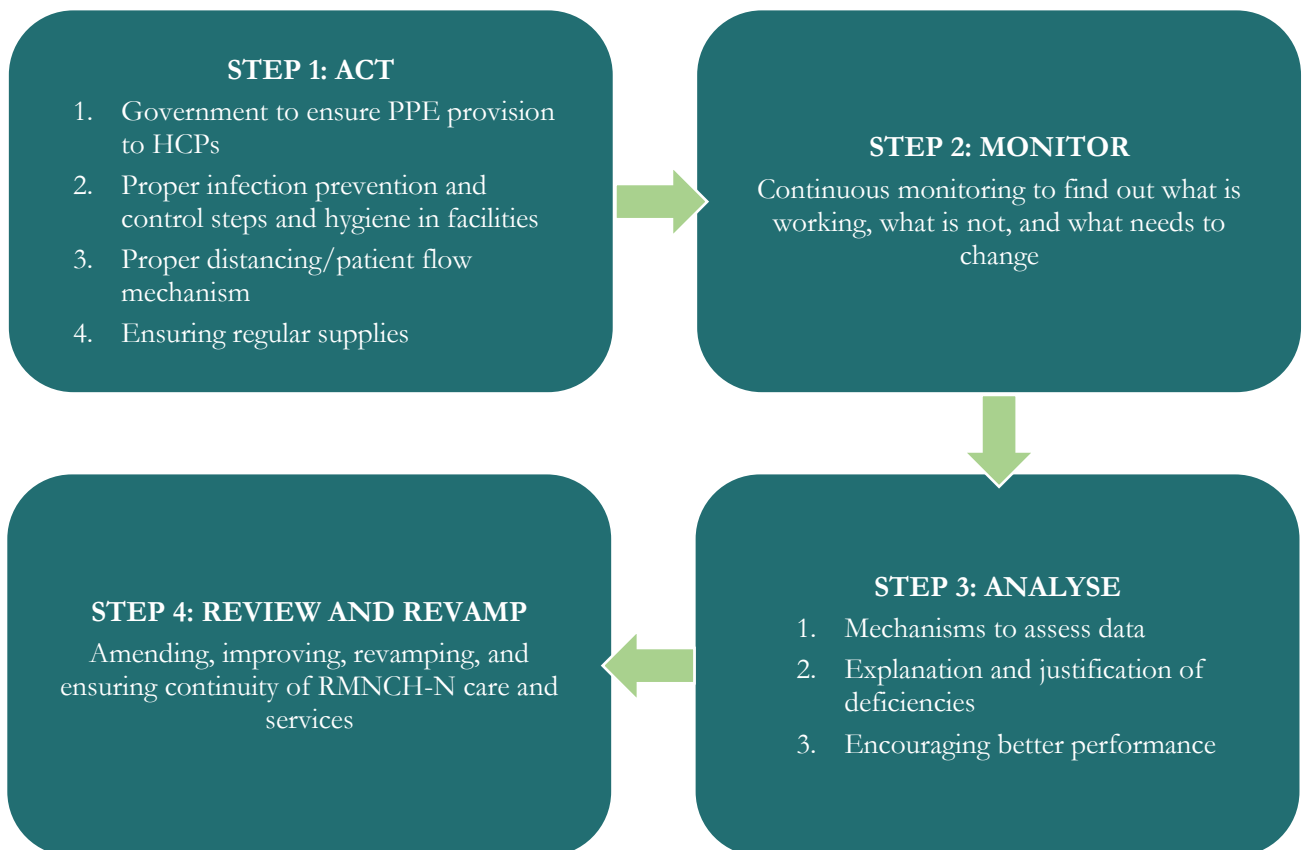
Figure 3: Strategic Framework Stakeholders



3.5 The Strategic Framework Implementation Process



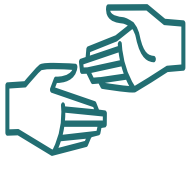


The implementation of the strategic framework requires a process approach. It begins with needs identification and culminates in implementation and monitoring. Subsequent results analysis will inform the implementation status and progress. There is also a need to develop indicators to monitor and evaluate the impact of implementation. Finally, a review and revamp is essential for an understanding of the impact and need for amendments or improvisation (Figure 4).





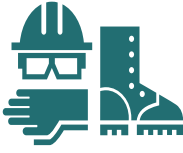
Figure 4: Strategic Framework Implementation







3.6 Strategic Framework For the Provision of RMNCH-N in COVID-19

This section outlines 20 strategic actions required (**what**), specifies tasks required to achieve the strategic action (**how**), and identifies stakeholders responsible (**who**).

	What	<ul style="list-style-type: none"> ☞ Advocate non-diversion of healthcare resources at the expense of RMNCH-N ☞ Ensure maternal health units are segregated from COVID-19 cases
How	Provincial health departments' directives for non-diversion of MNCH budget to other services	
Who	Provincial health departments, UN organizations, civil society	
	What	<p>Continue advocacy for FP services, pregnancy registration, ANC, lab tests, facility-based delivery, PNC, vaccination, nutrition counseling, and supplements at health facilities</p>
How	Directive issued to community health workers (CHWs) and district health managers to disseminate facility RMNCH-N uptake messages to communities	
Who	Provincial health departments, UN organizations, civil society	
	What	<p>Support and partner with departments of health to strengthen, fund, implement, and integrate reproductive, maternal, newborn, child health (RMNCH) services into the COVID-19 response</p>
How	Notify expansion of 'Forum' to add public sector and other organizations	
Who	Civil society, UN organizations	
	What	<p>Activate sexual and reproductive health (SRH) sub-working group under health cluster to channel support to RMNCH-N-specific response, advocacy, and leadership</p>
How	UN notification for activation of SRH cluster	
Who	UN organizations, Ministry of National Health Services Regulation and Coordination (NHSRC), civil society	
	What	<p>Monitor data on obstetric activity, service-readiness, utilization, hygiene, and staff protection</p>
How	Policy directive to COVID-19 dashboard for added data entry	
Who	Provincial health departments, National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs)	

	What	Where possible, use telemedicine and telehealth consultations for RMNCH-N to minimize the access gap
	How	Develop systems for telehealth facilities in partnership with information technology boards
	Who	Provincial health departments, facility administrators, clinical staff of facilities
	What	Implement the Minimum Initial Service Package (MISP) in emergencies in all districts
	How	Initiate MISP training by UNFPA in high-burden districts
	Who	Provincial health departments, NDMA, PDMAAs, UN agencies
	What	Involve civil society organizations (CSOs)/non-government organizations (NGOs) working on youth, adolescents, FP, and RMNCH in response services
	How	FSM to develop a list of CSOs/NGOs for advocacy
	Who	Provincial health departments, NDMA, PDMAAs, UN agencies
	What	Disaggregate surveillance and response by sex, age, gender, and pregnancy status for situational analysis of RMNCH-N
	How	Policy directive to COVID-19 dashboard for such analysis
	Who	Provincial health departments, NDMA, PDMAAs
	What	Protect healthcare professionals (HCPs)—midwives, nurses, obstetricians, and anesthesiologists—by ensuring the availability of PPE, gloves, masks, gowns, and protective lenses
	How	Include PPE as a line item in provincial health department budgets for regular supply
	Who	Provincial health departments, NDMA, PDMAAs

	What	<ul style="list-style-type: none"> ☞ Ensure a supply of modern contraceptives, maternal and newborn life-saving drugs and supplies, maternal health equipment, infection prevention and control (IPC) materials and supplies, and educational and counseling materials
	How	<ul style="list-style-type: none"> ☞ Ensure the availability and distribution of micronutrient supplies ☞ Provincial health departments' directives to all districts to ensure the availability of sufficient FP and RMNCH-N supplies for facilities at all times ☞ Take strict action against stock-outs
	Who	District health managers, facility administrators, clinical staff of facilities
	What	Ensure women with COVID-19 (suspected, probable, or confirmed) have access to woman-centered RMC, including tests, medicines, and mental health and psychosocial support
	How	Healthcare Commission to include RMC components in the standard of care of mother and child health in labor rooms and operating theaters
	Who	Facility administrators, clinical staff of district facilities, district administrators
	What	Ensure pregnant women with COVID-19 are attended to in the second level of care to ensure appropriate care if complications arise. Priority should be given to pregnant women with respiratory illnesses
	How	Provincial health departments' directives to districts to ensure pregnant COVID-19 delivery in secondary facilities
	Who	Facility administrators, clinical staff of district facilities, district administrators
	What	<ul style="list-style-type: none"> ☞ Provide IPC supplies for prevention and infection control to HCPs and CHWs ☞ Establish or activate hospital hygiene committees wherever possible ☞ Ensure availability and use of IPC materials—chloride, soap, hand hygiene stations—in units
	How	RMNCH and Nutrition Program notification to provide IPC supplies to lady health workers (LHWs) and community midwives (CMWs) on a regular basis as line items
	Who	Provincial managers, facility administrators

	What	Develop education materials for pregnant women on hygiene related to COVID-19
	How	Develop materials with provincial health departments' media cells, and print with partner support
	Who	Health administrators, CSOs/NGOs working in an area
	What	<ul style="list-style-type: none"> ☞ Advocate continued breastfeeding and uninterrupted care ☞ Ensure all pregnant COVID-19 recoverees are provided information and counseling on safe infant feeding
	How	<ul style="list-style-type: none"> ☞ All HCPs in MNCH to be reminded of breastfeeding advice in COVID-19 ☞ Media campaign for safe infant feeding for all clients
	Who	Clinical staff of facilities, CSOs/NGOs working in an area
	What	<ul style="list-style-type: none"> ☞ Ensure sufficient IPC training/refreshers for RMNCH-N staff ☞ Ensure COVID-19 stigma training for HCPs, particularly midwives, on stigma mitigation, discrimination, and sensitization ☞ Train HCPs/CHWs in how to inform communities to prevent stigma/discrimination
	How	<ul style="list-style-type: none"> ☞ Ensure training for all HCPs in MNCH ☞ Stigma-related training for skill-building on counseling and interpersonal communication skills for CHWs
	Who	District health managers, clinical staff of facilities
	What	<ul style="list-style-type: none"> ☞ Ensure FP and MNCH service provision in COVID-19-affected areas through dedicated facilities/mobile clinics ☞ Ensure that women's and girls' choices and rights to adolescent SRH are respected, regardless of their COVID-19 status
	How	Mobilize provinces' mobile vans in profoundly affected areas, or where static facilities are scarce
	Who	District health managers, clinical staff of facilities

	What	Pay special attention to vulnerable populations, such as persons with hypertension (HTN), diabetes mellitus (DM), hepatitis C (HCV), human immunodeficiency virus (HIV), persons with disabilities, young adolescents, the elderly, and the malnourished
	How	Directly provide services to marginalized communities using partnership models—government, UN, CSOs
	Who	District health managers, clinical staff of facilities
	What	Integrate gender-based violence services for emergencies
	How	Expand help desks, response centers, and counseling centers
	Who	District health managers, clinical staff of facilities

3.7 Consultative (Online) Meetings of Federal and Provincial Experts

A virtual national consultative session was organized with national and provincial experts to review the draft framework and incorporate their recommendations. It provided an opportunity to build consensus on the framework and take it forward to policymakers in the future (Annex 3).

Our Joint Call for Action

In these challenging times, it is critical that we stand united in our quest for the provision of high-quality, safe, and uninterrupted RMNCH-N and FP services. The importance of ensuring the continuity of these services during and post-COVID-19 is essential for decreasing maternal and infant mortality. To this end, it is imperative to support and partner with federal, provincial, and district health and population departments to strengthen and integrate key RMNCH-N and FP services into Pakistan's COVID-19 response.

This must be ensured through the provision of PPE and essential materials to health workers, the protection of the rights of children and pregnant women through the integration of an RMC Charter in standards of healthcare delivery, strategic behavior change communication campaigns to address challenges associated with COVID-19, and by building the capacity of RMNCH-N and FP providers. Only then will we be able to safeguard our country from this pandemic and prepare for the handling of similar challenges adequately and effectively in future.



Annex 1: List of Documents and Guidelines Reviewed

1. Clinical management guidelines for COVID-19 infections
2. Clinical management of COVID-19 during pregnancy
3. Clinical management of severe acute respiratory infection
4. Coronavirus disease (COVID-19) outbreak: Rights, roles, and responsibilities of health workers, including key considerations for occupational safety and health
5. COVID-19 and pediatric protocol
6. COVID-19 pandemic: Guidelines for ethical healthcare decision-making in Pakistan
7. COVID-19 policy, procedures, and management guidelines
8. COVID-19 SOPs for home quarantine
9. COVID-19 SOPs for contact tracing
10. COVID-19 standard operating procedures and guidelines
11. COVID-19 technical brief for maternity services
12. COVID-19: Guidance for healthcare providers
13. COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
14. Formative research: Respectful maternity care in Pakistan
15. Guidelines For MNCH services in COVID-19
16. Guidelines for nutrition sites in [the] context of COVID-19
17. Guidelines for [the] working of OPD/PHC centres in [the] wake of [the] COVID-19 outbreak
18. Guidelines for [the] working of outdoor patient departments/primary healthcare centre[s] in [the] wake of [the] COVID-19 outbreak
19. Guidelines on FPRH [Family Planning and Reproductive Health] during COVID-19 in Sindh
20. Handbook of COVID-19 infection prevention and control for healthcare workers
21. Home isolation and discharge during COVID-19
22. Initial assessment of clients presenting for intrapartum care: Summary of key considerations in the context of COVID-19
23. Interim clinical guidance for [the] management of patients with confirmed COVID-19
24. Maintaining essential health services: Operational guidance for the COVID-19 context
25. Management considerations for pregnant patients with COVID-19
26. Management guidelines for the neonate of suspected or confirmed COVID-19 mothers
27. Management of COVID-19 in children
28. Mental health and psychosocial considerations during the COVID-19 outbreak
29. Navigating pregnancy during the coronavirus disease (COVID-19) pandemic
30. Naya Qadam COVID-19 pandemic response

31. Promoting respectful maternity care: A training guide for facility-based workshops
32. Protection measures for everyone regarding COVID-19
33. Q&A on COVID-19, pregnancy, childbirth, and breastfeeding
34. Questions and answers: Contraception/family planning and COVID-19
35. Rational use of personal protective equipment for [the] coronavirus disease, 2019 (COVID-19)
36. Respectful maternity care charter
37. Sexual, reproductive, and maternal health services during COVID-19
38. The Punjab Infectious Disease (Prevention and Control) Ordinance, 2020
39. UNICEF guidance for adaptations to community-based management of childhood illness in COVID-19
40. Vaccination guidance during a pandemic
41. When [the] COVID-19 disease is suspected (interim guidance)
42. WHO recommendation on respectful maternity care during labour and childbirth

Annex 2: MNCH Experts Interviewed

	Name	Designation and organization	Province/ region
1	Dr. Farid Midhet	Team Leader, DAFPAK, Palladium	Islamabad
2	Dr. Nabeela Ali	Country Representative, JSI	Islamabad
3	Dr. Ali M. Mir	Director, Programs, Population Council	Islamabad
4	Dr. Yasmin Sabeeh Qazi	Senior Advocacy Consultant, BMGF	Islamabad
5	Dr. Mumtaz Eskar	Technical Advisor, Marie Stopes Society	Islamabad
6	Dr. Saima Abid	President, Public Health Association, KP	KP
7	Dr. Niaz Afridi	Director, Health, Merged Areas	KP
8	Dr. Mushtaq Ahmad	Project Director, Independent Monitoring Unit, Government of KP	KP
9	Dr. Maqsood Ali	CEO, KP Healthcare Commission (KPHCC)	KP
10	Dr. Janbaz Afridi	MD, Health Foundation, KP	KP
11	Dr. Fazal Majeed	Director, Nutrition Program, KP	KP
12	Dr. Lubna Hassan	Professor of Gynecology, Khyber Medical University (KMU)	KP
13	Dr. Nasreen Akbar	Director, Implementation, DGHS Office	KP
14	Dr. Sharif Ahmad Khan	Public health expert	KP
15	Dr. Mushtaq Ahmed	Director, PHC	Punjab
16	Dr. Haroon Jehangir Khan	DG, Health Services, Punjab	Punjab
17	Dr. Naeem ud Din Mian	CEO, Contech International	Punjab
18	Dr. Shahzad Sarwar	District Coordinator, IRMNCH, Khanewal	Punjab
19	Dr. Zarfishan Tahir	Dean, Institute of Public Health	Punjab
20	Dr. Rubina Suhail	Professor of Gynecology, SIMS, Lahore	Punjab
21	Mr. Salman Shahid	Addl. Secretary (Technical), Specialized Healthcare and Medical Education	Punjab
22	Dr. Muhammad Tayyab	Head of Department, Gynecology and Obstetrics, Gulab Devi Hospital	Punjab
23	Mr. Sarfraz Hussain Kazmi	Regional Director, Rahnuma - FPAP	Punjab
24	Dr. Farhana Memon	Acting CEO, SHCC	Sindh
25	Dr. Nusrat Shah	Secretary-General, SOGP	Sindh
26	Dr. Azra Ahsan	Vice President, NCMNH	Sindh
27	Dr. Zaib Dahar	Senior Technical Advisor, PPHI	Sindh
28	Ms. Brayamgul Garabayeva	Head of Office, UNFPA, Sindh	Sindh
29	Dr. Sara Salman	Head of Office, WHO, Sindh	Sindh
30	Dr. Talib Lashari	Technical Advisor, CIP/PWD and focal person, FP2020	Sindh

Annex 3: National and Provincial Consultative Sessions

Introduction and Background

The present disruption in routine health services caused by the COVID-19 pandemic poses a threat to the health needs of women and children. As part of the COVID-19 response, the government has mobilized resources to fight the battle against the pandemic, which could lead to compromising mother and child healthcare services at all levels. This unprecedented situation and strain on the healthcare system are likely to increase maternal and neonatal mortality and morbidity.

The pandemic has also exposed the healthcare system's structural deficiencies and gaps. The present situation has further exacerbated the shortage of health workers, especially in terms of those who are catering to the health needs of women and children. As for those who are working at the frontline, there is a high risk to their safety due to a shortage of PPE.

FSM champions the rights of women, mothers, and children. It has been contributing to improving national- and provincial-level policies and practices for safe motherhood in the country. In line with its mandate, the Forum initiated a consultation with key development partners on April 13, 2020 to brainstorm on maternal, newborn, child health, nutrition and FP needs in the context of COVID-19, and to identify key immediate and long-term interventions to be advocated for ensuring that these needs are not compromised in the current scenario. Building on the consultation's recommendations, FSM embarked on an advocacy project titled 'Safer Together: Respectful Maternity Care During the COVID-19 Pandemic', which aimed to seek policy commitments to ensure women's RH service delivery within the COVID-19 response.

As part of the advocacy strategy, FSM entered into a collaboration with HSA, Islamabad, to develop a policy roadmap by engaging and developing consensus among all leading stakeholders of mother and child health in Pakistan. For this purpose, national- and provincial-level consultations were planned to present and build consensus on a framework for the provision of MNCH/RH. A joint collaborative statement was also agreed upon in these sessions to push for the advocacy of the continuity of mother and child health services, and the integration of RMC in relevant minimum standards of healthcare.

The aforementioned process started with a national consultative session, which was virtually organized on July 27, 2020, in which key national-level experts and champions of MNCH/RH participated. Following the national consultation, three provincial consultative sessions were organized to capture province-specific insights on the MNCH/RH framework.

Objectives

The key objectives of the national and provincial consultative sessions were:

- Identifying challenges and barriers in the continuity of MNCH/RH services at health facilities and at the community level.
- Brainstorming on immediate, short-, and long-term policy actions presented through the strategic framework to advocate for the provision of uncompromised MNCH/RH services.
- Building consensus on a joint collaborative statement for the advocacy of the provision of MNCH/RH services.

National Consultative Session

Strategic Framework on Provision of MNCH/RH Services During and Post COVID 19



DATE

July 27, 2020



TIME

3pm to 4pm



Dr. Nabeela Ali
Country Director
JSI Pakistan



Dr. Farid Midhet
Team Lead
Palladium Group



Dr. Yasmeen Qazi
Senior Advocacy Consultant
Bill & Melinda Gates Foundation



Dr. Ali Mir
Director Programmes
Population Council



Dr. Atiya Abroo,
Deputy Director RMNCH,
Ministry of Health



Dr. Shahzad Ali Khan,
Head of Department
of Public Health, HSA

Moderator: Dr. AmanUllah Khan, CEO Forum for Safe Motherhood

The national consultative session on the strategic framework for the provision of MNCH/RH services during and post-COVID-19 took place virtually at 3–4 p.m. on Monday, July 27, 2020. Key national-level experts and MNCH/RH champions participated.

National Consultative Session

Dr. Aman Ullah, CEO, FSM formally welcomed the participants of the session and briefed them on its purpose and objectives. He outlined the process adopted for developing the strategic framework and highlighted the leadership role played by HSA in this respect.

He informed the participants that under the Academy’s guidance, the framework would also be shared with provincial policymakers through similar consultations to galvanize provincial responses and support for addressing RH needs at the provincial level. Dr. Aman Ullah also pointed out the additional role being played by the Academy through the development of a knowledge portal for bringing together all information related to COVID-19 to one platform. Once developed, the portal will serve as a repository for protocols, guidelines, and materials developed by various partner organizations, specifying their coverage of services throughout the country.

Following this, **Dr. Shahzad Ali Khan, Head of Department, Public Health, HSA**, presented the framework. At the very outset, he cited a recently published paper in *Lancet Global Health*, according to which there will be a 31% increase in deaths in India, Indonesia, Nigeria, and Pakistan if MNCH services are not streamlined in the next six months. He emphasized that the present pandemic could negatively affect health outcomes, and specifically maternal and infant mortality rates, due to the deteriorating availability and accessibility of already limited health services.

Explaining the process of framework development, Dr. Khan stated that all guidelines and protocols developed by the federal and provincial governments, as well as global guidelines, were reviewed to avoid redundancy and information repetition. In addition to this, interviews with experts were conducted to inform policy actions suggested in the framework.

Highlighting the salient features of the framework, he said it was essential to maintain MNCH service continuity to prevent maternal mortalities and morbidities. He stressed that there was an immense need to explore short- and long-term policy actions, as well as localized and practical solutions. Speaking about specific actions, he pointed out that the provision of PPE and other safety materials was extremely important for ensuring the safety of frontline health workers.

He emphasized capacity building interventions for health staff working on MNCH/RH services and underlined that these trainings should focus on COVID-19-related standard operating procedures (SOPs) and protocols. The fact that this would also help mitigate stigma and discrimination associated with COVID-19 was also highlighted. He also suggested a BCC campaign be initiated to build the knowledge of communities and combat the fears and myths surrounding COVID-19.

Panelists’ Reflections

Following the presentation, the session panelists shared their observations and recommendations. The key points from their remarks are documented below:

Dr. Nabeela Ali, Country Representative, JSI, appreciated the framework presented by Dr. Shahzad Ali Khan (HSA) and said that the greatest challenge would be in the implementation of guidelines and policy recommendations. She specifically mentioned that all of the offices of the Directorate of Health Services in the provinces must be consulted and engaged for the implementation of these actions. She maintained that although out-patient departments (OPDs) were now open, the situation at the grassroots level was still far from encouraging. For instance, COVID-19-positive women are being denied services in health facilities.

Dr. Yasmin Sabeeh Qazi, Senior Advocacy Consultant, BMGF, highlighted that FP services had gone from bad to worse in the current pandemic, and emphasized the need for strongly advocating for the continuity of such services. She pointed out that it was always important to focus on FP separately as it is often diluted in MNCH discussions, and suggested that specific recommendations and policy actions for FP services be included in the framework. She also emphasized taking this advocacy forward by focusing on the implementation of already developed guidelines and recommendations instead of developing another set of recommendations. She spoke of the need for data and evidence to assess the pandemic's impact as only that could lead to evidence-based decision-making with respect to FP services.

Dr. Ali M. Mir, Director, Programs, Population Council, opined that COVID-19 had provided an opportunity to reprioritize mother, child, and RH issues, and stated that it was time to integrate FP into health services. He further said that PPE supplies for HCPs were very important as anecdotal reports from districts were highlighting care-providers' frustration at the lack of such supplies. He also stressed the need to develop information, education, and communication materials in the context of COVID-19 to bridge information gaps. Dr. Mir stressed the need to examine the District Health Information System (DHIS) and Health Management Information System (HMIS) with a special focus on RH indicators like FP use disaggregated by old and new clients, the number of referrals a woman is given, types of deliveries being conducted, and at what facilities.

In addition, mapping out facilities providing SRH services, identifying areas that do not have services, and looking for alternative ways like engaging the private sector, or thinking in terms of providing mobile service units, were all brought forward as areas requiring immediate attention. He pointed out that all of this would only be possible if and when resources were available, emphasizing the need for advocacy to enhance budgetary allocations for the changes outlined in the framework.

Dr. Mir said that empirical evidence highlighted an increase in gender-based violence during the pandemic, and stressed the need to examine existing legal frameworks and services.

Dr. Farid Midhet, Team Leader, DAFPAK, Palladium, said that population welfare was placed under non-essential services, so all service delivery hubs were closed, LHWs were not visiting facilities, and basic health units were only partially open, which affected women's health needs. He said all of the provinces lacked supplies, and there was a shortage of PPE, which resulted in low health worker morale. He stressed the need to translate claims into actions to improve the health system.

Participants' Comments

Dr. Samia Rizwan, Health Specialist, MNCH, United Nations Children's Fund (UNICEF), spoke of a rapid poll survey conducted by her organization to obtain feedback on the disruption of health services, saying its results showed that routine immunization, ANC, and FP services had been disrupted. She said that in addition to the closure of health facilities, the fear of getting infected by visiting health facilities was also a primary cause of the aforementioned affairs. She strongly advocated the use of telemedicine and digital technologies.

Dr. Rizwan also highlighted the fact that UNICEF had a strong collaboration with the Pakistan Pediatric Association (PPA) and had developed guidelines for the treatment of children. She informed the participants that these national guidelines had been endorsed, and were available on the websites of the Ministry of Health and PPA, and that training on these guidelines was being scheduled in the near future.

Dr. Qudsia Uzma, National Professional Officer, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), WHO, said that guidelines on RMNCAH and FP had been developed by the H5 Group and various UN agencies, and that it was in response to the need of all provincial and federal governments and other partner organizations. She said that under the leadership of the Ministry, three rounds of workshops on telemedicine providers had been organized. Referring to the knowledge

portal being developed by HSA, she agreed that coordination was a key concern for ensuring that nothing was duplicated.

Concluding Remarks

Dr. Shahzad Ali Khan (HSA) invited **Dr. Atiya Abroo, Deputy Director, RMNCH, Ministry of National Health Services Regulation and Coordination (NHSRC)**, for her closing remarks.

Dr. Abroo informed the participants that the Ministry had actively responded to the situation by developing more than 70 guidelines for HCPs and facilities. She pointed out that all basic information was available in these guidelines, and that provinces could now adopt and adapt them. She said the Ministry was working on training primary healthcare staff, and would soon roll out such trainings at the grassroots level. At the same time, the Ministry had started trainings on SRH and telemedicine, and was in the process of designing special trainings on IPC and SRH for LHWs and primary healthcare staff.

She concluded the session by appreciating the efforts of HSA and FSM for developing the framework. She said it would help stakeholders address the health needs of women and children in Pakistan.

At the end of the session, **Dr. Shahzad Ali Khan (HSA)** and **Dr. Aman Ullah (FSM)** thanked the participants for their suggestions and recommendations to improve the framework before it was taken forward to the provinces.

Panelists and Participants

	Name	Designation	Organization
Panelists			
1	Dr. Farid Midhet	Team Leader, DAFFPAK	Palladium
2	Dr. Nabeela Ali	Country Representative	JSI
3	Dr. Yasmin Sabeeh Qazi	Senior Advocacy Consultant	BMFG
4	Dr. Ali M. Mir	Director Programs	Population Council
5	Dr. Atiya Abroo	Deputy Director, RMNCH	Ministry of NHSRC
Participants			
6	Dr. Shahzad Ali Khan	Head of Department, Public Health	HSA
7	Dr. Sherbano Akhtar	Consultant, RMNCH	Ministry of NHSRC
8	Dr. Mumtaz Estar	Technical Advisor	Marie Stopes Society
9	Dr. Nabila Zaka	Associate Professor, MNCH	HSA
10	Dr. Samia Rizwan	Health Specialist, MNCH	UNICEF
11	Dr. Qudsia Uzma	National Professional Officer, RMNCAH	WHO
12	Dr. Zeba Sathar	Country Director, Pakistan	Population Council
13	Dr. Sheh Mureed	Assistant Professor, MNCH	HSA
14	Ms. Nosheen Khawar	Country Liaison Officer	The World Bank
15	Dr. Naila Azam	Professor, Community Medicine	Foundation University, Medical College
16	Dr. Aman Ullah	CEO	FSM
17	Dr. Masood Abbasi	Director	FSM
18	Mr. Ihtasham Akram	Technical Advisor	FSM
19	Ms. Rafia Rauf	Project Director	FSM
20	Mr. Shakeel Yasin	IT Specialist	FSM
21	Ms. Navroza Sher Ali	National Coordinator	FSM
22	Dr. Medhi Maqsood	Provincial Coordinator	FSM
23	Dr. Farhana Shahid	Provincial Coordinator	FSM
24	Ms. Minna Fatima	Provincial Coordinator	FSM
25	Mr. Tahir Abbas	Project Coordinator	FSM



Provincial Consultative Session Punjab

Strategic Framework on Provision of MNCH/RH Services During and Post COVID 19



DATE
August 12, 2020



TIME
11:30am to 1:00pm



Dr. Shuaib Khan
Chief Executive Officer
Punjab Healthcare Commission



Dr. Mushtaq Ahmed
Director CG&OS
Punjab Healthcare Commission



Dr. Haroon J. Khan
Director General
Health Services



Dr. Yasmeen Qazi
Sr. Advocacy Consultant
Bill & Melinda Gates Foundation



Dr. Rubina Sohail
Services Institute of
Medical Sciences



Dr. Muhammad Tayyab
Head of Department
Al-Aleem Medical College



Dr. Shahzad Ali Khan,
Head of Department
of Public Health, HSA

The provincial consultative session for Punjab on the strategic framework for the provision of MNCH/RH services during and post-COVID-19 took place virtually at 11:30 a.m.–1 p.m. on Wednesday, August 12, 2020.

Provincial Consultative Session - Punjab

Dr. Shuaib Khan, CEO, Punjab Healthcare Commission (PHC), formally welcomed the participants and stated that the accessibility and quality of maternal and child healthcare services had to be prioritized in the health system improvement agenda. He congratulated FSM and HSA for their efforts in highlighting the critical interventions required to ameliorate the impacts of COVID-19 on MNCH and related services during and in the aftermath of the pandemic. He said the importance of this initiative had led to PHC's partnership with other organizations.

Dr. Khan reiterated PHC's commitment to promoting policies and guidelines that sought to improve MNCH service delivery, particularly in less-developed districts. He offered PHC's support and assistance in disseminating protocols and practices to promote the safe motherhood agenda, including those advocated for and developed by FSM.

Following these welcome remarks, **Dr. Shahzad Ali Khan (HSA)** began his presentation on the strategic framework with a brief overview of the impact of COVID-19 in Punjab, stating that to date, the province had recorded over 94,000 cases with 2,177 deaths. He said the provincial response had been effective, with the setting-up of isolation centers and the development of guidelines and SOPs to deal with the situation. Dr. Khan noted that their implementation had resulted in the province experiencing a flattening of the curve for new cases. However, the closure of OPDs and the absence of both public and private sector HCPs in Punjab had been compounded by the diversion of resources, which resulted in the cessation of MNCH and RH services during critical months. He said efforts were underway to conduct a study to understand the impact of the absence of MNCH and FP services in the country.

He cited a study conducted by Health Policy Plus in collaboration with Lancet Global Health, which had estimated that the impact of COVID-19 on maternal and newborn health in India, Indonesia, Nigeria, and Pakistan over 12 months could be 766,180 deaths (31,980 maternal deaths, 395,440 newborn deaths, and 338,760 stillbirths), representing a 31% increase in mortality. He said the fact that people in the peripheries and rural areas had to travel to access healthcare services in large urban centers severely restricted their accessibility.

Dr. Khan went on to explain the process that had led to the development of the framework, including the extensive desk research and rigorous consultation process. He emphasized the need for service providers at all levels and in both the public and private sectors to remain engaged in a concerted effort to ensure that MNCH and RH services in the province did not regress any further.

He then laid out the roadmap, including interventions and specific tasks required, and the stakeholders responsible for carrying out those tasks. These included the non-diversion of resources available for MNCH and RH services; the implementation of the MISP; the provision of equipment and supplies to ensure the safe delivery of services by all frontline workers, including doctors, mid-level providers, and community workers; the engagement of community-based organizations and CSOs in emergency response; maintaining an uninterrupted supply of contraceptives; ensuring access to secondary care facilities; and the dissemination of information and educational materials to keep communities informed.

Panel Discussion

Dr. Shuaib Khan (PHC) emphasized the accessibility and quality of MNCH and RH services. He explained that PHC had recently developed minimum service delivery standards (MSDS) for implementation at the midwifery clinics, nursing homes, and family welfare centers of the PWD. He said the implementation of these standards would significantly improve services accessed by low-income

communities and reaffirmed PHC's commitment to providing technical assistance for the implementation of the MSDS.

In addition to these, he reiterated that PHC was committed to supporting all initiatives that led to an improvement in the quality of MNCH services in the province, and was willing to provide assistance, technical or otherwise, for the strategic actions presented by HSA.

Dr. Mushtaq Ahmed, Director, Clinical Governance and Organizational Standards, PHC, began his comments by explaining the role of PHC in the improvement of healthcare services in the province. He stated that PHC had already implemented MSDS for tertiary care hospitals and secondary care facilities that were providing maternal and childcare services, such as ANC and PNC, deliveries, neonatal care, nutritional assessments, etc. These MSDS, he elaborated, required these facilities to meet standards for clinical care developed by the government through development partners like WHO, UNICEF, and UNFPA. In particular, the standards laid emphasis on services being 'well-led', i.e. delivered only by qualified professionals such as gynecologists, neonatologists, and anesthetists. He further explained that while the facilities decided on their own scope of services, PHC ensured that the services being delivered were of acceptable quality.

He went on to state that the recently developed MSDS would apply to facilities in less-developed districts where patients' MNCH and RH needs were met at PWD nursing homes, midwifery clinics, and family welfare clinics. The MSDS stresses service delivery by qualified professionals within the scope approved by their respective councils.

He articulated PHC's commitment to affording protection to patients' rights at these facilities and to incorporating relevant guidelines for this purpose, in particular, FSM guidelines or those of any other relevant organization, for safeguarding the respect and dignity of patients accessing services at these facilities.

Dr. Yasmin Sabeeh Qazi (BMGF) called for the integration of FP into the larger health agenda as a strategic pathway that would bring Punjab closer to desired maternal and child health outcomes. She underscored the importance of declaring FP as an essential service in Punjab, following the example of the Government of Sindh, and urged PHC to make it mandatory for all healthcare facilities to provide contraceptives, not just during the COVID-19 pandemic, but in the post-pandemic period, as well.

She said that population growth had to be recognized as an emergency in Pakistan, referring to UNFPA's projection that five million women in Pakistan would be going through childbirth in the next few months. Dr. Qazi stated that if there was a drop in institutional deliveries because of fears or restrictions associated with the pandemic, and adequate measures were not taken, there would be a simultaneous rise in maternal and infant mortality. She urged Punjab to scale-up efforts to train LHWs and CMWs to deal with this situation.

She added that while the trainings should incorporate SOPs recommended for protection against COVID-19, a rapid scale-up of various trainings for COVID-19 and postpartum and post-abortion FP should constitute a necessary component so that CMWs can counsel women on FP methods. A rise in induced abortion was also expected, according to research by the Population Council, and government policy must adequately address this expectation as it may well contribute to maternal morbidity and mortality. She said an unstinted supply of contraceptives was essential to forestall a rise in unwanted pregnancies.

Dr. Qazi alluded to WHO's 'self-care model' for women, which has clear guidelines for women and could potentially empower them to take better care of themselves. She said that unless a rights-based approach was taken to the delivery of MCH/RH and FP services, improvement would not be achieved, and that providers had to be trained in the approach.

Dr. Qazi noted another alarming consequence of the COVID-19 lockdown—the rise in the number of gender-based and domestic violence cases. She urged policymakers to provide digital platforms for women to seek advice and counseling.

She declared that the highest level of political commitment to the pro-women agenda in Punjab was critical for making any meaningful headway in the improvement of MNCH and FP services.

Dr. Rubina Suhail, Professor of Obstetrics and Gynecology, Services Institute of Medical Sciences (SIMS) began by stating that the government should afford the highest priority to MNCH and FP services, which would mean that even in emergency cases (like a pandemic), funds should not be redistributed from RMNCH-related programs to emergency responses. She said resources routinely allocated to these services were insufficient, as evidenced by the country's high maternal mortality and the low uptake of modern contraceptive services.

She advised that PHC, at the time of certification, should ascertain whether healthcare facilities offering these services were meeting standards, i.e. whether they had arrangements for providing counseling to victims of violence, or whether adequate arrangements were in place for RMC and FP services.

Speaking on the effects of the pandemic, she stated that COVID-19 had increased violence against women, contraception had gone down, the complicated pregnancy rate had increased, and patients were afraid to go to hospitals. In this situation, there was a need to ensure that women at home had access to information and services. She emphasized the importance of the LHW program, stating that it played a vital role in terms of accessibility of information and services, especially for vulnerable rural populations, which comprised a significant portion of Punjab's overall population. Where quality of care had decreased in tertiary healthcare, the situation at local- and village-level health centers was far worse, as at even the best of times, these services were inadequate.

While appreciating the strategic framework, she recommended the inclusion of timelines for the implementation of the framework's strategic actions, adding that PHC's role needed to feature prominently in the document for greater clarity on the regulatory body's role in improving MNCH\RH services.

Dr. Suhail said the government must include the associations of medical professionals—obstetricians, gynecologists, and pediatricians—along with the Pakistan Nursing Council while highlighting the importance of RH services during the pandemic.

Dr. Mohammad Tayyab, Head, Department of Obstetrics and Gynecology, Al-Aleem Medical College, emphasized the importance of the proper dissemination of key policies among professionals leading RMNCH services. He said public sector facilities relied on other resources for guidance or followed individual hospital policies because of the inadequate dissemination of decisions by policymakers. The PHC had a database that included private sector providers, and, therefore, could play a critical role in identifying leading professionals at the district level for the dissemination of public sector policies that could benefit patients. These professionals could act as champions of these policies and take them forward, successfully steering the implementation process.

Mr. Usman Ghani, Health Education Officer, Directorate General, Health Services, spoke on behalf of the Director-General, Health Services. He said RH services were a critical need and should not be compromised in emergencies like the COVID-19 pandemic. Many women belonging to vulnerable groups relied on the public sector for these services. However, the private sector needed to be engaged in the delivery of these services in a more rationalized manner. He said the commercialization of services was contributing to the issue of accessibility, and that both urban and rural areas would require a partnership between public and private sector stakeholders.

Dr. Mohammad Shahzad Sarwar, District Coordinator, Integrated reproductive, maternal, newborn, and child health (IRMNCH), Khanewal, called for greater government support towards ensuring that service providers were properly equipped to ensure the provision of services, including capacity-building measures and the continued provision of supplies.

He said that at the policymaking level, there was no dearth of well-informed and comprehensive documents for dealing with emerging situations, but that the implementation of these policies remained weak, leading to slow improvements in the situation on the ground. He said resources needed to be diverted towards the adequate implementation of policies. Dr. Sarwar concluded by saying that there was a need to invest in awareness-raising programs for communities.

Dr. Shahzad Ali Khan (HSA) then presented the Call for Action on behalf of FSM and HSA for endorsement by the participants.

Concluding Remarks

The session ended with **Dr. Aman Ullah (FSM)** and **Dr. Mushtaq Ahmed (PHC)** thanking the panelists and participants and reiterating their commitment to the advocacy and implementation of policies that would result in the improvement of maternal and child health services in the province.

Panelists and Participants

	Name	Designation	Organization
Panelists			
1	Dr. Shuaib Khan	CEO	PHC
2	Dr. Mushtaq Ahmed	Director	PHC
3	Dr. Muhammad Tayyab	Head, Dept. of Obstetrics and Gynecology	Al-Aleem Medical College
4	Dr. Rubina Suhail	Professor of Gynecology	SIMS
5	Dr. Usman Ghani	Deputy Director	DGHS, Punjab Office
6	Dr. M. Shahzad Sarwar	District Coordinator, IRMNCH	IRMNCH, Khanewal
7	Dr. Yasmin Sabeeh Qazi	Senior Advocacy Consultant	BMGF
Participants			
8	Dr. Majid Latif	Deputy Director	PHC
9	Sarfraz Hussain Kazmi	Regional Director, Punjab	Rahnuma - FPAP
10	Dr. Ruksana Hamid	Course Coordinator, MNCH	Institute of Public Health
11	Ms. Afshan Tahir	Deputy Director (Technical)	Directorate General, PWD
12	Mr. Ashraf Nizami	President	Pakistan Medical Association
13	Dr. Tariq Mehmood Mian	President	Pakistan Association of Family Physicians
14	Mr. Usman Ghani	Health Education Officer	Directorate General, Health Services
15	Dr. M. Shahzad Sarwar	District Coordinator, IRMNCH	IRMNCH, Khanewal
16	Mr. Jawad Mansoor	Head of Programs, Punjab	Green Star Social Marketing
17	Dr. Aman Ullah	CEO	FSM
18	Dr. Shahzad Ali Khan	Head of Department of Public Health	HSA
19	Dr. Farrakh Alvi	Biochemist, Nutrition and Dietetics	Institute of Public Health
20	Ms. Naila Shahid	Health Officer, MNCH and HIV	UNICEF, Punjab
21	Mr. Ghazunfar Abbass	Health expert	
22	Mr. Fawad Shamim	Health expert	
23	Dr. Rukhsana Hameed	Addl. Principal, Women Medical Officer	Institute of Public Health
24	Ms. Fareeha Irfan	Public Health Specialist	Policy and Strategic Planning Unit, Punjab
25	Mr. Khurram Khan	Health expert	
26	Dr. Masood Abbasi	Director	FSM
27	Mr. Ihtasham Akram	Technical Advisor	FSM
28	Mr. Shakeel Yasin	IT Specialist	FSM
29	Ms. Navroza Sher Ali	National Coordinator	FSM
30	Dr. Medhi Maqsood	Provincial Coordinator	FSM
31	Ms. Rafia Rauf	Project Director	FSM
32	Ms. Minaa Fatima	Provincial Coordinator	FSM
33	Mr. Tahir Abbas	Project Coordinator	FSM

Research & Development
FORUM for
Safe Motherhood Private Limited



Provincial Consultative Session Sindh

Strategic Framework on Provision of MNCH/RH Services During and Post COVID 19



DATE
August 12, 2020



TIME
03:00pm to 4:00pm



Dr. Talib Lashari
Technical Advisor
CIP/PWD



Mr. Moosa Qazi
Deputy Director (HE)
DGHS Sindh



Dr. Zulfiqar Dharejo
Deputy Director Health
DDGHS/RMNCH



Dr. Hanif Memon
District Health Officer,
Thatta



Dr. Azra Ahsan
Vice President
NCMNH



Dr. Haleema Yasmeen
Secretary General
JPMC/SOGP



Dr. Yasmeen Qazi
Sr. Advocacy Consultant
Bill & Melinda Gates Foundation

The provincial consultative session for Sindh on the strategic framework for the provision of MNCH/RH services during and post-COVID-19 took place virtually at 3–4 p.m. on Wednesday, August 12, 2020.

Provincial Consultative Session - Sindh

Dr. Farhana Shahid, FSM, formally welcomed the participants of the session and briefed them on its purpose and objectives.

Following this, **Dr. Shahzad Ali Khan (HSA)** presented the framework. At the very outset, he cited a recently published paper in *Lancet Global Health*, according to which there will be a 31% increase in deaths in four countries, India, Indonesia, Nigeria, and Pakistan if MNCH services are not streamlined in the next six months. He said the pandemic could negatively affect health outcomes, and specifically, the maternal and infant mortality rate, due to the deteriorating availability and accessibility of already limited health services. Explaining the process of framework development, Dr. Khan stated that all guidelines and protocols developed by the federal and provincial governments, as well by global guidelines, had been reviewed to avoid redundancy and information repetition. In addition to this, interviews with experts were conducted to inform the policy actions suggested in the framework. Highlighting the salient features of the framework, he said that it was essential to maintain the continuity of MNCH services to prevent maternal mortalities and morbidities. He stressed that there was an immense need to explore short- and long-term policy actions, as well as localized and practical solutions. Speaking about specific actions, he pointed out that the provision of PPE and other safety materials was extremely important to ensure the safety of frontline health workers. He emphasized the need for capacity building interventions for health staff working on MNCH/RH services, saying that such trainings should focus on COVID-19-related SOPs and protocols. The fact that this would help mitigate stigma and discrimination associated with COVID-19 was also highlighted. Dr. Khan also suggested that a BCC campaign be initiated to build the knowledge of communities to arrest fears and myths surrounding COVID-19.

Panelists' Comments

Dr. Talib Lashari, Technical Advisor, CIP/PWD, Sindh, highlighted the various initiatives that the Government of Sindh had taken during the COVID-19 emergency. He said that since March 2020, RH/FP guidelines during COVID-19 had been developed and distributed jointly by the Department of Health (DoH) and PWD with the support of partners. These guidelines were updated in May 2020 as per a Government of Pakistan advisory, and a recent revision in RH/FP guidelines had been made, which would soon be launched.

He further mentioned that a number of policy initiatives had been taken up by the Government of Sindh. A Reproductive Health Act had been approved in which women's RMNCH and FP rights were being safeguarded. Under the Act, HCPs, health facilities, and local authorities are obligated to protect the RH rights of women in their vicinity. The implementation plan of the Reproductive Health Act is currently being finalized. Furthermore, pre-marital counseling legislation has also been approved.

Dr. Lashari also emphasized the role of telehealth and telemedicine, and said that helplines connect providers to patients, which is of critical importance in emergency situations. He said a law on telehealth had also been drafted and was under the process of approval in the Law Department.

Dr. Azra Ahsan, Vice President, National Committee for Maternal, Newborn, and Child Health (NCMNH), emphasized the importance of RMC. She said it was the greatest challenge, especially during COVID-19—although RMC is not even practiced during routine service provision. During March–April 2020, FP services were greatly affected in health facilities. She stressed standardized training curricula, PPE availability, and disposable protective barriers for health providers so that they can provide services without fear.

She said NCMNH had initiated RH telemedicine helplines that operated during working hours (except Sundays), saying callers could receive expert opinions in real-time.

Professor Dr. Haleema Yasmeen, Vice President, Society for Obstetricians and Gynecology (SOGP), mentioned SOGP's activities and its role in training HCPs through webinars during the COVID-19 crisis. She said the role of social media had increased during the pandemic, and SOGP was leveraging it to disseminate COVID-19-related messages.

Dr. Yasmin Sabeeh Qazi (BMGF) stressed the need for the Sindh Healthcare Commission (SHCC) to ensure that all health facilities were providing FP services and that contraceptives were available in their outlets, not just during COVID-19, but in all situations, as Pakistan's exploding population is an ongoing crisis.

She said there had been a 40% drop in institutional delivery because women feared visiting facilities for delivery and that doctors were fearful of accepting such patients, which was leading to an acute rise in home deliveries. She further added that to deal with this situation, the Government of Sindh should scale-up CMW training. A rapid scale-up of various trainings, e.g., on COVID-19 SOPs, must include a strong section on post-pregnancy FP, which also includes post-abortion FP, so that CMWs can counsel women on FP methods.

Dr. Yasmeen said that the integration of vertical programs such as RMNCH was a great initiative of the Government of Sindh and would help streamline resources. She also praised the government for approving the RH bill, saying it must now prepare an implementation plan.

She also spoke about the 'women self-care model,' which empowers women to take better care of themselves. This model provides clear guidelines for women to make decisions irrespective of the crisis of the time. Also, Sindh has recently launched a post-abortion care and post-abortion FP policy, which is a great strength of the public sector. She said women dying from abortions was a system failure.

Dr. Yasmeen said the focus of the country's youth was also important as they too harbor myths and misconceptions about RMNCH. Telehealth could be a great medium for young people to pick up a phone and seek advice from experts. Most importantly, she said how we convert the strategy into action is of prime importance.

Participants' Remarks

Dr. Ayaz Soomro, Provincial Health and Nutrition Officer, UNICEF, Sindh, said MNCH services were severely affected by COVID-19, and that UNICEF had partnered with the government from the beginning to try resuming MNCH services.

He pointed out that although there were a number of policy initiatives at the government level, implementation was still lacking. He said there was a need to examine the implementation of policies at the district and sub-district level. Dr. Soomro added that the biggest opportunity in hand was the integration of RMNCH programs, which had shifted to the non-development sector, and that development partners and donors must work with the government to strengthen RMNCH work.

He supported the idea of telemedicine/helplines as they served a vital function in the current situation where patients are reluctant to visit health facilities, especially women with limited facilities. Dr. Soomro specifically mentioned the need for HCP training in the provision of quality services and respectful environments for women.

Concluding Remarks

In his concluding remarks, **Dr. Aman Ullah (FSM)** thanked the participants. He also appreciated the Government of Sindh for its proactive steps, and for being open to the reform process.

He said the Government of Sindh was creating impact by focusing on peri-urban areas and adopting a holistic approach to the RMNCH and FP landscapes through education and water, sanitation, and hygiene (WASH).

Appreciating the efforts of various organizations, he emphasized coordination among all stakeholders to achieve improved MNCH.

Panelists and Participants

	Name	Designation	Organization
Panelists			
1	Dr. Talib Lashari	Technical Advisor, CIP-PWD/Focal Person, FP2020	PWD, Sindh
2	Mr. Ayaz Soomro	Health Specialist	UNICEF
3	Dr. Azra Ahsan	Vice President	NCMNH
4	Dr. Yasmin Sabeeh Qazi	Senior Advocacy Consultant	BMGF
5	Dr. Haleema Yasmeen	Secretary General	SOGP
Participants			
6	Dr. Aman Ullah	CEO	FSM
7	Dr. Shahzad Ali Khan	Head of Department of Public Health	HSA
8	Dr. Marium	Representative	NCMNH
9	Dr. Nafeesa Bano	Representative	Pathfinder
10	Dr. Aleya Ali	Representative	NCMNH
11	Mr. Abdul Waheed Shaikh	Representative	DHO Office, Thatta
12	Dr. Laila Shah	Representative	Jhpiego
13	Mr. Shakeel Ahmed	District Education Officer	District Thatta
14	Dr. Sadiya Pal	Obstetrician	SOGP
15	Dr. Farhana Memon	Acting CEO	SHCC
16	Ms. Rafia Rauf	Project Director	FSM
17	Mr. Shakeel Yasin	IT Specialist	FSM
18	Ms. Navroza Sher Ali	National Coordinator	FSM
19	Dr. Medhi Maqsood	Provincial Coordinator	FSM
20	Dr. Farhana Shahid	Provincial Coordinator	FSM
21	Ms. Minna Fatima	Provincial Coordinator	FSM
22	Mr. Tahir Abbas	Project Coordinator	FSM

Research & Development
FORUM for
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Provincial Consultative Session

Strategic Framework on Provision of MNCH/RH Services During and Post COVID 19



DATE
August 17, 2020



TIME
12:00 Noon to 1:00pm

Panelists

1. **Prof Dr. Zia Ul Haq**
Vice chancellor
Khyber Medical
University

2. **Dr. Janbaz Afridi**
MD
Health Foundation KP

3. **Prof Dr. Saima Abid**
President
Public Health
Association KP

4. **Dr. Shareef Ahmad
Khan**
EX DG
Health KP

5. **Dr. Saeed Akbar Khan**
Operations Officer
WHO KP

6. **Dr. Maqsood Ali**
CEO
KP Healthcare
Commission

7. **Dr Sarfaraz Khan
Afridi**
Advisor
WHO-EPI

The provincial consultative session for KP on the strategic framework for the provision of MNCH/RH services during and post-COVID-19 took place virtually at 12–1 p.m. on Monday, August 17, 2020.

Provincial Consultative Session - KP

The consultation began with the recitation of the Holy Quran, after which **Dr. Mehdi Maqsood, Provincial Coordinator, FSM**, welcomed the participants and briefly explained the purpose of the consultation.

He informed the participants that the consultation marked a milestone in a journey that began in April of this year when FSM convened a meeting of key MNCH and FP stakeholders in Pakistan. This meeting focused on key challenges and the way forward for delivering MNCH and FP services with respect and dignity in the COVID-19 environment.

Furthermore, he said that a framework had been developed in line with experts' recommendations and joined policymakers' attention for restoring MNCH and FP services, and which was being shared with KP policymakers in this consultation. This framework had been developed by HSA through extensive desk research, in-depth interviews, and consultations with national and provincial stakeholders. It focused on challenges and the way forward for ensuring uninterrupted delivery of MNCH and FP services during and post-COVID-19. It was shared at the national level to bring together a wide group of stakeholders and to increase ways to support the safe motherhood agenda.

Dr. Maqsood further added that the goal of presenting this framework to policymakers was to highlight the need to ensure the availability of MNCH and FP services during the pandemic and paving the way for pro-women and MNCH/FP policies at the provincial level.

The consultation then proceeded with **Dr. Shahzad Ali Khan's (HSA)** presentation. He gave a brief overview of the COVID-19 situation in KP, saying that 35,215 cases had been recorded with 1,239 deaths and 32,450 recoveries. Like other provinces, KP immediately took steps, developing guidelines, an action plan, and SOPs to deal with the situation. Currently, the COVID-19 curve of infections is flattening, but initially, MNCH and RH services were halted due to the closure of OPDs and the absence of HCPs at facilities, among other reasons.

Dr. Khan explained the severity of the pandemic's impact by sharing the results of a study recently published by Lancet Global Health, which estimated the impact of COVID-19 on MNCH services in four countries—Nigeria, Indonesia, Pakistan, and India. It stated that in six months, a 45% reduction in services was expected to result in 56,700 maternal and 1,157,000 children deaths. These figures represent a 9.8–45% increase in under-five deaths per month, a 9–39% increase in maternal mortalities per month, 395,440 newborn deaths, and 338,760 stillbirths across the four countries. This corresponds to an overall 31% increase in mortality.

Discussing the effects of COVID-19 on RMNCH services, Dr. Khan said the pandemic decreased the availability and accessibility of already scarce resources in KP. While authorities already placed low importance on RMNCH services in Pakistan, COVID-19 pushed it further down the priority list. He added that available resources—HR, financial, infrastructure, logistic, supplies—were diverted to respond to COVID-19 due to which RMNCH was the first to suffer. This resulted in a lack of service provision and an increased lack of confidence in the continuity of care in the public sector.

Dr. Khan said that limited situation analysis had been done in Pakistan on the impact of COVID-19 on RMNCH. He said it had affected all levels of healthcare, including primary, secondary, and tertiary, and across both the private and public sectors, while also affecting traditional and modern healthcare methods.

Dr. Khan told the participants that a list of national and provincial guidelines that cater to MNCH had been reviewed and were found to lack action, and that the biggest challenge after formulating the guidelines was

their effective implementation. After several meetings, various consultations, and in-depth interviews with MNCH, RH, and FP champions, a strategic framework/action statement was formulated which was needed for the provision of RMCH/RH services during the COVID-19 pandemic.

The models of service provision include the government, first, because it is ultimately the government's responsibility to ensure the provision of RMNCH-N services. Dr. Khan elaborated on the strategic actions needed, the responsible authority for undertaking these actions, and the specific tasks to be performed under each one.

Panelists' Comments

Professor Dr. Saima Abid, President of KP's Public Health Association, told the participants that the COVID-19 situation was very uncertain and that while the peak had passed, a second surge in cases was possible. She said it could not be claimed that the COVID-19 situation had been completely resolved. COVID-19 has significantly affected MNCH, and it is important to focus on issues like immunization, ANC, and breastfeeding, she said.

Dr. Abid said that when the crisis started, the Public Health Association had been working on mother and child health issues. The Association commemorated a vaccination week to spread awareness on the importance of vaccination. At the provincial level, it held advocacy meetings with the Minister of Health, the Secretary of Health, and the Director-General of Health to ensure continued vaccination services. The Association also advocated ANC, which had been affected as the mobility of women decreased due to COVID-19. Since a lack of ANC services caused an increase in infant and maternal mortality, they ensured that diseases with available immunization did not re-occur.

Highlighting the role of telemedicine, Dr. Abid said it was extremely important to reach out and facilitate mothers who do not visit hospitals, especially during COVID-19. The Association provided awareness to these women regarding risk communication, infection prevention, diarrhea, measles prevention, and COVID-19-related ANC. She added that with the help of KPHCC and WHO, some 300 private sector HCPs had been trained in infection prevention.

According to Dr. Abid, advocacy efforts needed to be continued at the national level to ensure the provision of services. Along with MNCH/FP and nutrition services, Expanded Programme on Immunisation (EPI) services also need to be integrated. She concluded her speech by saying that it was important to include domestic violence and special training in COVID-19 while responding to the pandemic.

Dr. Janbaz Afridi, MD of KP's Health Foundation, believed that threats are always opportunities to learn something new. He said that COVID-19 had greatly affected the economy, MNCH services, other health services, and the lives of ordinary people. Health services were already unavailable in large cities, so the situation in the peripheries where services are lacking even in normal situations, is considered to be even worse.

He suggested the government take the lead by developing policies to ensure safe motherhood. There should be a focus on spreading awareness about safe motherhood not just to women, but to the entire family. To spread awareness, safe motherhood should be made a part of the curriculum to create a long term and positive impact. Dr. Afridi shared with the participants that since most of the population resides in rural areas, the government should ensure the availability and accessibility of basic services in far-flung areas where people lack basic infrastructure, including health facilities. There should be short-, medium-, and long-term programs to ensure the availability of these services.

Dr. Afridi concluded his speech by emphasizing the importance of learning from crises like COVID-19 and then planning accordingly so that in the future, basic services like MNCH were not compromised.

Professor Dr. Zia-ul-Haq, Vice-chancellor of KMU, shared his remarks about the response of the health system, which, he believed, was reactionary when the pandemic hit Pakistan. He said that the pandemic was too large for any country's system to handle, and emphasized that there was a need to build a system that could tackle such pandemics. According to him, further discussions on the country's ability to respond to such crises were ongoing.

Moreover, Dr. Haq pointed out that the public health system in Pakistan was extremely poor. He said there was a heavy reliance on the health department where only a single room is allotted to the public health department while authoritarian powers rest with the Health Secretariat. Public health experts are only tasked with the execution of orders—they are not given the role of policymaking. He said there should be a public health authority that should work across all levels and have authority beyond the DoH. He reiterated that in the current scenario, public health experts are the implementers, not the policymakers. Therefore, there was a need to strengthen the public health authority and improve its availability across all levels. Dr. Haq concluded his remarks by saying that this was the time to listen, learn, and mobilize public health people, and that KMU was best-placed to offer its platform for such collaboration.

Dr. Shareef Ahmed Khan, former Director-General of Health, KP, said that the generated data did not depict a true picture as the cases reported were only from public sector hospitals. Most of the cases were handled by private sector professionals. Moreover, communities residing in rural areas did not have recorded data on COVID-19 cases.

He said policies on vulnerable groups like mothers and children had existed since 1980, but they lacked integrated implementation. He said the strengthening of services and training was particularly important through one comprehensive authority to ensure uniformity.

Dr. Khan pointed out that MNCH services were at a standstill due to COVID-19, and to improve them, there was a need to work together on existing policies. Moreover, he said that current data was not representative of the population due to the lack of a strong surveillance system. He believed that there was a difference between the data at different levels of health service provision and, therefore, a referral system was required to obtain uniform data.

Professor Dr. Lubna Hassan, Senior Gynecologist, said that one of the key components of public health was communication, which the current system lacked. She said there was a need to be aware of ground realities and the situation before COVID-19 to cater to the pandemic. Women did not visit facilities even before COVID-19, so they were likely suffering as maternal death had never been given importance in Pakistan.

Dr. Hassan said that considering the effects of COVID-19, there was a need to focus on deprived areas where services were not available even before the pandemic. She told the participants that a resolution was passed on maternal death surveillance in the last Assembly to report every maternal death. If these things had already been in place, there would not have been a data gap. She pointed out that there was a weak reference system which needed to be strengthened.

Furthermore, Dr. Hassan addressed the importance of telemedicine, saying it was recommended by national and international organizations. She said mobility had always been an issue for women even before COVID-19. Most women today have access to mobile phones, and so telemedicine, if properly institutionalized for training and consultation, could go a long way.

She reiterated that when COVID-19 started, gynecology departments were the most severely affected as far as human resources were concerned. Nurses and doctors were affected due to interaction with patients. According to Dr. Hassan, the principle of public health needed to be followed until there was a treatment or vaccination for COVID-19.

Dr. Maqsood Ali, CEO, Healthcare Commission, KP, briefed the participants about the various initiatives the Commission had taken. He said it had undertaken a comprehensive survey of laboratories in KP, and unfortunately, none of them met WHO quality standards. Just nine laboratories had the capacity to perform polymerase chain reaction (PCR) tests, and five could upgrade their systems—HR, equipment, and infrastructure—to be able to perform the required COVID-19 tests.

Over time, KPHCC had improved the quality of services to facilitate people. It ensured compliance with SOPs by all entities of the private sector. One of the problems was compliance with SOPs at the periphery level, where it was negligible. He pointed out that to date, they did not have a minimum standard of service delivery, which needed to be established in KP. Dr. Ali said the Commission was taking this responsibility and would start implementing such standards in KP by the end of the year. The standards for maternal and child health would be included in the package, as well. He emphasized the role of HSA and FSM, and the importance of them working with KPHCC. Dr. Ali concluded his remarks by saying that KPHCC could develop a way forward on the implementation of the minimum standards of service delivery.

Question and Answer Session

Dr. Durdana Poonam, CEO, Khudi Pakistan, highlighted an important point of integrating issues like HIV/AIDS awareness and safe blood transfusion practices in KP's health programs. She said tuberculosis and malaria were prevalent in Pakistan and should be kept integrated with programs that are developed. She also said that referral systems, quality care, and surveillance systems were interlinked and must be given due importance.

Concluding Remarks

This was followed by **Dr. Saima Abid's (KP Public Health Association)** concluding remarks who shared participants' feedback and appreciated the efforts of HSA and FSM in developing the framework. She said it would help all stakeholders address the health needs of women and children in Pakistan.

Dr. Aman Ullah (FSM) thanked the participants and said that session feedback and comments would be included in the session report, and that the strategic framework would be modified accordingly.

Moreover, he emphasized the need to strengthen routine services to increase the capacity of service providers and facilities. He said that in emergencies like floods, earthquakes, and terrorism, the first responders are usually health and medical staff, so it was important to invest in them. In the end, Dr. Aman Ullah thanked the participants for their suggestions and recommendations.

Panelists and Participants

	Name	Designation	Organization
Panelists			
1	Dr. Maqsood Ali	CEO	KPHCC
2	Dr. Janbaz Afridi	Managing Director	Health Foundation, KP
3	Dr. Saima Abid	President	Public Health Association, KP
4	Dr. Lubna Hassan	Professor	KMU
5	Dr. M. Shareef Khan	Ex-DGHS, KP	Public health expert and freelance consultant
6	Dr. Zia ul Haq	Vice-chancellor	KMU
Participants			
7	Dr. Durdana Punum	CEO	Khudi Organization
8	Dr. Aman Ullah	CEO	FSM
9	Dr. Shahzad Ali Khan	Head of Department of Public Health	HSA
10	Mr. Ihtasham Akram	Technical Advisor	FSM
11	Mr. Shakeel Yasin	IT Specialist	FSM
12	Ms. Navroza Sher Ali	National Coordinator	FSM
13	Dr. Mehdi Maqsood	Provincial Coordinator	FSM
14	Ms. Rafia Rauf	Project Director	FSM
15	Ms. Minna Fatima	Provincial Coordinator	FSM
16	Mr. Tahir Abbas	Project Coordinator	FSM
17	Dr. Farhana Shahid	Provincial Coordinator	FSM

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Forum for Safe Motherhood

203, Second Floor, Gulistan Khan House, Fazl-e-Haq Road
Blue Area, G-6/2, Islamabad 44000, Pakistan

www.fsm.org.pk | info@fsm.org.pk | +92 51 848 4203