

パキスタン国
母子保健プロジェクト
巡回指導調査団報告書

平成 12 年 1 月

国 際 協 力 事 業 団
医 療 協 力 部

序 文

パキスタン国母子保健プロジェクトは1996年6月15日から5年間の協力期間において、母性保健のための人材育成を通じて、パキスタンの妊産婦死亡の減少に貢献することを目的として協力が開始されました。

このたび、協力開始後3年の時点でこれまでの活動内容を確認し、本プロジェクトのかかわる専門家とカウンターパートに必要な助言をし、また本プロジェクト当初の目標を達成するため、国際協力事業団は、平成12年1月13日から1月15日までの日程で、国際協力事業団医療協力部計画課橋口道代課長代理を団長とし、巡回指導調査団を派遣しました。

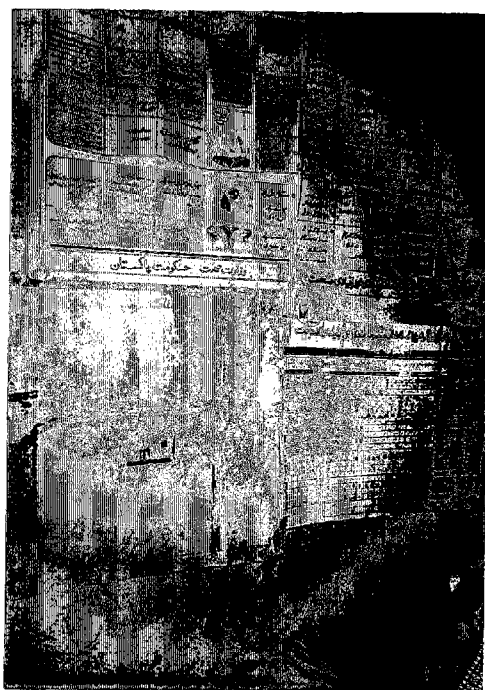
本報告書は、上記調査団の調査結果を取りまとめたものです。ここに本調査にご協力を賜りました関係各位に深甚なる謝意を表します。

平成12年1月

国際協力事業団
理事 阿部英樹



LHVの活動現場視察

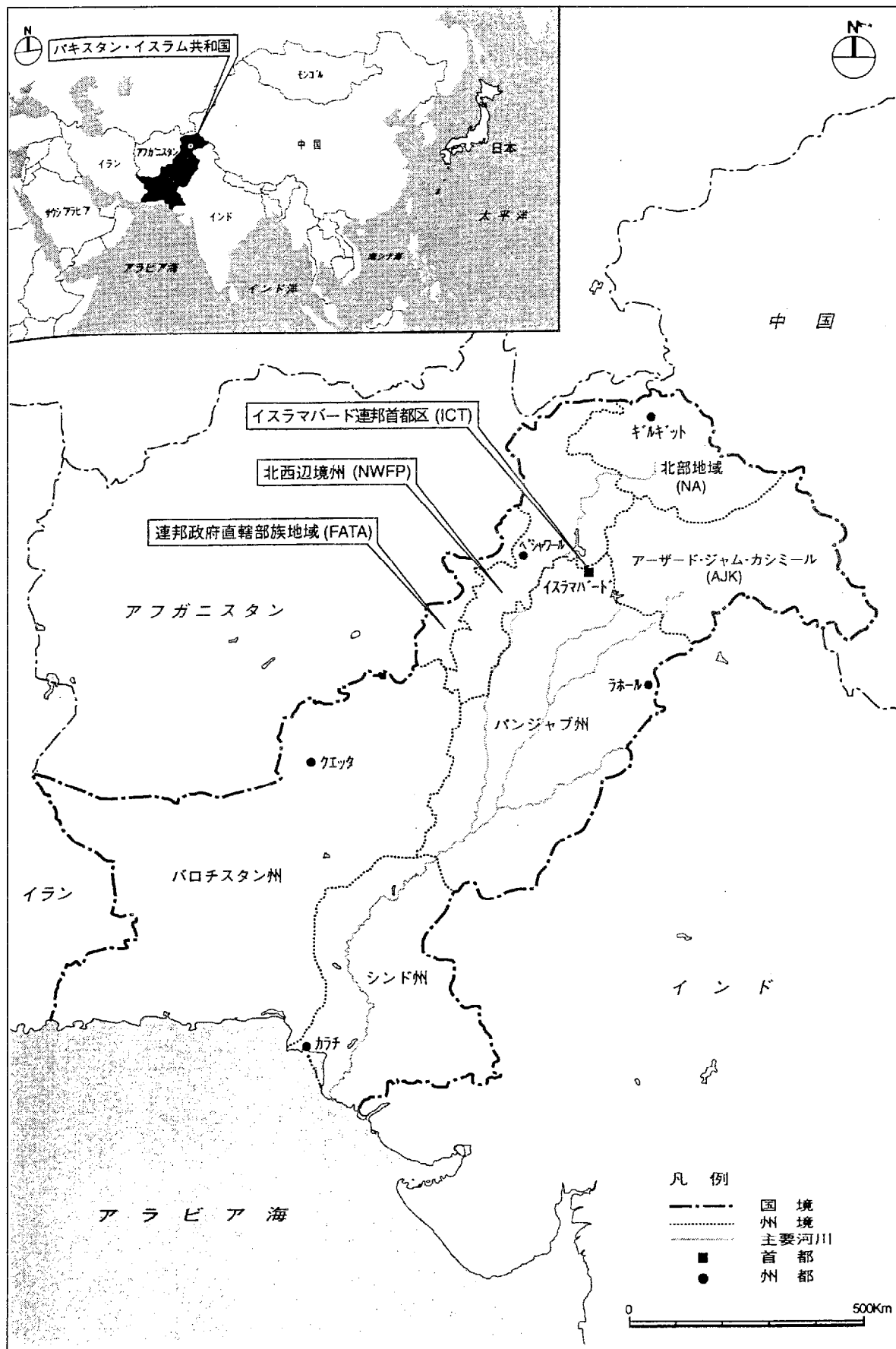


LHVの使用している性教育教材



合同委員会

地図：パキスタン・イスラム共和国



目 次

序 文

写 真

地 図

1 .巡回指導調査団派遣	1
1 - 1 調査団派遣の経緯と目的	1
1 - 2 調査団の構成	1
1 - 3 調査日程	2
1 - 4 主要面談者	2
2 .調査概要	4
2 - 1 プロジェクト運営上の問題、課題について	4
2 - 2 プロジェクト進捗状況の確認と活動現場の視察	4
2 - 3 指導内容	5
3 .期待されるプロジェクトの成果	6
3 - 1 母子保健に関する情報整備体制の確立	6
3 - 2 MCH センターの確立	7
3 - 3 ICT 地区におけるレファラルシステムモデルの確立	10
附属資料	
ミニッツ	15
プロジェクト活動報告書	17
その他収集資料	57

1. 巡回指導調査団派遣

1 - 1 調査団派遣の経緯と目的

パキスタン・イスラム共和国(以下、パキスタン)では高い妊産婦死亡(10万出生中500人)にみられるように、母親の健康状態は劣悪であると同時に、女性の社会的地位、教育水準が低く、とりわけ女性への保健医療対策が立ち遅れている現状にある。パキスタン政府はこの状況の改善のため、わが国に対し、無償資金協力による第三次医療を目的とする母子保健センター(MCHセンター)の建設および同施設を使つての技術協力を要請してきた。

その後の累次にわたるJICA専門家(母子保健)の派遣により、女性医療従事者の不足、レファラルシステムの不在が明らかになり、訪問看護婦(Lady Health Visitor:LHV) 伝統的産婆(TBA)等母性にかかわる医療従事者の質の改善が急務であることが確認された。さらにその後の数次にわたる調査団派遣によって、LHV等を対象として母性保護向上のための基礎的な再教育を行うプロジェクト方式技術協力を1996年6月15日に開始した。

プロジェクト開始後には、産婦人科、助産看護、栄養など母子保健分野の長・短期専門家派遣、研修員受入れ、機材供与などを通して技術協力を行っている。

今般の巡回指導調査団は、プロジェクトの進捗確認を行うとともに、パキスタン側カウンターパートおよび専門家チームなどプロジェクト関係者と意見交換を行い、プロジェクト運営上の課題、問題点の把握を行うこと、ならびに対応方針を固めることを目的として派遣された。

1 - 2 調査団の構成

担当		氏名	所 属
団長	総 括	橋口 道代	国際協力事業団医療協力部計画課課長代理
団員	協力計画	斉藤 理子	国際協力事業団医療協力部医療協力第一課職員

1-3 調査日程（調査期間：2000年1月13日（木）～1月15日（土））

日順	月 日	曜日	移動および業務
1	1月13日	木	移動 15:55 バンコク着(JL717)
2	1月14日	金	移動 00:40 バンコク発→05:20 イスラマバード着(PK889) 午前 JICA事務所、プロジェクト関係者(専門家、調整員) 打合せ 午後 巡回指導にかかる会議
3	1月15日	土	午前 MCHセンターなど見学 午後 取り決め事項確認(主な事項はチーフリーダー不在の対処方針) 移動 19:00 イスラマバード発→20:50 カラチ着(PK309) 移動 23:59 カラチ発→
4	1月16日	日	→06:35 バンコク着(TG502) 移動 10:05 バンコク発→10:45 ヤンゴン着(UB226)

1-4 主要面談者

(1) パキスタン側関係者

1) Ministry of Health (MOH)

Mr. Ijaz Rahim	Secretary Health
Dr. Fahim Arshad Malik	Deputy Director General Health
Dr. Zahid Larik	National Coordinator, PM Programme
Mr. M. J. Iqbal Qureshi	Section Officer (Budget)

2) Pakistan Institute of Medical Sciences (PIMS)

Prof. Azhar Mahmood Qureshi	Executive Director / Project Director (MCH)
Prof. Ghazala Mahmud	Head of Department of Gynae / Obs, Manager Training (MCH), MCH Centre
Dr. Syeda Batool Mazhar	Associate Professor, Department of Gynae / Obs, MCH Centre
Dr. Ijaz Qadeer	Deputy Director, MCH Centre
Dr. Mahmood Jamal	Associate Professor of Neonatology, Children Hospital
Dr. Mohsina Sultana	Medical Officer / Counterpart to MCH Project, MCH Centre
Dr. Kausar Iqbal	Medical Officer / Counterpart to MCH Project, MCH Centre

Dr. Naila Israr	Medical Officer / Counterpart to MCH Project, MCH Centre
Ms. Mumtaz Begum	Nursing Superintendent, Children Hospital
Ms. Humaira Khushnood	Nursing Supervisor, MCH Centre
Mr. Allah Rakha	Incharge Statistical Department, MCH Centre
Ms. Rubina Danial	Charge Nurse, MCH Centre
Ms. Anis Fatima	Charge Nurse, MCH Centre
Ms. Nilofer Ghani	Charge Nurse, MCH Centre
Mr. Muhammad Razzaq	Senior Accounts Officer
Mr. Mehboob Ali Rajpar	Accounts Officer, MCH Centre
Mr. Gulzar Shah	Dealing Official (MCH Project Correspondence), MCH Centre

(2) 日本側関係者

1) 在パキスタン日本国大使館

岩藤 俊幸	参事官
渡辺 史郎	一等書記官

2) JICA パキスタン事務所

中原 正孝	所長
永友 紀章	次長
竹内 和樹	所員

2. 調査概要

パキスタン国母子保健プロジェクト3年目の時点での巡回指導調査団の調査内容、項目は以下のとおりである。

2 - 1 プロジェクト運営上の問題、課題について

- (1) チーフアドバイザー不在の間のプロジェクト運営体制
 - (2) MCH センターの要員の拡充(特にトレーニングコーディネーターの早急な配置)
 - (3) 同センターの自立に向けての予算確保
- (2)と(3)については、特にプロジェクト専門家チームより問題点としてあげられた。

2 - 2 プロジェクト進捗状況の確認と活動現場の視察

調査団は3日間という短期間のなか、1月14日と15日の両日、保健省、プロジェクト関係者等と協議を行った。上記調査内容、項目について議論し、以下の内容について議事録(ミニッツ)を結んだ。

(1) プロジェクトの進捗状況について

プロジェクトディレクターをはじめとして、各分野のカウンターパートよりプロジェクト活動の進捗状況について説明を受けた。チームリーダー不在のなか、レファラルシステム確立に向けての活動が遅滞している模様。また、先方よりは、プロジェクトの終了後も含めた今後の方向性を検討するための必要な措置(調査団派遣等)についての言及があった。

(2) 新チームリーダーの派遣について

調査団よりチームリーダーの派遣見通しについて説明したところ、先方よりプロジェクトの残り期間を円滑に実施するため、新リーダーに対するブリーフィング等、事前準備に配慮が依頼があった。

(3) スタッフの配置について

MCH センターのスタッフ採用が遅延しており、プロジェクトの円滑な実施のためには迅速な採用が必要である旨、調査団より申し入れた。これに対して先方からは、すでに採用を開始している旨の回答があった。プロジェクト活動にとって特に重要なトレーニングコーディネーターの採用についても、今後2～3カ月で採用が可能である旨の説明があった。

(4) 予算措置について

調査団よりプロジェクトの円滑な運営や自立発展のためにパキスタン側での予算措置(予算獲得ならびにトレーニングセンターへの予算配分)について申し入れたところ、プロジェクト活動に必要な予算を措置する旨の回答があった。

なお(1)に関し、本プロジェクト終了後(2001年6月)の対応について、日本側(在パキスタン日本国大使館、JICA 事務所)およびパキスタン側とも何らかの形で継続を要望しているが、現行プロジェクトの評価を踏まえたうえでの検討が必要であり、チームリーダー着任後、調査団もしくは専門家チームの派遣が必要と考える。

また、パキスタン政府内部での手続きに時間を要するため¹(新規案件、延長の場合でも)調査団の派遣時期決定に際しては留意する必要がある。

2 - 3 指導内容

日本側のとるべき対応策

トレーニングを積んだ地域保健医療従事者たちが、地域に戻って活動しやすい環境および学習したことを生かせる場をつくろうと、イスラマバード連邦首都区(ICT 地区)におけるレファラルシステムモデルづくりの活動が展開している。しかしながら、リーダーの不在により、その活動も停滞気味であることなどから、調査団としては早急なリーダー派遣を約束した。

保健省のとるべき対応策

一方、保健省側は、MCH センターのアシスタントコーディネータ - 配置および MCH センター要員の拡充にひどい遅れをみせており、こうしたことがプロジェクト運営に支障を来すため、調査団のほうから指導した。回答は、2000 年 4 ~ 5 月ごろまでには実行するというものだった。

また、上記 MCH センターは、いずれパキスタン側による全面的運営を期待したいところから、その自立に向けての運営予算を確保するよう要請した。

¹ PC1(=事業実施計画書) 新規プロジェクトまたはパキスタン側ローカルコスト負担が必要な場合の延長に必要

3.期待されるプロジェクトの成果

3 - 1 母子保健に関する情報整備体制の確立

調査活動については、おおむね終了している。(1)から(4)の調査結果を反映させ、現場のニーズに合ったトレーニング活動を実施することと、都市部に生活する医師・看護婦たちが農村の現状を把握し、同プロジェクトの重要性を認識し、当事者意識をもつことを目的として実施された。

- ・(1)から(4)の調査の分析はすでに終了し、1999年11月に正式報告書が出され、UNDPのWID基金によるワークショップ(1999年11月23～25日開催)の場において、結果報告がなされた。
- ・同調査の結果は、トレーニング活動の計画・実施、教材作製、アウトリーチ活動に反映されている。
- ・カウンターパートは、自分たちが農村に入り、調査を自ら実施することによって、状況をより具体的に理解できたといえる。この調査によって医師たちが、地域活動を実施することの重要性を理解したといえる。
- ・保健医療情報整備能力については、MCHセンターの外来患者の情報収集は、定期的に行われるようになった。しかし、収集された情報を目的に応じて分析するというような能力は、いまだ確立しておらず、今後付加していく必要がある。活動地域の拡大計画に向けて、対象地域の母子保健関連調査を実施する意向はあるようだが、実施計画、実施にかかる費用の確保などの面で、サポートを要すると思われる。状況、条件に応じて、他の関係機関、保健関連のNGO、国際機関などから資金等の支援を、PIMSが独自に得られるような能力を付加することも、統計部門の確立に必要と思われる。

(1)レファラルレベル病院調査

1997年1月から同年12月にイスラマバードおよびラワルピンディー地区の7つの病院を対象に実施された。本調査の目的は、妊産婦死亡率に関する現状の把握および、死因に関するデータ収集である。

(2)保健施設調査

1996年8月から12月にかけて、ICT、パンジャブ州アトック、北西辺境州ノシェラの3カ所における81の保健医療施設(Basic Health Unit : BHU、Rural Health Centre : RHC、Teshil Headquarters Hospital : THQ、District Health Hospital : DHQ)を対象に実施された。

本調査では、産科分野における各施設の処理能力を把握するとともに、母子保健医療従事者の現状を把握した。

(3) 妊産婦・5歳未満死亡率家庭訪問調査

本調査は、1996年12月から1998年3月まで、ICTとノシェラの7500人を対象として、実施された。

本調査の目標は、プロジェクト対象地域における妊産婦および乳幼児死亡率の状況を把握すること、コミュニティにおける妊産婦死亡の原因の把握、母親の栄養、健康管理、妊娠・出産に関する知識/行動(Knowledge Attitude Behavior and Practice : KABP)状況の把握、家族計画手法の使用状況を把握する、の4点である。

この調査では、都市部(ICT)と農村地区との比較を実施した。

(4) コミュニティー調査

本調査は、1997年2月から6月にかけて実施されたFocus Group Discussionおよび1996年から1997年にかけて実施された栄養調査など地域社会における地域住民ならびに保健医療従事者の質的調査などを指す。

まず、Focus Group Discussionでは、Lady Health Worker(LHW)、妊婦・授乳婦、姑、TBA、夫の5グループを同年齢、社会経済状況がほぼ同じなかから選択し、各グループで母子保健に関して討議し、各グループ間での認識の相違などを調査した。

栄養調査は、農村地域の女性の貧血症を減少させるために栄養・食にかかわる現状を把握し、LHWを対象としたリフレッシャートレーニングにおいて効果的な栄養教育を計画するために実施された。

(5) 母子保健に関する情報の収集

PIMS 病院内の外来を中心とする情報収集に関し、日本に研修に行ったカウンターパートを中心に実施している。担当者は1人で、情報収集システムとして確立している状況ではない。

3 - 2 MCH センターの確立

(1) 無償資金協力による建物および設備が確保される

1998年11月完了。2000年2月8日に引き渡し式予定。

(2) MCH センターの運営・管理体制の確立およびその実施(スタッフィング、予算)

1) スタッフィング

現在11グレードまでが確保された。グレード15までについては、現在募集している状況である。しかし、プロジェクトが一番必要としているトレーニングコーディネーターの配置には当分時間を要するようであり、このためMCHセンタートレーニング部門の確立ができ

ない状態にある。

2) 予算

基本的な設備に関し、大方を JICA - MCH プロジェクトに頼っている状況である。トレ、踏み台、バケツなど、当然 PIMS 側でそろえるべき機材がいまだに十分にそろっておらず、そのため、2000 年度供与機材に再度、このような備品が申請されてきた。

また、文房具、コピー機のトナー、医療スタッフのアシスタントなどが十分でないため、すべてを JICA プロジェクトに頼っている。これら、MCH センターの基本的な活動に対する資金を早急に確保することが必要である。

プロジェクト 4 年目に入り、プロジェクトの重点を、活動の開始・実施から活動の持続性へ移行させ、その意識をカウンターパートにもたせる必要がある。

(3) トレーニング計画立案および実施

本プロジェクトでは、トレーニング計画を実施する前にワークショップを開催し、その場において当事者の意見を聞き、ニーズや対象者の現状を把握したうえで、トレーニングプランを最終的に確立する手法をとってきた。

すべての対象者に対して、すでにワークショップは終了しており、大半はトレーニングを開始している段階にある。

すでに実施した活動については、附属資料 参照。

今後の課題は以下のものである。

1) LHV

- ・ ICT 内の LHV と四半期会合の計画および実施。ICT 内の LHV の数は限られており、トレーニングの定期的な開催よりも、定期的な会合を開き、その場において、現場でのニーズや問題などに対応する方法を検討中である。また、MCH センターのスタッフとのネットワークを構築するうえでも、定期的な会合の有効性が期待される。
- ・ アトックおよびノシエラでの LHV トレーニングの計画・実施。プロジェクト開始当初、対象地域であった同地区は、1997 年のプロジェクトデザインマトリックス (PDM) 見直しに伴い、準対象地区となり、現在は活動を実施していない。しかしながら、プロジェクト当初実施した各種調査の対象地域であり、最低 1 回は同地域の LHV を対象にトレーニングを実施する必要がある。

2) LHW

- ・ ICT 内の LHW を対象に、毎月リフレッシュトレーニングを実施する。
- ・ LHW が地域に展開するヘルスコミュニティ活動の支援体制を確立する。ヘルスコミュニティの実態等についても、LHW により異なるなど、均一化していない状況で

あり、支援体制の確立が必要である。

- ・ LHW に対し、キッチンガーデンおよび料理教室の実施、運営能力を付加する。貧血症が多く、栄養に関する母親の知識も高くない状況であり、身近なところで材料の入手、健康的なメニューを推進する。

3) ICT 地区内の医師

- ・ 各地域保健医療施設に配属されている医師を対象に(1度開業医対象)1998年4月以来実施されているが、定例化していない。3カ月に1回開催できるような体制を確立していく。トレーニングという形式ではなく、MCH センターを各施設に理解してもらい、協力を仰ぐという形式をとっている。

4) TBA

- ・ ワークショップを実施したが、トレーニングの実施に至っていない。TBA の基準が明確に示せないため、対象者が決定できない状況である。
- ・ 若手の TBA は、できる限り助産婦学校(正規)に送り、本プロジェクトでは高齢で経験があり、実際にお産を取り上げている TBA を対象にリフレッシュトレーニングを実施することを検討中。

5) その他のトレーニング

- ・ 人間関係トレーニングの充実。スタッフ間のチームワーク、患者とのコミュニケーション等が重要と認識し、1999年8月より人間関係トレーニングを実施。MCH センター内のスタッフのトレーニングを実施したのち、同トレーニングのファシリテーターの育成を図る。すでに育成されたファシリテーターを中心に、LHW、LHV を対象に人間関係トレーニングを実施する。あわせてウルドゥー語の教材を検討中。
- ・ 外来に付き添って来ている夫に対し、父親・夫学級の開催を計画中である。

(4) センター活動に対するモニタリング・評価体制の確立(運営管理体制、トレーニング、医療サービス)

- ・ トレーニングのモニタリング・評価は、研修対象者および最終受益者である母親に対する知識調査を実施し、その結果を受けて、モニタリングを行う。母親に対する第1回目の知識調査は、1999年5月から6月に実施された。1年後に再度実施、母親の知識の変化をみる。
- ・ MCH センター運営管理体制に対する、計画、実施など具体的な計画がないまま、現在に至っている状態である。早急に計画づくりをする必要がある。
- ・ 医療サービスについては、レファラルカードを作製した際にレファラルデスクを設置したが、モニタリングができていない状態である。

(5) MCH センターの広報活動

- ・1999 年 8 月よりプロジェクトニュースレター(日本語)を発行している。将来的にはカウンターパートたちが作製する英語版を発行する方向で検討している。
- ・1999 年 11 月 23 ~ 25 日にかけ、UNDP との連携(WID 基金)により、安全な母性に関するワークショップを実施した。WHO 本部から専門家をコメンテーターとして招待した。100 人の参加者(3 日間のディスカッションに参加)と 100 人の招待客が一堂に会した。100 人の参加者は、医師、教授、医務官などから LHW、LHV などの地域保健医療従事者まで幅広く、「これだけの多様な保健医療従事者が一堂に会し、討議するという試みはきわめて珍しく、今後も同様の手法で実施することが期待される。」とのコメントを、先の WHO コメンテーターより得た。
- ・現在プロジェクトの活動をもとに、広報ビデオ作製に向けて活動を実施中。現在、業者選定の段階である。4 月中旬に完成予定。なお、同ビデオ作製費は、先の UNDP WID 基金の一部が充てられる。

(6) 関係諸機関との連携

- ・12 月にドナー会議参加。UNFPA が主導して、3 カ月ごとに開催されている模様。今後も継続して参加し、他のドナーとの関係を強化する。
- ・PM プログラム(首相プログラム)および ICT の District Health Officer(DHO)などと定期的に会合をもち、関係強化を図る。

3 - 3 ICT 地区におけるレファラルシステムモデルの確立

レファラルモデルの構築は、トレーニングを受けた地域保健医療従事者たちが、地域に戻って活動をする際の「トレーニングの成果をより効果的に発揮するために必要なサポートシステム」という認識のもとに、活動を展開している。

(1) 地域における母子保健に関する認識を高める

- ・現在、アウトリーチプログラムの一環として、PIMS の看護婦が ICT 内の 5 つの保健施設において、診察に来た母親を対象に、母性保健教育および栄養教育を実施している。
- ・将来的には、各地域の LHW、LHV などが実施できるようになることをめざす。
- ・PIMS 外来に来た母親を対象に、母親学級を開催。
- ・外来の母親に付き添って来た夫を対象に、夫・父親学級の開催を予定している。

(2) 自宅でのハイリスク早期発見

- ・母親に直接接触できる地域保健医療従事者に対し、母親が自分でできるハイリスク早期発

見方法を教育。

- ・ LHW が母親に保健教育を行う際に使用する絵マニュアルを通じて、母親がハイリスクを認識できるようにトレーニングを実施している。
- ・ ICT 地区内の 5 つの地域保健施設に対して、PIMS の医師・看護婦によるアウトリーチを実施。
- ・ レファラルカードを作製し、アウトリーチの際に検診の必要のあるハイリスク妊婦に対して配布している。

今後の計画

- ・ 現在、地域の LHW が担当地域で組織すべき保健組織が機能していない状況であり、今後は、保健組織を機能させることをサポートしながら、活動を展開する必要がある。
- ・ 地域保健活動の概念整理をする。
- ・ ICT 地区内にレファラルモデルを構築する。Contingency Plan を固める。
- ・ 現在、5 カ所の地域保健医療施設を対象にアウトリーチプログラムを実施しているが、今後は対象地域を拡大し、レファラルモデル基盤を固める。

(3) 搬送システムの改善

- ・ ICT 地区内の地域保健施設のいくつかは、他のドナーの支援などにより得た救急車があるが、運転手が確保できなかったり、修理ができないまま使用されていないものなどがある。こうした既存の設備の状況を調べ、有効活用の可能性を探る。

(4) 地域保健医療施設のスタッフトレーニング

「3 - 2 - (3) トレーニング計画立案および実施」参照

(5) レファラル病院の適切な対応

- ・ 現状では、MCH センター内にレファラルデスクを創設しただけであるが、今後レファールされてきた患者へのサービスなどについて、細かく検討する。

(6) 関係機関との調整

- ・ ITC 内の保健医療に関する総合的な活動を展開するうえで、DHO を本プロジェクト活動に巻き込む必要がある。

まとめ

PDM に基づきプロジェクトの進捗を検討すると、プロジェクトの中心となる地域保健医療従

事者に対する活動は、おおむね予定どおり実施されている。しかしながら、同活動を展開するうえで必要・不可欠な MCH センターの設立が、予定人員の配置の遅れ（特にトレーニングコーディネーター）、予算の不足などによって滞っている。1999 年後半になり、人員配置は急速に進んでおり、2000 年度早々にもトレーニングコーディネーターの配置が期待できそうである。

レファラルモデルづくりについては、金川リーダーの早期帰国後、リーダーの不在などの状況もあり、予定どおり進んでいない状況である。1999 年度 3 月末派遣予定の地域母性看護専門家が、レファラルモデルの構築を中心とした活動をする予定である。

本プロジェクトにおけるレファラルモデルの構築は、先にも述べたとおり、育成した地域保健医療従事者が、地域において活動を効果的・効率的に展開するうえで重要な要素であり、レファラルモデルが確立されないままでは、プロジェクトの実施したトレーニングの成果が十分に発揮できないと予想される。

すでに 4 年目に入り、プロジェクト終了まで、残すところ 1 年半という段階であるが、早急にレファラルモデル構築、トレーニングセンターの設立をめざすものである。このような状況に鑑み、プロジェクト専門家チームから、以下の点について巡回指導調査団より PIMS および保健省に申し入れてほしい旨の要望があった。

プロジェクト側から PIMS および保健省への依頼事項

MCH センターアシスタントコーディネーターの早急な配置

MCH センターの要員の拡充

MCH センターの自立に向けての予算確保

附 属 資 料

ミニッツ

プロジェクト活動報告書

その他収集資料

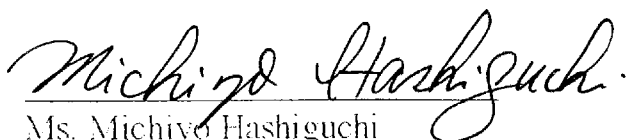
**MINUTES OF MEETING
BETWEEN
THE JAPANESE ADVISORY TEAM
AND
THE AUTHORITIES CONCERNED OF
THE ISLAMIC REPUBLIC OF PAKISTAN
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE MATERNAL AND CHILD HEALTH PROJECT
IN PAKISTAN INSTITUTE OF MEDICAL SCIENCES**

The Japanese Advisory Team(hereinafter referred to as "the Team")organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA"), and headed by Ms.Michiyo Hashiguchi, visited the Islamic Republic of Pakistan from 14th to 15th January, 2000 for the purpose of ensuring the smooth implementation of the Japanese Project-Type Technical Cooperation for the Maternal and Child Health Project in the Islamic Republic of Pakistan(hereinafter referred to as "the Project").

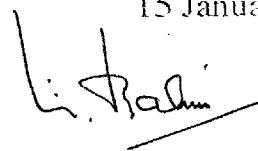
During its stay the Team had a series of discussions with officials concerned of the Islamic Republic of Pakistan about the activities and implementation of the Project.

As a result of the discussions, both sides confirmed on the matters referred to in the documents attached herewith.

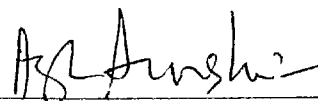
15 January, 2000



Ms. Michiyo Hashiguchi
Leader, Advisory Team
Japan International Cooperation Agency
Japan



Mr. Ejaz Rahim
Additional Secretary In charge
Ministry of Health
The Islamic Republic of Pakistan



Prof. Azhar Mahmud Qureshi
Executive Director/Project Director
Maternal and Child Health Project,PIMS
Islamabad, Pakistan

Attachment

The following are the main issues discussed and confirmed upon by both sides in relation to the Project.

1. Review of the Project activities

The Team reviewed the current progress and the future activities of the Project, described in the Annex. They will be reported to JICA H/Q and will be further analyzed. Based upon the review, the necessary measures for the next stage i.e. dispatch of a mission for interim evaluation will be decided.

2. Appointment of a new Chief Advisor

In the present situation of the Project, the Pakistani side emphasized that the appointment of a new Chief Advisor would be necessary.

The Team explained that the new Chief Advisor would be appointed and dispatched as soon as possible.

3. Staffing

The Team reminded the Pakistani side to arrange the necessary staff according to R/D signed on 24th March, 1996 as well as PC-I. Especially, the Team emphasized the need to run the training center well and to appoint a training coordinator immediately.

The Pakistani side promised to arrange the staff as soon as possible.

4. Budget allocation

The Team requested the Pakistani side to arrange the necessary budget for the next fiscal year, and allocate funds for activities of the training center.

The Pakistani side promised to arrange the necessary budget to carry out full activities of the Project and the budget would be incorporated to PSDP for next fiscal year, as well.

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THE MATERNAL & CHILD HEALTH (MCH) PROJECT
In The Islamic Republic of Pakistan
A Project by Japan International Cooperation Agency (JICA)

ACTIVITY REPORT

Presented to The Japanese Advisory Mission
From January 14 to 15, 2000

The Maternal & Child Health Centre
Pakistan Institute of Medical Science (PIMS)
ISLAMABAD

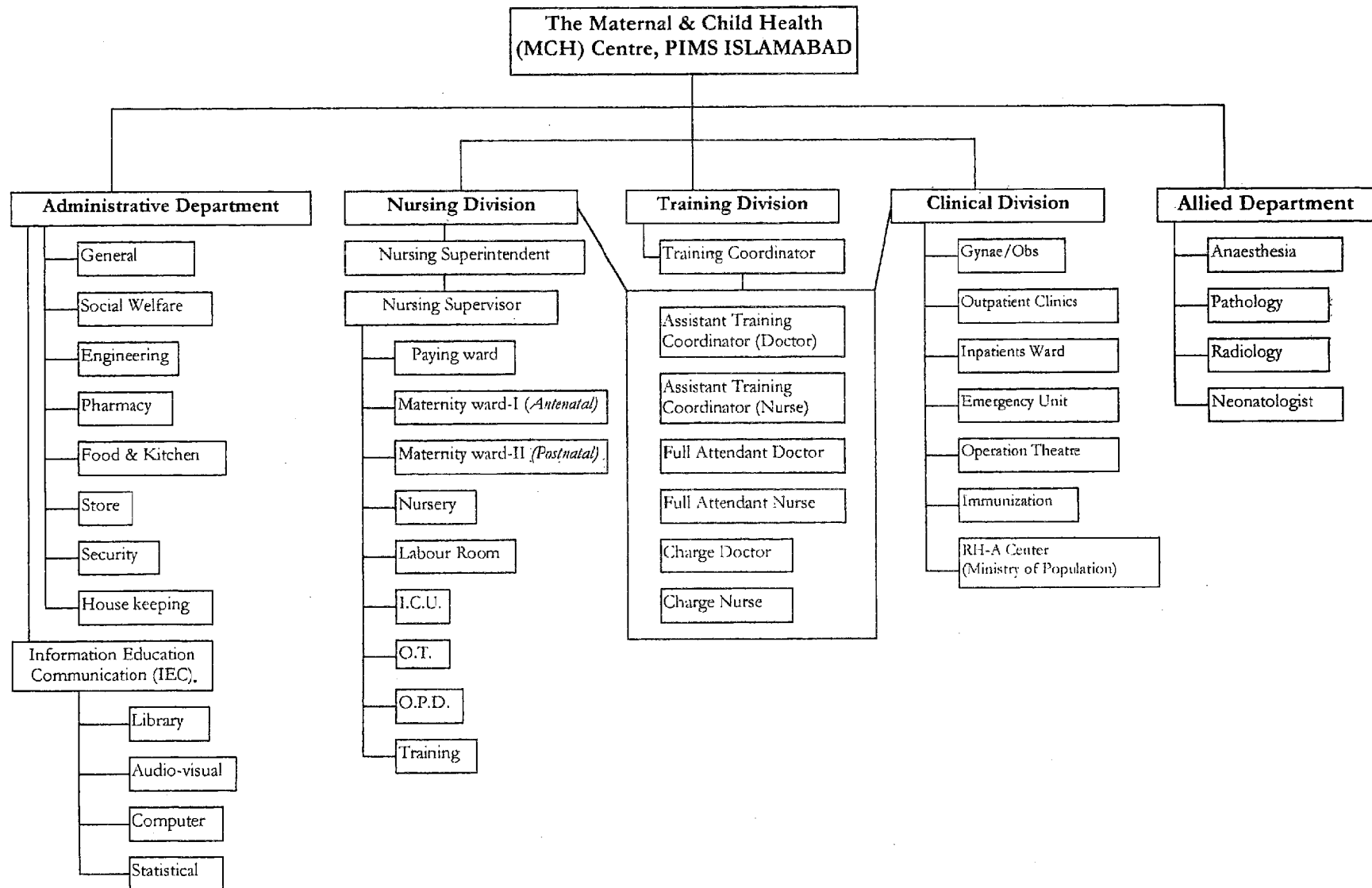
CONTENTS

- 1. Project Organization Chart**
- 2. Budget for the Year 1999-2001**
- 3. Staff Position in MCH Centre**
- 4. Project over view**
- 5. Out put from project**
- 6. Training programme and Monitoring/Evaluation**
- 7. Doctor Workshop**
- 8. Outreach Programme**

ANNEX :

- 1. PDM**
- 2. Project Activities and Future Plan**
- 3. Training Activities**
- 4. Training Curriculum**
- 5. Schedule of JICA Advisory Mission**
- 6. Abbreviation**

ORGANIZATIONAL CHART OF MCH CENTRE



**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

06 MONTHS EXPENDITURE(JULY 1999- DECEMBER 1999

CODE NO	HEAD OF EXPENDITURE	AMOUNT (RS. IN MILLION)
000	Establishment Charges	3.750
110	Purchase of Transport	
120	Purchase of Machinery/Equipment	
130	Purchase of Furniture	
410	Repair of Transport	
420	Repair of Machinery	0.081
430	Repair of Furniture	
511	Personal TA	
510	Transportation of Goods	
513	POL Charges	0.024
514	Conveyance Charges	
521	Postage	0.002
522	Telephone	0.009
531	Gas Charges	0.442
532	Water Charges	
533	Electricity	
540	Office Stationary	0.066
550	Printing Charges	0.048
560	Book & Periodical	
570	Uniform & Liveries	0.091
586	Rates & Taxes	
595	Publicity & Advertizement	
596	Diet Charges	
598	Drug/Medicine	0.439
599	Other	0.140
650	Stipend	0.402
670	Entertainment/Gift	
G. TOTAL		5.494

**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

BUDGET FOR THE YEAR 1999-2000

CODE NO	HEAD OF EXPENDITURE	AMOUNT (RS. IN MILLION)
000	Establishment Charges	18.131
110	Purchase of Transport	-
120	Purchase of Machinery/Equipment	-
130	Purchase of Furniture	-
410	Repair of Transport	0.050
420	Repair of Machinery	0.100
430	Repair of Furniture	0.100
511	Personal TA	0.020
510	Transportation of Goods	0.300
513	POL Charges	0.100
514	Conveyance Charges	0.010
521	Postage	0.010
522	Telephone	0.300
531	Gas Charges	1.000
532	Water Charges	0.800
533	Electricity	2.000
540	Office Stationary	0.100
550	Printing Charges	0.050
560	Book & Periodical	0.050
570	Uniform & Liveries	0.125
586	Rates & Taxes	0.010
595	Publicity & Advertizement	0.010
596	Diet Charges	0.500
598	Drug/Medicine	1.000
599	Other	0.200
650	Stipend	0.950
670	Entertainment/Gift	0.050
G. TOTAL		25.966

**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

BUDGET DEMANDED FOR THE YEAR 2000- 2001

CODE NO	HEAD OF EXPENDITURE	AMOUNT (RS. IN MILLION)
000	Establishment Charges	19.296
110	Purchase of Transport	4.000
120	Purchase of Machinery/Equipment	4.000
130	Purchase of Furniture	0.500
410	Repair of Transport	0.100
420	Repair of Machinery	1.000
430	Repair of Furniture	0.100
511	Personal TA	0.100
510	Transportation of Goods	0.500
513	POL Charges	0.550
514	Conveyance Charges	0.010
521	Postage	0.010
522	Telephone	1.500
531	Gas Charges	1.500
532	Water Charges	1.000
533	Electricity	3.000
540	Office Stationary	0.900
550	Printing Charges	0.800
560	Book & Periodical	0.200
570	Uniform & Liveries	1.500
586	Rates & Taxes	0.050
595	Publicity & Advertizement	0.050
596	Diet Charges	3.000
598	Drug/Medicine	30.000
599	Other	2.000
650	Stipend	3.581
670	Entertainment/Gift	0.050
G. TOTAL		79.297

**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

PAKISTANI COUNTERPART WORKING IN MCH CENTRE.

S.NO	NAME OF COUNTERPART	FIELD
1.	Prof. Azhar Mahmood Qureshi, Executive Director	Project Director
2.	Prof. Ghazala Mahmud, Head of Gynae & Obst.	Consultant Maternal & Child Health/Manager Training
3.	Dr. Ejaz Qadeer, Deputy Director	Public Health/ Administration
4.	Dr. S. Batool Mazhar Asso. Prof. Gyane/Obst.	Maternal & Child Health
5.	Miss. Nasreen Bajwa, Dietician	Nutrition
6.	Dr. Kausar Iqbal, Medical Officer	Maternal & Child Health
7.	Dr. Mohsina Sultana, Medical Officer	Maternal & Child Health
8.	Dr. Naila Israr, Medical Officer	Maternal & Child Health
9.	Miss Mumtaz Begum, Nursing Supdt.	Nursing
10.	Mrs. Humera Khushnood, Nursing Supervospr	Nursing
11.	Ms. Rubina Dianal, Charge Nurse	Nursing
12.	Ms. Nelofar Ghani, Charge Nurse	Nursing
13.	Ms. Anees Fatima, Charge Nurse	Nursing
14.	Mr. Allah Rakha, Stat Asstt./I/C State	Statistics
15.	DHO, Islamabad	Local Coordinator, Islamabad
16.	DHO, Noshera	Local Coordinator, District Noshera
17.	DHO, Attock	Local Coordinator, Distt. Attock

**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

STAFF POSITION MCH CENTRE.

1.	Total Staff Sanctioned.	343
2.	Staff posted/recruited.	222
3.	Nursing staff selected and appointed.	85
4.	Staff in BPS - 11 to BPS- 14 under recruitment.	10
5.	Doctors (Prof., Asso. Prof., Asstt. Prof.), Data Processing Asstt. and Medical Technologist under recruitment through Federal Public Commission.	11
6.	Doctors under promotion.	03
7.	Recruitment Rules under process at Establishment Division.	12
G. TOTAL		343

POST GRADUATE STUDENTS/HOUSE OFFICERS.

1.	Total Sanctioned	53
2.	Working/Job Awarded	27
3.	To be recruited in next financial year	26

NOTE: The Recruitment Rules for the post of Training Co-ordinator (Doctor) BPS-18 is under approval at Federal Public Commission/ Establishment Division. Training Co-ordinator will be appointed immediately after approval of Recruitment Rules.

**THE MOTHER & CHILD HEALTH CENTRE
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.**

BACK GROUND

Pakistan is one of the countries with unacceptable high maternal and infant mortality rates. The social and cultural barriers to the health care system are some of the major causes of high maternal and infant morbidity rates in the country. Women, especially pregnant women, suffer even at the primary care level due to a lack of properly trained and skilled health care workers in the communities. The maternal mortality rate is still considerably high in Pakistan. Various measures and interventions such as TBA, LHWs, LHVs, Nurses and Junior doctors including PG Students training/refresher courses, community education etc played major roles in reducing maternal mortality. To overcome this issue, the "Maternal & Child Health Centre" a Training Institute which has an attached 125 Bedded Hospital has been established with the help of JICA. The MCH Centre is closely connected with the Project Type Technical Cooperation (PTTC) for the Safe Motherhood in Pakistan. The major function of the Centre is to provide training courses for Medical Professionals on reproductive Health issue. The MCH Centre is also functioning as an Obstetric Teaching Hospital.

Patients from all Hospitals of Islamabad/Rawalpindi, ICT, Punjab, NWFP Provinces as well as other parts of the country requiring specialized treatment are also referred to this Hospital. This Hospital has the following beds:-

*	Gen. Beds	= 90
*	Paying Beds	= 35
		125

To make it functional as complete department with all the facilities like Kitchen, Food Service, Central Sterilization, Laundry, Medical Supplies, Transport, Midway House, General Wards, OPD, Medical Equipment and Laboratory have been provided in this Hospital. This Centre has been constructed on turn key basis under the Japanese grant assistance programme. The PC-I of the Project was approved on 12-02-1987 at a total cost of Rs.832.00 Million. This includes Rs.808.00 Million Foreign Grant and Rs.24.00 Million local cost by the Govt. of Pakistan.

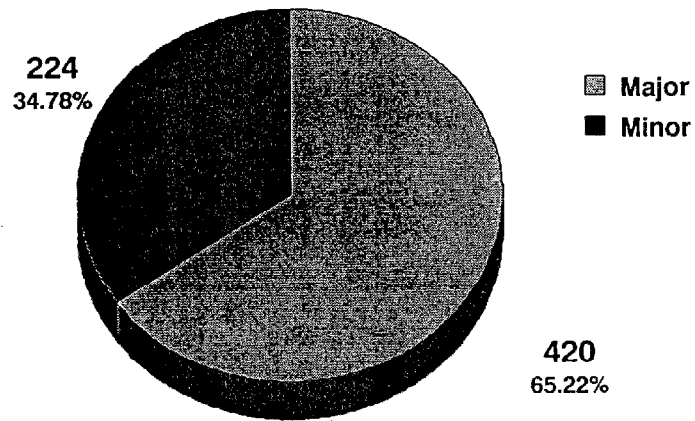
The total covered area of the building is 10.661 M2 (Sq.Yard). This Centre has been constructed in 02 years and in 02 stages. Stage-I Main Building and Stage-II OPD Building/Midway House. The Main Building consist of General Wards, Paying Ward, Operation Theater, Radiology Deptt. Laboratory, Laundry, Kitchen, HVAC, Stores and Administration Block. The OPD Building consist of Consultation Rooms, Doctors Clinical Rooms, Library, Auditorium, Cafeteria, Doctors Hostel and Midway House for patient attendants.

OBJECTIVES/TARGETS

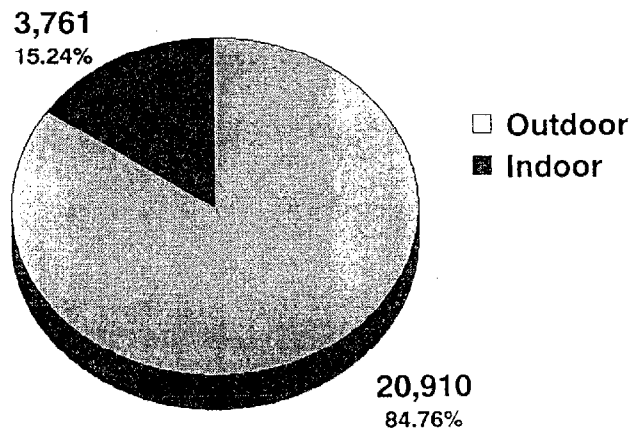
The objectives/targets of the project are as under:-

- a) To reduce Maternal Mortality by promoting “ Safe Motherhood” in target areas.
- b) Human resource Development for maternal health cares in target areas
- c) Direct target: training health personnel in target areas
- d) Final target: Pregnant women and lactating women in target areas.

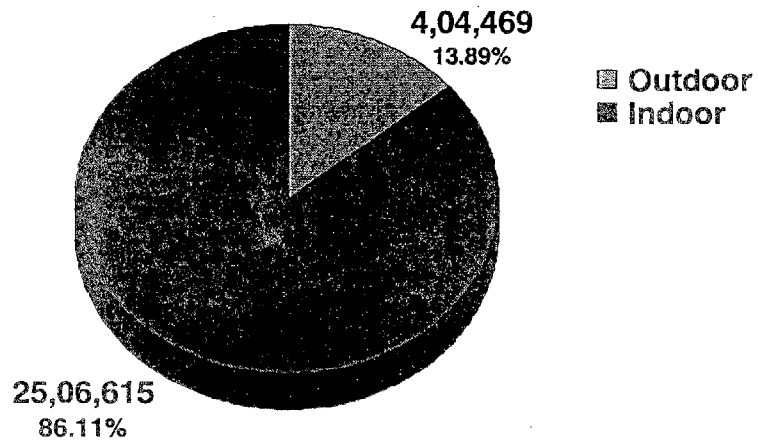
**No. of Operations from
March 20 to November 1999**



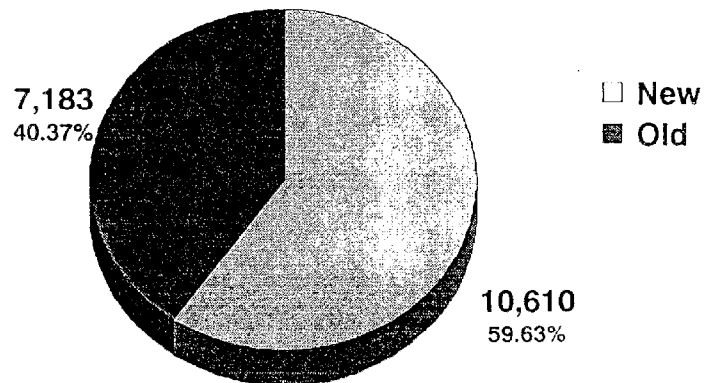
**Department Wise No. of Patients from
March 20 to November 1999**



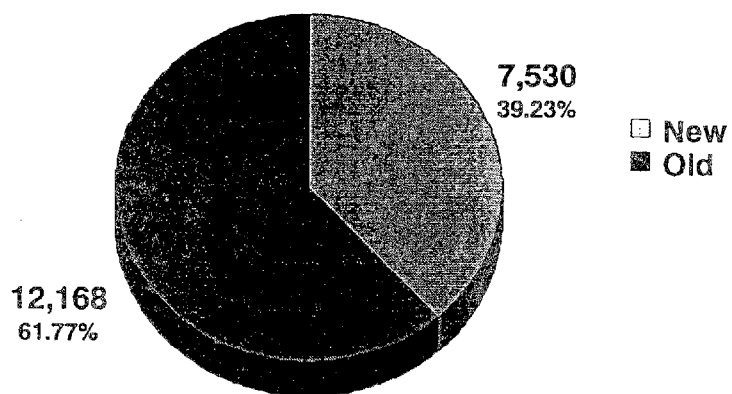
Department Wise Revenue Collection From Jun -Nov 1999



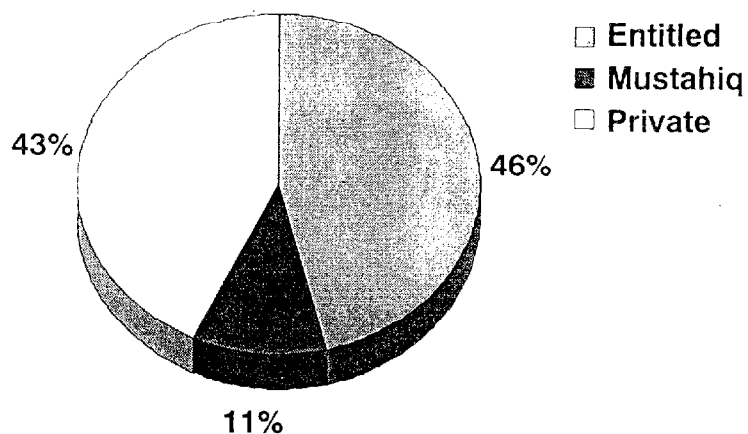
OPD Gynae Patients Chart From July 1998 to November 1999



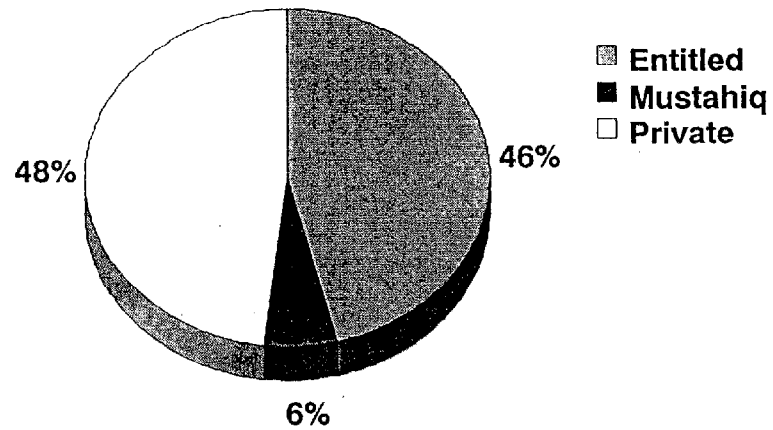
**OPD Antenatal Patients Chart
From July 1998 to November 1999**



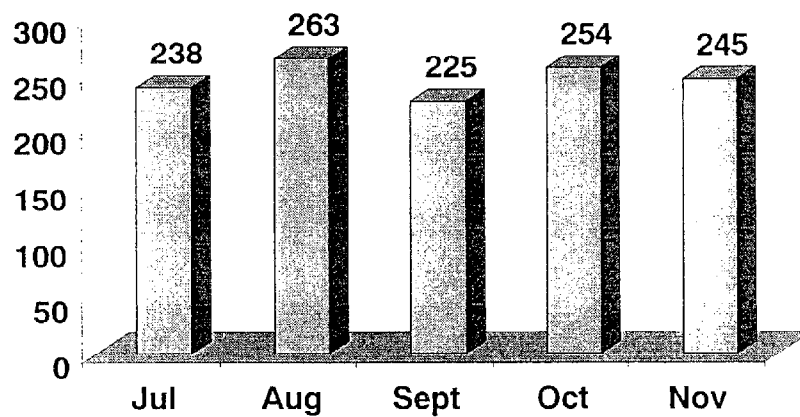
**Category Wise Gynae Patients Chart of OPD
From Jul 27, 1998 to Nov 1999**



Category Wise Antenatal Patients Chart of OPD From Jul 27, 1998 to Nov 1999



Month Wise No. of Deliveries



OUT PUT FROM PROJECT

(Project Design Matric)

OVERALL GOAL:

To reduce “ Maternal Mortality” by promoting “ Safe Motherhood” in target ageas

PROJECT PURPOSE:

Human resource development for maternal health cares in target areas

TARGET AREA:

Main

- ICT (Islamabad Capital Territory)
- Nowshera (North West Frontier Province)
- Attock (Punjab)

BENEFICIARIES:

- Direct : Health care providers
- Indirect (Final) : Pregnant & lactating women in the rural areas

INSTITUTIONS INVOLVED:

- Maternal and Child Health Centre, PIMS
- DHOs (ICT)
- Referral Facility e.g., THQs, DHQs and Teaching Hospitals

OUTPUT:

1. Information on Maternal Health

- 1.1 Referral level hospital survey
- 1.2 Health facility survey
- 1.3 Maternal and under five children mortality household survey
- 1.4 Qualitative community survey
- 1.5 Data collection from HMIS (Health Management Information System)

2. Establishment of MCH Centre

- 2.1 Building and equipment (Grant in AID)
- 2.2 Establishment of managing plan and implementation (staff, budget)
- 2.3 Establishment of training plan and implementation
- 2.4 Establishment of monitoring and evaluation of administration, training and medical services
- 2.5 Propaganda on MCH Center
- 2.6 Coordination and Cooperation among concerned authorities and other provinces (MOH, ICT)

3. Establishment of Referral Model in ICT

- 3.1 To improve awareness of community
- 3.2 Early detection of high risk at home
- 3.3 Improve transportation
- 3.4 Training of health staff in BHUs and RHCs
- 3.5 Appropriate response of by referral hospitals
- 3.6 Coordination among concerned authorities

STRATEGY:

- 1. To establish and implement refresh training programs for health care providers
- 2. To assess health care providers performance and effect on mothers in referral model (ICT) and its feedback to training program
- 3. To recommend these refresh training programs to implement as a national program to MOH.

In most developing countries one of the biggest problems faced when starting a project is lack of secondary data. Most of the data available is aggregated at the country level and you might get data on major indicators of health like MMR, IMR, crude birth rate and death rate and family planning but information about the project specific indicators is hardly available. Therefore it was imperative to conduct studies to get information about problems and issues and develop a baseline for key indicators.

To have an update on the current situation following surveys were conducted.

1. Health facility survey
2. Referral level hospital survey.
3. Household survey.
4. Community survey.

Objectives of the surveys:**Health facility survey:**

1. To find out the percentage of the female patients and their pattern of illness seen at the basic health facilities of the project area.
2. To assess obstetric training status of various levels of health workers attending the female patients
3. To evaluate the capacity of health facilities for dealing with obstetric cases.
4. To ascertain referral facilities availability and utilization at RHCs, BHUs, THQs and DHQs in Attock and Nowshera.

Referral level hospital survey:

1. To ascertain the quantum of maternal deaths in hospitals of Islamabad and Rawalpindi
2. To find out the contributory factors in maternal deaths.
3. To ascertain the availability of emergency and essential obstetric care.

Household survey:

1. To assess the living conditions of people in the ICT and Nowshera area.
2. To assess maternal and early childhood mortality.
3. To obtain information on pregnancy related issues and contraceptive prevalence
4. To determine causes of maternal mortality.

Community surveys:

These surveys were conducted in the rural community of ICT and Attock. Information was gathered by focus group discussion and interviewing pregnant and lactating women at their houses.

Main objectives were to:

1. To identify women's KAP regarding maternal health for long term evaluation
2. To find out the attitude of male members of the family and mother-in-law about issues relating to maternal health.
3. To know the KAP of health personnel (LHVs, LHWs, TBAs) regarding maternal health in the community.
4. To find out the actual situation regarding delivery practice etc. in the target area.

Training program

Surveys conducted:

1. Health facility survey
2. Referral level hospital survey.
3. Household survey.
4. Community survey.

Lesson learned from surveys	Interventions
<p>1. Health facility survey: BHUs and RHCs are not well equipped to deal with obstetric emergencies. Due to inadequate and frustrating working conditions in the rural facilities- health personnel loose interest in their jobs. Hence they need to be sensitized and motivated. They need to be shown how at their own level they can improve the health of the women and children</p>	<p>One of our major concerns is the development of a sound referral system so that obstetric emergency can be dealt efficiently. We are having regular training workshops where we provide them with knowledge and skills and also receive useful input from them for developing a good referral system. A doctor from the MCH center has been deputed to do US of high risk pregnant women. MHE classes are held in the RHCs for pregnant and lactating women. These activities help in developing a good rapport with the health personnel in the rural facilities. Their cooperation and continuous support is necessary for achieving our objectives.</p>
<p>2. Referral level hospital survey: There are many sociocultural and physical barriers for women to reach in time for emergency obstetric care. But once she has reached the hospital in time, we must ensure</p>	<p>We are training the health personnel working in MCH center to work efficiently and be more vigilant in their duties. We are holding workshops and orientation courses for the doctors and nurses. We have human relations</p>

<p>a good outcome for her. It would be criminal that a women who has managed to reach a hospital in time should die due to lack of facilities and proper care</p>	<p>training to have effective communication and good working relations between the health personnel and also between the health personnel and the patients. Pooling of human resources improves the quality of work and the motivation to work is high.</p>
<p>3. Household survey: There is a very high maternal mortality. Most causes of maternal deaths are preventable ie. hemorrhage, eclampsia for which timely referral is very important.</p>	<p>We are already working on establishing a referral system. In our training program we are making the health personnel aware of the importance of recognizing danger signs and timely referral. These health personnel are in turn expected to educate the women in the community. Apart from that MHE classes are also held in the RHCs as part of the outreach program and in the MCH center to make the mothers aware of the danger signs related to pregnancy and childbirth and to reach the hospital in time.</p>
<p>4. Community survey: KAP survey on mothers shows that there is a discrepancy between their knowledge and practice. Women are mostly delivered at home by TBAs and LHVs. Health personnel most often in contact with the women is the LHW</p>	<p>Refresher training for the health personnel is designed according to their roles and responsibilities and the needs in the community. LHWs are most often in contact with the women in the community and their responsibility is health education. For this purpose their curriculum includes pre and postnatal care, care of the newborn and nutrition. TBAs and LHVs are conducting deliveries at home. Their curriculum is designed with emphasis on conducting safe delivery and are given a lot of practical training. For teaching the health personnel multiple methodologies are used which are totally participatory. We have shifted the focus from lecture oriented teaching to experiential and interactive learning. Since these health personnel are expected in turns to teach the women in the community hence they are made aware of people centered education. Hence they are trained using the same methodologies which they are expected to use for educating women in the community. The different methodologies used are group discussion, brain storming session, case study, illustrated lectures, demonstration, story telling, making material, games, role play, simulation and practical work.</p>

<p>50% women are illiterate</p> <p>50% do not get adequate antenatal care</p> <p>There are misconceptions about nutrition during pregnancy and lactation</p>	<p>For this purpose IEC material has been developed. Apart from the trainer's manual for facilitators, we have developed flip charts, panels, and flannel boards, picture story series, models of breast etc., diet check sheet, information pamphlets for family planning, nutrition, post natal care and the pictorial manual.</p> <p>From our survey we found that 50% of the women were illiterate. Hence we developed a pictorial manual for the women in the community. It is an illustrated hand-book using story telling in very simple language. We have seen from our survey that about 50% are not getting adequate antenatal care, they have misconceptions about the nature of food during pregnancy and lactation especially regarding iron rich food and balanced diet. Hence this manual discusses nutrition at great length, regular antenatal care, self check for anemia, edema and other danger signs, postnatal care, family planning. We have also found that men are the decision makers and hold the strings to finances so involvement of men for the better health of women is crucial and also discussed in the pictorial manual. This manual has been developed for use by the LHWs to teach the women in the community.</p> <p>MHE classes:</p> <p>To make the women more aware of their health and to share in the responsibility of their health, we are giving maternal health education not only to the women in the community but here in the MCH centre also. Antenatal health education is being given to the women coming for their antenatal check up in the out patient department. There is a separate room for this purpose equipped with all the teaching material. Regular classes are also taken in the postnatal ward to recognize danger signs and about care of the newborn baby.</p>
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Future Plan:

Training:

LHVs:-

The training workshop for the LHVs in the ICT area has been completed. In future to maintain a contact with them and for their continuing education and to refresh their memory we plan to hold 3 monthly meetings with them. In these meetings they can inform us about their activities, any problems/ unforeseen situation faced by them, discuss new information and discuss difficult topics which need reinforcement. The continuous contact will help us in strengthening the referral system.

LHWs: -

LHWs training workshops are going according to plan we are holding one workshop every month.

The pictorial manual that has been developed for LHWs as a teaching tool for the mothers has been introduced into the training workshop. Two weeks after the training workshop we are also going to the community for field training for the pictorial manual.

The problem regarding the pictorial manual is how to monitor if the LHWs are making good use of it or not for teaching women in the community.

For the LHVs and LHWs we also plan to start human relation training. But first we have to design it according to their understanding and develop it into Urdu.

TBA:-

The curriculum for TBA training has been prepared, but we have to develop criteria for TBA selection list. We are negotiating with ICT health authorities and have asked for a name list of the TBAs. So far we have not received a name list. There are 2 categories of TBAs. One that are older, have a lot of experience but are totally illiterate others who are younger, with very little experience but are educated to some extent. The older ones are not amenable to a change but the younger ones lack experience (how useful will it be to train the younger ones if the people have more faith in the experienced ones). Maybe the younger ones should get proper midwifery training and refresher training could be provided to the already existing experienced ones.

Nurses and doctors in MCH Centre:

Orientation course and human relation training has been arranged for doctors and nurses in the MCH centre

WMO / MO in the rural community:

We plan to have a 3 monthly meeting with the doctors in the ICT area. This will help in strengthening the referral system.

6 monthly human relations training are also planned for them.

Kitchen garden and cooking classes:

From our surveys we know that knowledge about nutrition is very poor. It is also very difficult to change the eating habits of people especially culturally ingrained ideas about food and the different food taboos. Hence by introducing kitchen gardens we will be reinforcing their knowledge from pictorial manual and also practically learn how to grow, cook and eat different foods. We are still in the planning stages for this.

Men's involvement

As women have a very low status in society and they are economically dependent on the husbands hence they have very little say in decision making. It is imperative that to improve the health of the mother and child we must involve men, make them conscious and sensitize them to the different health issues related to women.

Men's classes can be started in the MCH center, where men are sitting outside waiting for their wives to be checked. This time can be utilized to provide them with health education.

Secondly it is all the more important to involve men in the community where the hold of men is even stronger as they are more traditional in their views. The health committee, which has been set up in the PM's program for primary health care, is not working actively. This committee needs to be mobilized and will prove to be very useful.

Monitoring and evaluation:

Objective is to define that program has developed human resource for maternal health care.

Long term evaluation:

For long term evaluation we have conducted a baseline data on mother's KAP (knowledge, attitude and practice) for ICT area. These mothers will be evaluated in the year 2000 after all the health personnel in the intervention area have been trained.

Short term evaluation:

To evaluate the training, the health personnel's knowledge is evaluated before and after the workshop with a pre and post-test. With another case control study we are comparing the knowledge of 2 groups of health personnel – one to which training is given and the other to which training is withheld to see if the training is effective.

All trainers or facilitators are evaluated by self check with the help of a check list. Trainees in post workshop questionnaires also evaluate the trainers.

Monitoring:

We are still working on developing an effective method for proper monitoring of the project. Monitoring is an ongoing process and it is the only way to ensure that the project will achieve its objectives. Evaluating the knowledge of the health personnel is not enough, we also have to monitor their activities in the community. As the main objective is to permeate the knowledge to the mothers through the health personnel we have to find out ways to see if they are transferring their knowledge effectively to the mothers in the community.

REFRESHER TRAINING COURSE DOCTORS WORKSHOPS

(Dr. Mohsina Sultana)

Aims & Objectives:

- Safe Motherhood
- Relationship between ICT & MCHC

The doctors are the key members of health care team and a need for updating their knowledge is important in coordinating services. MCH undertook this task. The objective of this refresher training were enable the doctors belonging to the Islamabad capital territory (ICT)

- To update their knowledge
- Refer their patients timely to MCH center
- To communicate freely with the MCH center
- Give feed back to MCH center regarding the referred patients
- Detect factors, which hamper referral and suggest appropriate interventions.
- Create an awareness of nutritional education

The objectives for MCH doctors were to enable them to:

- Know the importance of preventive medicine
- Know how to receive and handle the referred patients
- Include them in their outreach programme
- Use and handle the equipment at MCH center

Four one-day workshops on safe motherhood were conducted at MCH center

One was on establishment of the referral system in the ICT and an orientation course for MCH doctors.

Titles of Workshop:

Maternal Health & Nutrition Education
Role of doctors working in Health Facilities of ICT
Way of communication between MCH & ICT
Liaison with other health personnel working in community
Refresher training courses at all levels
Establishment of an effective & functional referral system

Objectives:

Participants will be able to identify risk factors & cause of maternal deaths

Participants will be able to provide MHE

Early detection & referral of high-risk pregnancy

Participants will be able to how & where to refer

Participants:

22- 24 participants in each workshop

Doctors working in Gynae/ Obs department of , PIMS

Doctors working in Health Facilities at ICT

General practitioner working in Islamabad

General practitioners working in ICT rural areas

The brain storming sessions during the workshops focussed over the preventive medicine, improving liaison with the health personnel and establishment of a referral system. The follows up workshops were for the evaluation and intervention of the implemented program, and to improve the coordination. The methodology used in these workshops were group discussions, role-play, lectures and pre and post workshop evaluation questionnaires.

First workshop	:	Group discussion method used.
Group I	:	Discussed the supervision and refresher training courses.
Group II	:	Discussed the ways of communication between the ICT and MCHC.
Group III	:	Discussed the primary health care in the community.

Second workshop: Role-play on various obstetric symptoms and the common problems were a salient feature. The participants themselves made the role plays focusing over the common problems e.g. A pregnant lady in 2nd trimester complained of severe headache the relative had seen her and called the LHW immediately. The key topic of the group discussions included is

- Maternal health education, nutrition and the social problems,
- Liasion with the health professionals
- High-risk pregnancy and the referral system.

Third workshop: Comprised of short lectures on calcium requirements during pregnancy and the management of high risk pregnancy. Role of antenatal care was emphasized by video presentation of role-play focussed on problems, group discussions on maternal health education and nutrition.

Fourth workshop: Comprised of short lectures followed by group discussion on training and referral in the ICT with identification of problems and need for a feedback, and improvement of human relation.

The orientation courses for MCH doctors were held and there were lectures on the referral model and an orientation of equipment in MCH center. For every workshop pre and post evaluation questionnaire were issued regarding questions over the maternal mortality rate in Pakistan, infant mortality rate important causes of maternal mortality and infant mortality and infant mortality, and their perception of MCH, and the referral model. The response showed that in the pre test the only 25% had adequate knowledge and post workshop showed 90% improvement in the knowledge. Suggestions included proper indoor facilities, well equipped emergency setup, free medicines for referred patients, availability of transport. Specialists visit to the rural health centre and health education in conclusion and in view of the positive feed back from the participants further workshops will be held at regular intervals as a part of ongoing training programme in order to improve coordinated services.

Future Plan:

Workshop for doctors every three months

Extensions of out reach programme

OUT REACH PROGRAMME AIMS AND OBJECTIVES

By Dr. Mohsina Sultana

1. To promote safe motherhood/ To decrease MMR
2. To sensitize the mother about
3. To identify high risk pregnancy and timely referral
4. To make them aware about the MHE
5. To establish an effective and functional referral system
6. To create good relationship and communication with facility staff

IDEA

Idea of having outreach programme was taken from the first workshop held for doctors working at ICT health facilities held on 22nd April 1998 and successive workshop of GPs.

The time taken for implementation is 1 year and 1 month. During which we faced many hurdles from the administrative point of view and the doctors and staff at the facilities initially they thought this programme will interfere their work. Actual out reach programme started in May 1999.

First two targeted areas were RHC Barakahu and RHC Tarlai

Then extended to three more areas from October 1999 i.e. RHC Sihala, BHU Rawat & BHU Sohan.

No. of times we visited to these areas are:

RHC Barakahu	16
RHC Tarlai	16
RHC Sihala	8
BHU Rawat	4
BHU Sohan	4

PROBLEMS:

1. Administrative problems with DHO/ADHO informing the staff at RHC/BHU
2. Problems with doctors at facility i.e. not actively participating in the programme
3. Problems with the staff at facility some time the staff is not cooperating and asking for the USG for the male patients

4. The place provided USG is not proper i.e. too cold and the couch is not proper.
5. The LHV's & LHW of other areas are bringing their patients to the targeted centers for USG.
6. Some times the staff of the center is not informed. The selection of the patients for USG is also not appropriate. The method of informing the high-risk patient is not adequate.
7. For MHE the place is not proper most of the time the education is provided out side on the benches and the stairs.

FUTURE PLANE:

1. The involvement of DHO/ADHO in the out reach programme
2. Active participation of WMO/MO of the facility
3. The high-risk patient should be filtered properly
4. The patient should be informed through LHWs
5. LHWs should be told the importance of MHE & expand it.
6. Extension of the programme: we are going to include three more areas, which are near the MCH every month.

PROJECT DESIGN MATRIX

3. Establishment of Referral Model in ICT

NARRATIVE SUMMARY	What we have done ...	What we should do ...	REMARKS
3-1 To Improve Awareness of Community	<ul style="list-style-type: none"> MHE & NE in 5 health facilities in ICT 		
3-2 Early Detection of High Risk at Home	<ul style="list-style-type: none"> Train health personnel Train LHW to teach mothers with Pictorial Manual Out reach programme for 5 health facilities in ICT Making and distributing new Referral Cards 	<ul style="list-style-type: none"> To participate when referral model is made with organizing community Conceptualization of community activities. To develop referral model (to do contingency plan) To expand outreach programme 	
3-3 Improve Transportation		<ul style="list-style-type: none"> Efficient use of existing ambulances 	
3-4 Training of Health Staff in BHUs and RHCs	<ul style="list-style-type: none"> See the training parts 		
3-5 Appropriate Response by Referral Hospitals		<ul style="list-style-type: none"> To improve quality of service in OPD MCH center 	
3-6 Coordination among Concerned Authorities		<ul style="list-style-type: none"> Regular meetings with DHO 	

PROJECT ACTIVITIES

OUTPUT

1. Information on Maternal Health

NARRATIVE SUMMARY	What we have done ...	What we should do ...	REMARKS
1-1 Referral level hospital survey	<ul style="list-style-type: none"> Report has been handed out at workshop Proof reading for finalize the report 	Printing and distribute to related organizations by end of Feb.2000.	
1-2 Health facility survey			
1-3 Maternal and under five children mortality household survey			
1-4 Qualitative community survey			
1-5 Data collection from HMIS (Health Management Information System)	<ul style="list-style-type: none"> Patient's data for the OPD of MCH Centre has been collected 	Establishment of Data Collection System in the MCH Center	Data Collection from DHO and ICT

PROJECT DESIGN MATRIX

2. Establishment of MCH center

NARRATIVE SUMMARY	What we have done ...	What we should do ...	REMARKS
2-1 Building and equipment (Grant in aid)		<ul style="list-style-type: none"> Inauguration ceremony on February 8, 2000 (Minister of Health and Japanese Ambassador) 	
2-2 Establishment of managing plan and implementation (staff, budget)	<ul style="list-style-type: none"> Staffing process is undergoing till grade 15. Additional budget for FY1999 has been approved by MOH Request PIMS to provide assistant staff to Training activities. 	<ul style="list-style-type: none"> Training coordinator will point out by May 2000 Assistants Coordinator will be proved by March 2000. To make clear the position of all counterparts. Fully staffing of MCH To make clear the role of MCH center in Pakistan Function MCH effectively 	
2-3 Establishment of Training plan and implementation LHV	<ul style="list-style-type: none"> Workshop was held in 26~29 July 1999 with 6 LHV from Bhara Kahu, Tarlai, Sihala. Training Plan has been finalized Training Material was completed Training was held from Sep 27 to Oct 1, 1999 with 13 LHVs. 	<ul style="list-style-type: none"> Quarterly meeting with LHV in ICT Meeting with DHO to make plan Plan and Implement LHV training in Attock and Nowshera 	

LHW	<ul style="list-style-type: none"> • Three workshops were held (Aug 17~18, 1998 and Dec 18~19 1998 and Jan 28, 1999) • Implement refresher training every month.(Nov 3-5 & Dec 6~8, 1999) 	<ul style="list-style-type: none"> • Implement refresher training every month • Plan and implement by promoting Kitchen Garden and cooking class for mothers • To help Women's group which LHWs should have and manage. 	
Medical Officers (MO)	<ul style="list-style-type: none"> • Doctor one day workshop has been carried out since April 1998. 	<ul style="list-style-type: none"> • Regular meetings with MOs/WMOs of ICT 	
TBA	<ul style="list-style-type: none"> • Hold 15 days workshop (3 time in 1998) 	<ul style="list-style-type: none"> • Criteria for TBAs should be defined • To make Curriculum/manual/ material for TBA training • Hold TBA Training ICT 	
Other Training	<ul style="list-style-type: none"> • Hold Mother's class at OPD 	<ul style="list-style-type: none"> • Plan Father's class at MCH OPD. • To continue Human Relation Training • To Train Facilitator for Human Relation Training 	
2-4 Establishment of Monitoring and Evaluation of Administration, Training, and Medical Services	<ul style="list-style-type: none"> • KAP survey for mothers has been carried out in May and June 1999 (Pretest of long term evaluation) • For Trainees, pre and post test has been carried out 	<ul style="list-style-type: none"> • Evaluation method for the function of community Health Personnel should be established. • To implement post test of long term evaluation. • Statistics class for MCH Staff. • Plan E/M System Administration and Medical Service 	

2-5 Propaganda on MCH Center	<ul style="list-style-type: none"> • Published Newsletter (Japanese version) ▪ Hold UNDP funded International Workshop on "Safe Motherhood" on Nov 23-25, 1999. • Plan video production 	<ul style="list-style-type: none"> • Publish Newsletter (English version) • Hold another workshop on "Safe Motherhood" for ICT • Production of Videos • MCH Project's Web Page 	
2-6 Coordination and Cooperation among concerned Authorities and Other Provinces	<ul style="list-style-type: none"> • Attend donor meeting 	<ul style="list-style-type: none"> • Establish deep cooperation with other donors ▪ To cooperate training activities with DHO and PM Programme 	

Training Activities

TBA Workshop

Date/Duration	Number of participants	Participants activity area
January 12~27, 1998	15	Bara Kahu, ICT
February 16~March 4, 1998	15	Sehala, ICT
March 16~April 2, 1998	15	Tarlai, ICT

LHV Workshop

Date/Duration	Number of participants	Participants activity area
July 26~29, 1999	6	Bara Kahu, Tarlai, Shihara, ICT
September 27~October 1999	13	Bara Kahu, Tarlai, Shihara, ICT

Result of Pre, and post.

Percentage of correct answers

	Pretest	Post-test
First group (96questions)	79%	86%
Second group (93questions)	79%	83%

LHW Workshop and Refresher Training

Workshop

Date/Duration	Number of participants	Participants activity area
August 17~18, 1998	16	Tarlai, ICT
December 18~19, 1998	11	Sehala, ICT
January 28, 1999		

Result of Pre and Post-test

Percentage of correct answers

	Pre-test	Post-test	One month after
Second group (68questions)	69%	74%	75%

Refresher Training

Date/Duration	Number of participants	Participants activity area
November 3~5, 1999	9	Rawat, ICT
December 6 ~8, 1999	8	Rawat ,ICT (no duplication)

Result of Pre and Post-test

Percentage of correct answers

	Pre-test	Post-test	One month after
First group (80 questions)	69%	75%	73%
Second group (80 questions)	65%	72%	

Doctors Workshop on Safe Motherhood (One Day)

April 22 1998

September 23, 1998: 24participants (Female Private Doctors 12, Women Medical Officer of ICT 4, Doctors of MCH8)

October 28, 1998: 24 participants .

August 25, 1999: 22 Participants (ICT Health Facility 11, MCH Doctors 11)

TBA, LHW, LHV Workshop

Date : April 29, 1998

Tame : Safe motherhood,
Networking between community, health workers and MCH Center

Participants :30(2 Nurse, 8 LHVs, 10 LHWs, 10 TBAs)

CURRICULUM FOR LHW'S REFRESHER TRAINING

FIRST DAY :

- Care during pregnancy
- Danger signs
- Preparation for delivery
- Care of new born

SECOND DAY :

- Nutrition
- Postnatal care

THIRD DAY :

- How to use material
- Practice
- Review

CURRICULUM FOR LHV'S TRAINING

FIRST DAY :

- Prenatal care
- Care during normal labour
- Care of the new born

SECOND DAY :

- Observation & practice in delivery room and OPD
- Review

THIRD DAY :

- Importance of Maternal Health Education
- Observation of Maternal Health Education
- Practice of Maternal Health Education
- Major complication during pregnancy

FOURTH DAY :

- Observation & practice in delivery room and OPD
- Review

FIFTH DAY :

- Management of postnatal complication
- Discussion on referral model
- Review of training & post test

ABBREVIATION

NO.	ABBREVIATION	DETAIL
1.	HMIS	Health Management Information System
2.	OPD	Out Patient Department
3.	MCH	Maternal & Child Health
4.	DHO	District Health Officer
5.	ICT	Islamabad Capital Territory
6.	FY	Fiscal Year
7.	MOH	Ministry of Health
8.	PIMS	Pakistan Institute of Medical Sciences
9.	LHV	Lady Health Visitor
10.	LHW	Lady Health Worker
11.	MO	Medical Officer
12.	WMO	Women Medical Officer
13.	TBA	Traditional Birth Attendant
14.	KAP	Knowledge, Attitude and Practice
15.	E/M	Evaluation and Monitoring
16.	UNDP	United Nations Development Programme
17.	PM Programme	Prime Minister's Programme for Family Planning and Primary Health Care
18.	MHE	Maternal Health Education
19.	NE	Nutrition Education
20.	RHC	Rural Health Centre
21.	BHU	Basic Health Unit

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6. Dr. Mohsina Sultana, Medical Officer/Counterpart to MCH Project, MCH Centre, PIMS
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9. Ms. Mumtaz Begum, Nursing Superintendent, Children Hospital, PIMS
10. Mrs. Humaira Khushnood, Nursing Supervisor, MCH Centre, PIMS
11. Mr. Allah Rakha, Incharge Statistical Department, MCH Centre, PIMS
12. Ms. Rubina Danial, Charge Nurse, MCH Centre, PIMS
13. Ms. Anis Fatima, Charge Nurse, MCH Centre, PIMS
14. Ms. Nilofer Ghani, Charge Nurse, MCH Centre, PIMS
15. Mr. Muhammad Razzaq, Senior Accounts Officer, PIMS
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17. Mr. Gulzar Shah, Dealing Official (MCH Project Correspondence), MCH Centre, PIMS

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JICA Pakistan Office :

1. Mr. Kazuki Takeuchi, Deputy Resident Representative, JICA Pakistan Office
2. Mr. Sohail Ahmed, Senior Programme Officer, JICA Pakistan Office

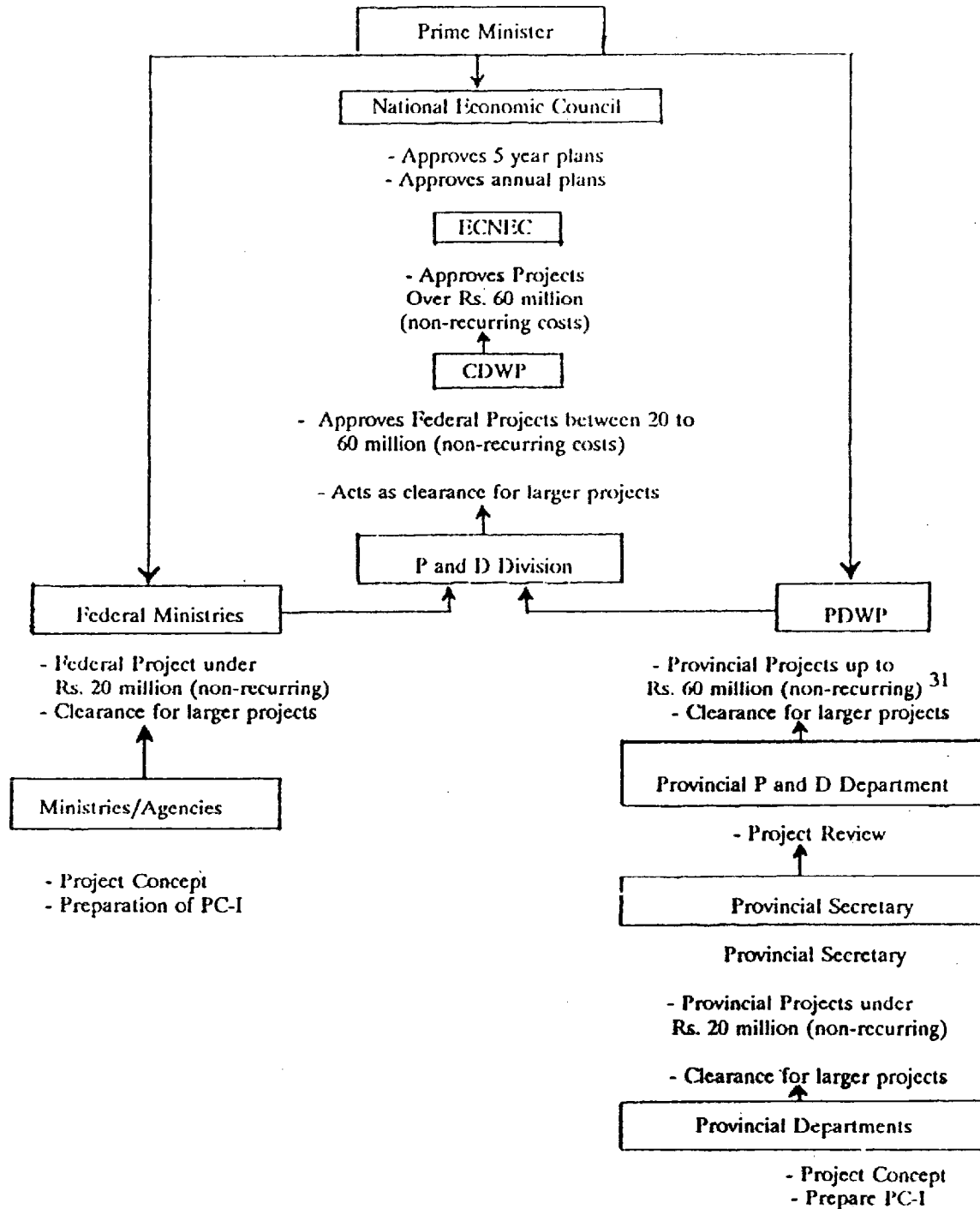
MCH Project :

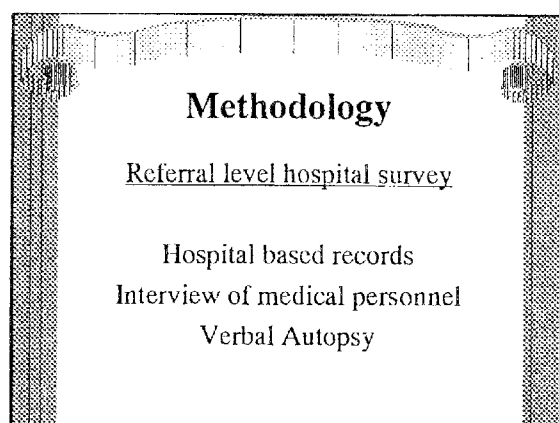
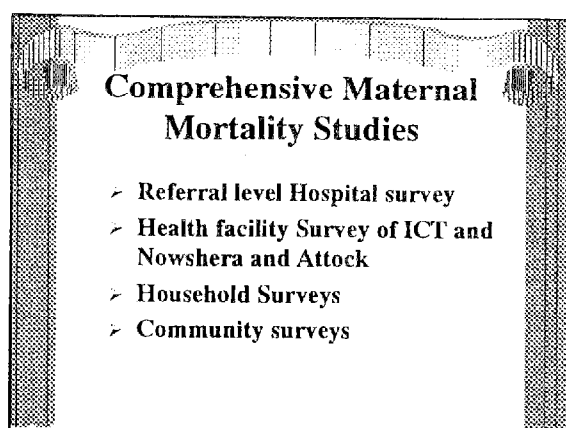
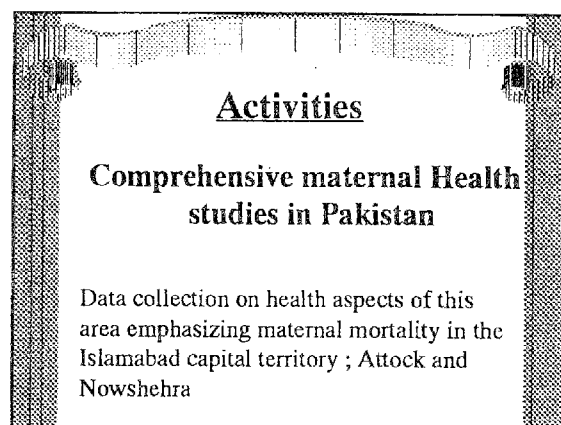
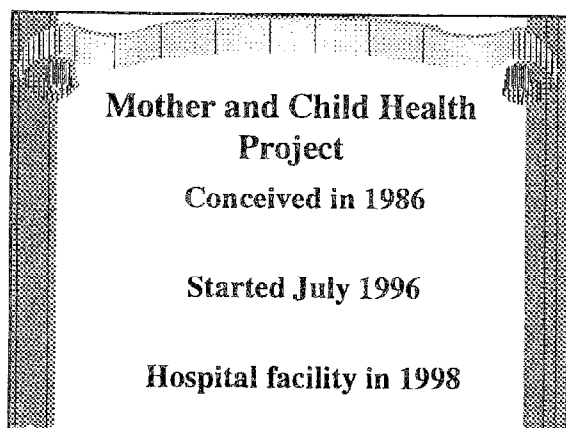
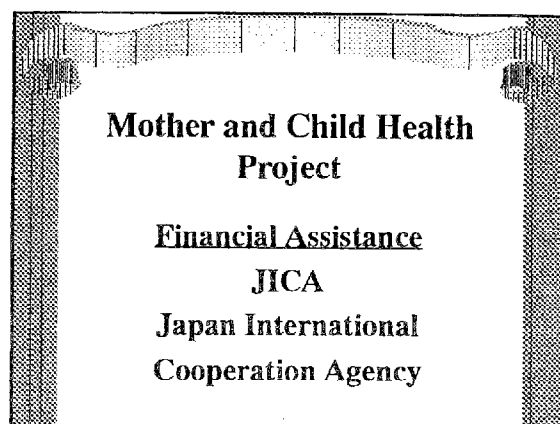
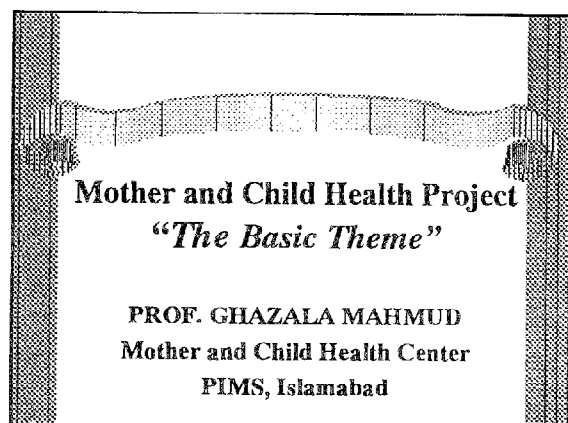
1. Ms. Kaori Tanaka, Project Coordinator, MCH Project, PIMS
2. Ms. Yukiko Hasebe, Nutrition Expert, MCH Project, PIMS

-57-

Chart - II

THE APPROVAL PROCESS





Methodology

Health facility survey ICT Nowshehra and Attock

- Descriptive cross sectional study
- Complete census in ICT area
- Random sampling in Attock and Nowshehra

Methodology

ICT (Mar`18th -Apr`30th 1997)
Nowshehra (Feb 19th-Mar 21st 1998)

House hold Survey

- Cluster sampling
- Sister hood method

Community Surveys

Knowledge and practice about maternal health and nutrition (May-June 1999)

- A case control study
- Aimed at long term evaluation of the training program.

Community Surveys

Focus group discussions Feb-June 1997

- Five groups of informants (LHWS, TBA's, lactating and pregnant mothers, Mother in-laws and husbands)
- To ascertain living conditions and knowledge of women and their families regarding maternal health

Community Surveys

Nutrition Survey (1996-97)

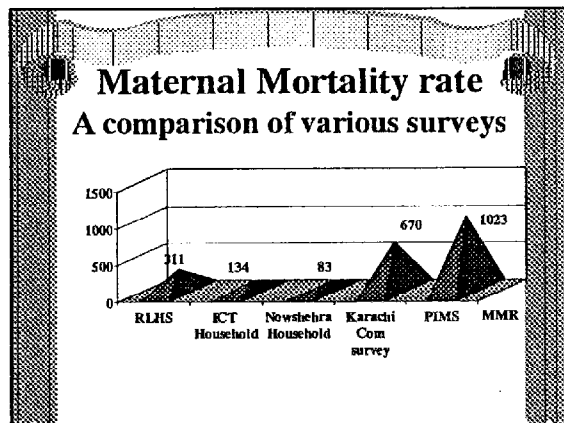
- Nutritional education program for LHIW's to reduce anemia amongst pregnant and lactating women (Sept 1996)
- Supplementary training course (May 1997)

Results

Referral level hospital survey

Study period Jan`97- Dec`97

Total maternities	19566
➤ Maternal deaths	61
➤ Maternal mortality rate	311/100000
maternities	
➤ Successful community Survey	44 cases
➤ Incomplete survey	17 cases



Interventions

Workshops

- LHW's
- Nurses
- Doctors

Workshops

- Safe motherhood
- Establishment of referral system

Interventions

Introduction of referral cards

Referral from Northern areas

MCH center

- Primary care
- secondary care
- tertiary care

Out reach programs

- Antenatals in ICT twice weekly
- Ultrasound scans
- Consultation
- Counseling
- Identification of high risk cases

TRAINING PROGRAMME

Nurses, LHWs, LHV's, TBAs

Ms. Humaira Kushnud
Nursing Supervisor

Nurses Training

National Workshop (July 1997)
Antenatal and Postnatal Care

Objective

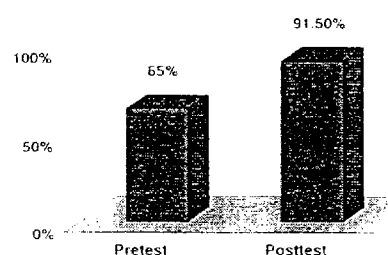
- * create awareness among nurses about maternal and child health.

Contd.....

CONTENTS

- Antenatal care
- High risk factor in the pregnant women
- Safe delivery
- Postnatal care

Results



National workshop

EXHIBITION

Maternal Health Education

27th Dec. 1997

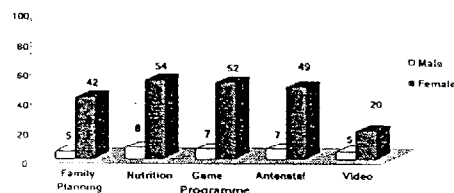
Objective:

- ▲ Sensitize the public about maternal and child health.





Number of Visitors at the Exhibition

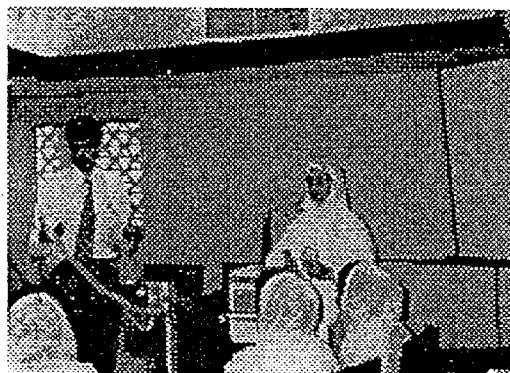


ORIENTATION PROGRAMME MCH Nurses

7 OCT. 98

Objectives:

- ▲ Recognize the role of each department
- ▲ Develop inter personal relation among MCH staff.



Community Health Workers

QUALIFICATION :

- ▲ LHVs Matric (10years education)
Public Nursing, Midwifery(2yrs)
- ▲ LHWs Middle (8years education)
Woman in the community
Preferably married
1 year field training
- ▲ TBAs No qualification

LHV KEY ROLE IN COMMUNITY

- ▲ Ante-natal care
- ▲ Intra-natal care
- ▲ Post-natal care
- ▲ Supervise LHWs
- ▲ Train LHWs

LHV

TRAINING Lady Health Visitors

▲ LHV

Refresher Training for LHV

July 26 ~ 29, 1999

Sep 27 ~ Oct 01, 1999

Objectives

- ▲ Improved provision of health education and pre/postnatal care
- ▲ Manage normal delivery
- ▲ timely recognition and referral

LHV

Role of LHW

HOME VISITS

- ▲ Health education
- ▲ Antenatal care
- ▲ Postnatal care
- ▲ Infant care
- ▲ Vaccination
- ▲ Maintain HMIS

TRAINING Lady Health Workers

▲ LHW

Refresher Training for LHW

Aug 17~18, 1998

Dec 18 ~19, 1998

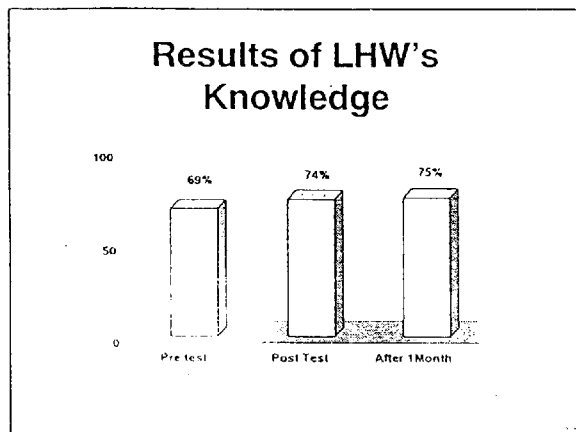
Nov 03~05, 1999

Objectives

- ▲ Create awareness about maternal health education
- ▲ Identify high risk cases and timely referral
- ▲ Use pictorial manual for teaching to mother in community

Contents

- ▲ Skills for MHE
- ▲ Pre and post natal care
- ▲ Danger sign during and after pregnancy

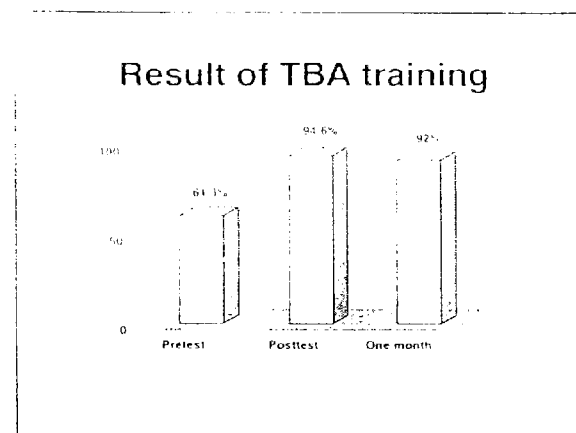
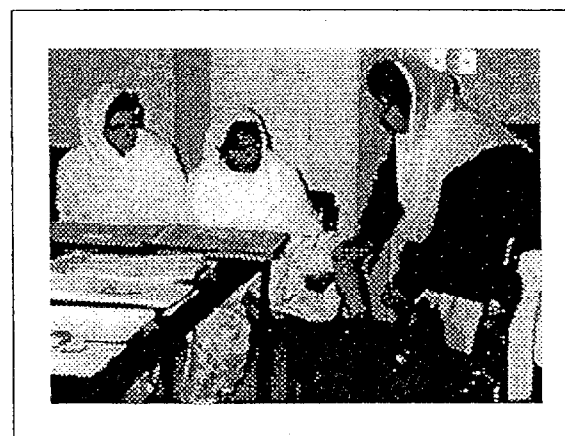


TRAINING Traditional Birth Attendant

▲ First Jan 14 ~ 28 1998

▲ Second Feb.16 ~ March 4 1998

▲ Third 16 March ~ April 2 1998



Workshop for LHV, LHW, Supervisor, LHW, TBA's Oct. 1997

Objectives:

- ▲ Enable the participants to understand that most maternal deaths are preventable
- ▲ Networking between community health personnel and referral hospital staff.

Conclusion

- ▲ Improve Knowledge, Attitude and Practice (KAP)
- ▲ Timely identification of high risk and their referral
- ▲ Continued Training