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Pakistan NGO Initiative (PNI) and
Pakistan National Forum on Women's Health (PNFWH)

**THE MotherCare EXPERIENCE IN PAKISTAN
DISSEMINATION AND STRATEGY WORKSHOP
ON MCH AND NUTRITION**

Women and Children's well-being A National Concern

October 6-8, 1998
Islamabad

The Asia Foundation
The MotherCare
PNFWH
UNICEF

Executive Summary

The three-day workshop "The Mother Care Experience in Pakistan: Dissemination and Strategy Workshop on MCH and Nutrition" was held in Islamabad from October 6 to October 8, 1998. The Workshop was organized by The Asia Foundation, MotherCare, and Pakistan National Forum on Women's Health in collaboration with UNICEF. The Workshop was attended by representatives of the NGOs collaborating under the Pakistan NGO Initiative (PNI), other NGOs representatives, government officials from the ministries of Planning & Development and Health, experts from the academia, and professionals from media and production houses.

The purpose of the Workshop was to provide a forum to the collaborating NGOs to share their research experiences with the participants. These experiences included results of formative Maternal and Child Health (MCH) research conducted by the collaborating NGOs using the instruments like in-depth interviews and Trials for Improved Practices (TIPs), their experiences of interaction with the community during the research phase, and the different ways through which such experiences could be utilized to further networking, synergy-building and preparing plans of action.

The Workshop also provided an opportunity to the participating groups to explore the ways and means through which they could build upon the research results, disseminate them in the best possible way, and use innovative techniques to spread the important MCH messages far and wide.

The first two days of the Workshop (October 6-7) had plenary and group working sessions involving all participants. The third and the last day (October 8) was used by the collaborating NGOs to make their plans for the next phase of the Project.

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Acknowledgement

This workshop acted as a forum to share experiences of MotherCare. The Asia Foundation and participating health NGOs under phase-1 of the Pakistan NGO Initiative health component (PNI).

In 1997/98, eight NGOs collaborated in formative research on infant feeding, maternal nutrition, and pregnancy-related care with the intention of informing program activities in areas beyond breastfeeding. This formative research led to the development of Information, Education and Communication (IEC) materials, and a comprehensive counselling curriculum on Maternal and Child Health (MCH) and Nutrition.

The core research team from the NGOs presented the research results to the audiences and developed strategies for future implementation of IEC interventions during the Workshop.

We thank the staff and management of our NGO partners, TAF-PK, Pakistan National Forum on Women's Health (PNFWH), and UNICEF for their collaboration. We also thank the Government of Pakistan representatives, and international agencies for their participation. We are also grateful to Spectrum Communications for their help and assistance.

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Acronym

AIDS	Acquired Immuno-Deficiency Syndrome
APPNA	Association of Pakistani Physicians in North America
ARI	Acute Respiratory Infections
BASICS	Basic Support for Institutionalizing Child Survival
CPs	Collaborating Partners
EOC	Emergency Obstetric Care
EPB	Expanded Program on Breastfeeding Promotion
FPAP	Family Planning Association of Pakistan
FPHCP	Frontier Primary Health Care Program
GoP	Government of Pakistan
HANDS	Health & Nutrition Development Society
IPC	Interpersonal Communication
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
MCH	Maternal and Child Health
MILs	Mothers-in-Law
NGO	Non-Governmental Organisation
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PAK-CDP	Pakistan Community Development Programs
PMP	Prime Minister's Program for Family Planning & Primary Health Care
PNFWH	Pakistan National Forum on Women's Health
PNI	Pakistan NGO Initiative
RDA	Recommended Daily Allowance
TAF	The Asia Foundation
TAF-PK	The Asia Foundation, Pakistan
TBAs	Trained Birth Attendants
TIPs	Trials for Improved Practices
USAID	United States Agency for International Development

1. INTRODUCTION

Pakistan NGO Initiative (PNI), a multi-collaborative venture involving The Asia Foundation (TAF-PK), Aga Khan Development Network (AKDN), MotherCare, BASICS and Wellstart as partners, started off with a USAID grant for the NGOs of Pakistan in 1995. The Asia Foundation under the Pakistan NGO Initiative (PNI), designed a project to give grants and strengthen NGO capacity to work with local communities to access and deliver improved social sector services, with emphasis on maternal health, child survival, female education, and family planning. Technical assistance in health was provided by cooperating agencies MotherCare/The Manoff Group, BASICS, and Wellstart International's Expanded Promotion of Breastfeeding Program (EPB) under a separate service delivery contract USAID.

In December 1995, an initial dialogue with a select group of NGO partners representing all provinces revealed a demand for low-literacy health education material to promote breastfeeding. With technical assistance from Wellstart, and later from The Manoff Group the NGO workers developed, pretested and revised educational and counseling cards and cassette tapes, as well as a community-based health and nutrition curriculum. Women's support groups are being established at the community level to accommodate the needs of breastfeeding women, pregnant women, and mothers of babies over six months, engaging local women in dialogue and action to strengthen their knowledge and ability to promote and practice positive health and nutrition behaviors.

At a PNI planning meeting held in December 1996, the need was expressed for more formative research in the areas of infant nutrition and feeding during illness and recovery, maternal nutrition, and prenatal care in order to develop more educational and counseling materials. Partner NGOs have been integral to conducting this formative research in preparation for the development of a second series of counseling cards and revision of several chapters of the curriculum.

These NGOs will now act as strong national institutions for social development, but will also act as a conduit for transferring their skills and knowledge to other NGOs in Pakistan through a highly sustainable mode of operations.

The three-day Workshop "MotherCare Experience in Pakistan: Dissemination and Strategy Workshop on MCH and Nutrition" was held in Islamabad on October 6-8, 1998, in collaboration with UNICEF, and PNFWH. The purpose was to share the PNI experience and findings of a national formative research study with program managers

from Government and NGOs, policy makers, donors and professionals from the private sector. The Workshop was intended to provide a forum to the collaborating partners ie NGOs, TAF-PK, MotherCare to share:

- The findings of formative research on MCH and Nutrition
- PNI NGOs community based strategies for individual and group counselling through formation of mothers support groups, and

NGO experiences with their senior managers and other NGOs donors to develop future plans of action for community based MCH communication strategies and designing of further interventions such as community base referrals for EOC, anemia, and male involvement in Family Planning, MCH and Nutrition.

2. PROCEEDINGS OF THE WORKSHOP – DAY ONE

2.1 Introduction to PNI

The Workshop was chaired and inaugurated by Dr. Mushtaq A. Khan, Senior Chief, Health & Nutrition Planning Commission, Government of Pakistan.

Dr. Suzanne Saulniers, Assistant Representative, TAF-PK, provided the background information on PNI, its purpose, funding and its evolution. Ms. Naveeda Khawaja, Health Advisor, MotherCare, dilated on the role of MotherCare and other collaborating partners.

2.1.1. Safe Motherhood and Nutrition Situation in Pakistan

Dr. Fehmida Jalil gave an overview of the nutritional status of women and children highlighting the issues Pakistan faces in this regard.

Dr. Farid Midhet gave an overview of the maternal health status in Pakistan with specific references to the maternal mortality in NWFP and Balochistan provinces. Dr. Mushtaq A. Khan, Senior Chief, Health & Nutrition remarked that Dr. Midhet's data could not be representative of Pakistan as a nation. Dr. Khan thought Dr. Midhet's statements were too generalized.

2.1.2. Presentation on Research Methodology

Dr. Fehmida Jalil, principal research investigator shared with the participants the purpose of research, research methodology, sample presentations, and descriptions of different methods used in the research and the process for Trials for Improved Practices (TIPs).

2.1.3. Research Sample

The research targeted pregnant women and lactating mothers with a child currently less than five months of age. Critical to understanding these groups were the Trials of Improved Practices (TIPs) conducted with 46 lactating women and 32 pregnant women. A total number of 91 mothers, 44 family members, and 66 health care providers were interviewed through TIPs, and in-depth interviews. This participatory research technique invites program participants to pretest potential program 'products' or practices prior to their inclusion in the program. Besides helping to define practices, TIPs also indicate the relative ease or difficulty of people adopting the practices, the nature and strength of barriers to carrying them out, and benefits and other motivations to help overcome these resistances.

2.1.4. Research Methods

TIPs methodology consists of a three step interview. Researchers conduct three interviews with pregnant and lactating women. In the first interview, each woman's 24-hour recalls are recorded. These recalls represent her daily routine and include her dietary intake patterns. Teams then analyze the 24-hour recall using the caloric charts and go back on the 2nd day to the same woman to give her feedback on the dietary analysis and any problems identified. In this second interview, researchers offer recommendations of improved practices along with motivations for the identified problem, and the researchers and the woman agree on two recommendations for the woman to try over the next five days. The interviewers return on the sixth day, do another 24-hour recall, and discuss the mother's experience of trying the recommended practices.

The methods involved in this research were TIPs, in-depth interviews, and observations.

2.1.5. Purpose of Research

The objectives, as outlined in the presentation, were to learn about:

- Mothers understanding and beliefs regarding child nutrition and care during states of health, disease, and recovery
- Mothers' understanding regarding her own nutrition during pregnancy and lactation, and her awareness of risk factors and other danger signs during pregnancy and delivery.
- Understanding the attitude of husbands and mothers-in-law (MILs) regarding the health care and nutrition of women and children
- Understanding and attitudes of health care providers and also to assess their motivations and constraints for effective counselling in this context.
- Capacity building of NGOs to do qualitative researches and designs community-based interventions
- Revision of behavioural grids in the light of new search and research
- Development/revision of curriculum and counselling materials, and
- Involvement of health planners (NGOs in this case) from the conceptual stage up to the information dissemination stage.

2.1.6. Training of Research Team and Documentation of Result

Ms. Abida Aziz, member of the research team, provided an overview of the training of research teams, documentation of results, design and development of protocols, data collection and analysis, and proper documentation.

Research training objectives were to provide orientation, skills, knowledge, and pretest and modify the instruments. Research workshops were held in the provinces aiming at improving research skills, honing supervisory skills, training NGOs research teams, and for management of detailed planning. Training dwelt further on building skills in data analysis, defining ideal practices, accrual of general findings, benefits of an intervention, and the barriers present as obstacles against behaviour change.

2.1.7. Summary of Research Experience

The researchers had interesting experiences with mothers, with co-researchers, and with the sponsoring organization. Some of the researchers found the mothers very shy initially but as they came to know each other, they were able to develop a rapport based on mutual confidence, respect, and mutual advantage; a typical adult-to-adult relationship was developed in which communication breakdown became minimal.

The researchers were a little wary of the word 'research' as they thought it was an exclusive preserve of 'professors' and 'consultants.' After filling in interview questionnaires, they thought their job was done. Initially the NGO staff were not expecting to 'analyze' the data, later they felt that it was very useful as the core research team from MotherCare trained them in qualitative data collation and data analysis.

Initially some mothers were a bit nervous with the TIPs methodology, especially the recall and the recommendations. For them, it was like sharing a 'private' moment with an outsider. But slowly, considering that the whole exercise was for their benefit, they let the researchers come closer.

Some of the researchers had even done their own qualitative research after learning through the process. All of them found research to be "socially usable, sustainable in nature, and very effective when it comes to develop, design and execute some behavioral interventions."

2.1.8. Finding from In-depth Interviews of Pregnant and Lactating Mothers

Later, representatives from the participating NGOs presented the findings from in-depth interviews of pregnant mothers, findings from lactating mothers, and continuation of maternal health research.

Findings from in-depth Interviews of Pregnant Mothers provided information on dietary practices, food taboos, food distribution practices, pregnancy related health seeking practices, awareness of danger signs/preparation for delivery, anemia, child birth and care of the new born. These were presented by: Ms. Gulbadan Azam, Ms. Rukhsana Faiz, Ms. Rubina Massey, Ms. Tazeem Zahra, Ms. Munazza Haris, and Dr. S. Manzoor

Some of the key findings, presented by the NGOs researchers were:

- Husbands and Mother-in-laws(MILs) emphasized the importance of improved diet throughout pregnancy
- Vegetables were valued less when it came to nutrition benefits
- Trials to increase quantity of food showed positive response
- There are still barriers like "too much food will increase the size of the baby resulting in difficult delivery
- Mothers eat last in many families after others have finished
- Majority of pregnant women had no part in food purchases
- Hot foods like egg; meat, fish, peanuts and other nuts are considered taboos because their intake is thought to cause vaginal bleeding and miscarriages.
- pregnant women do not visit health facilities until they are ill
- pains, weakness, bleeding, and fever were given as the commonest reasons for visiting a health provider
- almost all mothers and fathers take weakness in pregnancy as a natural state something that they do not need to worry about
- many mothers were of the opinion that no medical advice is necessary during pregnancy because these symptoms disappear after pregnancy
- TBAs play an important role as an advisor for referral
- postpartum infection, and sepsis is considered as a normal occurrence after delivery
- almost all urban and most rural women have heard about anaemia
- more than half of women did not know the causes of anaemia
- majority of the MILs knew about anaemia and suggested good food to get rid of it
- some mothers mentioned family's resistance to family planning as an obstacle for planned parenthood.
- Mother's and families are unaware of hygiene practices during and after delivery
- the TBAs did not have access to safe and hygienic delivery instruments
- Transfers are difficult to arrange and mothers have to wait for 2-3 days before reaching the health facility.

Some of the significant Findings from Lactating Mothers that woman linked eating well with increased milk supply, and satisfaction of their baby's hunger.

- Many women do change their diet by adding milk, lassi, eggs, meat (urban areas primarily), and vegetables to their diet.
- The concept of increase in food and liquid intake was a practice which mothers could adopt easily, and a significant number of women did make changes in their diet during lactation.
- Although there were some good breastfeeding practices like feeding on demand through day and night, exclusive breastfeeding during the first six months was non-existent in rural locations.
- Those who practiced exclusivity told that the baby was too young for other liquids and would get diarrhea if they were introduced to her.
- While some mothers supplemented breastfeeding with water, Gripe water, qahwa, ghutti, satti, and honey, most rural TBAs recommended ghutti(pre-lacteal) while the urban TBAs were against ghutti. MIL thought babies needed water to avoid dehydration, jaundice, stomachache, and constipation during the first six months.

2.1.9. Finding from Trials for Improved Practices

Dr. Munazza Haris presented her findings on pregnant and lactating mothers trials for pregnant and lactating mother: During the first interview, a 24-hour recall was done which showed that pregnant women's daily caloric intake was lower than the recommended daily allowance(RDA) of 2,500. At the end of the trials the , the same women were eating more, felt better, less dizzy, and the size and frequency of snacks had increased. However they did not agree to add ghee while cooking or eating as they thought ghee could cause jaundice and indigestion. Some women found 'dietary support' after their husbands and MILs understood that eating more fruits and vegetables was good for women's health. In pre-trial period, women were not taking iron pills. But after trials, there was a four times increase in the iron pill intake. One of the MILS commented, "when my daughter-in-law did not take iron pills, she used to have miscarriages. After she started taking these pills, she stayed pregnant."

The recommendations to increase liquid intake before every feed, introducing variety of foods for balanced diet and ingestion of iron pills were made. These trials were very successful and the women after trials took more liquids, and felt that milk production had increased. Those women who had started taking iron pills were feeling better both physically and psychologically.

2.1.10. Implications for the Program Design – Presented by Abida Aziz

Ms. Aziz presented the major recommendations based on the outcome of the trials. These recommendations were: “all pregnant women need to increase their food intake” and “pregnant women should get at least three ante-natal check-ups” were dealt within the context of programmatic implications like uniformity of medical advice, pictorial presentation, and counseling techniques.

This includes increasing the amount of food, the variety of foods, and the frequency of meals and snacks. Women need to eat three meals and have at least three snacks every day.

Implications for Program Design

- Families should be provided with clear pictorial guidelines about how much and how often a woman should eat during pregnancy. The importance of an improved diet must be promoted to all family members so that the right types of foods are bought and the woman can increase her food consumption by enough with the food left over after others have eaten.
- All health care providers should discuss a pregnant woman's food intake with her and give the same guidelines each time they meet.
- Because weight gain is a strongly-held concern of pregnant women, an approach must be identified for overcoming this potential resistance.
- Based on the trials in which pregnant women willingly ate more, felt better, and agreed to continue the practice, the best approach is probably to focus on an improved diet, including eating more, without any specific discussion of weight gain.
- Additional research is needed on the acceptability of energy-dense snacks.
- Efforts to improve the nutritional status of pregnant women should target husbands, because they shop for food.
- Women need to understand that eating well is not selfish, but rather an action undertaken for the good of the family. This might encourage them to be less self-sacrificing and more equitable in the food distribution.

Key phrases might include: “An extra roti at each meal makes pregnant women energetic and keeps weakness and the doctor away.”

Other recommendations and program implications for iron and safe motherhood programs included:

- Pregnant women need to take iron tablets
- Mothers and families need to know the risk factors/danger signs of pregnancy and delivery

Overall program implications revolved round:

- Women and their families need to hear from all health care providers that prenatal care means preventing illness for the mother and the child and possibly preventing trips to the hospital later during delivery.
- Key phrases might include: “Women can feel good and have energy during pregnancy if they follow this prenatal plan.”
- Women and their families need to hear from all health care providers that prenatal care means preventing illness for the mother and the child and possibly preventing trips to the hospital later during delivery.
- Key phrases might include: “Women can feel good and have energy during pregnancy if they follow this prenatal plan.”
- Pregnant women and their MILs should interview dais and ensure that they select only those who have received training and will carry out a clean, hygienic delivery. (Families might benefit from a visual checklist of things that they need for a safe delivery.)
- Pregnant women, MILs, and husbands should be able to describe a normal delivery, recognize possible problems and consequences, and what needs immediate medical attention.
- Because mothers-in-law have a strong voice in family decision-making and tend to have control over their sons, they should be well informed and positioned as the experienced ones who ensure that if danger signs appear, the woman is immediately referred to a doctor.
- The practice of keeping a baby warm after delivery should be promoted.
- Pregnant women, MILs, and husbands should be able to describe the cause of postpartum fever, the need for treatment, and methods of prevention.

Recommendations for lactating mothers were:

- Women should initiate breast-feeding right after birth and give only breast milk until the end of 5th month

- Because dais are trusted sources of information who are already present at deliveries, they should start the mother breastfeeding immediately. This should not be too difficult since the research showed that dais support early feeding. With some additional information, they could be the main promoters of optimum breastfeeding initiation and newborn care.
- The importance of colostrum and early initiation of breastfeeding needs to be actively promoted to all people who participate in the birth rite, perhaps as part of the birth ritual.
- Positioning mother's milk as "the natural, God-given ghutti" may be one way to satisfy both tradition and health needs.
- Helping mothers understand that breastmilk contains a lot of water might help convince them to refrain from giving water to children less than six months old.
- Because mothers have made the link between other milks and diarrhea, water should be positioned with other milks as a possible cause of diarrhea.
- Mothers and families should get clear and consistent messages about exclusive breastfeeding for the first six months and the dangers of other liquids, including water.
- Key phrases: "Immediate breastfeeding helps the mother to stop bleeding and brings in the milk supply." "The newborn is hungry and needs milk right after birth." "The first milk from the breast is God's natural ghutti."
- Lactating women need to increase their food intake.
- Ways to increase calories, such as giving panjeeri and enriching milk drinks, should be explored. While fruit is desirable, it is not high in calories when eaten fresh with nothing accompanying it. Conducting some recipe trials could test the acceptance of various high-calorie snacks and combination foods. Another useful approach would be a more in-depth study of the eating habits of the women who are able to eat the recommended caloric intake, in order to identify practices that would be acceptable to other women.
- Lactating women, as well as their families, should receive the recommendation to add meat or eggs to the lactating woman's diet every other day, thereby empowering women to ask their husbands for food for their health.
- Key phrases: "Mother will have more energy and be better able to take care of the baby and family." "Mother will have more milk to feed the baby and ensure his health."

A lactating woman should drink a glass of water before each breastfeeding and drink more liquids, milk, juice, water, and lassi to help produce more milk.

2.1.11. Findings from Trials for Improved Practices Included findings from In-depth Interviews with Health Care Providers

Presentations by participating NGO researchers on research findings continued during the second half of the day. These researchers included Ms. Rahima Panwar, Ms. Saeeda Qureshi, Mr. Iqbal Ibrahim, Mr. Sarwat Mirza, Ms. Fauzia Malik and Dr. Fehmida Jalil.

The presentations were on:

- Perceptions and Practices Regarding Child Nutrition covering feeding and care of healthy children (6-11, 12-24 months),
- Health status/breastfeeding/formula feeding/semi solids and solids, and
- Findings from TIPS from 6-24 months.
- Mothers' Perception and Practices Regarding Feeding and Care of Children with Diarrhea/Recovering from Illness covered children from 0-5 months/6-24 months.
- It dealt with health status/mothers' beliefs regarding dangers/treatment, breast and formula feeding, complementary feeding and food taboos.

Some of the salient findings from above presentations (in that order) are:

- Some of the mothers who were breastfeeding, took breastmilk as a safe, less expensive, satisfying the child, easy to digest and always fresh.
- Most of the mothers wanted to breastfeed the child up to two years
- Some of the mothers thought they had sufficient milk for the child as the child was satisfied, was playful, slept well, did not cry, and mothers' breasts were full of milk
- Some of them thought they did not have enough milk because the child kept crying, was getting weaker, was not playful, and took the bottle eagerly
- Some of the mothers supplemented breastfeeding with formula feeding in order to ensure that the child received enough food, and slept well. Some had decided to bottle-feed the child on their own, while some were influenced by MILs.
- Buffalo milk was being given commonly
- Age for introduction of semi solids ranged from 0-6 months to 0-9 months, and in some cases 0-10 months.

- Other food supplements were banana, commercial preparations, khitcherie, eggs and kheer
- Some mothers had started giving the food to the child because the child began to grab the food while some said they did not have sufficient milk for the child.
- Some mother thought meat was harmful for the child
- Some of the less commonly given foods, which could cause problems, were kacholoo, spicy foods, eggs, colostrum of buffalo, and biscuits.
- Sources of information/advice for the mother were their mothers, MILs, neighbours, their own experience. No one mentioned mass media as a source of information
- Foods like brinjal, cauliflower, spinach, okra, potato, lentils, meat curry, lassi, citrus fruits and grapes were not given to children. During the 6-11 months age
- The reasons cited for food taboos were that these foods were 'badi,' they were 'garm,' and they caused diarrhea, caused sore throat and mouth, and were difficult to digest producing 'gas.'
- Some mothers, whose children were between 12-24 months of age, reported their children were vaccinated
- Some of them talked about inadequate (not full) vaccination coverage
- Some mothers could not recall full information about immunization
- Some mothers mentioned episodes of diarrhea, ARI, fever, cold, cough as ailments
- Those mothers, who were bottle-feeding, gave the reason that "others could feed the child."
- Some of the mothers had started bottle-feeding the child on the advice of the doctor, MILs
- Mothers preferred banana, khitcherie, roti, Cerelac/Farex, egg, halwa, kheer, phirmi, sawaiyyan, vegetables and yogurt as solid semi/solid foods
- Children were often not being given the same food from 12-24 months as the other family members were being given like carrots, cauliflower, and spinach and ladyfingers as they induced diarrhea. Apples, oranges, and cold drinks were 'thanda' and badi (gas producing) for chest while egg was 'garm' (hot)

- Some of the mothers said their children had their own bowl and it helped them monitor how much food the child had taken
- If the child refused to eat, some mothers responded with a different food or less quantity
- Some mothers were satisfied with the amount of food the child was taking while some thought they were growing well
- Mothers may perceive their children as growing well when they may actually be faltering. Mothers weren't aware of the exact quantity of food for their children.

The incidence of diarrhea and convalescence was also presented during the 0-5 and 6-24 months ages. Some of the salient findings from these TIPs were:

- Breastfeeding is decreased during illness
- Lack of proper hygiene is rampant
- Most of the mothers do not breastfeed exclusively
- Mothers, the family and community believe that diarrhea is caused by 'nazar,' 'saya' (evil eye) and heat
- The recommendations that were most often tried and adopted by mothers included more frequent breastfeeding, increase in food and liquid intake during illness, avoiding medicine in case the child is not passing any blood in urine and stool, and washing hands before cooking or serving food and after using the toilet.

After the trials (0-5 months in cases of diarrhea), breastfeeding frequency increased with almost all mothers. This ranged from 8-14 times during day and night. Fewer mothers were giving other kinds of milk and liquids including tea.

The major problems identified during the 6-24 months age of the child were:

- Mothers do not replenish the water that the child is losing through diarrhea
- Mothers believe that the child has a poor appetite and poor digestion therefore lesser amount of food is given
- Lack of proper hygiene is a big problem
- Mother is not breastfeeding frequently enough or is not breastfeeding at all
- Almost everybody thinks diarrhea is caused by an evil eye
- Breastfeeding is stopped or decreased during diarrhea as mother's milk is thought to make diarrhea worse

The following recommendations (6-24 months) were most often tried and adopted by mothers:

- Giving ORS after each stool
- Feeding a variety of foods
- Washing hands before preparing, serving food, and after visiting the toilet
- Using clean utensils
- Using a cup and a spoon instead of a bottle for feeding milk and other semi solids

After the trials, breastfeeding frequency increased, frequency of giving meals also registered an increase but caloric intake was not much different. The trials had an almost identical pattern in children aged 12-24 who was recovering.

Some of the important findings in the context of trials for improved practices (TIPS) were that mothers beliefs about causes of diarrhea ranged from weather, heat, cold, falling off the bed to food eaten by mothers, dirty bottles to a fallen fontanelle. Some mothers considered diarrhea dangerous if it was associated with ARI; it did not improve with medication, caused incessant vomiting, if the child looked lethargic and lazy.

Mothers thought treatment of diarrhea is through injections and medicines, some said home remedies were good to cure diarrhea, some gave ORS and some were giving water.

In complementary feeding in diarrhea, mothers thought breastmilk is not enough after six months, and bananas, khitchri, and tea could help stop diarrhea. Some mothers considered buffalo milk to be heavy and not to be given in diarrhea. Mothers thought they should themselves avoid eating badi and garm foods when their child had diarrhea. These foods included spinach, daal, eggs, meat, and fish.

2.1.12. Findings from Health Care Providers on Maternal and Child Health – Dr. Manzoor-ul-Haque, and Ms. Fauzia Malik

A brief summary of the findings of in-depth interviews of doctors, LHVs/LHWs, and TBAs is given below.

The nature of work of the doctors involves handling child-related emergencies, providing health education and counseling mothers managing diarrhea and ARI and promoting breastfeeding and weaning.

The LHVs are responsible for antenatal care, advice to mothers about their own nutrition and that of their children, conducting deliveries, caring for the newborn, and managing minor illnesses.

The LHWs duties involve counselling mothers about breastfeeding, counselling for nutrition, promoting growth monitoring, promoting immunization, family planing and

arranging ante-natal check-ups by TBAs besides keeping health data of the citizens of their areas.

The TBAs conduct deliveries, support mothers during chilla (the first four days after delivery), and provide information regarding maternal and child health.

Most of the healthcare providers give advice on ORT, continuing breastfeeding, and monitoring weight and recommend medicines and proper foods for ARI.

All these categories of health providers give different guidelines for feeding. They mostly discourage bottle-feeding. Some of the health providers advise for lactation specific problems. However, all four kinds of health providers favor food taboos like badi, thanda, and garm.

Somehow, these health providers provide improper information about early initiation of breastfeeding, introducing weaning foods, treatment and feeding during illness, lactation related problems and proper diet for 7-14 months olds, and bottle-feeding. However, some health providers encourage breastfeeding, and provide proper advice on pregnancy and lactation problems. Some introduce weaning foods at four months while some of them promote growth monitoring through taking the measurements of height and weight of the child.

Practices

- Most of health care providers advice on:
 - Oral re-hydration therapy
 - Continue breastfeeding
 - Checking for weight loss
- For acute respiratory infection (ARI) recommends: medicines and proper food
- All four categories of health care provider provides the different guidelines for feeding
- Most of health care providers discourage bottle feeding while some encourage
- Some of the health care providers advise and treat for lactation related problems
- All four of health care providers recommend food taboos like badi, hot, sour fruits

Barriers

- Improper information regarding:
 - Start breastfeeding
 - Start of weaning diet

- Treatment and feeding during illness
- Lactation related problems
- Diet for seven to fourteen month old child
- Bottle feeding

Benefits

- Some health provider encourage breastfeeding
- Advice to improve diet during pregnancy and lactation
- Some are introducing weaning diet at the age of four months
- Some of them do the growth monitoring of the child

2.1.13. Implications for Program Design for Child Health – Dr. Fahmida Jalil

Healthy Children 0-5 Months

Recommendation - 1

- Women should initiate breast feeding right after birth and give only breast milk until the end of 5th month

Program Implications

- No ghutti to newborn, except one time lick of honey, colostrum natural ghutti
- Support the mother to start breast feeding immediately after birth, best first food for baby, also stops Post partum Hamorrhage (PPH)
- Mother should understand that water forms major part of the breast milk (BM), no additional water needed
- BM fully meets the nutritional requirements
- BM has antibodies which prevent infections
- High risk on diarrhoea and death with bottle feeding

Recommendation 2

- Lactating women need to increase their food intake

Program Implications

- Women need extra energy to meet her own requirements and that of her baby

24

Program Implications

- Since the mother is already motivated in optimal breast feeding, she should continue giving breast milk as this is
 - an excellent source of nutrients,
 - Protects from diseases and
 - ensures better growth & development
- Mother of children on bottle should replace bottle with cup and spoon.

Healthy Children 12-23 Months

Recommendation 1

- Children should receive a variety of food at least 4-5 times a day with sufficient quantity per serving

Program Implications

- Motivate the mother to feed the child frequently to keep the baby
 - satisfied,
 - growing well and
 - sleeping better
- To meet the needs of a growing child gradually increase the serving size to one pao (1 cup)
- Motivate the mother to give a variety of food including
 - seasonal vegetable,
 - seasonal fruit
- Soften and make milder the food from family pot by adding milk or yogurt
- Motivate the mothers to add ghee or oil to increase caloric density
- Educate families and health care providers

Children with Diarrhea 0-5 Months

- Motivate the mothers to breast feed more frequently 10-12 times/ 24 hours
- Motivate mothers to take more food and fluids to increase BM supply

- Motivate mothers and educate health care providers not to give medicines unless there is blood in the child's stool, wash hands before food handling and after using toilet

Children with Diarrhea 6-23 Months Old

Recommendation 1

- Mothers should help replace the water lost through loose motions by giving ORS

Program implications

- Motivate mothers to give at least 1/2cup ORS for each loose motion
 - helps the child recover fluid loss
 - makes the child recover fast
 - keep up the appetite
- Educate families/ health care providers in this context to support the mother

Recommendation 2

- Mothers should continue feeding the child frequently in adequate quantities

Program implications

- Motivate the mother to feed
 - More frequently 5-6/ day but
 - Give smaller quantities
 - Add Vitamin A rich food
- Motivate the mother to breast feed at least 6-8 times / 24 hours
- Educate the families and health care providers in this context to support the mother

Children Recovering from Illness 0-5 Months Old

Recommendation 1

- Mothers should breast feed more often and exclusively

Program Implications

- Mothers should be counselled to breast feed 10-12times/24 hours and exclusively to:
 - Replace lost fluid and energy
 - Ensure early recovery
 - Maintain breastfeeding
- Motivate mother to eat and drink more than usual to increase BM supply
- Motivate mothers to stop bottle feeding and use a cup and spoon
- Educate families and health care providers in this context to support the mother

Child Recovering from Illness 6-23 Months Old*Recommendation*

- Mothers should continue feeding the child a variety of foods, more frequently

Program Implications

- Motivate the mother to feed the child to make him better soon
 - give frequent meals 5-6 / 24 hours
 - meals in smaller quantity
 - add Vit-A rich food
 - give favorite food to encourage feeding
- Give 2 extra meals for 2 weeks
- Mothers should be counselled to breast feed 6-8 times/24 hours and exclusively to:
 - replace lost fluid and energy
 - ensure early recovery
 - maintain breastfeeding
- Motivate and educate families and health care providers in this context to support the mother
- Counsel mothers specifically on when and how to introduce complementary foods:
- mothers should be advised to breastfeed at least 6-8 times in 24 hours.

- to mix milk in foods rather than giving milk to drink, and
- and to use a cup and spoon instead of a bottle.

2.1.14. Use of Results to Design and Pretest Educational and Counselling Material

Towards the end of the first day, a presentation was given on the use of these results to develop and pretest educational and counselling materials. The process used was to analyze data into various themes and ideal practices, breaking it down into general practices, barriers, and motivators with the current practices. Development of messages/visuals took place in the same context as other activities; it was all community based. Changes, reflecting the views of the target audiences, were incorporated into messages, and pictures thus making a judicious use of research as a guide to action and not an end in it. (See annex –E List of Counselling Cards).

Tahir Khilji's presentation gave an overview of the process of using research results to design and pretest educational and counselling materials for PNI activities of the NGOs. (See annex F-Use of findings to Develop Communication Messages)

These materials were based on a combination of visual literacy, and text. The mothers interpreted the illustrations according to their frame of reference. Their interpretations of illustrations represented a variety of their own experiences in the community. If an eye examination for anemia was 'an eye examination' for one mother, for the other it was as if the health provider was trying to extract a foreign body from the mother's eyes.

Tahir briefly presented the methodology used to conduct the pre-test. He explained that the pre-test was done with fathers, healthcare providers, and mothers. He explained the following areas on which feedback was taken from the different target groups.

2.2. Feedback from Fathers/Health Care Providers

- Understood drawing
- Understood the message
- Found the message difficult
- Suggest changes
 - Drawing
 - Text

2.3. Feedback from Mothers on Drawing

- Understood without explaining
- Understood after explaining

- Suggest changes on Drawing

2.4. Feedback from the Group Counselling with Cards

- Understood pictures without explaining
- Understood the picture after counselling
- Understood the message
- Agree to take action
- Disagree to take action
- Suggestion changes

In short the pre-test design was developed keeping the end use of these cards i.e group and individual counselling and to see that they were socially and culturally appropriate. Collating different perceptions and reactions to materials for comprehension, attractiveness, acceptance, involvement/identification, and inducement to action was a difficult task. In short, pretesting the materials came out to be an exercise that sometimes provided much needed relief, was a source of socialization and social mobilization, and was sometimes interpreted as a process raising the esteem of researchers and women through common interest based on a joint effort towards better health.

2.5. Day One Summary

The purpose of the Day One session was to share the key findings of Formative Research on MCH and Nutrition, explain the methodology, results, and ways to design new IEC materials. The collaborating NGOs and the researchers presented their key research findings regarding ante-natal and post-partum care, and infant and child health at different ages.

Dr. Fehmida Jalil gave an overview of the current nutrition status of women and children in Pakistan. Dr. Saulniers provided the project background; Ms. Naveda Khawaja dwelt on the roles of collaborating partners, and Dr. Farid Midhet enlarged on the maternal health status in Pakistan.

Dr. Jalil gave a precise overview of research methodology dilating on purpose of the research, presentation of samples, and description of methods and TIPs. The NGOs representatives presented state-of-the-art key findings on pregnant and lactating mothers, and perceptions and practices regarding child nutrition and care from ages 0 to 24 months.

At the end of the Day-I Tahir Khilji gave a presentation on the use of results to design and pretest IEC materials. Ms. Naveeda Khawaja and Dr. Suzanne S. Saulniers provided a wrap-up of the activities of Day One and gave the programs for the next day.

3. PROCEEDINGS OF THE WORKSHOP – DAY TWO

3.1. Support Group Experiences from Ismaila and Wardaga

The Day two began with an overview of the Day One activities. Ms. Khawaja and Dr. Jalil presented the different problem statements and how they could be resolved in the context of ideal behaviors.

Frontier Primary Health Care Project (FPHCP)'s Dr. Wagma Reshteen gave an overview of Community Diagnosis and Support Group -Experiences from Ismaila and Wardaga Her presentation was an expression of FPHCP experiences in the Ismaila and Wardaga communities' reflection on its needs. This process was instrumental in sensitizing the mothers to their and their children's health and also to get societal support from the community. The FPHCP experiences in the localities of Wardaga and Ismaila were based on virtual community participation through community mobilization.

Dr. Wagma explained FPHC's experiences in doing the community weighing and baseline survey, two initial activities which are a component of the support group intervention.

3.1.1 Community Growth Chart Exercise

She explained to the group that as part of baseline documentation, and to develop mother's interest in the mother's support groups, FPHC agreed to carry out a 'community growth chart' exercise in villages where community breastfeeding activities are about to start. Ismaila is a large village of 22,000 people in fifteen Mohallas. FPHC has just started a clinic there on request of the local CBO. The clinic is housed in a defunct BHU, which has been turned over to FPHC. The local CHWs mapped two Mohallas, identifying all infants under 1 year of age. The mothers of these infants were asked to bring their babies to the Dai's house for the weighing exercise. A large growth chart was hung on the wall next to a Salter scale (with 500 gm gradations). The lady medical officer from the NGO explained why the weighing was taking place; that we all hoped to learn more about the children's health and nutritional status.

Wagma shared with the group the results from the community weighing exercise which were very interesting:

Number of infants 0-11 months weighed:	46
Number of infants 0-11 months underweight	13
% of infants 0-11 underweight	28%

Number of infants 0-5 months	20
Number of infants 0-5 months underweight	2
% of infants 0-5 months underweight	10%
Number of infants 6-11 months	26
Number of infants 6-11 months underweight (or borderline)	11
% of infants 6-11 months underweight	42%

Wagma said that while this 'snapshot' was not statistically sound due to the small numbers of infants weighed, it does give an interesting picture of current nutrition status in 2 Mohallas of Ismaila. The 'snapshot' also indicated when problems become apparent, and when mother's should be approached with information, advice and support.

The mothers were very interested in the weighing and in the explanation afterward. The names of infants who were underweight were noted, so that the LHV could make a follow-up home visit. When mothers saw the LHV writing down names, they came to give theirs so they also could be part of the mother's support group. The exercise clearly created interest and awareness among the mothers.

Wagma explained that results were beneficial for FPHC staff. They came to know that most of the underweight infants were in the 6-11 month age group. Only 2 infants were underweight in the 0-5 month group. This could be due to small birth weight or poor breastfeeding practices. The majority of infants in the 0-5 month group were well nourished, which points to the superior benefits of breastmilk (even when breastfeeding practices may not be exemplary!). The large majority of underweight infants faltered in the 6-11 month period. In order to avoid this faltering, pregnant women and mothers with infants 0-5 months old should be targeted. This does not mean forgetting the mothers with older children; they should form another group targeted to their needs.

FPHC has also experimented on conducting a baseline survey of 50 households with children under one year of age was conducted before the intervention and they plan to do another baseline assessment will be done after six months or one year. Initial results were encouraging and women mothers were not only adopting better health behaviour regarding their own nutrition but were also adopting optimum breastfeeding practices. The presenter also highlighted her presentation with color pictures representing real situations. This was a pleasant introduction of support group technique in a setting that found a very hospitable environment.

3.2. Group Exercises on Content and Use of Materials for Individual and Group Counselling

Later in the day, a group exercise was conducted on the contents and use of materials for group counseling. Counseling cards, developed by PNI, were used for this purpose. The group exercises conducted included 1) introduction to the cards, b) use of cards for individual counseling c) introduction to support groups and use of cards for group counseling, and d) use of audio tapes for group counseling and improving community health. At the end, the rapporteurs shared their group experiences with the participants. Most of the groups were able to identify the need for good communication and facilitation skills required to use the materials and hence the need for training.

Following the group presentation a brief discussion was held on the role of supervision in support groups and other participatory techniques used for social mobilisation.

Ms. Aziz and Ms. Khawaja pioneered a discussion on monitoring and evaluation tools developed and shared reflections on the groups experiences with their use. It was felt that traditional M&E tools did not reflect the ground reality and were based on "us and them" approach. In order to take the community with you, one has to win their trust through approaches that bridge the traditional gap between the "givers and the receivers" and has to move away from the traditional top down" approach by involving communities in the development process as well because the entire exercise is apparently done "for" them!

3.3. How to Diversify Community Based IPC/Counselling Efforts Through Other Communication Strategies

During the second half of the day, Spectrum gave a presentation on diversifying community based inter-personal counselling efforts through their communication strategies. The presentation dealt with basics of social marketing, the PNI experience and four case studies of Spectrum experience in health communication using both media, IPC and training interventions.

3.4. Group Work: Identification of Ways for Use of Research Findings and MCH Counselling Package by Different Groups

Following the Spectrum presentation, the participants were divided into five groups. These groups were:

- Group A Policy Makers /GoP/NGOs;
- Groups B&C Health Care Implementers/GoP/NGOs,
- Group D Media/Information/Private Sector Social Marketing Groups/NGOs;
- Group E NGOs/Academic Institutions.

The Groups were given the following guidelines to discuss their respective activities, explore use of research, and encourage linkages.

- What maternal and nutrition activities you are currently involved in?
- How do you think the results of this research could be useful to your activities? How could these results be applied?
- Would you be interested in using some of the materials that have been developed and if so, how? Would you be interested in promoting a similar methodology for your programmes? If so, how?
- Can linkages be developed to support each other in taking the mission forward?

3.4.1 Salient Features of Group A (Policy Makers) Presentation

- Qualitative indicators from this research can be used to do more representative, baseline surveys with a larger sample.
- The Prime Minister's Programme on Family Planning and Primary Health Care (PMP) is ready to provide a forum to NGOs to collaborate (subject to approval by higher authorities). The PMP is already running quite a few projects with NGOs like HANDS, FPAP, MDM, among others in which UNICEF is an active partner.
- The results of research are important source of information. The NGOs researchers who learnt this process are an important resource base and others should benefit from this wonderful resource.

3.4.2 Groups B & F (Health Care Implementers/NGOs) Observations

- The participating organisations were involved in MCH, safe delivery, health education, Baby Friendly Hospitals Initiative, building up training teams for breastfeeding support, counselling, CBD activities, income generation, legal assistance, emergency and obstetric care.
- Most members of the group said that research would be useful in the field; one member, who was a trainer, said she would use it in training. Some were already using these cards, some were very keen to use in future for newer interventions such as HIV/ AIDS research.
- Some members of the group wanted to know more about TIPs technique and in depth to be able to use it.

- This research has shown high risk behaviour patterns in MCH. Some will use this data to improve options that mothers tried and which worked in this research. They would like to promote these actions which “mothers can easily do ” and will be effective.
- Some were using old traditional research methods so they wanted to learn more on how to do the research. They wanted to be trained in qualitative methods of research as well the TIPS methodology.
- The PNI NGOs can not only create a synergy with other NGOs through sharing their experience, they could also train them.
- The members thought the TIPs methodology revealed results of just one-week intervention and not a long-term behaviour change. So the TIPs intervention did not show "sustainability of behaviour."
- The Group thought that training of master trainers using the training package and further training of providers and other master trainers in NGOs was necessary to replicate the methodology nation-wide.
- TAF-PK in collaboration with partner NGOs should be a facilitator or act in a supervisory role for implementation of this training package.
- This training module/methodology/results should be publicised through media such as TV, newsletter or national press, and through a forum of health NGOs.
- Funding/partnership should be provided by TAF-PK to interested NGOs.
- In order to provide ease of use, all tools, tapes should be in regional languages.
- Long-term sustainability of this methodology should also be experimented and results should be shared.
- Cards need to improve for the message to be more visible and prominent, it was suggested that support guidelines would be required to properly use them. Training to use IEC materials should be provided.
- Inter-personal communication (IPC) is the only methodology that should be used to train all NGOs with the idea to initiate and sustain interventions aimed at promoting behaviour change and adoption of ideal practices.
- Currently a lack of co-ordination exists between NGOs and different programs: the Government should take the initiative in developing national policy for co-ordination.

3.4.3 Media/Private Sector/Information/Social Marketing Group

The Group reviewed the existing dissemination strategies of MCH and other health interventions (print, electronic media, IPC sessions) and thought other areas for dissemination should be explored. Calendars during the month of Ramadan are an excellent message promotion source. Use of vehicles like drama, poetry can be helpful. Imams (custodians) of Massaged should be involved to promote health messages. In UK many health campaigns are using Mosques as information dissemination platforms. Hospitals, patwaris (land record employees in villages with tonnes of clout, and strategic places like cinemas, kutchery (courts) and district councils are also useful. Schools and colleges, advertisements on video films and distribution of posters through TBAs and other village organisations can become a useful source of channelling information.

Teachers, in their spare time, can be a good source of information as they carry a lot of weight in communities. Since national TV costs are prohibitive, a campaign for community broadcast service should be launched. The leaders in the society should be used to act as role models to spread MCH messages. Rich foods for mother and child should be identified and communicated en masse.

Transit advertising through bus stops, coaches, buses, rickshaws, graffiti will be a great communication medium. Fathers should also be involved in this exercise. Messages in the village should be spread through community workers. MCH centres are a great venue for giving information to people and citizens living around these centres should be gathered together in such premises.

3.4.4 Academic Institutions/NGOs

- The qualitative indicators carved out of the formative research should be used to design national baseline surveys which are more representative. At this point in time, many messages (on nutrition, breastfeeding) are being used, the qualitative findings should be used at the policy, implementation and community level both by NGOs and the government.
- The "long" version of the research report should be made available as soon as possible.
- The processes of literature review, research protocol development, methodology, etc. did not involve the "national talent pool" available. If it were, research would have had lesser pitfalls, and more credibility.
- The support group methodology is an excellent mobilisation resource. There should be more training for master trainers in this area.
- Sampling size for research should have been greater to be more representative.

- There should be a way to "follow-up" the TIPs clients as such in order to measure a "sustainability" of behaviour.
- The PNI NGOs should have a collaborating mechanism through which they could interact and share their experiences with each other.
- The research methodology, with slight modifications, can be used in other health interventions.
- The TIPs trials can be treated as mere prototypes and do not necessarily show a truly representative research character.
- The group discussed that there are many methods of qualitative research like focus group discussions, in-depth interviews, observations, and wanted to know why the researchers' had preference for in-depth interviews.

The above Groups presented their deliberation to the participants through a highly interactive session.

3.5. Pakistan National Forum on Women's Health (PNFWH) An Orientation - Dr. Shershah Syed

3.5.1. Background

- Initiated and organised by UNICEF
- Ownership of PNFWH was transferred to a group including three ministries. UNFPA, ADB and Pakistan medical Association.

3.5.2. General Objectives

- The general objectives are to place Women's health on Pakistan's political Agenda, and to craft concrete actions to address Pakistan's high maternal mortality.

3.5.3. The Specific Objectives

- The specific objectives of PNFWH are to bring a national level sustainable change in health status of Pakistani women and girls, build a broad based alliance of government bodies, professional groups, NGOs, donors and other stake - holders to address issues affecting women's health, specially maternal mortality in Pakistan, and "conscientise", sensitise and raise awareness of individuals and organisations (NGOs, Government bodies, political leaders, and international agencies) on the issue in women's health, as well as the plans proposed by the Forum.

- Another objective is to design and propose coherent framework for action focusing on women's health and reproductive rights as basic human right in the light of CEDAW and ICPD within the framework of GoP health and population policies, based on the recommendation of National Plan of Action and 9th Five Year Plan.
- Determining the incidence of maternal mortality; and analysing the status of reproductive health and violence against women, supporting implementing partners (Government, NGOs, and organisations), to develop cost effective and sustainable approaches for implementation and monitoring the proposed actions are another set of objectives of PNFWH..

Dissemination of lessons learned (both positive, and otherwise) during the whole process, promotion of commitment to support the development, and making available certain tools in order to enhance the work of the constituent agencies, Government and NGOs are also the objectives of PNFWH.

3.5.4 Participation

- Three Ministers (Health, Population Welfare and Women's Development) have vowed to support PNFWH.
- Two Senators have also joined the struggle for promoting and advocating the policies for safe motherhood.
- Five Members of Parliament, 70 other participants, Senior Health Officials, Professional in the field of Medicine, Public Health and education, and NGO leaders have also pledged full support to the Forum.

3.5.5 Major Activities

- The major activities of PNFWH have been production of advocacy materials, fact sheets on women's health, production of a booklet on maternal deaths in Pakistan, and collaborating with the media to insert articles in the newspapers and magazines on women's health are some of the activities of PNFWH. Radio programs on the popular FM radio station FM 100 have also been aired. Celebration of Safe Motherhood Day on April 7, 1998 was covered extensively by the media. Provincial Advocacy seminars were held in Karachi, Lahore, and Quetta in December 1997, June 1998, and August 1998.

- Frequent meetings and seminars were conducted on different topics related to women's health with professional associations. Some of these meetings were like Anaesthesia and women's health (Association for Anaesthetists), Role of Midwives in Women's health (Midwives Association of Pakistan and Pakistan Nursing Council), General Physicians Role in Women's Health (College of Family Medicine).
- So far PNFWH achievements are establishment of a Secretariat at Karachi, TORs approval in the first co-ordination meeting in February 1998, preparation of a Plan of Action for 1998, and the PNFWH recommendations being incorporated in the 9th Five year Plan, and ADB upcoming Women's Health Project.

3.5.6 Conclusions

- There is a need to establish Pakistan National Forum on Women's Health as a continuing and co-ordinating action body. To achieve this, the following recommendations need to be carried out:
 - Mobilisation of Political Support for Women's Health
 - Resources for Essential Obstetric Care
 - Functional Integration of health and Population Services
 - Address fundamental social and cultural issues
- Following the presentation, Dr. Shershah distributed forms for PNFWH membership among the participants.

Later, plans for the last day (third day) were announced where the participating NGOs were to share their experiences with senior managers and other NGOs, and present their experiences.

3.6. Summary of Day Two

The second day activities comprised presentations by Ms. Khawaja, Dr. Jalil, Dr. Wagma, and Ms. Aziz. These presentations covered problem statements and behaviours to be promoted community experiences on the support group interventions from two NWFP localities, and a discussion on monitoring and supervision tools in a participatory environment. Ms. Ahmed of Spectrum presented communication strategies at diversifying the community based counselling efforts which also dealt with three case studies in health promotion and social marketing.

In the later part of the day, the participants were split into five groups: the policy makers (NGO/GoP), health care implementers/NGOs, media and information and NGOs and

4. PROCEEDINGS OF THE WORKSHOP –Day Three

The last day of the workshop was spent on planning forward strategies, for implementation of support groups and individual counselling interventions, with PNI and Hewlett NGOs. discussions were held to get ideas on diversification of community based communication interventions, anemia, and referral mechanisms.

The participants invited on the final day include participants from NGOs, TAF-PK, WFP, Spectrum, and MotherCare Research Team. The materials provided to the participants were handouts on supervision and monitoring tools, new cards and new curriculum chapters, sample strategy framework grid and blank strategy framework grid, one flip chart and an extra chart for an NGO, grids to fill in, and a calendar for the next one year.

The NGOs were asked to prepare their plans comprising:

- Listing activities to be under taken.
- Identifying individuals responsible for implementing the activities
- Identifying the available Project resources and requirements, and
- Drawing a time schedule for implementation.

4.1 PNI NGOs Integration of Community Based MCH and Nutrition Interventions into NGOs Programmes

PAK-CDP, HANDS, FPHC, APPNA SEHAT presented to the group how they were planning to integrate these interventions into their current programs.

4.1.1 PAK-CDP

PAK -CDP is an NGO working to implement water and sanitation programs, microcredit for women, and liaison with women and men CBOs.

Integration of support groups is taking place in income generation activities, working with women's organisations, schools, with students, in sanitation, promoting TT vaccination among adolescent girls, individual counselling for antenatal care. IEC materials for adolescents will be used for individual and group counselling. Involvement of men in is being carried out through activities like construction of latrines, income generation for latrines and pumps, and agriculture. Male staff is being trained in use of card and tapes. PAK-CDP works in NWFP in nine selected districts of the province. (See Annexure C)

academic institutions. These groups presented the gist of their deliberations to the audience in an animated atmosphere. Towards the end of the Day Two, Dr. Shershah of PNFWH gave an overview of the history, current and planned activities of the PNFWH. The researchers and other active participants were given certificates by the organisers.

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4.1.2 HANDS

HANDS has been working for the past fifteen years in many villages. Their primary interventions are in literacy, primary health care and community based programs. They work with NGOs and CBOs. They also work as health advocates with policy makers, planners and implementer. Service delivery is done through mobile teams and CIWs. They also collaborate with PMP.

HANDS will train doctors and LHVs as master trainers who will, in turn, initiate support groups, and will train LHWS, TBAs for individual counselling. HANDS will carry out baseline surveys, and nutrition weighing exercises for community mobilization. HANDS is already active in these areas. They will also link referrals with the GPS and surrounding health facilities. (See **Annexure E**)

4.1.3 FPHC

FPHC works in NWFP, and runs MCH centers, static MCH centers to provide preventive and curative services. They plan to add a community outreach program for health promotion. They have a cadre of female doctors, LHVs, male doctors, and CIWs/TBAs.

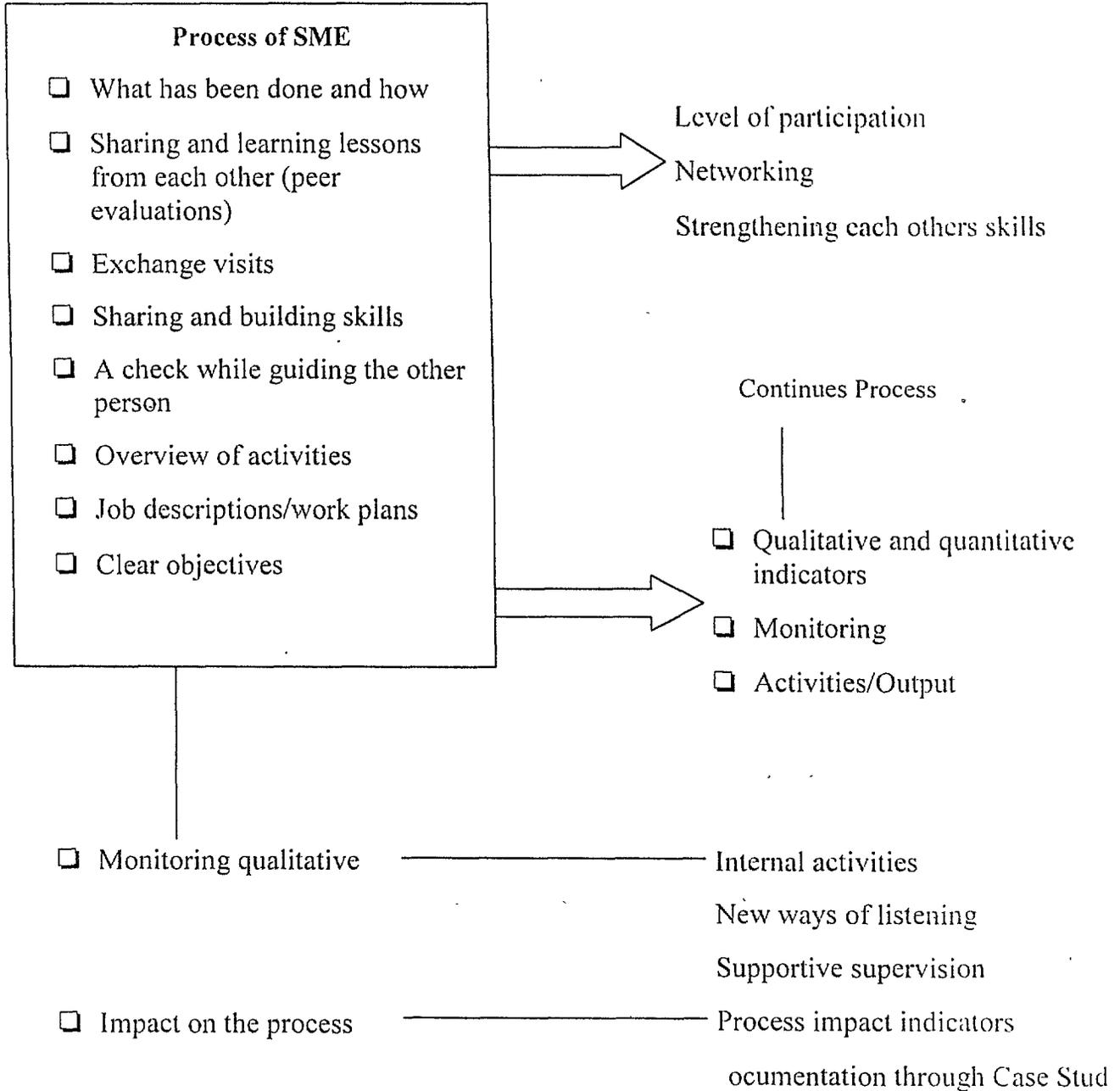
They have already initiated, in two of their communities, support group intervention. They are integrating individual counseling through training of their doctors, TBAs (male and female health staff) along with the use of cards and tapes. In future they are willing to train other NGOs along these lines. (See **Annexure F**).

4.1.4 APPNA SEHAT

Current activities include health promotion, immunization, MCH, promotion of breast feeding, child spacing, personal hygiene growth, monitoring and evaluation, community organization, adult literacy, income generation, vocational school, support groups mobilization, training of regional staff, health education, and sanitation. (See **Annexure G**).

Following PNI-I partner NGOs presentation on integration of support groups in to their programs. Suzanne initiated an open discussions on the groups ideas about supervision, monitoring and evaluation. The ideas presented by the group are depicted in the organogram given on the following page:

Supervision + Monitoring + Evaluation



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4.2 Presentation on TAF-PK's Hewlett Programme on Male Involvement in Family Planning

Dr. M. Ahmed Isa of TAF-PK presented an overview of the TAF-PK project on male involvement. This is a private funding by the William & Flora Hewlett Foundation for a three-year program. The Program focus is on encouraging males in planning for growth, health and well-being of their families through promotion of family planning, and use of modern contraceptive technology. Its focus is also on demonstrating effective programs in meeting the challenge of population explosion, and in promoting linkages with other partners in reproductive health.

The first phase of the Program comprises literature review, NGOs Survey, Plan of Action Workshop while the second phase consists of Formative Research, Capacity Building, IEC Development, and Program Implementation.

The objectives of this Program are:

- To carry out policy change, behaviour change, and operations research and evaluation studies for increasing male involvement in reproductive health
- To improve men's knowledge, attitude, practices, and skills conducive to reproductive health
- To initiate policy and legislative changes on issues conducive to reproductive health, and
- To bring organisational change that addresses individual, social and political issues conducive to reproductive health.
- As the first step, TAF-PK has developed partnerships with five NGOs, Mehak. Atka, MCWAP, CC and LCDP.

4.3 Group Activity I

Following Dr. Isa's presentation, the participants were divided into three groups. These groups were to discuss implementation of support group intervention follow-up, diversification of communication strategies in the community, and anaemia interventions.

The groups presented their observations.

4.3.1 Support Group Implementation Observations

- It requires skills so it is to be followed by training,
- Need for quantitative baselines and setting targets for home visiting for individual counselling are required

- NGOs need more training in supervision and monitoring.

4.4.2. Diversification of Communication Strategies

- Strategies to involve males (fathers, brothers) should be designed and encouraged
- Mothers-in-law, fathers-in-law, and adolescent girls should be involved
- Community leaders should be an important part of communication strategies

4.3.2 Anaemia Interventions

This Group thought that serious problem of anemia was not getting the attention it deserved nationally. This Group explored the possibility of using TIPs as both a research intervention, and as an IPC tool. However, the Group did express their concern regarding the “short-lived” span of time spent in TIPs. The one-week TIPs intervention was a short time to “evaluate” a nutrition intervention like iron pills to alleviate anemia. It was necessary that such anemia TIPs intervention cases be followed up to get a more accurate picture of a physical and behavioral change.

4.4 Group Activity II – Work Plans of PNI NGOs

The participating NGOs were asked to draw up their work plans keeping in view the workshop proceedings.

The NGOs from Balochistan and Sindh came up with provincial networking plans which are given below.

4.4.1 Sindh Provincial Plans/Networking for One Year – Sindh

HANDS, MCWAP (Sindh), LCDP, Baanh Beli

- Meeting of Participating NGOs.
- TOT for member Organizations.
 - For Staff Member
 - Other NGO Member
- Quarterly Follow-up Meetings
- Identification of High Risk Attitudes by Individual NGOs.
- Expansion of Support Groups TIPs and counselling – in different target population

4.4.2 Balochistan Provincial Work Plans – Participating NGOs (ATTKA, MEHAK, BRSP)

Objectives

- Improve/extension of MCH services, family health and health education
- Involvement/of males in family and reproductive health awareness
- Establishment of linkages between health/NGOs, and public and private sector groups

Activities

- Baseline survey
- Trials for improved practices
- Establishment of mal and female support groups
- Training of staff, CBOs, NGOs, teachers, CHW, and community health care providers (at different level)
- Intervention story support groups. Training of other NGOs
- Follow ups
- Monitoring
- Baseline/impact study

Responsibility of Implementation

- The organization, the staff trained and nominated by/of the NGO. Technical and financial assistance will be required from the donor agency. (TAF)

Resource Needs

- Human resources
- Technical
- Financial
- Training material/equipment

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Schedule

Activities		Duration
Baseline Survey	Training of staff	3 months
	Questionnaire	
	Summary	
	Data collection	
TIPs Research	Training of staff	2½ month
	Questionnaire	
	Research	
	Data collection	
Establishment of Support Group	Staff training	3 months
	Support group	
Intervention	Support group	3months
	Training of CBOs	
Monitoring/Follow up	On going	
Evaluation	On going	

4.5 Individual Work Plans

FPHC, APPNA SEHAT, MCWAP, Sindh, Punjab, Sungi, HANDS, and PAK-CDP presented the following individual work plans.

4.5.1 MCWAP, Sindh – Work Plan

Maternity and Child Welfare association of Pakistan (MCWAP) plan is as follows:

Objective

To use the TIPs methodology to increase contraceptive acceptance by women in an urban community which is thickly populated

Work Plan

- Baseline survey
- Train 2 fieldworkers in the TIPS methodology(Hands MT)
- Identify IEC Material (Marie-Stopes Society, FPAP etc)
- Establish support Groups
- Implement TIPS methodology
- Provide door step services and services through referrals
- Follow up for at-least 6 months

Estimated Cost for One Year

- Salary of Two Lady Health Visitors/Female Workers
- Training Coordinator/Manager
- Field travel costs
- Overhead cost
 - Secretary/Accountant.
 - Baseline survey

NGO Contribution

- IEC Material (Participating NGOs, MSS, FPAP, TAF)
- Training of Trainers workshops for Lady Health Visitors/Female (HANDS)
- Project Office Cost (MCWA, Sindh)

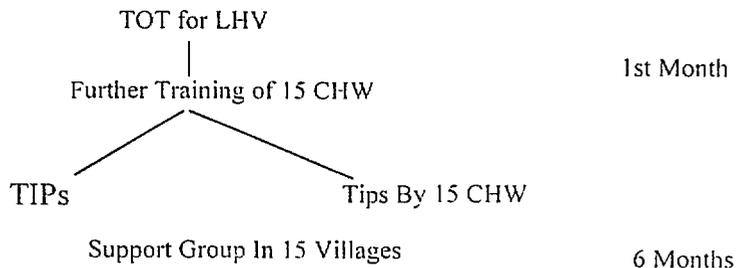
4.5.2 Baanh Beli Work Plan

The Baanh Beli plan is given below:

- **Over all long term objectives:** To reduce MMR IMR, Morbidity rate
- **Short term objectives:** To change the behavior
- **Background:** B. B. is working in for flung deserted areas where people are living with their old traditions.

Activities

They developed a work plan for six months. In the first month, they would train a group of LHV trainers in the methodology who would further train community health workers from 15 villages in the use of cards and tapes to establish support groups in the villages. In order to carry out the activities, each support group will train 10 facilitators in each area.



Each Group Will Be Provide 10 Facilitator For Their Areas

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4.5.3 APPNA Sehat Work Plan

Objectives

- To increase the awareness about dietary intake during pregnancy and lactating mothers in project area during one year period (January 1, 1990-December 31, 1999).

Strategy

- To enhance the existing staff skills in IPC
- To develop support groups

Activities

- To enhance the existing staff skills in IPC through collaboration of Asia Foundation, etc.
 - Identification of training needs
 - Procurement of training material
 - To conduct training of trainers
 - To conduct two sessions of staff training
 - PHC house hold visits
- Development of support groups
 - Identification of training (community) area
 - To conduct baseline for target group
 - Identification and registration of target population for support group
 - To hold monthly meeting with the support group
 - To formulate support groups

Responsibilities

- Country Coordinator will be responsible for collaborative linkages with other organizations
- Training Coordinators:
 - Will be responsible to conduct training session
 - Will be responsible for supervision of monitoring

- Will be responsible to liaise with Asia Foundation
- Field staff will be responsible to carry out the support group activities

Requirements

- Persons: master trainers/resource person
- Logistics:
 - Vehicle
 - Cards (counseling)
 - Training Modules
 - AV equipment's
- Monetary: Financial Support

4.5.4 SUNGI – Plan of Action

Objective

- To strengthen the existing health resource group (02 doctors, 01, LHV and other programme staff)

Activities

- Orientation seminar for staff and management thru linkages with trained NGO's
- Training of resource group:
 - Formative research methodologies, and
 - MCH and Nutrition support group implementation
- To develop the strategy with SUNGI staff and the community
- Time period: 06 months

Objectives

- Awareness among SUNGI staff and community (4 district of Hazara division)
- Linkages with different NGO's working in the TAF trained NGO's in NWFP (FPHC, Pak CDP, APPNA Sehat) by forming support groups

Activities

- Training of trainers, linkage with the NGOs' trained by TAF

Project Resources

- Two (2) doctors
- One (1) LHV
- One (1) Skilled person

4.5.5 MDM (PK) Work Plan – Prepare an IEC Campaign

Specific Objectives

- Definition of the problem for IEC campaign
- Define the target population
- Define what kind of method and tools will be used

Activities

Phase I

- To compile available data from project sites
- Supplement data (in the field)
- Identify existing resources
- Meeting with PM'P and DoH.
- Meeting with organizations working in IEC
- Trainings for MDM staff

Phase II

- Pre-test (sample fo the population)
 - TIPs and IPC
- Assessment of the results
- Conclusions and corrections

Phase III

- Write the project proposal for IEC campaign

Responsible

- MDM team
- PM'P and Health Education officers of DoH.

Responsible

- MDM team
- PMP LHWs
- Government staff
- Time: 3 Months!!!

4.5.6 FPHC – Work Plan

Objectives

- To improve the quality of (PHC) RHS services
- To increase awareness among communities sustainability of services
- To provide technical assistance to other NGOs and CBOs

Activities

- Baseline survey (2 areas)
- Community based MCH intervention (One area)
- Qualitative research TIP
- Expansion of support group (6 areas)

Resource Person	Director, Team Leader, Master Trainer
Time	One Year
Resource	2 Master Trainer, 2 Trained LHVs, Doctors and some IEC material
Required	Technical support for supervision of activity Linkages with other organization IEC material Extra staff at least one MT

Schedule

Baseline Survey in Two Areas	February	Doctor, LHV, MT, TBA	Community and FPHC
Training of CHWs (CBI)(One Area)	March	MT, Doctor, LHV, TBA, CHW	Community and FPHC
Qualitative Research	April- September	MT, Doctor, LHV	FPHC, Donor
Support Group	February 99- August '99	Doctor, LHV, TBA	FPHC and Community
Training of Staff	March99-October '99	MT	FPHC and Donor
Training of Other NGO/CBO	March 99-October '99	MT	FPHC and Donor

4.5.7 Community Council Mardan – Work Plan

Objectives

- Presuming that community/areas have already been identified
- baseline survey have been conducted
- To organize, involve and facilitate NGOs, CBO(s) for awareness on reproductive health
- To prevent unplanned pregnancies through family planning

List of activities

- Identify NGO(s)/CBO(s) to be involved
- Establish where support groups are not organized
- Select interested CBO(s) support groups for training on reproductive health
- Train them on all aspects of reproductive
- Develop IEC material
- Establish back up support service outlets staffed by LHV(s)

Project Resource Requirements

- List of names to be sought from networking NGOs of those to be involved for the activities planned
- Approaching organization for securing trainers, curricula, teaching aids and IEC material, etc.
- Resource persons and
- Setting up equipment, material for clinics

4.5.8 One Year Work Plan of Pak-CDP

Objectives	Activities	Responsibilities	Resources Required
Build linkages between NGOs, CBOs, for information sharing and capacity building	Consultation meeting with all the stake holders	Female F Coordinator (Rubina)	Human Resources
	Strategy/joint action plan (Memorandum of understanding) sign	Stake holders	
	Capacity building of staff of NGOs, CBOs, WOs, and FHWs	Master Trainer (Rubina)	Technical Resources (partial)
	Awareness campaign in target communities	Stake holders (staff trained)	Financial Resources (partial support)
	Identification of Breast Feeding mothers and pregnant women, in consult with male	WOs and FHWs	IEC material
	Motivational counseling for the formation of breast feeding support group (IEC material, tapes and card)		
Awareness among the target community to improve the nutritional status of children under one	Monitoring and follow up of breast feeding support group training in the community	Female Field staff (trained)	
	Training of Pak-CDP staff, WOs, FHWs	GOs master trainer (Pak-CDP)	
	Baseline survey of the target community (2 villages)	Female field staff WOs, FWs, FHWs, CBOs	Human Resources
	Growth Monitoring	Female staff, FHWs	
	Individual and group counseling of the mothers and babies	Mothers of Healthy Babies	IEC Material
Regular Follow up for impact	Female staff and FHWs		

5. CONCLUSIONS

Placed below is a list of important conclusions based on the reflections and concerns shown by the participants during the workshop.

5.1. Reflections on Research

- There was great interest in the TIPs as a new research method and it was felt that it could also be used as a tool for implementation of counselling interventions at the community level. A majority of participants from the NGOs and Academic institutions, showed their interest in learning this methodology.
- The participants involved in the research were the greatest advocates for the TIPs methodology and were of the opinion that many problems identified from the trials with pregnant and lactating women resulted from a lack of understanding. The results of the trials showed that once empowered with information they found that many of the suggested behaviour changes were acceptable and easy to implement for women.
- The researchers shared their field experiences with the group and felt that women had the support of their families, who were mostly concerned about both the woman and the child's healths.
- The audience was a mix of researchers, program managers for NGO and government, and were not aware of sample size and the nature of qualitative and formative research. The participants who raised these objections were either not aware of the qualitative aspect of formative research or they had a very strong bias for quantification. The most recurring clarification sought from the researchers was about the sample size.
- Academic researchers highlighted the fact of representative sampling. The research has used purposive and random sampling design. The research team highlighted the fact that there were no definitive values for calculating sample size in qualitative research, however it is important that each site caters two major age groups and target audiences adequately. Also one of the purposes for the research was not to quantify results but to design programs for implementation at the community level.

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- There was a great interest in TIPS as a research and implementation tool. Sample size and the nature of formative research, was confusing for participants because most of them have not done this type of research.
- Apart from restrictions on PNI funds to be used by Government the MothrCare Program Coordinator involved research experts from AKU and informally shared all documents with government and donor counterparts. However the group felt that having a wider representation of government experts and academia could facilitate the process of consensus.
- Almost all participants agreed that a lot of good hard work had gone into the research the results and impact of the trials were appreciated by them. However the need was felt to to promote and train a wider group of researchers academics and program managers to institutionalize the process of formative research and use the findings to facilitate the design of interventions aimed at changing the reproductive health behaviors.
- The participants were, at times; sceptical about the capabilities of the NGOs to independently conduct this kind of research. The 'insular division' that the academic professionals and other health professionals kept insisting through their behaviours represented their 'disinterest' in the NGO researchers. This was more of a gap in communication between the two groups i.e academicians vs program managers. It suggests that professionals have to change their own behavior before accepting participation and a two way communication process as a norm.
- Dr. Mushtaq Khan, Senior Chief, Planning Commission, Government of Pakistan found the MMR findings of NWFP and Khuzdar rather generalized and not representative of the national scenario. However, most of the participants praised the first ever, very community-based MMR and IMR exercise in Pakistan and found the findings of great importance in the overall MCH context.
- The participants wanted a greater amount of uniformity and consensus with the contents of the messages so that multiple messages with different contents would not be disseminated. One example was the PNI promoting 6 months exclusive breastfeeding with GoP promoting 4 months. However it was clarified that the National Breastfeeding Steering Committee has put six-months as the cut-off period.
- In order to develop consensus to promote key messages on nutrition the formative research findings need to be shared and advocated further with policy makers at the national and provincial levels. UNICEF, PNFWH and NCMH can be the forums to advocate findings.

- Although the TIPs methodology was greatly eulogized by most of the participants as being very interactive and participatory, some participants found a one-week trial period as not really representative of a behaviour change.
- Some of the participants wanted to promote iron pills as a medicine however research findings and trials indicate the need to promote them as a nutrient to increase the compliance.
- Building the NGOs capacity to do research in the context of developing counselling materials and strategies was a real sustainable idea. As it has prepared the staff and managers from NGOs to design and implement nutrition interventions, based on the research findings. Taking the research out of the ivory towers were seen by many as democratization of capabilities to conduct research.

5.2. Reflections on Other Interventions

The current research was an attempt to build the capacity of NGOs in formative research and using it for planning maternal and child health & nutrition programs. However it has also proven to be a process as training tool to sensitize workers and program managers who implement nutrition improvement programs.

Experience of the research team suggests that use of the process to work closely with mothers and care givers to develop and test feeding recommendations helped in increasing the NGO participants knowledge and awareness about mother's nutrition practices.

Involvement in the process also creates greater empathy and awareness of household level constraints and recognizes the needs to listen to mothers when they provide services or advice. Thus it is recommended that exposure to and practice doing consultative research be included when training all nutrition and health care providers be it at the clinic or community level, GoP/NGO/private sector.

The participants took other interventions as support groups for breastfeeding, autodiagnosis and counselling through cards as techniques for social mobilization that could work. In a society where making individual choices and decisions is dependent on the rigorous of typical socio-economic milieu, support groups and autodiagnosis 'socialized' the individual choices and provided 'seal of approval' to good health practices.

Building linkages between the PNI NGOs and other NGOs was an important step taken during implementation of various intervention undertaken by MotherCare and collaborating partners. To-date, NGOs in Pakistan have been generally wary of making contact with each other and busy in their own internecine mechanisms. This was the first time that a group of NGOs was responsible for bringing GoP, other NGOs besides PNI

NGOs, and the health and other sector professional together in a forum that was truly participatory. Such a venture, the participants observed, was kind of a sustainable transfer of knowledge and technology that did not depend on funds alone. The PNI Health NGOs could act pioneers in promoting such linkages to the best of our national interest.

Introduction to cards was made thru mock counselling sessions. Some of the participants were very appreciative of these efforts and also expressed interest in "economical multimedia packages" that would further their goals of social development. All the participants were eager to use these materials and curriculum for training and communication activities in their work.

5.3. Participants Feedback about the Workshop

Some of the participants were initially confused. As the Workshop progressed, the participants found the experience learning and rewarding finally understanding the whole process. They also found the contents of the form of the Workshop useful and thought they would like to use in their organisations some of the processes.

Some of the exclamations were:

- Terrific
- Educative
- Good! Could have been better
- Learnt of a new approach. Need to be learning more.

5.4. NGOs Plans of Action and Their Implications and Recommendations for the Future

Some examples could be:

- Inclusion of consultative research methodologies thru technical training in public health offered at the university, graduate or post graduate level.
- In-service training for health and other outreach workers who work in communities
- Training of community volunteers a women's groups involved in participatory assessment of health nutrition situation in their own communities.
- Short training session to sensitize planners of managers of health nutrition program in TIP to influence attitude about what families can and will do to improve child and maternal feeding, and develop counselling skills to interact effectively with their clients.

- The PNI health network is also a successful example of NGO networking, for developing linkages and sharing experiences with government/NGOs/Donors and private sector and academic groups.
- The PNI NGOs have expressed an interest for further training, greater availability of funds, a stronger emphasis on linkages between themselves, and with other agencies and Government. This involves greater responsibility for PNI-III program managers to facilitate this process .
- The Ministry of Health specially the Prime ministers Program on Family Planning has shown interest in cooperating with PNI and is now interested to utilize the PNI experiences in research, community mobilization, and the PNI trained resource persons. Using the linkages developed by the MotherCare team , TAF should broaden its cooperation with the Government by maintaining a more accessible and flexible approach. Such an overture can provide lots of 'legitimacy' to PNI and the Program can be positioned as both pro-GoP and pro-NGOs instead of the only pro-NGOs stance it currently reflects.
- The Hewlett Male Involvement project does not have the Presslerian constraints like PNI. It should make use of its freedom and involve more and more of the officials from the Ministries of Health and Population Welfare and PNI-III. Such cooperation would not only make TAF an ally of the Government, it would also provide access to the research dossiers of the two important ministries.
- The collaborating NGOs should be encouraged to seek for other sources of funding also. Using their PNI trained human resource to train other NGOs' staff on payment basis could become a source of continuous funding for them.
- As the NGOs develop into bigger entities, the 'bureaucracies' in them also start flourishing. Unluckily some of the biggest NGOs in this country are as big, as inveterate, and as inalienable and uncompromising bureaucracies as the Government itself. The TAF should try to instill in the NGOs a greater sense of purpose, and their 'welfare' stance must not be vitiated. NGOs are the private sector but a private sector with social responsibility. There should be a critical management review of NGOs occasionally. Such reviews should concentrate on the decision trees within the NGOs in order to measure how much of 'participatory decision making' exists within an NGO itself.

- The NGOs should be encouraged to develop relationship with the Government. At this point in time, at least three of the participating NGOs are running programs in collaboration with the PMP (MDM, HANDS, FPAP). Such a working relationship can add to an overall exchange of experiences thereby contributing to operational and management development of the NGOs.
- TAF should send out to the workshop participants (GoP, NGOs, others) a brief expose of the research, TIPs methodology, support group and counselling interventions as soon as possible. This also requires training of interested groups in this methodology to institutionalize this participatory action research and its use to design programs to bring about behavior change.

Annexure A: Workshop Agenda

THE MOTHERCARE EXPERIENCE IN PAKISTAN
DISSEMINATION AND STRATEGY WORKSHOP ON MCH AND NUTRITION

October 6-8, 1998 – Margalla Motel, Islamabad

Purpose of the Workshop: To share collaborating partners
(Mothercare/TAF/NGOs)Experiences under Pakistan NGO initiative (PNI)

Objective Day 1: Share Findings of Formative Research on MCH and Nutrition:

- To share the methodology, results, and how these were used to design new materials
- To share the materials, and next steps

Objective Day 2: Share PNI NGOs-Community Based Strategies for Individual and group counseling through formation of mothers support groups

- Identify ways in which other groups can use and apply research methodology, results, and materials developed by PNI in their own activities towards improving MCH and nutrition

Objective Day 3: Share NGO Experiences with their senior managers and other NGOs to develop future plan of action.

Who is invited?

- Participating NGO's (especially leaders and research team members), TAF
- Government Colleagues/Academic Institutions
- Press/Media/Private Sector Organizations
- Other NGO's
- Donors,

List of Handouts for Participants

- Maternal Health and Child Health Summary Reports
- Copies of Counseling Cards
- List of all of the modules
- Copies of Monitoring and Supervision Tools
- Copies of Research Instruments
- Copies of pre-testing Instruments
- Copies of Health Facility Assessment Tools

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Programme

Day1: October 6, 1998

8:00-8:45 Registration

<i>Time</i>	<i>Facilitators/Resource Persons</i>	<i>Presentation</i>
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8:45-9:00:	Dr. Suzanne S. Sauliners, Program Director PNI, TAF	Welcome Address/ <i>Introductions</i> : Purpose of the Workshop—why we are here, who is here
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Chair: Dr. Mushtaq Khan Senior Chief Health and Nutrition, Dr. Suzanne Smith Sauliners, Representative TAF
Resource Persons: Dr. Fehmida Jalil, Ms. Abida Aziz

9:00-9:10	Ms. Naveeda Khawaja	Review Agenda for the Day
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9:10-9:20	Dr. Fehmida Jalil	Why Are We Here? Current Nutrition Strategy of Women Children in Pakistan
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9:20-9:30	Dr. Suzanne S. Sauliners	Project Background What is PNI?, Purpose, Funding, Launch date, How has PNI evolved?
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9:30-9:40	Ms. Naveeda Khawaja	Role of MotherCare/Collaborating Partners
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9:40-10:00	Dr. Farid Midhet	Maternal Health Status in Pakistan
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10:00-10:20	Dr. Fehmida Jalil	Research Methodology Purpose of the Research Presentation of the samples Description of the methods: In-depth interviews, TIPS-Trial for Improved Practices
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10:20-10:30	Ms. Abida Aziz	Training of Research Team/Documentation of Results Design and Development of Protocols Data Collection and Analysis Documentation
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10:30-10:50	Research Team Members	Summary of Research Experiences How both Mothers and Researchers Reacted
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10:50-11:00	Questions/Comments	
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11:00-11:15	Tea Break	
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Time	Facilitators	Presentation
Chair: Dr. Shaheena Manzoor, DDG, MCH, Resource Persons: Ms. Abida Aziz, Core Research Team Members		
		Findings from In-depth Interviews Pregnant Mothers
11:15-11:25	Ms. Gulbadan Azam	Dietary Practices, Food Taboos/Food Distribution
11:25-11:35	Ms. Rukhsana Faiz	Pregnancy Related Health Seeking Practices Danger Signs/Preparedness for Delivery, Anemia
11:35-11:45	Ms. Rubina Massey	Child Birth Hygiene/Care of New Born
		Findings from Lactating Mothers
11:45-11:55	Ms. Tazeem Zahra	Diet during Lactation Prelacteal Feeding/Breast-feeding/Infant feeding and growth
		Continuation of Maternal Health Research
11:55-12:05	Ms. Munazza Haris	Findings from Trials (Pregnant/Lactating Mothers)
12:05-12:15	Dr. Manzoor	Health Care Providers and Maternal Health
12:15-12:35	Ms. Abida Aziz	Implications for the Program Design
12:35-1:05	Lunch Break	
Chair: Dr. Suzanne Smith Sauliners, TAF		
1:05-2:00	Comments/Questions from participants	
Chair: Dr. Ghaffar Billo Resource Persons: Dr. Fehmida Jalil, Core Research Team Members		
		Results of the Child Health Research
		Perceptions and Practices Regarding Child Nutrition and Care
2:00-2:20	Ms. Rahima Parwar Ms. Saeeda Bibi	Feeding and Care of Healthy Children 6-11 Months 12-24 months Health status/Breast-feeding/Bottle-feeding/Semi-Solids, Food Taboos If the child refuses to Eat/Eating with other family members
2:20-2:30	Mr. Iqbal Ibrahim	Findings from Trials (6-11 months/12-24 Months)
		Mothers Perceptions and Practices Regarding Feeding and Care of Children with Diarrhea/Recovering from Illness:
2:30-2:40	Mr. Sarwat Mirza	0-5 months/6-24 months Health Status/Mothers Beliefs Regarding Dangers/Treatment, Breast-feeding/Bottle-feeding/Complementary Feeding, Food taboos

2:40-2:50	Dr. Nareeman Baloch	Findings from Trials for Improved Practices
2:50-3:00	Ms. Fauzia Malik	Findings from Health Care Providers - Child Health
3:00-3:15	Dr. Fehmida Jalil	Implications on Programme Design
3:15-3:45	Comments/Questions from participants	
3:45-4:00	Tea Break	

*Chair: Dr. Zahid Larik,
Resource Person: Dr. Zulfiqar, Mr. Tahir Khilji*

<i>Time</i>	<i>Facilitators/Resource Persons</i>	<i>Presentation</i>
4:00-4:15	Mr. Tahir Khilji	How were the Results used to Design and pre-test Educational and Counseling Material
4:15-4:30		Slide Show of Cards/Messages
4:30-4:45	Ms. Naveeda Khawaja Dr. Suzanne S. Sauliners	<i>Wrap up:</i> Summary of the day's activities and brief introduction to the activities of the next day (Groups can begin thinking about their programmatic objectives in light of the research findings and their current MCH related activities).
4:45-5:00		<i>End of the Day:</i> How did the Day Go... Participants fill the Chart

Day 2: October 7th, 1998: Opportunities for Collaboration

<i>Time</i>	<i>Presentation</i>	
	<p>Chair: Ms. Imtiaz Kamal Resource Persons: Ms. Naveeda Khawaja, Ms. Abida Aziz, Dr. Wagma Khan,</p>	
8:30-08:40	Ms. Naveeda Khawaja	Review agenda for the Day
8:40-8:50	Ms. Naveeda Khawaja Dr. Fehmida Jalil	Presentation of Problem Statements and Behaviours to be promoted
8:50-9:05	Dr. Wagma Khan	Community Diagnosis and Assessment Experience from Ismaila and Wardaga
9:05-9:50	Facilitators	<i>Group Exercise:</i> On Content and Use of Materials for Individual Group Counseling
9:50-10:05	Ms Abida Aziz Ms. Naveeda Khawaja	<i>Discussion:</i> Group Reflection on Experience Share Tools on for Monitoring and Supervision
10:05-10:30	Comments/Questions	
10:30-10: 45	Tea Break	
	<p>Chair: Mr. Sattar Chaudhry Resource Persons: Ms. Ghazala Ahmad, Zahid Hussein, Mr. Babar Hussain</p>	
10:45-11:00	Ms. Ghazala Ahmed	How to Diversify Community Based IPC/Counseling Efforts through other Communication Strategies(Examples)
11:00-11:15	Mr. Sattar Chaudhry	National Communication Strategies for MCH and Nutrition Role of Public Sector
11:15-12:30	Group Work	
	<p><i>Objective:</i> Identify ways in which other groups such as donors, the press, other NGO's, health care implementers, etc. can apply the experience of PNI, ie. the methodology, the results, the materials, in their own MCH activities and how they could possibly complement or support PNI's work.</p> <p>Group A: 1. Policy Makers (NGO/GoP) Group B & C: 2. HealthCare Implementers/NGOs Group D: 3. Media/Information /Private Sector Social Marketing Groups/NGOs Group E: 4. NGOs/Academic Institutions</p> <p>PNI NGO's will mix with all groups and possibly the press too. Facilitators would lead group discussions, one for each group with questions to lead into a discussion on possibilities for collaboration.</p>	

<i>Time</i>	<i>Facilitators/Resource Persons</i>	<i>Presentation</i>
12:30-1:30		Lunch
	<p>Chair: Dr. Sher Shah Syed Resource Persons: Dr. Sareer Ara, UNICEF, Dr. Suzanne S. Saulniers. TAF, Dr. Ahmed Isa, TAF</p>	
1:30 -2:30		Group work on Collaborative Strategies (<i>continued</i>)
2:30-3:30	Group Rapporteur	Spokesperson from groups to present summary of discussions and any concrete steps to the full group (10 minutes each)
3:30-4:00		<i>Preparation of Summary Recommendations</i>
4:00-4:20		<i>Wrap –Up Session Chaired by:</i> DG Health, UNICEF Representative, Ms. Suzanne Saulniers (TAF), Mr. Sher Shah Syed Pakistan National Forum on Women's Health
		<i>Groups Present:</i> Final Recommendations for Collaborative Strategies
		<i>Discussion on Next Steps:</i> Discussion/ To see if participants are interested in continuing these kinds of meetings
4:20-4:30		Comments from the Chair
4:30-4:45	Dr. Ayub Ghayur DG Health, MoH	Distribution of Certificates (Trainers/Research Team)
4:45-5:00	Ms. Naveeda Khawaja Dr. Ahmed Isa	<i>Plans for day 3:</i> NGO planning Meeting
5:00-5:15	Dr. Shersshah Syed Dr. Sareer Ara	Coordination Meeting PNFWH
		- PNFWH-Overview and Achievements (What did we do in 1998)
		- Suggestions/Discussions on Future Actions
	TAF/MC	Vote of Thanks

Day 3: October 8, 1998

Purpose of the Day : NGO Planning

To share NGO experiences with their Senior Managers/Other NGOs:

- support groups and use of the cards for counseling
- supervision and monitoring of the support groups and interpersonal counseling
- discuss additional changes to supervision and monitoring tools, give additional cards and chapters
- discuss diversified strategies - next steps
- Plan for future work

Who is invited?

NGO's, TAF, UNICEF, WFP, Spectrum

Handouts to give participants

- Supervision and monitoring tools
- New cards and chapters
- Sample Strategy Framework Grid and Blank Strategy Framework Grid

Materials

- One flip chart per NGO plus an extra flip chart
- Grids to fill in
- Calendar for the next six months

Agenda

08:30:-9:00	Ms. Naveeda Khawja Dr. Ahmed Isa	Review Agenda for the day Briefing on Hewlett
9:10-10:00	Ms. Rubina Massey Dr. Iqbal Ibrahim Ms. Wagma Khan Ms. Rukhsana Fiaz	NGO Representatives from Pak-CDP, HANDS, FPHC, APPNA Sehat present strategies for Integration of IC/Support Groups within their Organizations. <i>Group Discussion:</i> Sharing experiences on Support Groups and Counseling, including Monitoring and Supervision.
10:00-10:15	Tea Break	
		NGO Group Work: Divide Participants into three Groups Hewlett/PNI/UNICEF/WFP/ LHWs Others:
11:00-12:30		1. Support group follow up 2. Diversification of Strategies: Strategies to involve Fathers/Families/Community Leaders/Media Intervention 3. Anemia/ Interventions Presentation to each other NGO's (15 minutes each)
12:30-13:00		
13:00-14:00	Lunch Break	
14:00-15:00		Activity-I NGOs work Separately on Work plans for the Next One Year Where are we Now? Where are we Going? Activity-II` Grids and Chronogram of Activities for the Next Three Months PNI,NGOs, WFP, UNICEF, LHW-Prog
	NGO's Group Work	Selection of communities to Implement Monitoring Study Training in counseling and in use of cards and tapes Conduct Community Weighing/Baseline Exercise Numbers of cards and tapes required Training of counselors for support groups/number of groups Number of cards and chapters required Supervision--how and how often at present and in future Presentation by each NGO's (15 minutes each)
14:00-16:00	Ms. Naveeda Khawaja Ms. Abida Aziz Ms. Fehmida Jalil	Discussion on revisions to monitoring and supervision tools (to reflect experiences in using them thus far and to include necessary additions to reflect new cards and guides) – supervisor's observation sheet for counseling – supervisor's observation sheet for support groups – baseline indicators to include in community diagnostic
16:00-16:15	Tea Break	
16:15-17:00	TAF/MC/NGO's	Discussion on ways to incorporate use of supervision and monitoring tools into training . Additional Technical Assistance Requirements.
17:00-17:30		<i>Ideas/Suggestions:</i> How to continue sharing lessons thru the PNI Health Network Train Other Groups/Generate Resources

Discussion and Wrap-up

Annexure B: List of Participants

Strategy Meeting

6th -8th October, 1998

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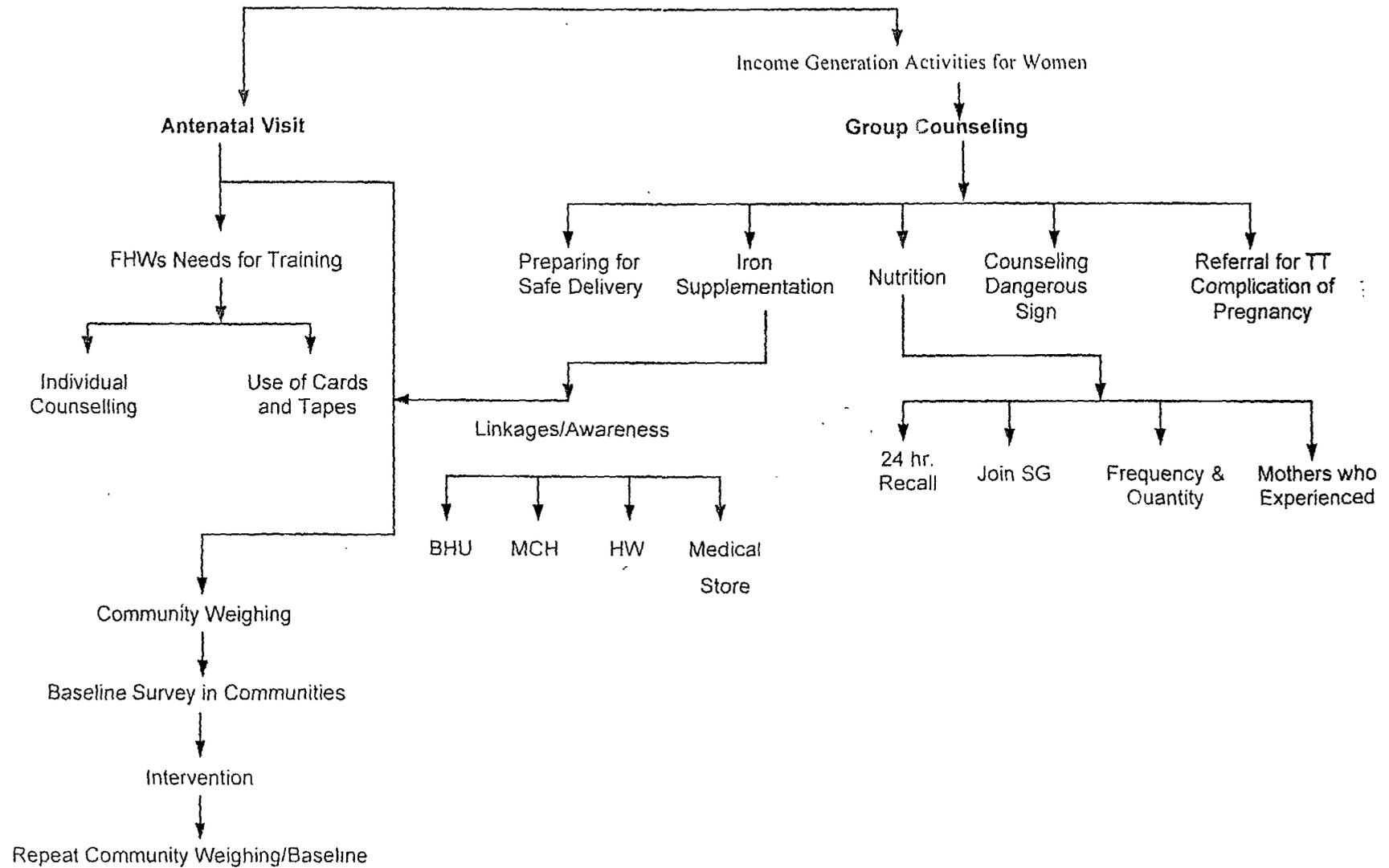
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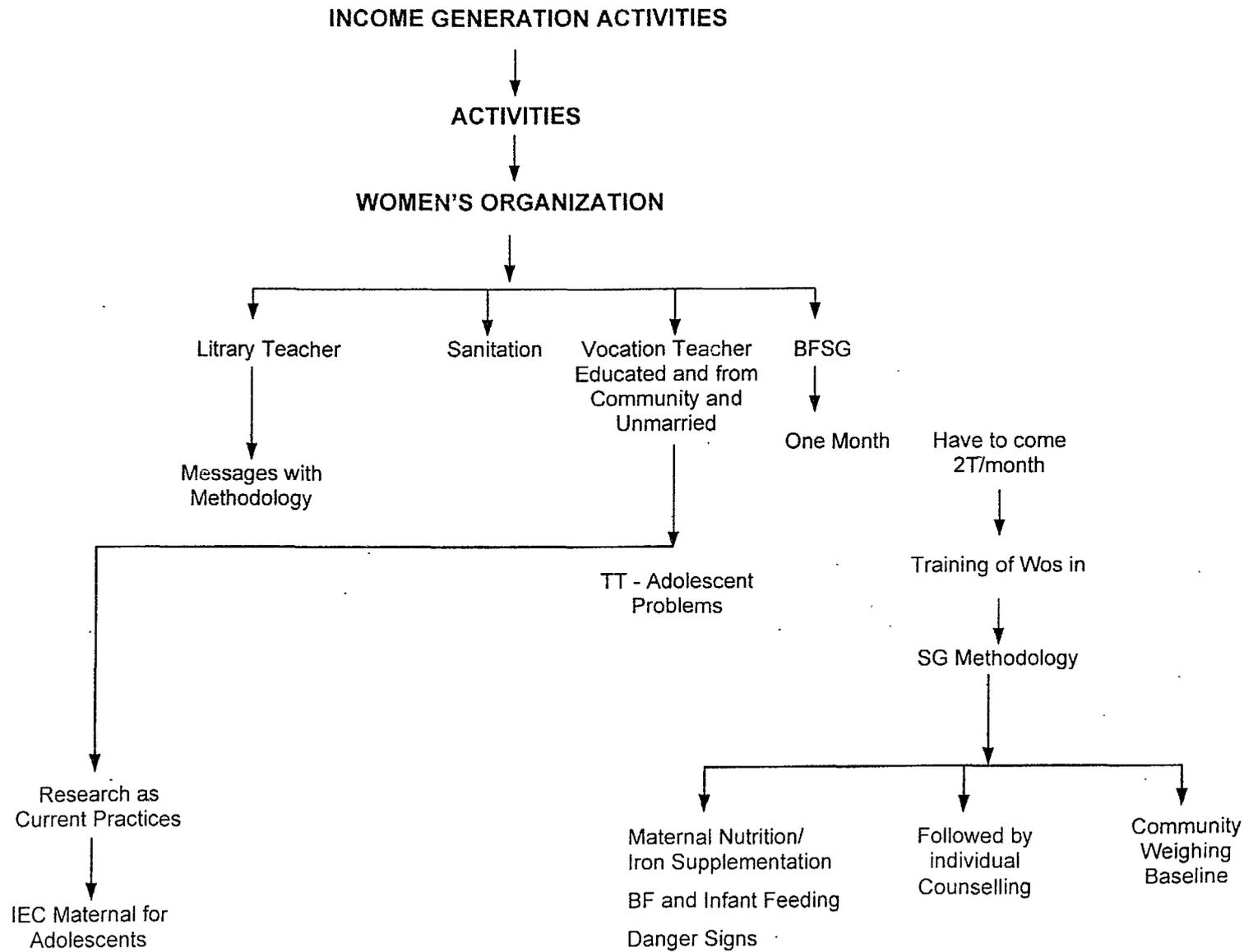
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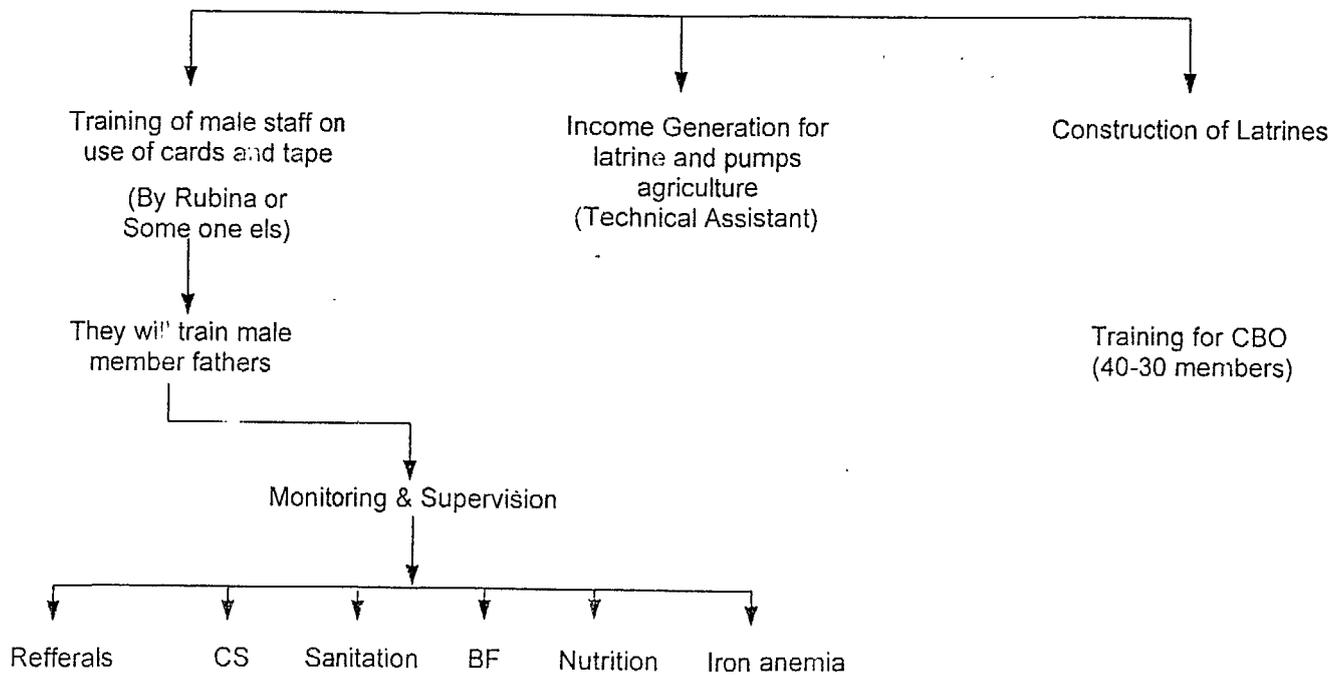
Annexure C: PAK CDP Integration of Support Groups

PAK CDP Integration of Counseling Strategy





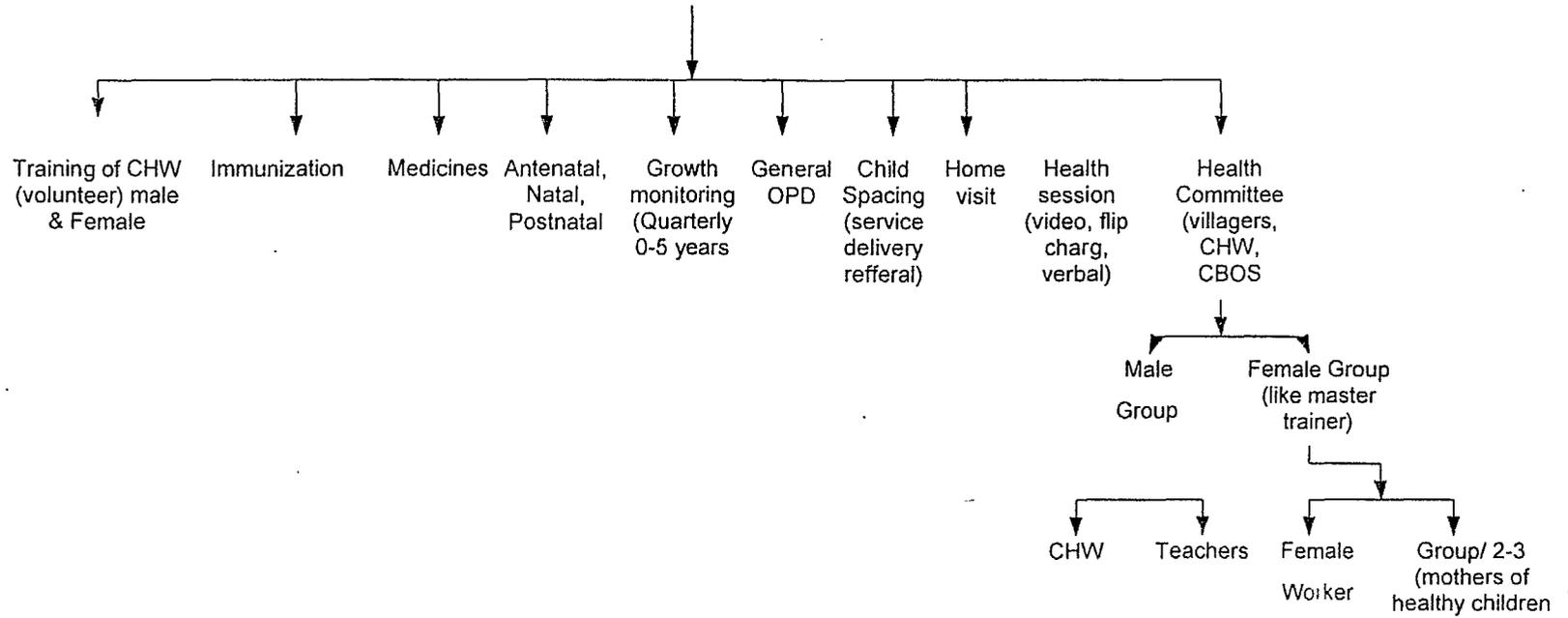
Involving Men in MCH/Nutrition



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Annexure D: HANDS Integration of Support Groups

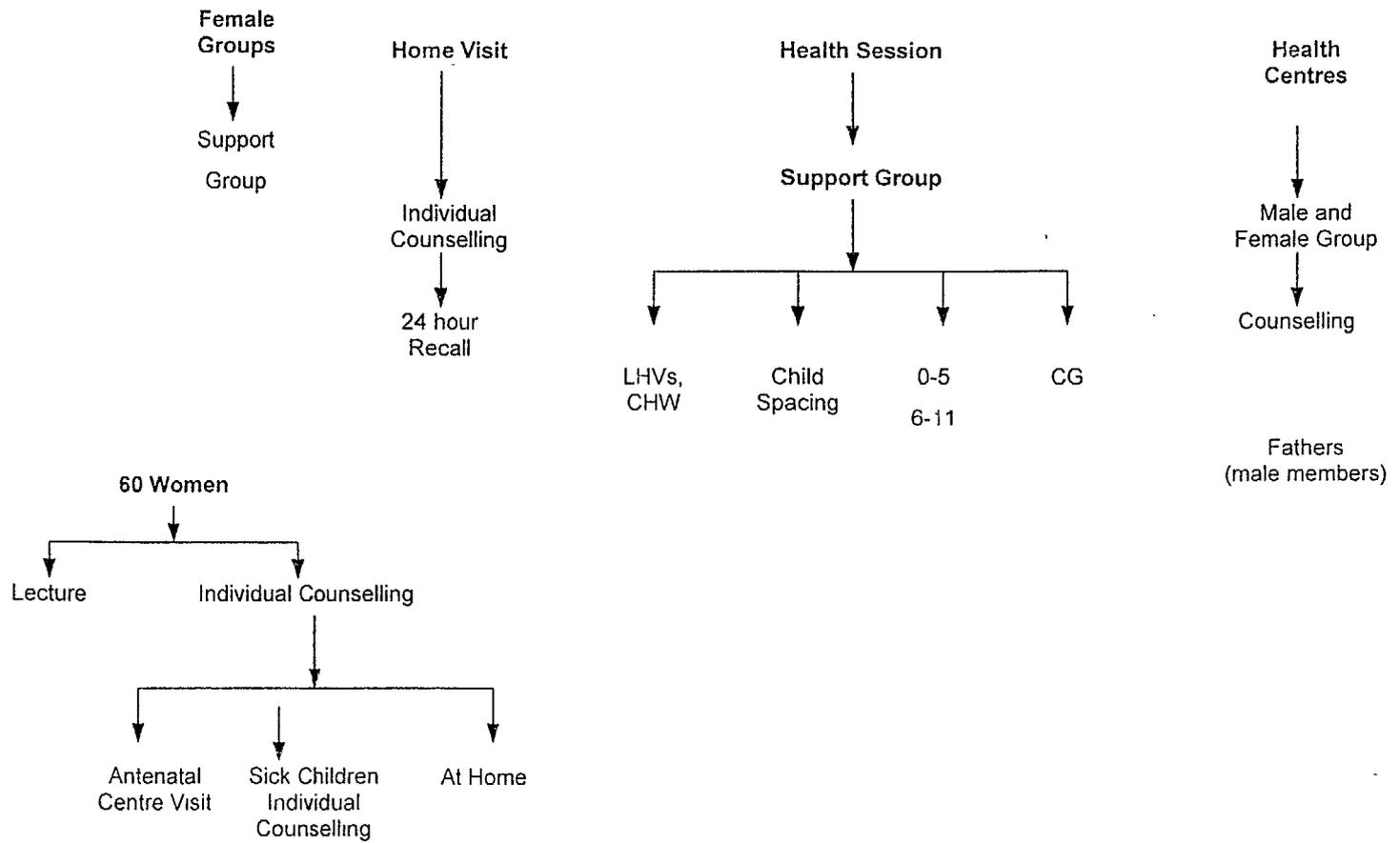
HANDS Mobile Health Teams



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Annexure E: FPHC-Integaration of SUPPORT Groups

FPHC-Integration of Support Groups

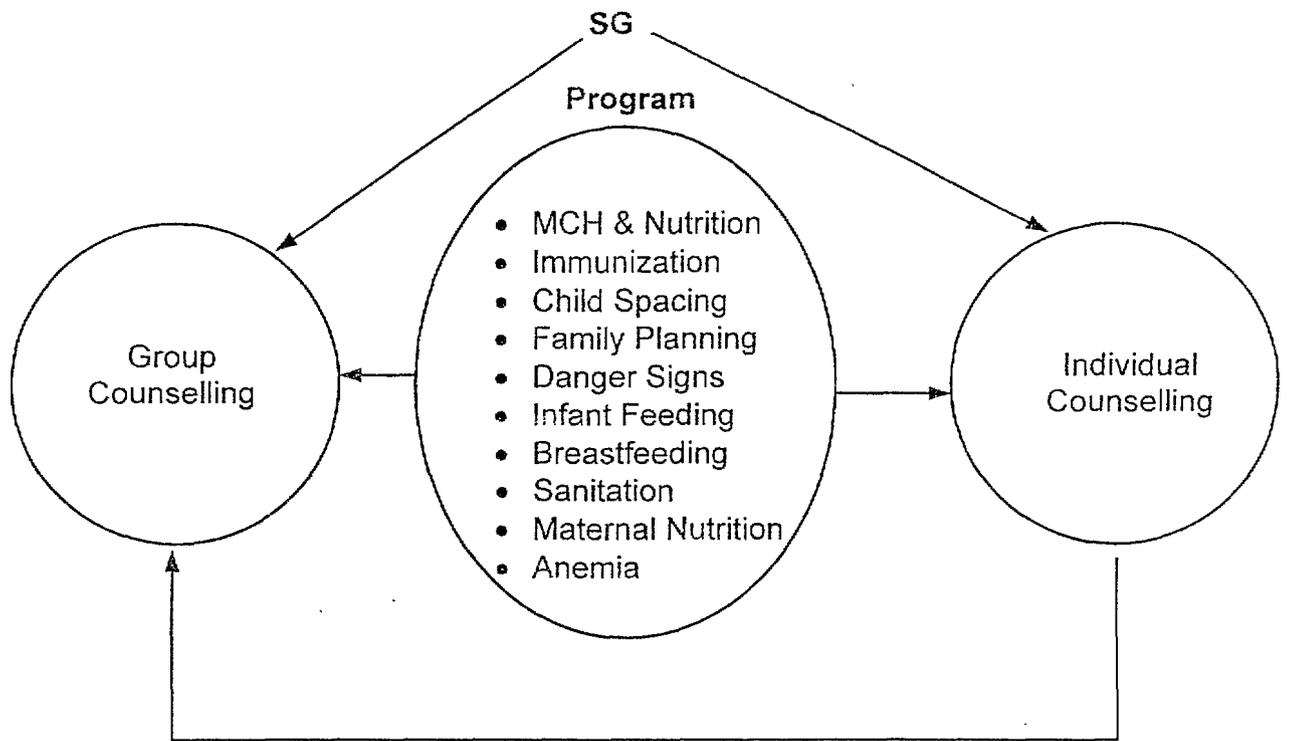


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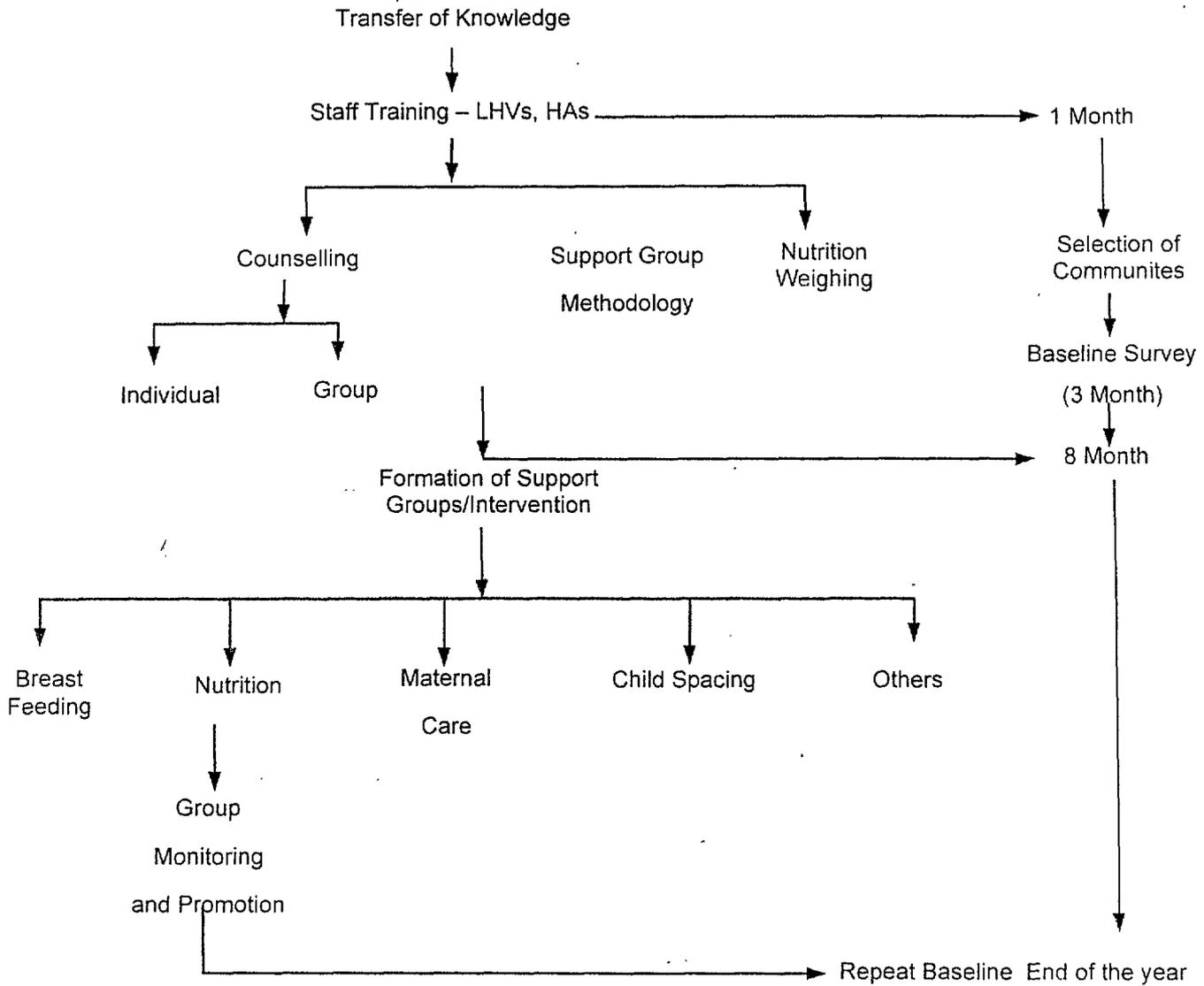
Annexure F: Appna Sehat-Integration of Support Groups

Strategy

- SG = Support Group for Male/Femal
- CBO = Male
- IC = Individual Counselling



APPNA Sehat Proposed Plan of Action



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ANNEXURE G: Proposed Outline for WORK Plan

Activities	Q1	Q2	Q3	Q4
Identification of training needs				
Procurement of materials				
To conduct training: 1 st session				
2 nd session				
Identification of target area				
Baseline Survey				
Identification of registration of target groups				
Formulation of support group				
PHC household visit				
To hold monthly meeting with support groups				
Monitoring/Supervision				
Evaluation				

- Q1 = First Quarter
- Q2 = Second Quarter
- Q3 = Third Quarter
- Q4 = Fourth Quarter

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Annexure H: List of Modules and Counselling Cards

List of Modules

- Module 1: Mother's Support Groups
- Module 2: Individual Counseling
- Module 3: Individual and Small Group Counseling Using Counseling Cards
- Module 4: Breastmilk is Best
- Module 5: Contents of Breastmilk
- Module 6: How Breastmilk is Produced
- Module 7: Women's Health and Nutrition
- Module 8: How to Breastfeed Well
- Module 9: Child Spacing
- Module 10: Doubts and Beliefs That Affect Breastfeeding
- Module 11: Difficulties and Special Situations of the Mother and Child
- Module 12: Good Child Rearing
- Module 13: Community Diagnostics

Counselling Cards

Maternal Cards

Perinatal: (Pink Cards)

- 1-1 Pre-Natal Care
- 1-2 Maternal Nutrition Card Lactating Mother (new card)

Anemia: (pink Cards)

- 1-3 What is Anemia , why is it dangerous? what can be done to prevent and cure it.(new card)

Pregnancy Related Complications: (pink Cards)

- 1-4 Readiness for Delivery
- 1-5 Danger Signs During Pregnancy
- 1-6 Danger signs during and After delivery(Post-Partum)

Infant Feeding and Child Health

0-5 Months (blue cards)

- 2-1 Do Not Give Ghutti (old)
- 2-2 Initiate BF immediately after birth (old)
- 2-9 Different positions for BF (old)
- 2-3 Immunization card (new)
- 2-4 Frequency of BF (old)
- 2-5 Do not Bottle Feed (old)
- 2-6 Do not give water to the child (old)
- 2-7 Diet of Lactating Mother (new)
- 2-8 Child Spacing /Family Planning
- 2-10 Growth monitoring (old)

Baby 6-12 Months (green cards)

- 2-11 Introduction of Semi-Solids-feeding babies 6-9 months old(revision of text)
- 2-12 Introduction of solid foods for babies 10-12 months(revision increase frequency)

Child 12-24 Months old (green cards)

- 2-13 Feeding a child 12-24 months

Problems Cards (Red)

- 3-1 Insufficiency of Mothers milk (old)
- 3-2 Mother is Tired and thinks its due to BF(old)
- 3-3 Sore Nipples (old)
- 3-4 Breast Engorgement (old)
- 3-5 Feeding a baby (0-5) months old who is ill(new)
- 3-6 Feeding a baby who is ill or recovering 6-11 months(new card)
- 3-7 Feeding a child who is ill or recovering 12-24 months
- 3-8 Maternal Problem Card – how to deal with side effects of iron folate

Guide on How to Use the Cards

Support Materials

Take Home Chart for Tablet Compliance

Iron-folate Prescription

Annexure I: Sample Framework for Developing Counselling Messages from Research Findings

Maternal Health and Nutrition

Pregnancy Care:

Ideal practice: Mother to get at least 3 prenatal checks throughout pregnancy so she can get 2 tetanus injections, iron-folate pills, receive nutrition information and plan for a safe delivery

General Findings

- Most women contacted a health provider 1-2 times (more in urban areas) during pregnancy for an ailment
- Pregnancy seen as a normal state although one that weakens women
- None of these women mentioned getting TT injections or iron folate as a reason for seeing a health provider
- Majority of men felt women need to eat well, work less and consult a health provider for an ailment
- None of the fathers mentioned consulting a provider without an ailment

Benefits and Motivators

- Mothers and husbands want a healthy baby and healthy mother
- Most mothers already visiting a health provider
- Most mothers able to leave the house for a visit to a health worker
- Most fathers felt women needed good food and care (less lifting, access to health provider for ailments) during pregnancy

Barriers

- Almost all mothers and fathers think it's normal for pregnant women to feel weak and tired
- Most mothers and fathers do not see the need to visit a health worker (prenatal visits) without a specific ailment

Pregnancy Cards

Prenatal Card

Pictorial: Suggest keeping the pictorial as it is indicative of a visit with a health care provider. **Prenatal Check-ups**

Why	What to Do
<p>It is not normal to feel weak and tired during pregnancy; with proper care you can feel strong and healthy</p> <p>Any problems can be found and solved early on, to ensure a healthy baby and mother</p>	<p>Visit the health worker for 3 prenatal check-ups: the first visit should be early in pregnancy, the last, close to delivery</p> <p>Ask for iron-folate pills and if you need tetanus injections</p> <p>Discuss how much and what you should eat</p> <p>Discuss plans for delivery</p> <p>Discuss family spacing methods to protect you and your family</p>