NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)

UNFPA

NATIONAL SEMINAR PMMS - 2019

PAKISTAN MATERNAL MORTALITY SURVEY 2019

PROCEEDING OF THE
NATIONAL DISSEMINATION SEMINAR
DECEMBER 10, 2020
ISLAMABAD

EDITORS
Mrs. Azra Aziz, Director (Research & Survey)
Ms. Rabia Zafar, Fellow, NIPS
Mr. Ali Anwar Buriro, Fellow, NIPS
Dr. Aysha Sheraz, Senior Fellow, NIPS

FORMATTING AND DESIGNING
Mr. Farman Ali, DEO, NIPS

National Institute of Population Studies (NIPS)

ABOUT US

National Institute of Population Studies (NIPS) is a premier research organization established by the Government of Pakistan since 1986 and currently, it is working under umbrella of the Ministry of National Health Services, Regulations & Coordination (NHSR&C). The NIPS is mandated to act as a technical arm of the Government for undertaking high quality research and to produce evidence-based data, information for utilization by the public sector and others agencies for policy formulation, strategic planning and making references in the spheres of demography, population & development and health.

Mandate:

NIPS mission is to undertake high quality research, collect statistically reliable data and disseminat to a wide array of internal and external stakeholders, engaged in policy formulation, program management and research in demography, health, population & development sectors.

Vision:

To become a world renowned research institute, in areas of demography, health, population & development, providing baseline and projected population reliable statistics to national and global policy makers, researchers, planners and program managers, to suggest optimal planning, in the wake of fast depleting resources.

Objectives:

- To conduct high quality research, surveys and evaluations in the field of demography, population & development and health;
- To disseminate the research findings to the policy and decision makers for policy formulation, strategic planning and improving quality of service delivery components;
- To provide technical assistance to the M/o NHSR&C, other governmental and non-governmental organizations by providing robust data in the field of demography, population & development and health;
- Continuous professional development of NIPS personnel through capacity building and training for concurrent human resource development;

Collaborators:

Inner City Fund **(ICF)**
United States Agency for International Developments **(USAID)**
United Kingdom Agency for International Development (UKAID)/
Foreign Common Wealth Development Office (FCWDO**)**
United Nations Population Fund **(UNFPA)**
World Health Organization **(WHO)**
Bill & Melinda Gates Foundation **(BMGF)**

TABLE OF CONTENTS

FOREWORD 4

INAUGURAL SESSION 6

WELCOME REMARKS BY EXECUTIVE DIRECTOR, NIPS 7

STATEMENT MS. LINA MOUSA, UNFPA..... 8

MESSAGE DR. FAISAL SULTAN, SAPM ON HEALTH 10

MESSAGE DR. ARIF ALVI PRESIDENT OF ISLAMIC REPUBLIC OF PAKISTAN 11

STATEMENT MS. JULIE A. KOENEN, MISSION DIRECTOR, USAID 13

STATEMENT MS. ANNABEL GERRY, REPRESENTATIVE OF FOREIGN COMMONWEALTH AND DEVELOPMENT OFFICE (FCDO) 14

STATEMENT MS. CLAIRE-HELENE MERSHON, REPRESENTATIVE OF BMGF 15

CONCLUDING REMARKS BY DR. NAUSHEEN HAMID, PARLIAMENTARY SECRETARY, M/o NHSRC 16

PRESENTATIONS ON PMMS (2019) 17

1. Introduction & Survey Methodology Household and Respondent Characteristics 17

2. Adult and Maternal Mortality 19

3. Cause of Death 21

4. Maternal Health Care (Antenatal Care, Delivery and Postnatal Care)..... 23

5. Pregnancy Related Morbidity and Health Care Seeking Behaviour for Maternal Health Complications. 25

CONCLUDING REMARKS AND VOTE OF THANKS 27

PROFILE OF PRESENTERS 28

PICTURE GALARY 31

MEDIA COVERAGE 33

FOREWORD

Maternal mortality information remains as one of the persistent gaps in health indicators worldwide. This constitutes a serious challenge in developing countries, as nearly 90% of all maternal deaths occur in low-income countries. Considering its importance, the United Nations adopted the Maternal Mortality Ratio (MMR) as an indicator of maternal health and set targets of substantially reducing the MMR in the Millennium Development Goals (MDGs) as well as the Sustainable Development Goals (SDGs). This emphasis has resulted in a drop of around 40% in the MMR at the international level since 2000. To assess progress in relation to the SDG targets and the targets of country's specific programmes, it is necessary to have access to accurate MMR data.

Since its inception 35 years ago, the National Institute of Population Studies (NIPS) has resolved to provide evidence-based data for planning and implementation. The 2006-07 Pakistan Demographic and Health Survey (PDHS) included a direct estimate of maternal mortality for the first time in Pakistan. However, this vital information could not be obtained in either the 2012-13 PDHS or the 2017-18 PDHS, mainly as a result of challenges related to resources, sample sizes, and methodologies. NIPS is finally able to meet these challenges, launching the Pakistan Maternal Mortality Survey (PMMS) in collaboration with a Technical Advisory Committee (TAC) consisting of national and international experts. The PMMS is the first exclusive survey in Pakistan with a nationally representative household sample carried out to collect comprehensive information on maternal health issues, maternal mortality, and specific causes of death among women in the country in accordance with international survey design, listing, fieldwork, and data processing and analysis standards. The survey also gathered information on health care women received before, during, and following pregnancy and their utilization of maternal health services. The information collected is intended to help policymakers and programme managers to evaluate and design health policies, programmes, and strategies for improving maternal health in Pakistan.

The key indicators report of PMMS released in August 2019 and main report in December 2020 show that Pakistan has made progress in reducing the MMR, which decreased from 276 per 100,000 live births in 2006-07 to 186 in 2019. The availability of the PMMS data open avenues for in-depth studies to understand the dynamics of MMR reductions in areas of high prevalence.

The 2019 Pakistan Maternal Mortality Survey (PMMS) is the result of the dedicated efforts of several individuals and organizations. NIPS is indebted to all experts and organizations. The Pakistan Bureau of Statistics (PBS) assisted in the selection of the sample and the household listing for the primary sampling units. The technical assistance and contributions of the National Committee for Maternal and Neonatal Health in reviewing verbal autopsies and coding causes of death using the International Classification of Disease ICD-10 to identify maternal deaths were commendable.

NIPS extends special appreciation to the Technical Advisory Committee (TAC), which included experts from different fields of population and health. The guidance provided by the experts ensured smooth implementation of the survey. NIPS acknowledges with deep gratitude the relentless efforts of Ms. Anjushree Pradhan, Senior Survey Coordinator, ICF, for providing immense technical support at all stages of the project. NIPS extends thanks to Dr. Ruilin Ren (Sampling Statistician) for his valuable advice on sample design to Mr. Ruben Hume (Data Processing Specialist) for his contributions in data processing and tabulation, Ms. Sally Zweimueller, Survey Communication Manager and to all other technical experts from ICF who contributed to the survey. The support provided by ICF experts made it possible to undertake the national level survey in accordance with international requirements.

NIPS appreciates the overall supervision, guidance, and dedicated support of Mr. Khizar Hayat Khan and Mr. Pervaiz Ahmad Junejo the former Executive Directors of NIPS, and acknowledges Dr. Tauseef Ahmed and Dr. Farid Midhet, who highlighted the necessity of the survey with the stakeholders; voluntarily helped in the study design, sampling strategy, and questionnaire development; and remained associated with NIPS during different stages of the project. NIPS fully acknowledges the hard work put in by all the research staff, administration and the survey field teams, who collected data under tough and hazardous circumstances, and the quality control interviewers for their efficient follow-up and monitoring of the overall fieldwork.

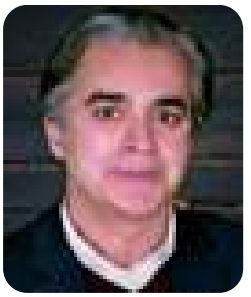
Ms. Azra Aziz
Project Director/ Team Leader, PMMS
Director (Research and Survey)
National Institute of Population Studies,
Ministry of National Health Services,
Regulations and Coordination,
Islamabad.

INAUGURAL SESSION

AGENDA OF
PAKISTAN MATERNAL MORTALITY SURVEY (PMMS)
NATIONAL DISSEMINATION WEBINAR [MAIN REPORT]
NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)
THURSDAY, 10TH DECEMBER 2020, ISLAMABAD

TIME	ACTIVITY	RESPONSIBLE
Main Session (11:00 am – 1:10 pm)		
11:00 - 11:25 am	Arrival and Registration	NIPS staff and guests
11:25 - 11:30 am	Guests to be seated	
11:30 - 11:35 am	National Anthem	National Anthem (Recorded version)
11:35 - 11:40 am	Recitation from the Holy Quran	Recorded version / Hafiz M Suba, NIPS
11:40 - 11:50 am	Welcome Address	Mr. Pervaiz Ahmed Junejo, Executive Director, NIPS
11:50 - 12:00 noon	Key Findings PMMS	NIPS Staff
12:00 - 12:10 pm	Statement on PMMS	Representative of UNFPA
12:10 - 12:20 pm	Statement by Special Assistant to the Prime Minister	SAPM for Ministry of National Health Services, Regulations and Coordination
12:20 - 12:30 pm	Address by Chief Guest	Chief Guest
Short Break 12:30 - 12:35 pm		
12:35 - 1:00 pm	Statements on PMMS	Representatives of FCDO (DFID)
		Representatives of USAID
		Representatives of Bill & Melinda Gates Foundation
1:00 - 1:10 pm	Concluding Remarks	Parliamentary Secretary, Ministry of NHSR&C
1:10 - 2:00 pm Lunch		
Technical Session (2:00 pm – 3:30 pm)		
2:00 - 2:10 pm	Introduction & Survey Methodology Household and Respondent Characteristics	Dr. Tauseef Ahmed, PI, PMMS
2:10 - 2:25 pm	Adult and Maternal Mortality	Dr. Aysha Sheraz, Senior Fellow
2:25 - 2:35 pm	Cause of Death	Dr. Farid Midhet, Team Leader DAFPAK, Palladium
2:35 - 3:50 pm	Maternal Health Care	Ms. Rabia Zafar, Fellow
3:50 - 3:05 pm	Pregnancy related morbidity and health care seeking behavior for maternal health complications Q & A, Discussion Session	Ms. Azra Aziz, Director (R&S)
3:05 - 3:30 pm	Q & A, Discussion Session	NIPS Core Team/Dr. Farid, Dr. Tauseef
Distribution of PMMS Report and Materials to the Audience		

WELCOME REMARKS OF
MR. PERVAIZ AHMED JUNEJO
EXECUTIVE DIRECTOR,
NATIONAL INSTITUTE OF POPULATION STUDIES



On behalf of the National Institute of Population Studies welcome remarks were given by Mr. Pervaiz Ahmed Junejo, Executive Director, NIPS.

He welcomed all to the National Dissemination event of Pakistan Maternal Mortality Survey (PMMS), and expressed gratitude to the President of Pakistan who is also the Chairman of the Federal Task Force on population for sparing some of his precious time to attend this event.

He addressed to the audience that included Honourable President of Islamic Republic of Pakistan, Special Assistant to the Prime Minister for Ministry of NHSR&C, Representatives of FCDO, USAID, ICF, Bill and Melinda Gates Foundation, Distingushed guests Ladies and gentlemen.

He said that maternal mortality has remained one of the largest and persistent gaps in health indicators for developing countries including Pakistan. Maternal Mortality Ratio (MMR) which indicates the risk of death during pregnancy, childbirth and post birth periods is considered the most sensitive indicator of women's health and status in a country and it essentially reflects on the quality and accessibility of health services available to women.

He explained that Millennium Declaration of the United Nations adopted MMR as an indicator of maternal health in the year 2000 and set Millennium Development Goals (MDGs) of significantly reducing maternal mortality by three quarters up to 2015 besides universal access to reproductive health. Sustainable Development Goals (SDGs) which followed in 2015 prescribed reducing maternal mortality to less than 70 per 100,000 live births by 2030. Though there has been a drop of around 40% in MMR worldwide since 2000 and we still have 10 years to go, every day 100s of women die from preventable causes related to pregnancy and child birth. Another disturbing aspect of the situation is that around 90% of all maternal deaths occur in low income countries. MMR in some of the developing countries is ten times higher compared to the developed countries. It is therefore particularly important for developing countries, international organizations and development partners to focus on the MMR in these countries to improve the gaps in health services.

He added that Pakistan's national health priorities include the need to improve the quality and accessibility of maternal health services in rural as well as urban areas. As a result of some of the interventions of the Government and the support provided by development partners, there has been considerable improvement in some areas and this is reflected in the results of the PMMS.

He introduced National Institute of Population Studies as a leading research organization in the country and said that since its inception 35 years back, it has tried to produce evidence-based data for utilization by public sector and other organizations for planning purposes. PDHS 2007 was an attempt for the first time to get accurate MMR at the national level. The MMR then came out as 276 deaths per 100,000 live births. He admitted that we could not get this data either in PDHS 2012-13 or the one conducted in 2017-18 due to constraints of resources, sample size and methodology. He added that in 2019, NIPS was finally able to overcome these constraints and conducted the first exclusive, nation-wide survey. Though the detailed results of the PMMS were shared later, he highlight that the MMR according to PMMS has come down to 186 per 100,000 live births compared to the figure of 276 in 2006.

In the end, he thanked the Honourable President of Pakistan for joining the event besides distinguished guests and development partners who have not only supported PMMS but have spared their time to join this event.

STATEMENT OF
MS. LINA MOUSA
REPRESENTATIVE OF UNFPA

Ms. Lina Mousa, Representative of UNFPA, was requested for her comments on this occasion she expressed her gratitude and said that I am very happy and pleased to join this very impressive event, launching officially end finding of Pakistan Maternal Mortality Survey, that has been long awaited specially from the last one that was conducted in 2006 and it has come at a very important time when Pakistan is increasing its commitment at all levels to improve maternal health, reproductive health and family planning and to address population dynamic and population growth in particular and specially when we all are challenged by the pandemic that has effected every single aspect of our lives & national efforts has been made not only in Pakistan but globally.

She highlighted the importance of the survey and said that for us it is really quiet impressive to successfully complete this important survey despite all the challenges and this reflect, the high commitment at all levels. She expressed UNFPA's appreciation for the excellence strategic partnership that exists with the National Institute of Population Studies and congratulate the leadership Mr. Pervaiz Ahmed and all the technical and administrative teams for the huge investment and work.

She stated that we are extremely privileged and lucky to have senior Pakistani national experts as the key and principle researchers are really of global caliber Dr.Tauseef Ahmad and Dr. Farid Midhet.

She added that we are extremely proud to have caliber exists among national Pakistani experts and for me its quite encouraging from the video, that we have seen, there has been very considerable and remarkable decline in Maternal Mortality Ratio from 276 to 186 over a period of last 10 years.

This definitely shows that Pakistan is proceeding in the right direction and the reduction as Dr.Tauseef has informed earlier, represents almost 33% fall as compared to 2006-07 while we celebrate and acknowledge this achievements for Pakistan, we all feel that maternal mortality at this ratio is still high and one of the highest in the region.

She emphasized that we need collective and more serious efforts to help Pakistan and achieve the national aspirations and commitments that it has made especially in the CCI recommendations. And also the commitment made in the context to lower Maternal Mortality to 70% per 100,000 live births to women by 2030. She appreciated the progress of the country has made visibly in the number of critical indicators like antenatal care, deliveries in the health facilities, and other aspects.

She highlighted that the family planning was the missing element that is lifesaving and has a direct impact on maternal mortality and morbidity as evidence shows, she felt happy that there is now CCI, with this political momentum, more acknowledgment and attention given to this very lifesaving and development aspects of the health sectors.

She emphasized that we have to increase the efforts at all levels to invest, to enhance access and availability

of Family Planning services.

She acknowledged that Pakistan will be able only to achieve the desired target, through honoring and implementing the CCI recommendations that are extremely important and they represent the vision and the blue print of the country, to improve reproductive health focusing maternal health, neonatal & child health and family planning services and it is a prerequisite in order to achieve much higher progress in maternal health and we also noted from the survey that there are disparities between urban and rural areas as mortality remains high in rural areas 199 as compared to 158 in urban areas. Disparities definitely reflects some areas that requires improvement in health system and to make services available in more equitable way.

She stressed that in Pakistan, the role of public sector is very important in this regard and there are two aspects that the country is working on, to improve these services that have to be focusing to accountability and regulation of all these services by the service providers and facilities to ensure rights of mother and encourage service availability, quality and make them affordable.

She informed that we are also even looking at the implications of Covid-19 on maternal health, as women are at a great risk than before for morbidity and mortality due to the fact that the resources-human, financial and services have been directed to stop the transmission of the pandemic. So these lifesaving services, which are also crucial to some extend like other services, they have not being given attention that they needed. She said that we also know impact of Covid-19 and the lockdown and the restrictions on maternal mortality and reproductive health but also increasing cases of gender based violence is not only in Pakistan but globally.

She explained that UNFPA respond as part of the Covid health that also include wider range of activities. She stressed that UNFPA recently is working with Federal Minister for Health to conduct a comprehensive emergency obstructive and neonatal care need assessment and we are working & supporting UNFPA Pakistan to meet International Confederation of Midwives standards. She expressed her views that UNFPA will not stop here, we need to ensure full utilization of excellent findings of this survey and we have discussed the follow-up action with National Institute of Population Studies & Ministry of Health to discuss inconsultation with national collaboration and institutes, what are the specific areas that required further in-depth analysis so again UNFPA is extremely privileged of such a partnership with Ministry of Health and specifically NIPS and we also acknowledging these efforts, came as a result of coordination, collaboration among various agencies USAID, FCDO, Bills and Millinda Gates Foundation, ICF and other partners and happy to see among the audience Dr. Shabnum from the planning commission and yesterday we celebrated Pakistan's successfully conducting and launching the first ever comprehensive Population Situation Analysis. It's a huge achievement for the country led by the Ministry of Planning Commission with the support of UNFPA and Canadian government.

So, I wanted to comment a leadership of his excellency president, Dr. Arif Alvi, he was with us yesterday releasing and launching the Population Situation Analysis, his leadership continues and he emphasized on the importance of protecting of women life in Pakistan. Investing in maternal and neonatal child health, and his leadership in leading the federal task for dynamic and most passionate way to ensure that all sectors, all stakeholders honors the commitment, we all made in implementations of Council of Common interest (CCI) recommendations,

MESSAGE OF
DR. FAISAL SULTAN
SPECIAL ASSISTANT TO
PRIME MINISTER OF PAKISTAN

Dr. Faisal Sultan shared his thoughts and said that it is great to be here to hear about this very important survey. The objective of the survey was to assess progress on maternal health indicators especially in relation to SDGs. This survey is the first exclusive national survey across all provinces and federating units, AJK and GB and the only previous comparative that we have, was a survey done which is called the PDHS, as mentioned, this was done in 2006-07 and had of much smaller size. So the present survey is indeed, better larger and implies informs us much more than anything that done in the past.

He highlighted that NIPS is the only research organization in the federal domain for population matters implemented the survey and it had the approval and oversight of the M/o NHSRC & it was led by Steering Committee of national and international Experts.

He recognized that it was put together very well and the methodology included surveying over a 150,000 households across the country, it had 6 questionnaires, has built-in quality controls and methods in validation of the data. Technical and financial support, both, were provided by Foreign Commonwealth and Development Office (previous known as DFID), USAID, UNFPA, ICF International, and the Bill & Melinda Gates Foundation.

He said that the findings, as mentioned, are encouraging and yet leave much work for us to be done still. The major findings, of course, indicate that our MMR has come down from 276 back in 2006-07 to 186 per 100,000 live births. Now, that is movement in the right direction. It is clear that there is difference that the younger women are dying less, as relatively speaking, but the mortality is a twice as much for older women. We also not doing as well in the rural population and the mortality is 26% higher compare to urban areas. So these are clearly important areas for improvement. But over and above, the overall, direction that we need to go in, as I mentioned, still has a fair distance to drivers. The target according to the SDGs, is 70 deaths per 100,000 live births and that's to be achieved by 2030. So, we have a decade but it will require sharp efforts improvement in how we are dealing with maternal mortality.

He added that now, to achieve this, I think, one should to be very clear that maternal care, in specific health care in general, and population well-being and welfare, in the larger sense, is an important and crucial priority of the present government.

He said that the PM and his government is committed in improving in health and all the sectors but especially those of vulnerable populations, like; women. So, therefore, all federal and provincial governments are determinant to improve the access to better maternal care and off note, maternal care is included as a part of **Sehat Sahulat** programme which is, as you know, the major intervention and relief to those of that may not otherwise be able to afford such care.

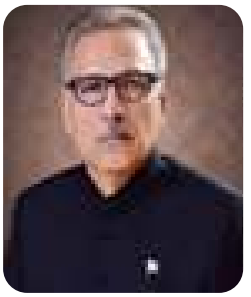
Government support, obviously is there, but we are tremendously grateful to our development partners for making this happens, as I mentioned that I include the Foreign Commonwealth and Development Office (previous known as DFID), USAID, the United Nation Population Fund, ICF International, and the Bill & Melinda Gates Foundation, who enable us to complete this survey.

He stressed that the results of the survey will of-course, lead towards better planning, it is important to know where you are to a chart your next course and I think, all such surveys must informed future decisions making and the final detail some of which will be reviewed and presented in session later today will be crucially important in targeting, interventions and to making sure that indeed the interventions have the impact we desired them to have.

At the end, he said that I am grateful to everybody who is taking part in this, this is hard work and the surveys are tough and to do stringent surveys across a large country, like Pakistan, is not a small achievement.

He congratulated everyone who has taken part in this survey down to those people who did the VAs, the actual conduct of the survey's to data analysis and as I mentioned, everyone who underthrow the efforts including the funding partners.

MESSAGE
DR. ARIF ALVI
PRESIDENT OF ISLAMIC
REPUBLIC OF PAKISTAN



The President of Pakistan shared his views and said that it gives me immense pleasure to speak in the dissemination event of Pakistan Maternal Mortality Survey (PMMS) to provide latest estimates of maternal and pregnancy related mortality. The objective of the survey was to access progress of maternal health indicators to guide policy makers and health priorities in policy formulation and program improvement.

He emphasized that Government of Pakistan is committed to improve for health facilities and we believe that one of the primary directions will the Government can pick up as far as poverty elevation is concerned is improvement of our health indicators and in improvement of our education parameters. Among the health indicators of course. The ability for a person to access the national health services in any form whether it as a grass root level or whether it is on district level between the primary health care centres, secondary health care centres and tertiary health care centres. It is important that data exist and the Government is addressing the issues. In this regard I must appreciate the fact that the PM having had working for health since his work in the Shaukat Khanum Memorial Hospital. Sitting in the hospital, he has been very concerned all his life including all his charity works and motivation of the people that health should be available for everybody, and if that is kept in mind, the primary importance of health starting from every home is dependent of the health of mother and health of children. He said that I must appreciate the Prime Minister that in his 1st speech giving a direction to Pakistan and to people of Pakistan while he was talking about international relations and etc. He insisted that the issue of stunting has to be address as the figures of stunting are pretty high at 40% in Pakistan.

He informed that we have yesterday talked about that demographic situation in population increase and what is expected, so that it is a primary concerned that as the population size is increasing recently we should be looking at improving maternal health and reducing mortality as well as the same time to ensure good nutrition not only for the mothers but the children. So all the programs which are working under the direction are important what Pakistan in like other developing countries, may have gone through is the fact that infant formula milk was marketed in such a manner that mothers stopped feeding their children early and the result was their children in the 1st 1000 days when stunting is an important factor they were probably under fed and the mothers would vein the mouth breast milk very quickly.

He said that I take important figures because The Prime Minister requested me to take the charge of the Task Force on population and I fell it very important that there should be a gap between pregnancies, which shall improve both, the fact it gives time for the recovery of the mother from one pregnancy to the second pregnancy as well as the fact it improves the chances of children not going through malnutrition. So alongwith of iron supplements for mothers and nutritional supplement for the children, I think that gap in pregnancy is very important fact. Therefore, as a part not only of maternal health, as a part of trying to suggesting pregnancy gap to the families.

He highlighted that this Government has been encouraging and from the Task Force on population, I have been encouraging the fact that whatever works in a society, shift the society believes directions in listen the "Quran and Islam" the directions "Allah Subhanahoo Tala" in relocations of the Quran Pak mentioned that mothers should feed their breast milk for the 24 and 36 months. Taking advantage of that we should be able to convince our population that this is one way of reducing frequent pregnancies and trying to improve maternal health. What happens as corollas or as a co-incident address to the fact that mother is breastfeeding and it is a chance of getting pregnant or less during the time that she is breastfeeding.

He pointed up that one of the ways, we are trying to encourage population planning is that fact we must increase the breastfeeding and probably, all new manufacturer of breast milk in fact recently, about a year over another new company came into Pakistan and I requested them that you must market it in a manner only where it is necessarily new

infant formula may be encouraged but otherwise the message should not be as an alternate to breastfeeding that infant formula should be there. It is important that Maternal Mortality should be considered as important as maternal health then because it increases pressure in society that increases the subsequent as the children grow it increases the health burden on society and I am pleased to know of course but still it is a matter of concern that 186 MMR has come down from 276 in PDHS 2006-07.

He further said that I think we must achieve the SDG of 70 by the year 2030. We believe very strongly that if poverty in Pakistan has simply reduced it is important that the health situation of population has to be improved in the same time. Pakistan has a huge coverage with LHWs close to may be 100,000 or more, may be 40,000-50,000 in Punjab and overall in Pakistan.These LHWs are the primary source of information going down into the grass-roots.

He admitted that of-course, they carry a huge burden today, because we believe that hygiene is important in society, because we believe that bad habits should be discouraged, because we believe that the handwashing is important to prevent communicable diseases, because we believe that there are lot of massages which have to go into the household to the mother, therefore, this programme of Pakistan of the LHWs is very important but the survey also reveals that the rural areas have 26% higher mortality. I think, this is important as for as communicationist concerned because as we communicate good habits, as we communicate prevention because I am a very strong believer in my practices as a Dentist in my life. I believe that 90% of oral & dental diseases are preventable. Similarly, I believe the major disease burden on Pakistan is preventable so therefore, the entire focus is on prevention, the entire focus is to ensure the fact that the children get a healthy life, therefore, nutrition travelism is important, the good habits in the home are important for healthy lives.

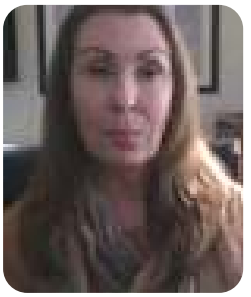
He said that infact, COVID has brought in handwashing in Pakistan because we practice usually 5 times prayers in a day it was easy to accept that fact and then therefore, there is a benefit from COVID although COVID is the bad disease, no benefits, except the fact in two areas, one is the handwashing and cleanness, the other is the fact the communication between the Government and the direction regarding prevention has gone deep-down in Pakistani society, of course, other societies in the world also. But, I am talking about Pakistan has gone deep-down and infact from the Masajids. So, infact we believe that whatever measures are being taken are important as for as the goals which Pakistan have to address for its own wellbeing and the more we go out in prevention and more we go out contraception more we go out in reducing frequent pregnancies. The more we go out population control, the more we go out the understanding from COVID. The fact, that there can be a Tele Health System or communication through all instruments of internet that is an area which is increasing throughout the world.

He shared that infact I read two articles and sent to Health Advisor in recent Economists talking about the importance of staying at home getting advise. In Pakistan, it is very important the person coming back home after a hard day's work, worker or mazdoor may not eagerly take his wife or his children to a Doctor because of affordability, because the fact he is come back home with big hassle, may be if we improve our IT communication to improve general health in fact that child neonatal and maternal mortality are also important factors. So, the advantage, one of the few benefits of the COVID would be the fact that all these machines, all these I.T systems we had geard-up, that infact COVID-19 there if we taken us to 10 years where we were, where should we are today that is happening in education and that I believe is very important as for as health is concerned.

He said it is important that these surveys point-out what next to be done and I am thankful to the PBS, the national committee for maternal & neonatal health supported by international partners including UNFPA, UKAID, USAID, ICF International and BMGP.

He closed his talk with the fact that Pakistan in the good leadership of the our planning Minister Mr. Asad Umar and of the Committee which was definite COVID has performed very well infact that they have established the systems and the hierarchy to the down wards for communication of information for response to health issues a very nice manner. He supported that, those systems have been generated in COVID will go a long way in making us to achieve the SDGs as for as the health parameters are concerned.

STATEMENT OF
MS. JULIE A. KOENEN
MISSION DIRECTOR, USAID



Ms. Julie shared her thoughts in her statement. She said that it's my pleasure to join 2019 Pakistan Maternal Mortality Survey Dissemination event which revolve looking forward with great anticipation. She thanked for the presentations and at this point she particularly mentioned that the President is acknowledgeable and inspirational leader. The 2019 Maternal Mortality Survey, everybody seems, it provides, worth of information for all of us, development partners, policy makers, managers working to make Pakistan a healthier nation specially for women and children. She said that this event reflects the power of partnership to catalyze resources and technical leadership toward high impact health investment working together to advance maternal health among government and partners in civil societies and the private sectors has a multiplier affects. For development tools, for development digital programming and innovations to end the preventable maternal deaths. She added that the Pakistan Maternal Mortality Survey one of these critical tools to support our commitment to advancing the maternal health outcomes.

As partners, we recognize the smart investments accelerating in preventable maternal mortality must be informed by data evidence based approaches and careful analysis to identify key findings related to maternal health outcomes across Pakistan. She mentioned that we don't have more in-depth understanding of the access and availability of maternal health services across the regions, trends and caretaking across sub population and differences in maternal health outcomes between world and urban population. This worth of information will help all of us to prioritize the collective investments to improve access and availability in quality maternal health services across Pakistan who is more deliberate approach. She congratulated to National Institute of Population Studies on compiling and completing the survey to exemplify the government of Pakistan commitments and capacity to access the country progress to save the lives of mothers. She also congratulated to the government of Pakistan on this commendable accomplishment highlighted in the maternal mortality survey in reducing the maternal deaths by one third. We still have a long way to go.

There is a noticeable achievement in particular the deliveries by skillful health professionals also which jumped from 40 percent in 2006 to 70 percent in 2018 that also indelibly contributed to improve maternal survivors these can reflect the impact of partnership between the government of Pakistan, the United States and the other development partners as well civil societies and private sectors to ensure the pregnant women who receive high quality health care and support from antenatal care all the way through to the postnatal services.

She acknowledged that this survey also highlights the true opportunities that I hope all of us can agree to pursue together. She said that first, I would like to reform or ensure to eliminate the geographic disparities available in the survey and also to really focus on the access between poor and working women with that I like to host and thanks again for having USAID in participating and thanks for the wonderful work they have done.

STATEMENT OF
MS. ANNABEL GERRY
REPRESENTATIVE OF FOREIGN COMMONWEALTH
AND DEVELOPMENT OFFICE (FCDO)

Good afternoon everybody, and I am really honored to be joining discussion today on such important subject

Ms. Annabel expressed her gratitude and appreciated the interesting remarks that by the President, from Special Advisor to Prime Minister on Health, and senior government officials present at the meeting, the expert participants and the development partners.

She said that UK is extremely proud to have a small part in this research, we contributed over one Million pounds to it and it is vital to understand that challenges of maternal mortality in the country. The word that we have heard is generated evidence about the medical courses, the biological and socio-demographic factors associated with maternal mortality and the role of the health services in preventing maternal deaths something that the President spoke about very well just known and we heard that a very significant progress has been made in the last 10 years, that is a huge amount that we should be proud of.

But also the maternal mortality rate now over 186 per 100,000 live births, is still very high and I have felt that FCDO has worked really well in providing complete care to all women regardless for their socio-economic state is particularly as well as we heard about and by age, by their backgrounds, so we still for sure wanted a world where every pregnancy is wanted, every childbirth is safe and every girl, women and child lives a healthy life.

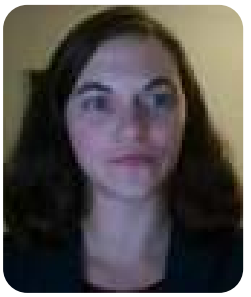
She highlighted that UK is committed to support in improving that access to family planning services through nationwide program in the country and providing technical assistance, also the government of Punjab and KP, and the contributions in improving maternal child health services. So we are very much in the trenches with the experts here today, through our programmes parents of the efforts to work with you, to improve the results in the country, we have been supporting the government of Pakistan and other partners for maintenance of essential healthcare services by capacity building of healthcare workers, on infection prevention control and also on surveillance and risk communication and the UK Government are proud to say, has made the largest contribution so far Covex facility to ensure actable access for COVID-19 for lower and middle income countries. That will be benefit to maternal health as well as all other aspects to limit the impact of viruses in the future on health workers and the community and we do understand and realized together we all of us, pandemic has affected. The essential maternal healthcare services and child healthcare services are available and there are serious risk we all are aware of setting back the important gains made over the last 2 years.

She added that it is really essential that findings and the evidence of this maternal mortality survey are used in policy, importantly in the programming to achieve the SDG target which is 70 per 100,000 live births by 2030.

She explained that many people in the room today virtual and physical will have been instrumental to the progress of the games made over the last 2 years that you will be aware for the big effort we needed to see through.

She finished her remarks by thanking all for there expertise, for their unfairly commitment and dedication. She wished them strength to reach the target with the next 10 years.

STATEMENT
MS. CLAIRE-HELENE MERSHON
REPRESENTATIVE OF BILL & MELINDA GATES FOUNDATION (BMGF)



Ms. Claire delivered her statement on behalf of the BMGF, and congratulated on the release of the 2019 PMMS results.

She said that we appreciate the opportunities for the significant undertaking, led by the National Institute of Population Studies (NIPS). The survey was informative with trigger and partnership. It's no small field to interview nearly 100,000 HHs and to record expancism & macrocosm to interview nearly 10,000 women of reproductive age of their families.

Production of Maternal Mortality Ratio from 276 in 2006-07 to 186 in 2019, highlights the significance the dedication shown by the government, health care workers, and communities to strengthening the health care system and improve the lives of mothers and neo-born in Pakistan.

She explained that this reduction demonstrates the struggle of Pakistan in achieving the SDGs targets for maternal mortality. It provides the health and population welfare, public and private sectors and the domestic & international partners for the common road-map for follow-up for the next 10 years.

She said that the key components of reducing maternal mortality have found that the work dedicated to mothers and neo-born has made a difference. We know the meeting meant for family planning, increasing antenatal and birth by skilled providers, improving access to and quality of an emergency obstetric and neo-born care and facilitating the timely and responsive referral, all improvement comes that mothers and neo-born and help families navigated challenging some kinds of quickly evolving situation.

She inforced that COVID-19 has made a complicated domain for delivery and essential household services. Exposing adopts and offering opportunities for us to improve.

In order to achieve the SDGs, she emphasized that it will be important to identify and integrate drivers of help like; by improved pre-conception and pregnancy related nutrition, persons in maternity care and identifying in reaching into most bono-farm mothers in the families.

She said that to keep-up the forward momentum, we need innovative tools that can help us in grasp the social and biological factors that many children and women may common for health outcomes.

We need evidence-based consistent and resources power-seasoned practices strengthening health systems and improve the quality of care that women and children will receive.

She emphasized that for helpline workers including Lady Health Workers and Mid-wives, the policy-makers and all Actors in house systems be reliable and consistent in relevant data. Data in evidence must be used from making of decisions, design programs, develop plans for maternal and neo-natal and reproductive and neo births for health care services.

Countries must be continued domestic and donor resources and adopt best practices, new technologies and new models of services delivery to favorable context and needs of her populations.

She thanked and congratulated NIPS, M/o NHSRC, TAC and Development Agencies and other departments/organizations from national and provincial levels who facilitated in completion of this important survey.

She also thanked Dr. Qazi for continuing work in family planning and maternal neo-born health for nation of Pakistan.

She added that we invision of work for healthy women and deliver healthy babies and new-born have the opportunities to live the healthy productive lives. This can't be made without our continuing dedication to improving maternal and child health.

CONCLUDING REMARKS
DR. NAUSHEEN HAMID
PARLIAMENTARY SECRETARY
MINISTRY OF NATIONAL HEALTH SERVICES
REGULATIONS & COORDINATION

Concluding remarks were delivered by Dr. Nausheen. She expressed her pleasure to be the part of this national dissemination of PMMS and said that it was first survey of its kind, very comprehensive survey, which covered all the regions of Pakistan and helped us to obtain important information about maternal health indicators.

She said that women constitute nearly of half the size of population and maternal health is of prime importance to the government. From the proceedings of this event and the results of the PMMS showed that the MMRatio as mentioned, has declined to 186 maternal deaths p/100,000 live births comparing to the estimate of 276 nearly 14 years back.

She complemented that Government of Pakistan remains committed to the SDGs and this improvement will enable us to move ahead to accomplish the SDGs target of bringing down the MMR to less than 70 by 2030. I am confident, that we will be able to sustainably reduce through sustained efforts and consistency of policies.

She addressed from the distinguished Audience, and said that besides the SDG target of MMR, results of the PMMS also indicate progress in important areas related to maternal health. She discussed the health indicators and said that there have been improvement of 29% in the ANC coverage since 2006-07, when data on ANC was obtained through the PDHS. The results also indicate an increase of 34% in health facilities deliveries for this period. This basically means that more women are being attended by skilled health providers in improved facilities. Other important details of the PMMS include figures of maternal causes of death, morbidities, PNC in relation to characteristics of respondents like; age groups, regions, economic and educational backgrounds.

The level of education is important bearing an approaches for both care obtained and care provided, I will urge all concerned organizations, to utilize this data for improving programmes and facilities.

She said that bridging gaps and eradicating economic & regional disparities in access to health care facilities remains the focus of present government. Our government is trying to reach out to the vulnerable sections of the population in need of support. The distance and efforts, it takes the women in some of the areas to assess the health facilities will be improved. Procedures will be simplified to ensure that women are facilitated.

Talking about the **Sehat Sahulat program,** she said it is our flagship program, is aimed and ensuring improved access of mothers in good quality maternity services, ANC and Neonatal care. The program integrates counselling to mothers for family planning, immunization and nutrition to support the under privilege sections.

The evidence for best policy and its continuation at the hallmark of the success stories of the countries and research, is the backbone of sound policies. Therefore, we intend to encourage the research initiatives like the PMMS in future.

She emphasized that the information obtained through such work must be taken into account for the planning purposes.

She concluded by acknowledging the efforts of the individuals and the organizations, who made it possible to complete this exercise across the country. From the teams, which had to endure challenges in the field in remote locations, convincing respondents to cooperate in completing the lengthy questionnaires, to organizations which provided logistics, technical and financial support.

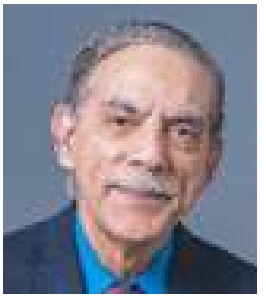
She thanked and said NIPS of M/o NHSRC implemented the entire project with the support of the federal and provincial departments. United Nations Population Fund (UNFPA) the FCDO, USAID, ICF, BMGF provided technical and financial support for the survey.

In concluding remarks she said that the national dissemination of the results of this survey and itself should be the matter of pride for all of you. You have been indeed contributed for improving the maternal health conditions by supporting this initiative.

PRESENTATIONS

INTRODUCTION & SURVEY METHODOLOGY HOUSEHOLD AND RESPONDENT CHARACTERISTICS

DR. TAUSEEF AHMED
PRINCIPAL INVESTIGATOR, PMMS



Dr. Tauseef presented the Introduction & Survey Methodology Household and Respondent Characteristics.

Before started his presentation he stated that it has been an honor to be Principal Investigator (PMMS) and part of NIPS team to undertake the PMMS 2019. It was definitely challenging task for me and with my Director (R&S) Ms. Azra Aziz, Dr. Aysha Sheraz, Ms. Rabia Zafar and all the other technical staff we had in the NIPS. We were able to do hazardous work of data collection and onward to the analysis and other works.

Before started his presentation, he said that I will awake all of you that to wait with me one minute of silence in honor of thousands of mothers who were died during the years and pregnancy delivery and post-delivery.

He mentioned that it has been quite a tough, to manage 41 teams across Pakistan and all areas of provinces, AJK and GB and it took little bit extra time to cover all areas because of some challenges and different technical issues i.e weather & law and order related issues.

He also re-emphasized on couple of things even though this is the first exclusive maternal mortality survey done in Pakistan for maternal mortality conducted by NIPS with support of PBS in survey sample, having 41 teams across the Pakistan, who were gathered the data and with the support of NCMNH who had done VAs analysis for determining the cause of death. We are at NIPS grateful to all the support that received technically & also from the partner/donor organizations including UNFPA, USAID-ICF, BMGF and FCDO (earlier known DFID). The sample was quite large and we have covered all areas across Pakistan.

He provided the introduction of the survey and explained that we have 6 questionnaires and we talked to the usual members of the households especially about women.

Our most interesting part of this survey was the Verbal Autopsy Questionnaire (VAQ). After background characteristics of deceased woman, we enquired about the births and pregnancies information, narrative of issues and events related to births, general signs & symptoms, disease/illness history, antenatal care, characteristics of last delivery, deaths during pregnancy, labour delivery and 42 days after delivery and history of injuries and care seeking behavior.

He also explained that this information was gathered from the most informed persons of the deceased household. Therefore, we have to be very careful and repeated visits to households in gathering accurate & detailed information.

He told that we have long training sessions organizing both for household listings and also main survey during the months of November & December, 2019, and fieldwork started actually on 20th December, 2019 and lasted till 30th September 2020. And most of the sample survey has already been done in July but there was some extra time needed to cover fieldwork in Balochistan because of some issues we had to face there.

We had a very good response rate 98% both for the households and the women and VAs which was also very overwhelming and encouraging for us.

He shared the findings about households and respondents characteristics. The household's population size on average was 6.7 members which is almost the same as previous surveys and 40% of the households under age 15 years and 4% are 65 years and above.

He mentioned that the household's durable goods which shows to prominent figures that almost all women

have access to mobile service in the households, they have smart cells or phones or other phones.

The second thing is that there is a big differential in urban and rural areas that they have the ownership of TV as 84% have TV in urban areas and 48% in rural areas, so, TV is one of the most powerful media of communication to reach out to the women and also the households in both urban and rural areas.

He pointed out that the radio ownership, is hardly a thing to mention. I think, the best thing for electronic media is to focus on TV and also community-based workers who can communicate directly.

The next thing that he discussed was the wealth index. He highlighted that:-

- Wealth is determined by scoring households based on a set of characteristics including access to electricity and ownership of various consumer goods you have seen as I explained.
- Households are then ranked, from lowest to the highest score.
- This list is then separated into 5 equal pieces (or quintiles) each representing 20% of the population.
- Therefore, those in the highest quintile may not be the richest but are referred to as the "rich" but they are of higher socioeconomic status than the 80% of the population of Pakistan and so for the others.

He showed the Wealth Index quintiles for both urban and rural areas and explained that in urban areas the majority of households fall in the 4th or the highest which is about 70%, whereas in rural areas, 57% fall in the poor or the lowest quintile.

He shared the wealth index quintile for AJK and GB, and explained that AJK has more households which fall in the middle which basically means that one-third of households are in a middle and 22% and 27% in the 2nd or in the 4th quintile wealth index, which is the very different from Pakistan and overall quintile contribution. In GB, 65% and 70% of households fall in the lowest or in the 2nd lowest quintile and they are very few households were in the 4th and in the highest quintile of the wealth index.

He said that there are also differences when we look at the report, in Balochistan, there are 45% have the largest proportion of households in the poorest quintile and the Punjab on the other hand has 26% largest proportion of households in the wealthiest quintile. So, these are the rich and poor distribution among provinces and also two areas; AJK & GB.

Referring to availability of services in rural areas, this information was taken for only rural areas, and gathered information using the community questionnaires, you can see that there are more than 50% households or community reported that the BHUs are about 5 KMs away from their households/community. On the other hand, if you look at the hospitals and the RHCs, about 54% on in each case, reported these to be out-turn come it in away.

He stressed that this is very important information when we talk about variability of services especially to mothers or maternity care

Education of women is also very important indicator and general distribution in Pakistan that more than half (52%) of the women have no education at all. These are the women, we interested in our survey and they are of age between the ages 15-49 and only 12% of women have complicated their higher education.

He also explained, the reason to show this distribution and said is to see the impact of education on number of behaviors that there have been going interactive and seen today and also mentioned in the report.

He compared the data of AJK & GB, and found that AJK has only 28% women who have not been to school whereas you can see more than 70% of women who either going to school and about one-third (34%) have done matriculation or higher education, whereas, GB is almost similar to Pakistan's general education profile as 50% have not attended school and only 28% have attend or gone to higher or secondary education. So this education indicator is very important to see their behaviors and also the wealth index.

Finally, he referred the key indicators report which includes that 96% households have access to improved water, 79% have improved toilet facilities, 94% households have electricity and 52% of women have not attended any school.

ADULT AND MATERNAL MORTALITY

DR. AYSHA SHERAZ
SENIOR FELLOW, NIPS

Dr. Aysha Sheraz, Senior Fellow, NIPS discussed about Adult and Maternal Mortality.

She said that from the Pakistan Maternal Mortality Survey, which has been completed successfully with the collaborative and consultative efforts involving several stakeholders it includes adult, Pregnancy-related and maternal mortality.

She informed that adult and maternal mortality indicators can be used to assess the health status of a population. Mortality indicators are also used to estimate the life expectancy of the population and subsequently to assess the country's level of development. The issue of reproductive health care, particularly health care during pregnancy, childbirth, and the postpartum period, has been of major concern to governments in most developing countries, and Pakistan is no exception.

She added that maternal mortality represents one of the largest and most persistent gaps in health indicators between developed and developing countries.

The MMR is believed to be the most sensitive indicator of women's health status in a society and of the quality and accessibility of maternal health services available to women. A maternal death is not merely a result of treatment failure; rather, it is the final outcome of a complex interplay among a myriad of social, cultural, and economic factors.

The Sustainable Development Goals (SDGs) include the MMR as a target of Goal 3 (ensuring healthy lives and promoting well-being for all at all ages), with an aim of reducing the global MMR to less than 70 maternal deaths per 100,000 live births by 2030.

She highlighted that many experts believe that it is possible to achieve this target in a majority of developing countries where the MMR is currently higher than 100 by increasing access to high-quality skilled birth attendance and emergency obstetric care (Campbell and Graham 2006).

Data reveals that in the 3-year period before the survey: 1.72 women die for every 1,000 women per year while 2.48 men die for every 1,000 men per year.

Talking about “All-cause Adult Mortality Rate”, she mentioned that deaths among women of reproductive age (15-49 years) in the preceding 3 years were recorded via the Short Household Questionnaire. All households reporting a female death during that period were revisited to conduct a verbal autopsy to determine the cause of death. Completed Verbal Autopsy Questionnaires were then reviewed by panels of experts (senior obstetricians and general physicians) to determine causes of death as per the International Classification of Diseases (ICD-10) codes.

She mentioned that all cause male mortality rates are higher than female mortality rates across all age groups with the exception of age 35-39. Mortality rates

among women increase by age from 0.77 among women age 15-19 to 4.83 among women age 45-49. Male mortality rates increase from 1.46 among men age 15-19 to 7.41 among men age 45-49.

Life expectancy at birth is 65.4 years (i.e., a newborn in Pakistan in 2019 can expect to reach age 65.4 if current age-specific mortality rates remain constant). A newborn girl is expected to live approximately 2 years longer (66.5 years) than a newborn boy (64.3 years).

She informed that the probability of pregnancy decreases substantially at older ages. Pregnancies at the older reproductive ages are riskier, resulting in higher mortality rates among women who become pregnant at older ages. she discussed the trends in Age-specific pregnancy-related mortality ratio and explained that the PRMR is notably higher in the 15-19 age group than in 20-24 age group. The probability of pregnancy decreases substantially at older ages. Pregnancies at the older reproductive ages are riskier, resulting in higher mortality rates among women who become pregnant at older ages.

By region, the pregnancy-related mortality ratio is lowest in KP (175) and highest in Balochistan (358).

Maternal mortality ratio (MMR) for the 3-year period before the survey = 186 deaths per 100,000 live births (95% confidence interval: 138-234).

She compared the MMR in 2019 with the MMR in 2006-07. The MMR in 2019 is highest at age 35-39(481) and lowest at age 20-24 (99). The maternal mortality ratio decreased substantially in five of the seven age groups from 2006-07 to 2019. There was a slight increase between the two surveys at age 30-34 and a more substantial increase in the oldest age group (45-49). She said that in general, there was an overall decrease in the MMR between the 2006-07 PDHS and the 2019 PMMS, from 276 maternal deaths per 100,000 live births to 186 (for the 3 years preceding the survey), showing a one-third decline.

She explained the Maternal Mortality Ratio by Region and said that regionally, there are differences in the MMR point estimates but the confidence intervals overlap, meaning the differences are not statistically significant.

She added that the findings of this would address gap of reliable data related to GBV and during and Post-COVID-19 dimensions; inform implementation as well as overall outcomes of the above interventions through the evidence based analysis as well as information about target beneficiaries (both direct and indirect) and their risks, vulnerabilities and needs to be met associated with post-COVID 19 impacts. Moreover, the gaps in functioning of existing maternal healthcare service delivery, social support systems and safety nets to be addressed through multi-sectoral collaboration.

CAUSE OF DEATH

DR. FARID MIDHET,
TEAM LEADER DAFPAK, PALLADIUM

Dr. Farid Midhet, team leader DAFPAK, Palladium discussed the cause of death.

He said that basically the female adults, for whom, conducted the VA and as you know that VAs were only conducted for the women between ages 15-49 who died during last 3 years in any household.

So, the data collection was an actually the questionnaire was administered in every households where there was a death of any woman between 15-49 ages and the time period was since January, 2016, 3 years prior to the survey.

He explained that the VAQs are fairly standard now they have been used quite frequently, and what we did we adapted from the 2016 WHO's VA, but we also took help from one which we used in 2006-07, so that data from the two surveys will be comparable.

He shared the details of the data collection, that basically collected information on the background characteristics of the woman like; her age and socio-economic status, and education, marital status at the time of death and all that. And then we also asked about the birth and pregnancy information of the deceased woman and we then asked the respondents who were actually the next of kin of the deceased woman to tell us about the narrative of the illness or events that led to her death. This was done as a verbatim manner and this was recorded as they were steering that and then we had specific questions about general signs & symptoms and a detail history of the last illness, the fetal illness.

We also asked about the ANC and other characteristics of her last pregnancies and we asked about the death occurred during labour and deliveries or 42 days after the termination of pregnancy and we asked about was there any history of injuries, violence and accidents. And, finally, you know, we asked questions about care seeking behavior about the last pregnancies or in her last illness when she went for medical care.

He added that data collection by Verbal Autopsy was also included, we had specially trained fieldworkers/ interviewers who went to the households as I said already and we recruited the staff (respondents) for those questionnaires who were the women or men who were present at the time of death and they were also related so it could be mother-in-law, mothers, brothers and sisters.

He told that total 1,177 VAs were completed, this is very long questionnaire takes an hour or more than one hour sometimes, to fill it out, and there are like some sentimental situations also, of course, we talking about a woman who died recently in the 3 years. So, this was a difficult questionnaire but the Interviewers trained to conduct it.

In his presentation he informed that cause of death definition was actually once we had collected information on the circumstances of death and detail narratives of the death, what happened during the last days and hours of the death.

We also had information on signs & symptoms that were reported during the fetal-ness, so all information was presented to our panel of 3 Reviewers, these panels were organized by NCMNH who are based in Karachi and they basically formed these teams, the

teams were trained in filling-out a WHO's standard death certification form and also trained in the coding of the data under the ICD-10 which is international classification of diseases version-10 of the WHO guidelines.

He explained the process of agreement on the cause of death and said if, at-least, 2 or 3 Reviewers agreed on the category on the underlying cause of death, it was accepted as the category of death. So, category means whether it was maternal death or non-maternal death. If it was maternal death, was it direct obstetric death or indirect obstetric death.

Similarly, for the specific cause of death, they assigned 3 causes of death and the underlying cause of death, if it was like; the same for 2 Reviewers, we accepted that, if not, then went to 4th reviewers. This was basically the review process. As I just explained.

The independent Reviewers, each questionnaire was reviewed by at-least 3 persons, who are all medical Doctors, 3 specialists; 2 of them were Obstetricians / Gynecologists and one Specialist Physician and agreement of 2 or 3 was required to decide and likewise we did end-up with some un-determinant cause of death.

The end of day because information was not sufficient and they could not decide what was actual exact cause of death.

He said that, this was the result, altogether 1177 AVs were done. Out of them, about 12% were decided to be as maternal deaths, which is basically, they match the definition of the maternal death according to the WHO classification. One percent 'no cause' was determined, about 14% were infectious / parasitic, but the remaining 61% was mostly non-communicable diabetes, high blood pressure and neoplasms etc.

He shared the findings of direct and indirect maternal deaths. Out of the maternal deaths, there were 96% were the direct maternal deaths and about 4% were indirect maternal deaths.

Maternal causes of deaths were actually the highest one was the 'obstetric hemorrhage' (41%) and that was followed by 'hypertensive disorders', and also 'pregnancy with abortive outcome' those deaths which occurred due to some kind of abortions, induced abortions which resulted into complications is about 10% which is relatively high.

There was pregnancy related infection about (6%) of the causes but obstetric hemorrhage, which includes ante-partum hemorrhage and postpartum hemorrhage, did remain the highest and the most prominent of cause of death.

He also discussed about treatment received. 37% went to only public sector and 26% only private sector, there were about 23% who went to both in public and private sectors. Still there are about 5% women who actually did not get any medical care, so, they remained actually at home and 9% were others who received care at home probably by a Dai, Traditional Birth Attendant and as well as public or private sectors.

He summarized that the most common cause of death basically altogether was other diseases and these were the diseases including nervous, digestive and respiratory systems followed by infectious and parasitic diseases. Maternal death which is the proportion of deaths out of all deaths among the women 15-49 years of age during the 3 last years, was about 12%.

Among the maternal deaths, 96% were direct and 4% were indirect and 37% women who died they actually had medical care in a public sector, 26% sought care from private sector facility and 5% women received care only at home probably from Dai or Traditional method.

MATERNAL HEALTH CARE
(ANTENATAL CARE, DELIVERY AND POSTNATAL CARE)

MS. RABIA ZAFAR
FELLOW, NIPS

Ms Rabia Zafar presented the results related to Maternal Health Care. She discussed Antenatal Care, Delivery and Postnatal Care in her presentation.

She PMMS results show that 9 in 10 women age 15-49 who had a live birth in the 3 years before the survey received antenatal care (ANC) from a skilled provider which includes Obstetrician/ specialist, doctor, nurse, midwife, or lady health visitor and Community midwife. She said that obstetrician/specialists were the most commonly used providers (46%).

She highlighted that the timing and quality of Antenatal care are very important for mother and the baby. More than half (56%) of women had their first ANC visit in the first trimester and made four or more ANC visits (52%). Urban women are more likely than rural women to have 4+ ANC visits and have their first ANC visit within the first trimester.

Talking about the trends in ANC coverage she said that Antenatal care by a skilled provider has increased from 26% in 1990-91 to 91% in 2019.

She added that women who received ANC were asked whether their blood and urine samples were taken and blood pressure measured during any ANC visit. Among women who received ANC for their most recent live birth or stillbirth, nearly 9 in 10 women (89%) had their blood pressure measured, 7 in 10 women (71%) had a blood sample taken, 65% had a urine sample taken, and 67% were told about the importance of a balanced diet. She informed that findings also show that 68% of women took iron tablets or syrup during most recent pregnancy.

She informed that tetanus toxoid vaccination coverage among pregnant women in Pakistan is far from universal. Seven (7) in ten (10) (70%) most recent live births or stillbirths in the 3 years before the survey to women age 15-49 were protected against neonatal tetanus.

She highlighted that more than seven in 10 (71%) live births are delivered in a health facility, primarily in private sector facilities, while 29% of births are delivered at home. Live births among urban women are more likely to be delivered in a private sector facility than rural women.

Talking about trends in place of birth, she said that health facility deliveries have dramatically increased since 1990-91 when only 14% of live births were delivered in a health facility. A drastic decline has been observed in home-based deliveries from 85% in 1990-91 to 29% in 2019. The proportion of deliveries taking place in a health facility was highest in AJK (75%) and lowest in Balochistan (51%).

She mentioned that majority of the births are attended by an obstetrician or specialist. One in 5 live births is assisted by a dai or traditional birth attendant (TBA) (21%). Fourteen percent of live births are assisted by a nurse/midwife/leady health visitor and community midwife. More than 7 in 10 births are assisted by a skilled provider (74%). The results show that delivery assistance increases with education and wealth.

She presented the findings on assistance during delivery: still births. Seven percent stillbirth are assisted by a TBA and 16% are assisted by a Nurse/Midwife/Leady Health Visitor. Overall, 86% of stillbirths are assisted by a skilled provider. One third of abortions or miscarriages are assisted by an obstetrician/specialist and More than 1 in 5 did not receive any assistance (23%) pregnancy outcomes

She explained that among all pregnancies in the 3 years before the survey, 84% resulted in a live birth, 12% in miscarriage, 3% in stillbirth, and 2% in abortion.

- Among the most recent live births 23% of births in Pakistan are delivered by c-section. Cesarean-sections are most common in AJK and Punjab. C-section deliveries to women with higher education are three times higher (46%) than women with no education (14%).

She added that appropriate care during the postpartum period is critical for both mother and newborn survival and their well-being. Postnatal care is recognized as an integral component of comprehensive maternal and child health care. Nearly 7 in 10 (69%) ever-married women age 15-49 with a live birth or stillbirth in the two years before the survey received a postnatal check within two days of delivery, while 29% did not have a postnatal check. The slide shows that Women in the poorest households (53%) are least likely to have received a postnatal check within two days of delivery.

PREGNANCY RELATED MORBIDITY AND HEALTH CARE SEEKING BEHAVIOUR FOR MATERNAL HEALTH COMPLICATIONS.

Mrs. AZRA AZIZ
DIRECTOR (RESEARCH & SURVEY)

Mrs. Azra Aziz, Director (research & survey) shared findings on Pregnancy Related Morbidity and Health Care Seeking Behavior for Maternal Health Complications.

She highlighted that PMMS was designed to provide data for monitoring maternal health in Pakistan. It is the first ever conducted national survey on Maternal Mortality in Pakistan. The main objective of the survey was to provide reliable estimates for maternal health, morbidity and mortality indicators that can be used by program managers and policy makers to evaluate and improve existing programs. Health care services during pregnancy, delivery and after delivery are important for the survival and wellbeing of both mother and the baby. Women's behavior of seeking health care during pregnancy is directly related to the morbidities during the pregnancy, delivery or postpartum period. Because with zero health care, the complications are at maximum which eventually lead to sever health issues and morbidities.

Continuing with the earlier discussions on causes of death and ANC during delivery and postnatal. She deliberate on maternal/ pregnancy related morbidity and the health seeking behavior for maternal health complications. She said that women's behavior of seeking health care during pregnancy is directly related to the morbidities during the pregnancy, delivery or postpartum period. How? Because with zero health care, the complications are at maximum which eventually leads to severe health issues and morbidities. Relating this to the PMMS data, we can see here that, women with a live birth/stillbirth/miscarriage, or abortion self-reported many complications. The most commonly reported were extreme weakness, followed by body aches, lower abdominal pain, and severe headache. About 33% also reported severe anemia.

Other than that, women were most likely to be informed by health providers about high blood pressure that was 14% and problems with the position of the baby that was 7%. Six percent were informed about the slow intrauterine growth of the baby, 4% uterine prolapse, and 3% were informed of jaundice and/or hepatitis, problem with placenta, or blood deficiency.

She mentioned that the percentage of women who had one or more complications during their last delivery decreased from 41% among those with first-order births to 31% among those with second- or third-order births before increasing slightly to 35% among those with sixth- or higher-order births.

More than 1 in 3 that is 34% of women were informed by a health care provider that they had at least one complication during their pregnancy or delivery.

She explained that diagnosed complications increased with household wealth.

She said that more than seven in 10 which makes 73% ever-married women age 15-49 with a live birth or stillbirth in the three years before the survey had complications during the postpartum period. Women in the poorest households almost 77% are more likely to have one or more complications within the first 40 days after delivery compared to 68% in the wealthiest households.

Relating PMMS data with health care behavior of women we found that the health care seeking patterns have been changing since the past few years as the awareness about health care importance is being increased widely.

And due to these improvements, many of the complications are being treated, leading to better health of the mothers and the children.

Talking about care seeking behaviour she told that nearly three quarters (73%) of women age 15-49 sought ANC from a private sector health facility while 33% used a public sector facility. The percentage of women who experienced pregnancy complications and did not receive ANC was highest in Balochistan being 22% and lowest in Punjab being 5%.

She highlighted the importance of socio-economic status on health seeking and mentioned that the percentage of women who had delivery complications and received care from a skilled provider increases with wealth from 55% among women in the lowest quintile to 97% and 95% among women in the fourth and highest quintile.

The percentage of women who had delivery complications and received care from a skilled provider increases with education from 68% among women with no education to 97% among women with higher education.

She concluded that overall, the data shows that 52% of women in Pakistan received treatment for one or more complications they experienced during pregnancy, delivery, or the postpartum period, 73% of women age 15-49 who had a pregnancy in the 3 years preceding the survey sought ANC from a private sector health facility while 33% used a public sector facility, the majority (90%) of women age 15-49 who had pregnancy complications received ANC from a skilled provider and 9% of women age 15-49 who had pregnancy complications did not receive any ANC.

CONCLUDING REMARKS AND VOTE OF THANKS

Mrs. AZRA AZIZ
DIRECTOR (RESEARCH & SURVEY)

On behalf of NIPS, Mrs. Azra Aziz extended a very hearty vote of thanks to all guests and speakers for gracing this occasion and sharing useful information that may be used in future planning and revisiting current programs. NIPS is also grateful to all our respected partners who have a valuable role in making this event successful by providing financial support and specially ICF-International for providing technical support.

She said that we are particularly grateful to the President, Islamic Republic of Pakistan, Dr. Arif Alvi, Special Assistance to Prime Minister on Health, Dr. Faisal Sultan. The Secretary, M/o NHSR&C, Parlimentary Secretary, M/o NHSR&C, Dr. Nausheen Hamid for taking the time to attend this event.

She mentioned her deep appreciation for Ms. Julie A. Koenen, The Mission Director, USAID, Ms. Annabel Gerry, Development Director, FCDO, Ms. Claire-Helene Mershon, Bill and Melinda Gates Foundation, and the highly motivated and supportive, Ms. Lina Mousa, The Representative, UNFPA,

She emphasized that an event like this cannot happen overnight. The wheels started rolling months ago. It requires planning and a bird's eye for details. We are fortunate enough to be backed by a team of highly motivated and dedicated colleagues of ICF International, Measure DHS who know their job and are result oriented. She thanked to Ms. Anju Shree Paradhan, ICF Survey Manager, Ms. Sally Zweimueller, Survey Communication Manager and their team particularly Mr. Rullin and Mr. Robin for providing technical support at every step from beginning to the end.

She said that we express our gratitude to all TAC members for providing technical support in developing research tools and designing research methodology. I would like to mention specially Dr. Farid Midhat, Team Leader DAFPAK, Palladium, Dr. Tauseef Ahmad, Principal Investigator for PMMS and my NIPS colleagues Dr. Aysha Sheraz, Ms. Rabia Zafar, Mr. Ali Anwar, Ms. Saima Mukhtar, Ms. Rizwana Timsal, Mr. Niazi, Admin Ofiicer, Mr. Arif, DDO, Mr. Aslam and all supportive team of Administration and Computer personnel. I would also thankful for the survey team for their hard work for data collection across Pakistan. I would also appreciate the work of office editors and coordination by the office coordinators.

She stressed that this session was meant to share the key results of the PMMS-2019 and launch of final report. The in-depth analysis and analytical part of the PMMS data will be followed in the next few months. We look forward to your participation and involvement in further in-depth analysis planned by NIPS with collaboration of ICF and UNFPA.

PROFILE OF PRESENTERS

Mrs. AZRA AZIZ, DIRECTOR (R&S)

Mrs. Azra Aziz, Director (Research & Survey) has worked in NIPS for last 33 years and was instrumental in nearly all research studies during that period. Her academic qualification includes M. Phil in Sociology from Utah State University, USA and Master's of Public Administration from University of the Punjab, Pakistan

She has several publications (papers/articles) on women empowerment, gender, family planning and reproductive health, migration, urbanization, housing characteristics and population growth and development.

She is the senior most devoted and committed researcher at NIPS. She has vast experience of managing research projects and worked as Project Director in PDHS 2012-13, 2017-18 and led the team of national Pakistan Maternal Mortality Survey 2019.

Her responsibilities include providing leadership and management of all aspects of the ongoing research projects, including overseeing all technical, financial, and administrative matters, providing senior leadership, management oversight, and coordination to achieve project's objectives and ensure successful operations of the field activities of all projects and ensure the quality of project deliverables, results and milestones.

She has arranged several training programs, workshops and dissemination seminars. She has carried out in-depth analysis using multivariate techniques at national level datasets of all Pakistan Demographic and Health Surveys.

DR. AYSHA SHERAZ, SENIOR FELLOW, NIPS

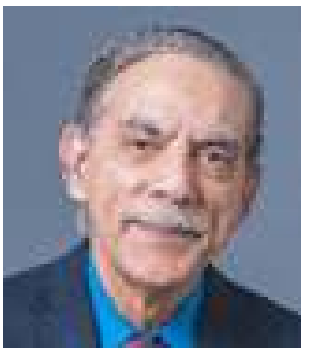
Dr. Aysha Sheraz PhD Joined NIPS as Research Associate in 1988, currently working as Senior Fellow (Research & Survey)/ Deputy Project Director of Pakistan Maternal Mortality Survey. She is a dynamic and experienced professional with an in-depth understanding of a range of demographic, reproductive health, population program, management and evaluation. A qualified quantitative and quantitative data researcher and analyst. An HRD expert with a proven ability to design, develop and implement HRD related interventions in the area of reproductive health, population welfare program management and evaluation strategies, Also a well experienced trainers in the field of population and Development. A leader with a vision for continuous development and change.

MS. RABIA ZAFAR, FELLOW, NIPS

Ms. Rabia Zafar currently working as Research Fellow. She is highly motivated individual having strong and communication skills to disseminate information and knowledge. Professionally an experienced researcher with an in-depth understanding in the field of demography, reproductive health, population and development. Being an Anthropologist, she has a vast experience of participatory research, quantitative and qualitative research and analysis. A well experienced trainer in the field of reproductive health, family planning, fertility, maternal mortality, empowerment of women and domestic violence.

She has conducted different surveys in NIPS including four round of PDHS and Pakistan Maternal Mortality Survey 2019. She has number of publications and research papers on her credit. She has also attended many in and out country trainings.

DR. TAUSEEF AHMED, PRINCIPAL INVESTIGATOR, PMMS



Dr. Tauseef Ahmed PhD is a sociologist by education and has actively worked with Government in developing and formulating Population Policies for all provinces of Pakistan. He served as the Principal Investigator on Pakistan Maternal Mortality Survey (PMMS) 2019 at the National Institute of Population Studies, Islamabad. Dr. Ahmed, as Principal Investigator to PMMS 2019, provided oversight to the project implementation and professional technical assistance in training, monitoring, data gathering, and data analysis. Currently, he is Technical Advisor to UNFPA supporting several assignments. As a freelance consultant in the field of family planning and reproductive health Dr Ahmed supports and guides in the development of 'Task Shifting and Sharing Strategies and Plan of Action' for PWD and Health Department in all provinces. Prior to 2018, he worked as Senior Technical Advisor and also remained as Country Representative of Pathfinder International, Pakistan Office for seven years. During 2010-2017, he supervised and managed several innovative projects that have direct bearing on family planning Programs and activities in Pakistan. These projects tested innovative ideas to improve efficiency and effectiveness of public sector services in family planning at the grassroots and at facility level to target low parity mothers and promote birth spacing. These projects were implemented at the facility and community levels in various districts with close support of the provincial Departments of Health and Population Welfare. Dr Ahmed led team of experts to develop Costed Implementation Plan for Family Planning under his guidance has brought two key Departments closer in understanding and carrying forward FP goals together in all four provinces.

Dr Ahmed is an Executive Council member of Population Association of Pakistan. Dr. Ahmed was a visiting faculty at Pakistan Institute of Development Economics University teaching Masters' level course in Population Studies in 2008-09.

DR. FARID MIDHET, TEAM LEADER DAFPAK, PALLADIUM

Dr. Midhet is a public health expert, recognized leader in population and health, family planning and safe motherhood in Pakistan. He has extensive experience in designing, implementing, managing, monitoring and evaluating large-scale community-based and health systems intervention projects. His academic qualifications include a medical degree (MBBS from Pakistan); Master of Public Health (MPH from Columbia University); and Doctorate in Public Health (DrPH from Johns Hopkins University). His postgraduate training includes fellowships with the Harvard University and the National Institutes of Health (USA). He is also a Fulbright Scholar (University of California at Berkeley, 2009). Dr. Midhet has several years of clinical experience and of working in the public sector health system in Pakistan. He has advanced skills in design, conduct and analysis of population and health surveys, epidemiological studies and intervention research

projects.

He has served as adjunct faculty with Health Services Academy Islamabad, Aga Khan University Karachi and as Associate Faculty with the Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA.

He is currently working as a Team Leader of the Palladium Group Islamabad, Pakistan – Leading a team of professionals working on the 'Delivery of Accelerated Family Planning in Pakistan (DAFPAK)' project, which is being implemented in three provinces of Pakistan.

Dr. Farid has worked as faculty member (Department of Family & Community Medicine), at Qassim University College of Medicine Qassim, Saudi Arabia as Associate Professor/Research Adviser Sep 2018 – Jul 2019 on programs to build research capacity of faculty and students of Medical College. He has also worked as faculty member (Department of Family & Community Medicine), Aga Khan University Karachi, Pakistan Apr – Sep 2018.

Worked as Chief of Party/Country Director, Pakistan Oct 2013 – Mar 2018 Jhpiego – an affiliate of Johns Hopkins University Baltimore, MD, USA provided leadership to maternal, newborn and child health (MNCH) and family planning programs in all four provinces of Pakistan. Managed a team of over 250 national and international staff members working in five different projects in Pakistan, funded by USAID, DFID, Packard Foundation and GIZ.

Worked as Chief of Party for the USAID-funded Maternal and Child Health Integrated Program (MCHIP) in 16 districts of Sindh province of Pakistan: Provided strategic leadership, technical guidance and supervision, financial management and human resource management.

PICTURE GALARY


ISLAMABAD SERENA HOTEL


Verbal Autopsy Data
ISLAMABAD SERENA HOTEL


ISLAMABAD SERENA HOTEL


ISLAMABAD SERENA HOTEL


PAKISTAN MATERNAL MORTALITY
National Dissemination Event
10 December, 2020


ISLAMABAD SERENA HOTEL

MEDIA COVERAGE

DAWN

TODAY'S PAPER | DECEMBER 11, 2020

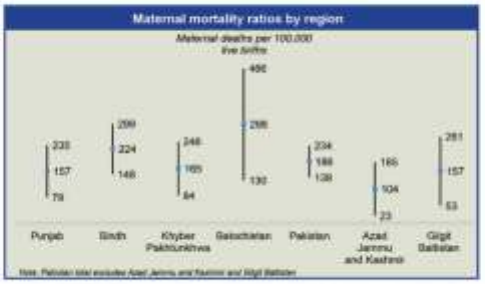
Maternal mortality ratio still too high, shows report

President Alvi launches Pakistan Maternal Mortality Survey

By Our Staff Reporter

ISLAMABAD: While the federal and provincial governments want to reduce the maternal mortality ratio (MMR) to 70 deaths per 100,000 live births by 2030, it currently stands at 186 deaths per 100,000 births, according to a survey launched on Thursday.

Overall, 12 per cent of the deaths among ever-married women between the ages of 15 and 49 years in the past three years were due to maternal causes, says the survey report.



In 1990-91, MMR in Pakistan was 234 per 100,000 live births. It has reduced to 186 and is expected to drop to 138 by year 2030. Similarly, the graph shows provincial data of MMR for years 1990, 2020 and the expected number for the year 2030.

However, antenatal care (ANC) and delivery care coverage in the country are improving. Over the past three decades, ANC coverage by a skilled provider has improved dramatically from 26 per cent in 1990-91 to 91pc in 2019.

Delivery in health facilities has also substantially increased, from 14pc in 1990-91 to 71pc last year, according to the survey report. While this is a positive development, 29pc of live births still take place at home, putting both mothers and babies at risk.

Speaking at the launching ceremony, President Dr Arif Alvi said the Pakistan Maternal Mortality Survey (PMMS) provided vital data and also assessed the progress the country had made towards meeting the Sustainable Development Goal of reducing maternal mortality.

Pervais Ahmed Juneja, the executive director of National Institute of Population Studies, which carried out the survey, pointed out that PMMS was the first exclusive nationwide survey on maternal mortality in Pakistan.

"The survey report provides the government of Pakistan and its development partners with data for programme managers and policymakers to take evidence-based decisions to improve maternal health care nationwide," he said.

Under the survey — which was undertaken in the four provinces, Islamabad Capital Territory, Gilgit-Baltistan and Azad Jammu and Kashmir — questions were put to households about deaths of married women between the ages of 15 and 49 years to determine rate of maternal mortality, which includes deaths of ever-married women during pregnancy, delivery, and 42 days after delivery or the end of pregnancy.

However, it does not include deaths that occur due to accident or violence.

Maternal deaths are divided into two categories. Direct maternal deaths refer to deaths resulting from obstetric complications during pregnancy, labour, or 42 days after delivery or the end of pregnancy.

Indirect maternal deaths result from non-obstetric complications aggravated by pregnancy.

The majority of maternal deaths (96pc) were direct maternal deaths, said the report. The most common causes of death included obstetric haemorrhage (41pc) and hypertensive disorders (24pc).

In the statements released on the occasion, SAPM on Health Dr Faisal Sultan and Parliamentary Secretary for Ministry of National Health Services Dr Nausheen Hamid emphasised the need for evidence-based data for improving quality and accessibility of health services available in the country.

Representatives of the UN Population Fund, Foreign, Commonwealth and Development Office, US Aid, ICF and Bill and Melinda Gates Foundation, which provided technical and financial support for the research study, reiterated support for maternal health initiatives in Pakistan.

پائیدار ترقی ہدف 2030 حکومت غربت میں کمی اور صحت کی سہولیات میں بہتری کیلئے پرعزم، صدر مملکت

دور دراز علاقوں میں صحت کی سہولیات کی فراہمی اہمیت کی حامل، ماں اور بچے کی غذائی قلت پر قابو پانے کیلئے پروگرام شروع کیا گیا ہے

شعبہ صحت و تعلیم میں یکساں رسائی اہم، مجلی سطح پر پرائمری ہیلتھ سروسز، پرائمری اور سیکنڈری ہیلتھ کی سہولیات کی فراہمی ضروری ہے، خطاب

اسلام آباد (آن لائن) صدر مملکت ڈاکٹر عارف علوی نے کہا کہ موجودہ حکومت پائیدار ترقیاتی اہداف 2030ء کے تحت غربت میں کمی اور صحت کی سہولیات میں بہتری کیلئے پرعزم ہے، دور دراز علاقوں میں صحت کی سہولیات کی فراہمی اہمیت کی حامل ہے، ماں اور بچے کی غذائی قلت پر قابو پانے کیلئے پروگرام شروع کیا گیا ہے، ماں کی صحت کیلئے بچوں کی پیدائش میں وقفہ ضروری ہے۔ ان خیالات کا اظہار انہوں نے گزشتہ روز قومی زچگی سروے سے متعلق سیمینار سے خطاب کرتے ہوئے کیا۔ انہوں نے کہا کہ صحت اور تعلیم کے شعبے میں یکساں رسائی اہم ہے، پچھلی (باقی صفحہ 7 بقیہ نمبر 47)

اسلام آباد: صدر مملکت عارف علوی قومی زچگی سروے بارے سیمینار سے خطاب کر رہے ہیں

اسلام آباد: صدر عارف علوی قومی زچگی سروے سے متعلق ویبینار سے خطاب کر رہے ہیں

ہر ایک لاکھ میں 186 مائیں دوران زچگی انتقال کر جاتی ہیں

41 فیصد دوران زچگی خون، 29 فیصد ہائی بلڈ پریشر سے موت کا شکار ہوتی ہیں

سروے رپورٹ ماؤں کی صحت کے پروگراموں کیلئے اہم ڈیٹا فراہم کرتی ہے: صدر علوی

اسلام آباد (اے پی پی) پاکستان میں ہر ایک لاکھ میں سے 186 خواتین دوران زچگی انتقال کر جاتی ہیں۔ پاکستان میٹرنل مارٹیلٹی سروے نتائج میں بتایا گیا ہے کہ ماؤں کی اموات کی سب سے عام وجوہات میں زچگی کے بعد خون کا جاری ہونا 41 فیصد، ہائی بلڈ پریشر کی خرابیاں 29 فیصد ہیں۔ پاکستان میں حمل اور زچگی کے دوران معائنہ کی خدمات اور ان کے حصول میں بہتری آئی ہے۔ 1991 سے اب تک زیادہ تر خواتین حمل کے دوران طبی معائنہ کرواتی ہیں۔ اس موقع پر تقریب سے خطاب کرتے ہوئے صدر مملکت ڈاکٹر عارف علوی نے کہا کہ پاکستان میٹرنل مارٹیلٹی سروے رپورٹ پاکستان میں ماؤں کی صحت سے متعلق پروگراموں کی نگرانی اور جانچ کیلئے اہم ڈیٹا فراہم کرتی ہے اور ماؤں کے امراض و اموات کو کم کرنے کیلئے اقوام متحدہ کے پائیدار ترقی کے اہداف (SDGs) کو حاصل کرنے میں پاکستان کی کوششوں کا احاطہ کرتی ہے۔ نیشنل انسٹیٹیوٹ آف پاپولیشن سٹڈیز کے ایگزیکٹو ڈائریکٹر پرویز احمد جونیجو نے بتایا کہ پی ایم ایم ایس پاکستان میں ماؤں کے امراض و اموات پر ہونے والا سب سے پہلا خصوصی سروے ہے۔ یہ رپورٹ حکومت پاکستان اور اسکے ڈویلپمنٹ پارٹنرز کے پروگرام منیجرز اور پالیسی سازوں کے لئے شواہد کی بنیاد پر جامع ڈیٹا فراہم کرتی ہے تاکہ ملک بھر میں ماؤں کی صحت کی بہتری کے لئے درست فیصلے کیے جا سکیں۔

SLAMABAD:
President Dr. Arif Alvi addressing a webinar on Pakistan Maternal Mortality Survey on Thursday.–PID

Country's maternal mortality ratio 186 deaths per 100,000 live births: PMM survey

RAHUL BASHARAT
ISLAMABAD

Pakistan Maternal Mortality Survey (PMMS) released on Thursday said that the country's maternal mortality ratio is 186 deaths per 100,000 live births while 12 per cent of deaths among ever-married women between the ages of 15-49 in the past three years are due to maternal causes.

The results of the PMMS were officially released during a national dissemination event held in Islamabad on Thursday.

Speaking on the occasion, President Dr. Arif Alvi said the Pakistan Maternal Mortality Survey report provides vital data for monitoring and evaluating maternal health care programmes in Pakistan and also assesses Pakistan's progress towards meeting the Sustainable Development Goal of reducing maternal mortality.

Pervaiz Ahmed Junejo, Executive Director, National Institute of Population Studies, informed that the PMMS is the first nationwide survey on maternal mortality in Pakistan. The survey report provides the government and its development partners with data for programme managers and policymakers to make evidence-based decisions to improve maternal health care nationwide.

The survey which was undertaken in the four provinces, Islamabad Capital Territory, Gilgit Baltistan and Azad Jammu Kashmir asked households about deaths of married women between the ages of 15-49 years to determine maternal mortality. Maternal mortality includes deaths of ever-married women during pregnancy, delivery, and 42 days after delivery or the end of pregnancy, excluding deaths that were due to accidents or violence. According to the survey, the maternal mortality ratio is 186 deaths per 100,000 live births for the three-year period before the survey.

The federal and provincial governments aim to reduce the maternal mortality ratio to 70 deaths per 100,000 live births by 2030.

> Government aims to reduce maternal mortality ratio to 70 deaths per 100,000 live births by 2030

Maternal deaths are divided into two categories. Direct maternal deaths refer to deaths resulting from obstetric complications during pregnancy, labour, or 42 days after delivery or the end of pregnancy. Indirect maternal deaths result from non-obstetric complications aggravated by pregnancy. The majority (96 per cent) of maternal deaths were direct maternal deaths, while four per cent of deaths were indirect maternal deaths. The most common causes of death include obstetric haemorrhage (41 per cent) and hypertensive disorders (29 per cent).

Antenatal care (ANC) and delivery care coverage in Pakistan are improving. Since 1991, more women are receiving antenatal care with a skilled provider, such as an obstetrician, specialist, doctor, nurse, midwife, lady health visitor, or community midwife. Over the past three decades, ANC coverage by a skilled provider has improved dramatically from 26 per cent in 1990-91 to 91 per cent in 2019. Delivery in health facilities has substantially increased during the same time period from 14 per cent in 1990-91 to 71 per cent in 2019. While this is a positive development, 29 per cent of live births are still delivered at home, putting mothers and babies at risk.

In their statements on the occasion, Dr. Faisal Sultan, Special Assistant to the Prime Minister and Dr. Nausheen Hamid, Parliamentary Secretary for Ministry of National Health Services, Regulations and Coordination emphasised the need for evidence based data for improving quality and accessibility of health services available in the country. Representatives of the United Nations Population Fund, Foreign, Commonwealth and Development Office, US Aid, ICF and Bill and Melinda Gates Foundation, which provided technical and financial support for the research study, reiterated support for maternal health initiatives in Pakistan.

Member APNS

جڑواں شہروں سے شائع ہونے والا پہلا مکمل مقامی اخبار

راولپنڈی/اسلام آباد

روزنامہ

میٹرو ویج

ایڈیٹر

زاہد فاروق ملک

جلد 10 | عدد المبارک 11 دسمبر 2020ء 25 ربیع الثانی 27 مگھر 2076ب | شمارہ 52

عربیہ 22

حکومت صحت کے شعبہ کی بہتری کیلئے پرعزم ہے، عارف علوی

دور دراز علاقوں میں صحت کی سہولیات کی فراہمی اہمیت کی حامل ہے، صدر مملکت

اسلام آباد (صباح نیوز) صدر مملکت ڈاکٹر عارف علوی نے کہا ہے کہ حکومت پائیدار ترقیاتی اہداف 2030 کے تحت قریب میں کی اور صحت کی سہولیات میں بہتری کے لئے پ (باقی صفحہ 5 بقیہ نمبر 21)

اسلام آباد، صدر عارف علوی قومی زچگی سروے سے متعلق سیمینار سے خطاب کر رہے ہیں

کے مطابق دہشت گرد وہ ماڈل افغانستان سے آئے تھے، افغان انٹیلی جنس ایجنسی کیا فنڈ کور نے انہیں چالان آباد میں تانگ دیا تھا، اس موقع پر بھارتی خفیہ ایجنسی "را" کا نمائندہ ملاقات میں موجود تھا، ان دہشت گردوں کو فنڈز بھی را کے افسر فراہم کرتے تھے، گرفتار دہشت گردوں کے خلاف سی ٹی ڈی میں مقدمہ درج کرلیا گیا ہے، سی ٹی ڈی حکام کے مطابق گرفتار دہشت گردوں سے دستی بم، اسلحہ، افغان کرنسی، موبائل فونز اور حساس مقامات کی ویڈیوز برآمد کی گئی ہیں، دہشت گردوں نے سول سیکرٹریٹ کو نشانہ بنانے کا منصوبہ بنا رکھا تھا، گرفتار دہشت گردوں کی شناخت فرحت، عبدالرحمان، وزیر گل، عصمت اللہ اور عمران کے ناموں سے ہوئی ہے، کاؤنٹر ٹیررازم ڈیپارٹمنٹ نے گذشتہ ماہ نوشہرہ، خوشاب کے علاقے راجن پور میں کارروائی کرتے ہوئے 5 خطرناک دہشتگردوں کو گرفتار کرکے کالعدم تنظیم کا نیٹ ورک تباہ کردیا تھا، ترجمان کے مطابق سی ٹی ڈی نے راجن پور میں کارروائی کرکے پانچ خطرناک دہشت گردوں کو گرفتار کرلیا جن کا تعلق کالعدم تنظیم سے تھا، گرفتار دہشت گردوں میں اعجاز، صفیر، بہادر، انور اور کامران شامل ہیں، دہشت گردوں سے تھری ناٹ تھری پستول، ہینڈ گرنیڈ، بھاری مقدار میں اسلحہ برآمد کیا گیا ہے، ترجمان سی ٹی ڈی نے بتایا کہ دہشت گردوں نے چند ماہ قبل بلوچستان سے نیٹ ورک راجن پور منتقل کیا تھا اور اب کارروائی کے بعد اس نیٹ ورک کو تباہ کردیا گیا ہے۔

Introduction and Methodology

2019 Pakistan Maternal Mortality Survey (PMMS)

Presented by:
Dr. Tauseef Ahmed, PI, PMMS

The 2019 Pakistan Maternal Mortality Survey (2019 PMMS) was implemented by the National Institute of Population Studies (NIPS) under the aegis of the Ministry of National Health Services, Regulations and Coordination (NHSRC) from 15 January 2018 through 30 September 2019. The funding for the PMMS was provided by the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), Department for International Development (DFID) and the Bill and Melinda Gates Foundation. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Objective

- The main objective of the 2019 PMMS is to provide reliable estimates of maternal health, morbidity and mortality indicators.
- This information is essential for programme managers and policymakers to evaluate and design programmes and strategies for improving the maternal health situation in Pakistan.

The Survey

- The 2019 PMMS is the 1st exclusive Maternal Mortality Survey conducted by the National Institute of Population Studies (NIPS), along with 4 Demographic and Health Surveys (DHS) implemented between 1990-91 and 2018 as part of The DHS Program.

The Survey

- It is designed to provide estimates at the national level, urban and rural areas, for four provinces including **Punjab** (combined with Islamabad Capital Territory), **Sindh**, **Khyber Pakhtunkhwa** (combined with FATA), and **Balochistan**; and for two regions including **Azad Jammu and Kashmir** (AJK) and **Gilgit Baltistan** (GB).
- The national total for indicators ***excludes*** **AJK** and **GB**.

Sample Design

Sampling Frame: 2017 Pakistan Population & Housing Census

First Stage: 656 urban and 740 rural clusters selected

Second Stage: 110 households per cluster were selected. Overall, 153,560 households were selected (81,400 rural and 72, 160 urban).

- All 110 households in each PSU were asked about births and deaths during the previous three years, including female deaths in the reproductive ages (15-49 years).
- Households that identified at least one death of a woman of reproductive age were then visited to conduct detailed verbal autopsies.

Questionnaires

- Short Household Questionnaire
- Long Household Questionnaire
- Woman's Questionnaire
- Verbal Autopsy Questionnaire
- Community Questionnaire
- Fieldworker Questionnaire

Questionnaires were translated from English to **Urdu** and **Sindhi**.

Household Questionnaire

- Lists usual members and visitors to identify eligible individuals
- Basic characteristics of each person in the household (age, sex, education, etc.)
- Housing characteristics (drinking water, sanitation facilities, etc.)
- Collected information on births and deaths in the household in the 3 years prior to the survey date to identify female deaths in the household to conduct verbal autopsies.

Woman's Questionnaire

- Background characteristics (age, education, literacy, etc.)
- Antenatal, delivery and postnatal care
- Maternal morbidity
- Health Service utilisation

Verbal Autopsy Questionnaire

- Background characteristics
- Birth and pregnancy information
- Narrative of illness/events leading to death
- General signs/symptoms
- Deceased illness history
- Antenatal Care and characteristics of last pregnancy
- Deaths during labour, delivery or 40 days after
- History of injuries/accidents
- Care Seeking Behaviour

Survey Staff Trainings

Listing:

- First week of December 2018 with 67 trainees and 15 field supervisors

Pretest:

- Training from 19 November to 6 December 2018 with 40 trainees

Main Survey Training:

- Training from 17 December 2018 to 6 January 2019 with 158 interviewer trainees.

Verbal Autopsy Cause of Death Workshop:

- Orientation for VA reviewers from 29 July to 2 August 2019

Fieldwork and Data Processing

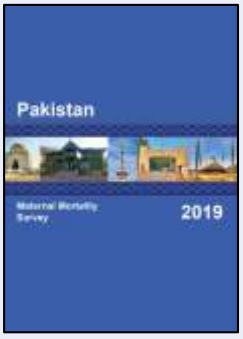
- Total of **41 teams:** 1 supervisor, 1 field editor, 4 female interviewers
- Fieldwork conducted from **20 January to 30 September 2019**
- Cause of death certification and coding exercise took place in August 2019
- Electronic files collected by the field editors (CAFE) were received via IFSS at the NIPS central office in Islamabad
- Data processing and editing were carried out using CSPro.

Results of Household and Individual Interviews

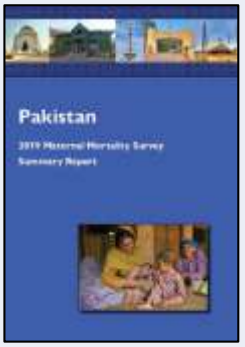
Household Interviews	Pakistan	AJK	GB
Households selected	116,169	17,510	11,753
Households occupied	110,483	16,755	11,005
Households interviewed	108,766	16,588	10,872
Response rate	98%	99%	99%
Ever-married Women			
Eligible women	12,217	1,707	1,219
Women interviewed	11,859	1,666	1,178
Response rate	97%	98%	97%
Verbal Autopsies (VA)			
Number of deceased women selected	944	150	88
Number of VA interviews	940	149	88
Eligible VA response rate	>99%	99%	>99%

PMMS Materials, Data, and Digital Tools

Final Report



Summary Report



Dataset available at www.DHSprogram.com

Publications & the National Data Archive available at www.nips.org.pk

Household and Respondent Characteristics

2019 Pakistan Maternal Mortality Survey (PMMS)

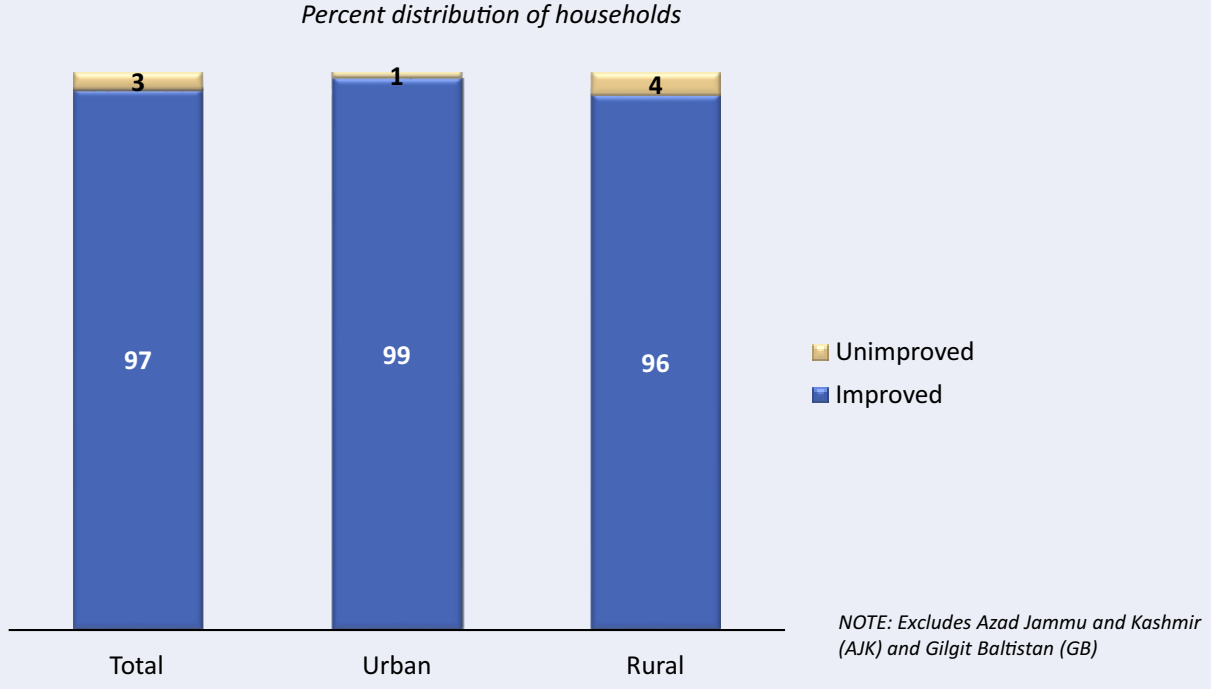
Presented by:
Dr. Tauseef Ahmed, PI, PMMS

- **Household Characteristics**
  - **Water and sanitation**
  - **Electricity**
  - **Ownership of goods**
  - **Wealth**
- Respondent Characteristics
  - Education

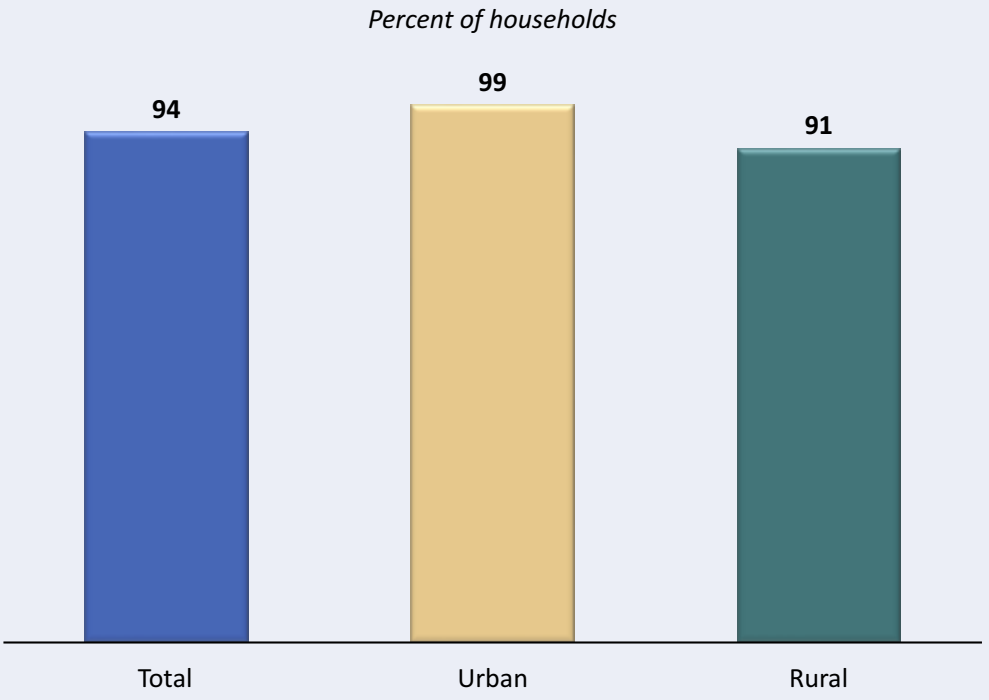
Pakistan Households

- Households have an average of **6.7 members**.
- **40%** of the population is **under 15** age **65** or above.

Drinking Water by Residence

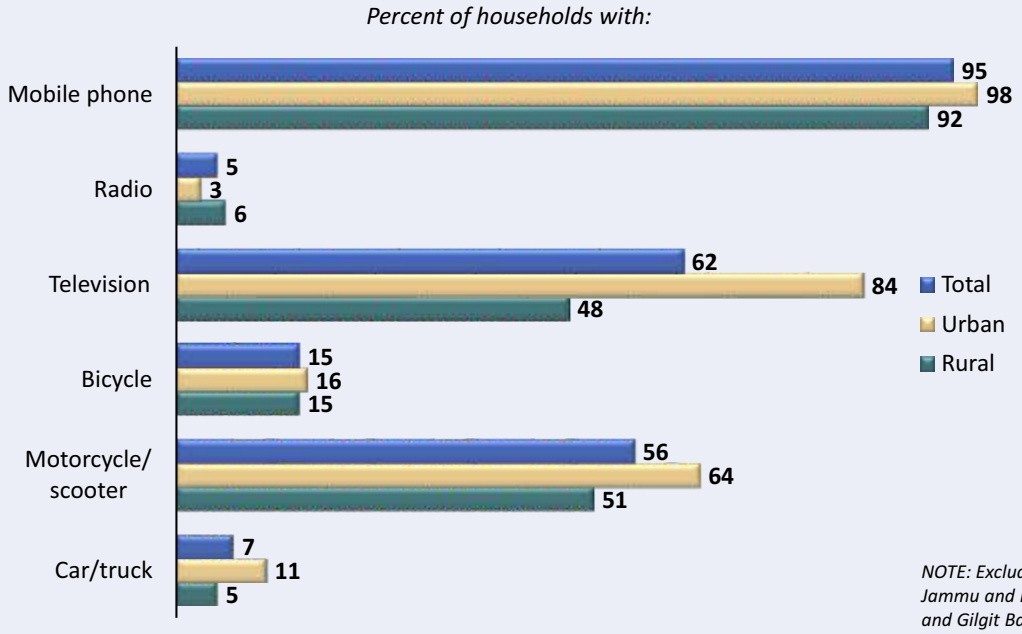


Electricity by Residence



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

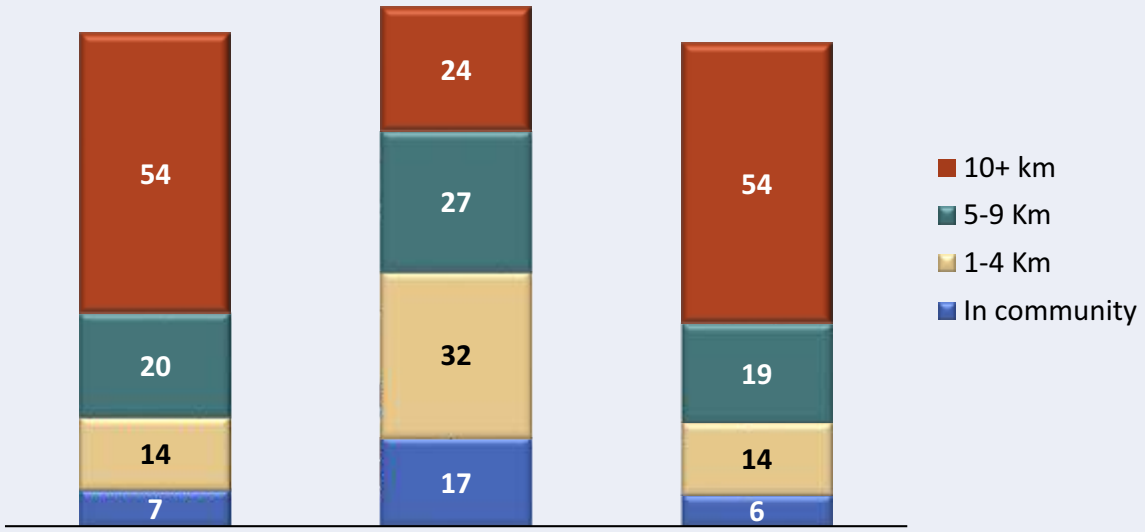
Household Durable Goods and Possessions by Residence



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Availability of Services in Rural Areas

Rural households by distance to health services



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

- Household Characteristics
  - Water and sanitation
  - Electricity
  - Ownership of goods
  - Wealth
- **Respondent Characteristics**
  - **Education**

©2007 Asad Zaidi, UNFPA

Wealth Index

- Wealth is determined by scoring households based on a set of characteristics including access to electricity and ownership of various consumer goods.
- Households are then ranked, from lowest to highest score.
- This list is then separated into 5 equal pieces (or quintiles) each representing 20% of the population.
- Therefore, those in the highest quintile may not be "rich" but they are of higher socioeconomic status than 80% of Pakistan.

Wealth Index

	Lowest	2nd	Middle	4th	Highest
Urban	3%	8%	19%	29%	41%
Rural	30%	27%	21%	15%	8%

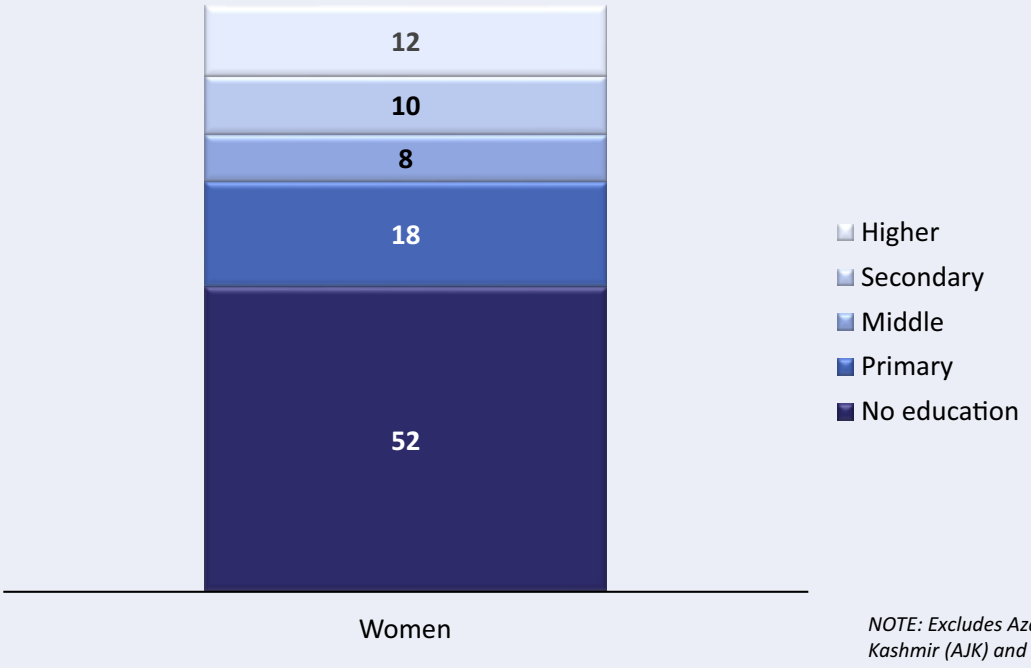
Very few urban households are in the poorest quintile, while very few rural households are in the wealthiest quintile.

Balochistan province (45%) has the largest proportion of households in the **poorest quintile**, while **Punjab province (26%)** has the largest proportion of households in the **wealthiest quintile**.

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Education

Percent distribution of women age 15-49



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- **97%** of households have access to an **improved water source**.
- **79%** of households use **improved toilet facilities**.
- **94%** of households have **electricity**.
- **52%** of women have **never attended school**.

Mortality

2019 Pakistan Maternal Mortality Survey (PMMS)

Presented by:
Dr. Aysha Sheraz,
Senior Fellow

- **Adult mortality**
- Pregnancy-related and maternal mortality

© Photo by Asad Zaidi, UNFPA

Adult Mortality

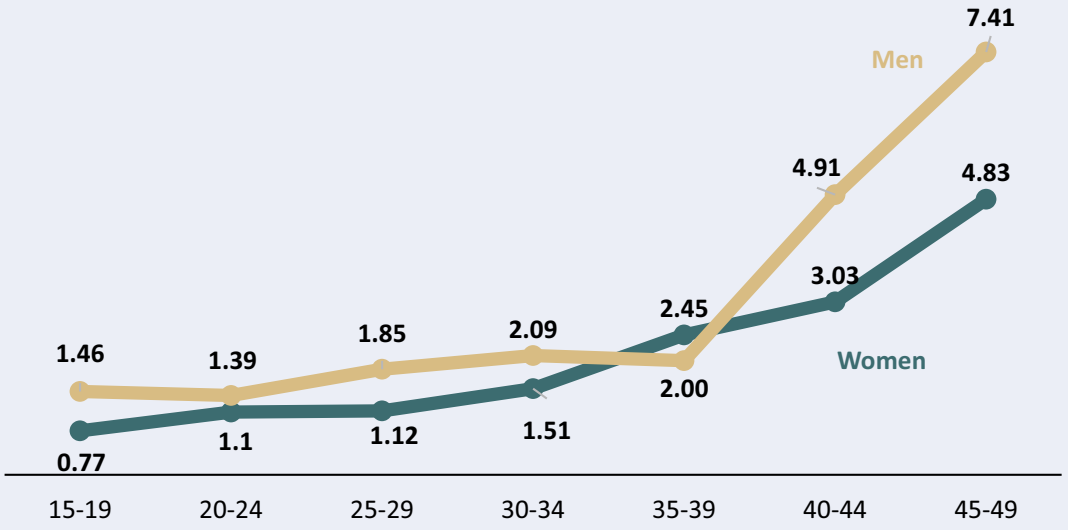
In the 3-year period before the survey:

- **1.72** women died for every 1,000 women per year
- **2.48** men died for every 1,000 men per year

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

All-cause Adult Mortality Rate

Mortality rates per 1,000 population for the 3 year period before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

- Adult mortality
- **Pregnancy-related and maternal mortality**

© Photo by Asad Zaidi, UNFPA

Pregnancy-related Mortality vs. Maternal Mortality Estimates

Pregnancy-related mortality includes all deaths that occur to women **during pregnancy or childbirth**

- Includes deaths up to **2 months** after birth
- Irrespective of the cause of death
- Revised name

Maternal mortality includes all deaths that occur to women **during pregnancy or childbirth**

- Includes deaths within **42 days** after birth
- Excludes deaths from accidents or violence
- Revised definition

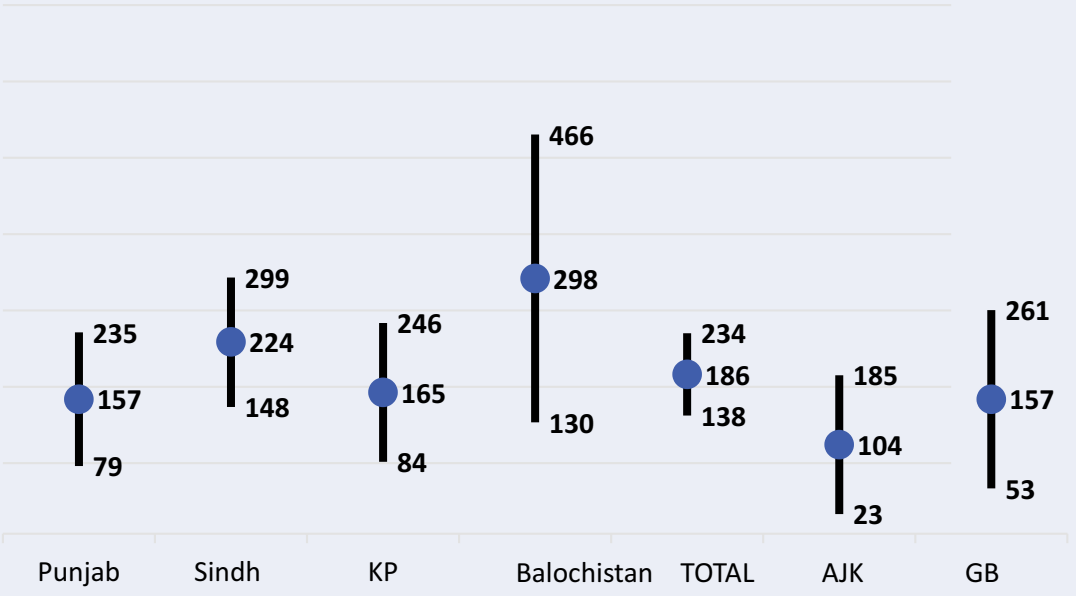
Maternal Mortality

Maternal mortality ratio (MMR) for the 3-year period before the survey =

186 deaths per 100,000 live births (confidence interval: 138-234)

Maternal Mortality Ratio by Region

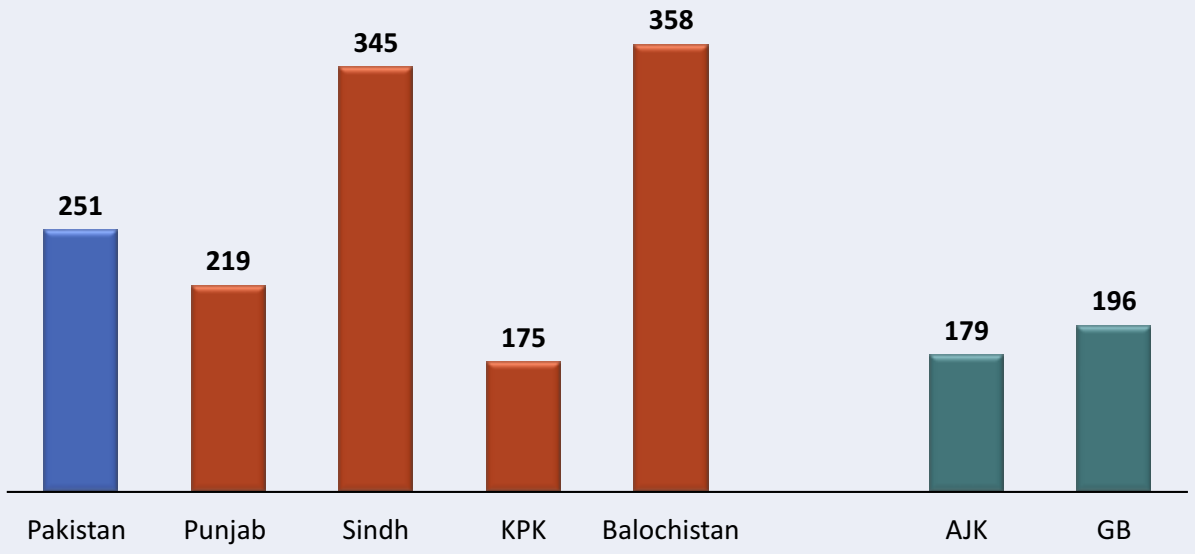
Maternal deaths per 100,000 live births for the 3-year period before the survey



NOTE: Total excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Pregnancy-related Mortality Ratios

Maternal deaths per 100,000 live births in the 3-year period before the survey



NOTE: Total excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- **Maternal mortality ratio** is **186** deaths per 100,000 live births (excluding AJK and GB).
- **Pregnancy-related mortality ratio** is **251** deaths per 100,000 live births (excluding AJK and GB).

Cause of Deaths

2019 Pakistan Maternal Mortality Survey (PMMS)

Presented by:
Dr. Farid Midhet, Team Leader
DAFPAK, Palladium

- **Verbal autopsy**
- Causes of death

© Photo by Asad Zaidi, UNFPA

Verbal Autopsy Data Collection

- Questionnaire was administered in households with a **death of a female resident age 15-49 who had died since January 2016**.
- Adapted from the *2016 WHO Verbal Autopsy Instrument adapted to country specific context and to preserve comparability with 2006-07 PDHS.*

Verbal Autopsy Data Collection

- Background characteristics
- Birth and pregnancy information
- Narrative of illness/events leading to death
- General signs/symptoms
- Deceased illness history
- Antenatal care and characteristics of last pregnancy
- Deaths during labour, delivery or 40 days after
- History of injuries/accidents
- Care seeking behaviour

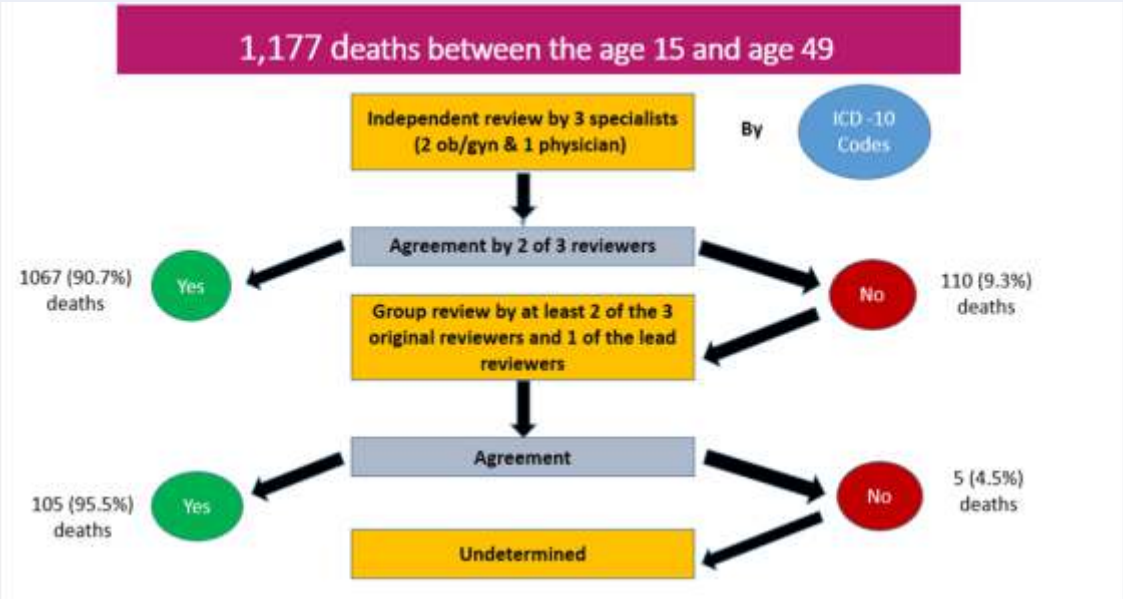
Verbal Autopsy Data Collection

- Fieldwork teams visited all households where a female age 15-49 had died
- A respondent with knowledge of the circumstances of the woman's death was interviewed
- During fieldwork **1,177** verbal autopsies were completed

Cause of Death Certification

1. Three panels of 3 reviewers (2 obstetrician/gynecologists) and 1 specialist physician) were created.
2. Each physician interpreted VA result and produced WHO-style cause of death certificate.
3. If at least 2 of the 3 reviewers agreed on the category and underlying cause of death, it was accepted as the category and underlying cause of death for that VAQ.
4. Final underlying cause of death determined by WHO ICD-10 guidelines.

Review Process for VAs

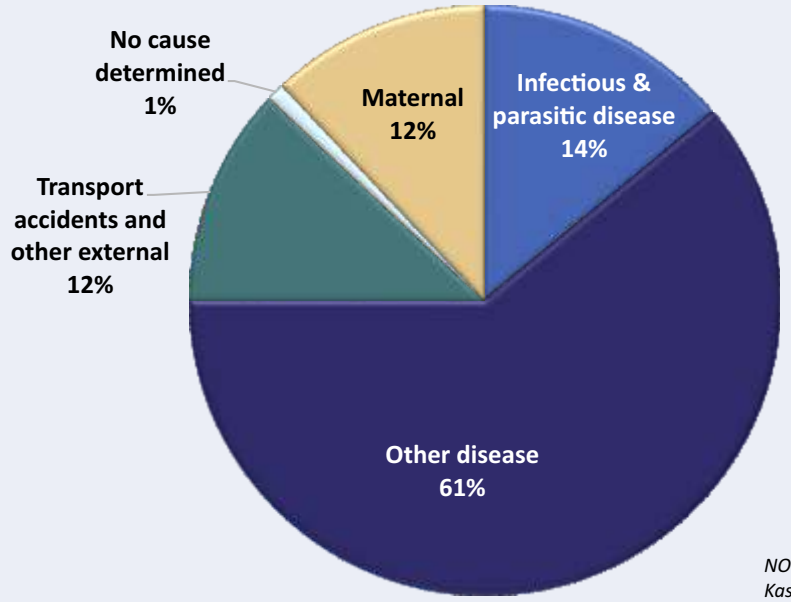


- Verbal autopsy
- **Causes of death**

© Photo by Asad Zaidi, UNFPA

All-cause Mortality

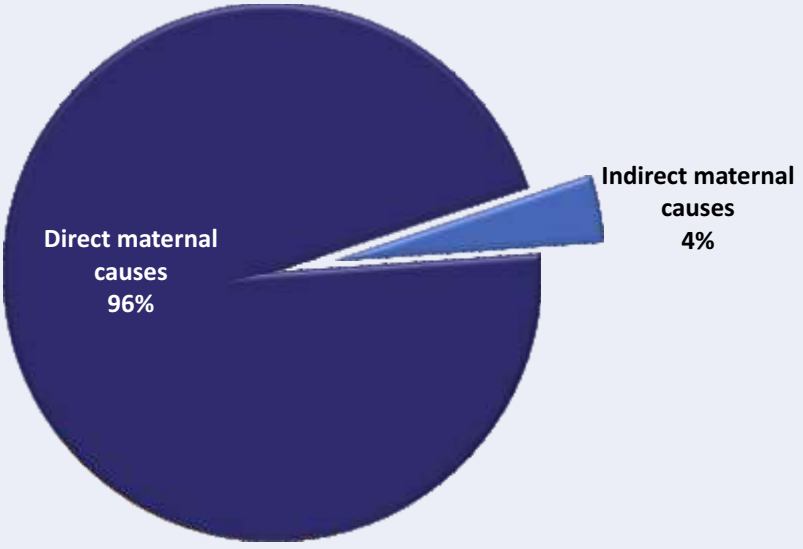
Percent distribution of causes of death among women age 15-49 in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Maternal Causes of Death

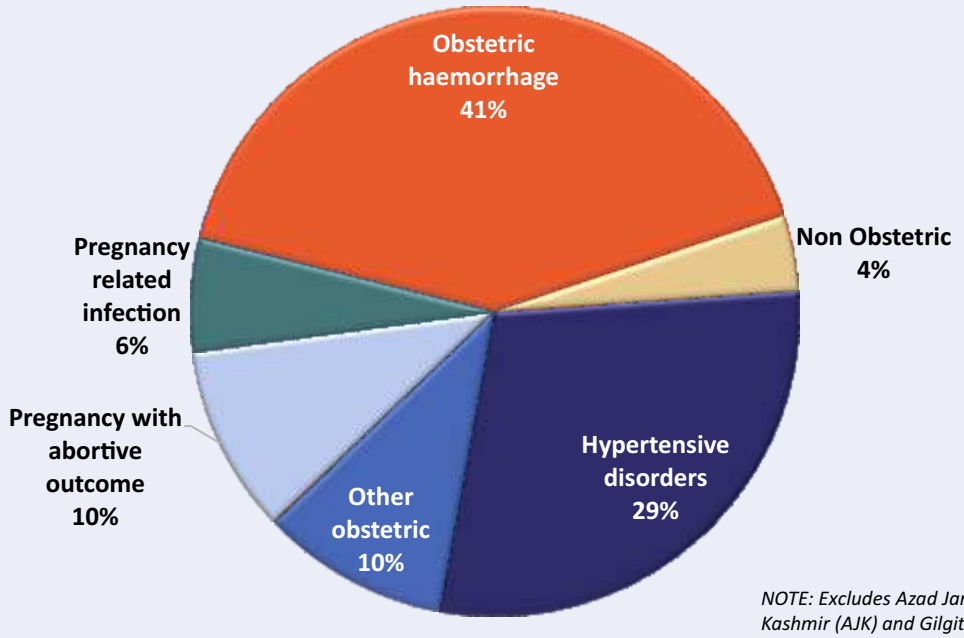
Percent distribution of causes of death among women age 15-49 in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Maternal Causes of Death

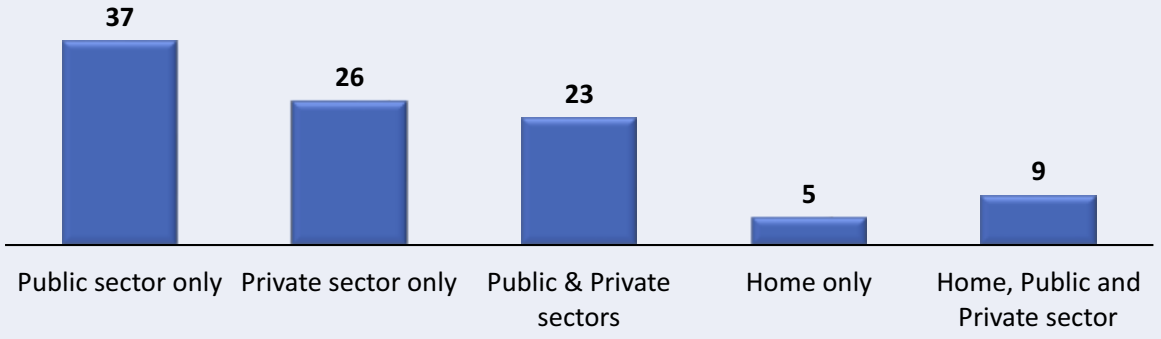
Percent distribution of causes of death among women age 15-49 in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Treatment Received for Deceased Women

Percent distribution of deceased women age 15-49 in the 3 years before the survey who received any public and/or private medical care or any traditional/herbal and/or spiritual medicine



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- The most common causes of death included **other diseases** such as conditions of the nervous, digestive, and respiratory systems (**61%**), in addition to **infectious and parasitic disease** (**14%**). **Maternal deaths** accounted for **12%** of all deaths.
- Among maternal deaths **96%** were direct maternal deaths, **4%** indirect maternal deaths.
- **37%** of women who died in the three years before the survey sought medical care at a **public sector health** facility while **26%** sought care a private sector health facility. **5%** of women received care at home.

Maternal Health Care

2019 Pakistan Maternal Mortality Survey (PMMS)

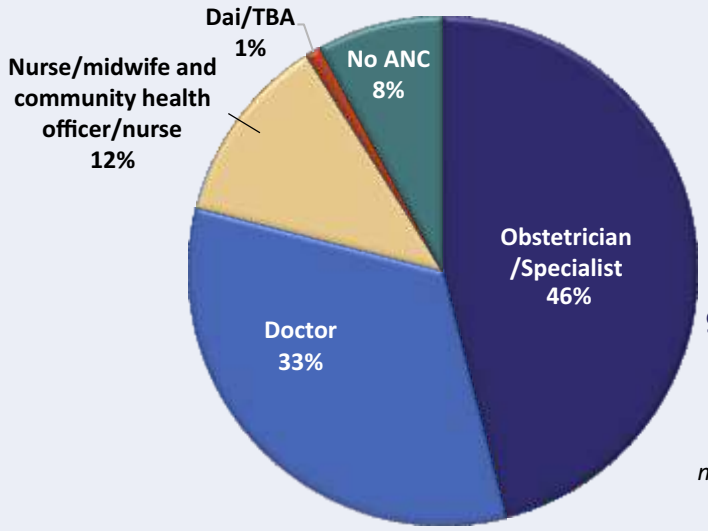
Presented by:
Ms. Rabia Zafar,
Fellow

- **Antenatal care**
- Delivery and postnatal care
- Other health issues

© Photo by Asad Zaidi, UNFPA

Antenatal Care (ANC) by Provider

Percent distribution of ever-married women age 15-49 with a live birth or stillbirth in the 3-year period before the survey



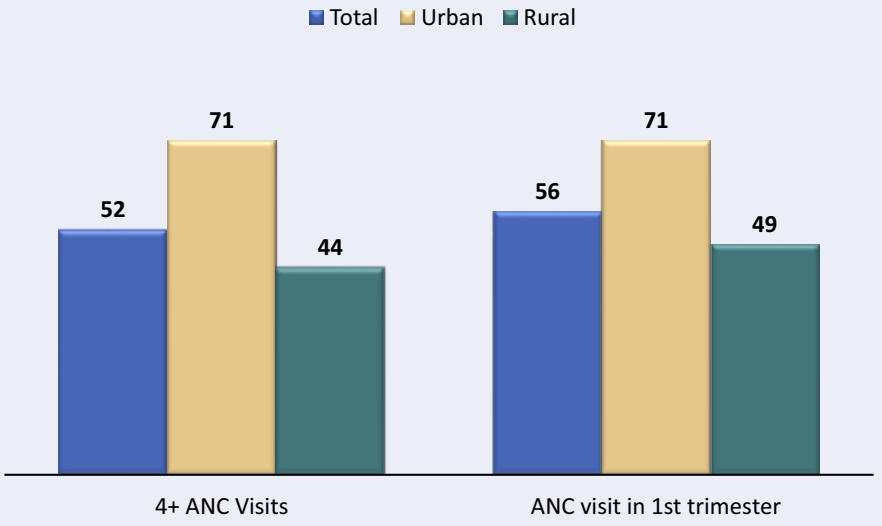
91% of women received ANC from a skilled provider*

**obstetrician, specialist, doctor, nurse, midwife, lady health visitor, or community midwife*

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Timing and Number of ANC Visits by Residence

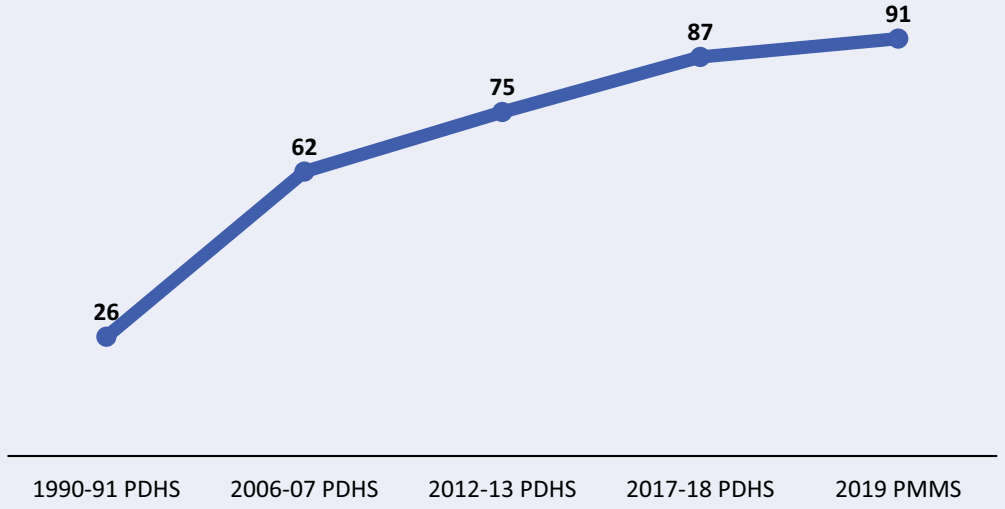
Percent of ever-married women age 15-49 with a live birth or stillbirth in the 3-year period before the survey for most recent live birth or stillbirth



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Trends in ANC Coverage

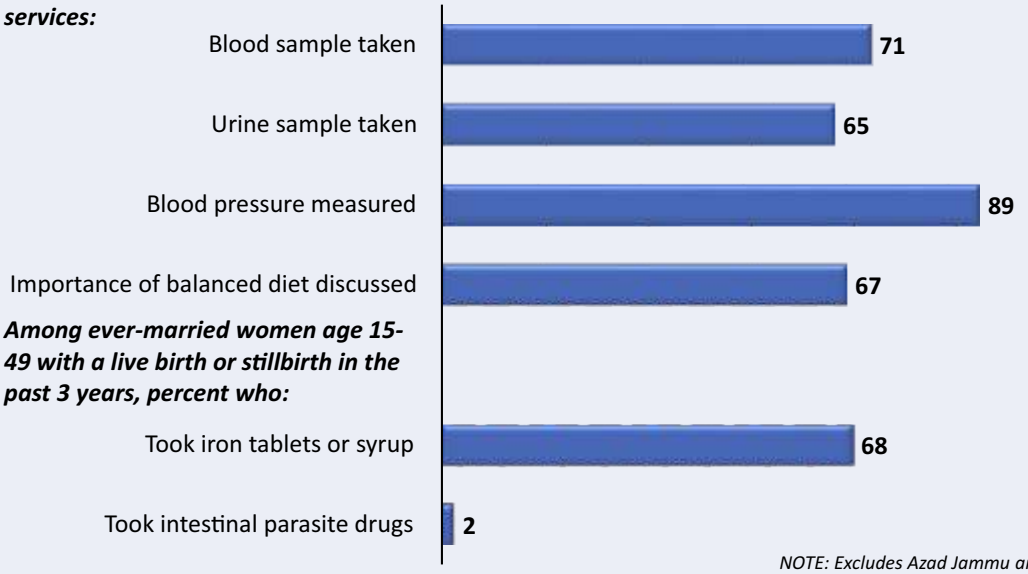
Percent of ever-married women age 15-49 who received ANC from a skilled provider in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Components of ANC

Among ever-married women age 15-49 who received ANC for most recent live birth or stillbirth in the past 3 years, percent who received the following services:

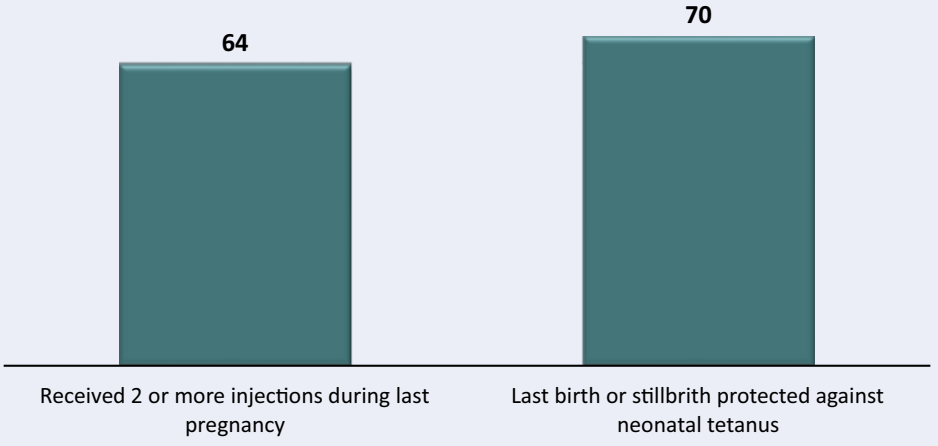


Among ever-married women age 15-49 with a live birth or stillbirth in the past 3 years, percent who:

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Tetanus Toxoid Vaccination

Percent of mothers age 15-49 with a live birth or stillbirth in the 3-year period before the survey



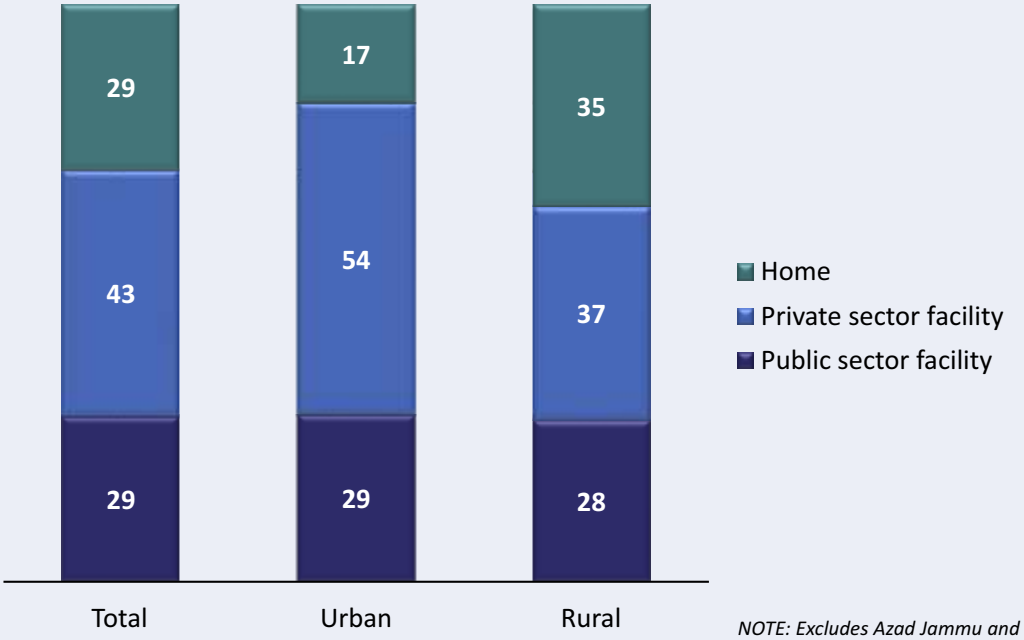
NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

- Antenatal care
- **Delivery and postnatal care**

©2007 Asad Zaidi, UNFPA

Place of Delivery

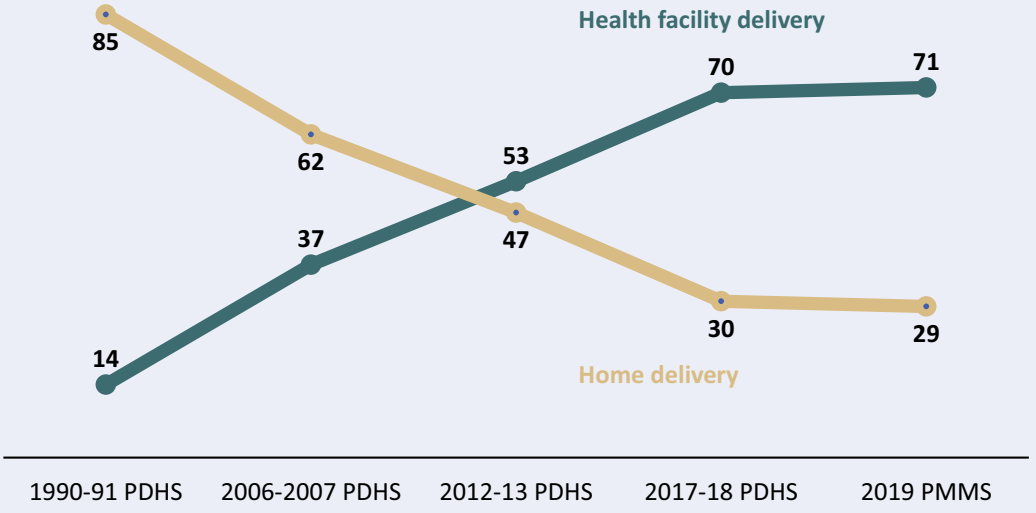
Percent distribution of most recent live births in the 3-year period before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Trends in Place of Birth

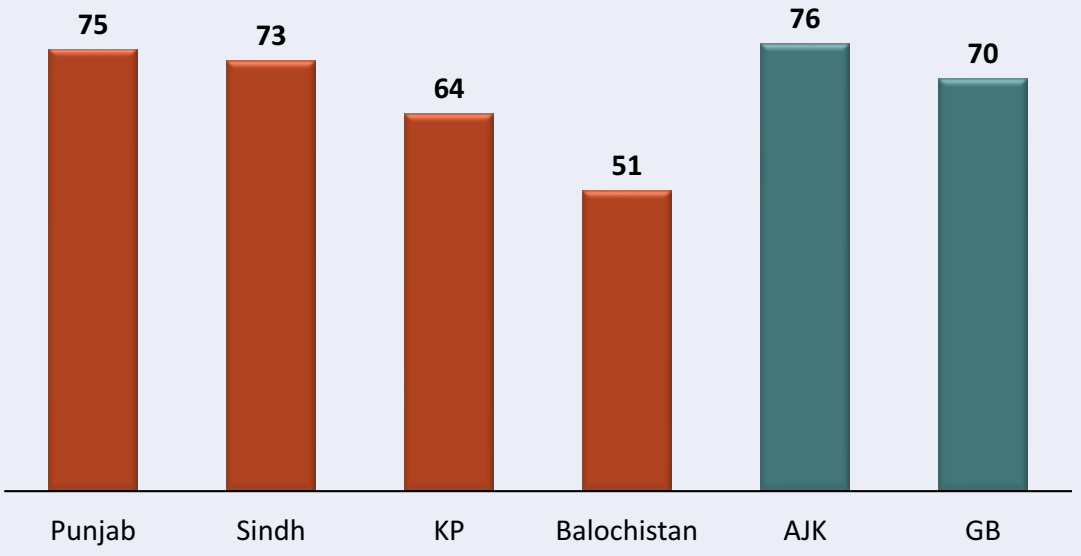
Percent of most recent live births in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

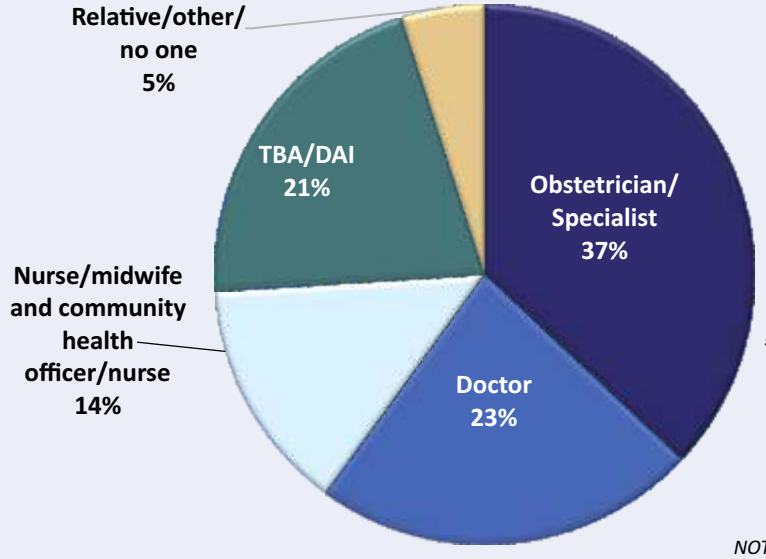
Health Facility Delivery by Region

Percent of most recent live births in the 3 years before the survey delivered in a health facility



Assistance during Delivery: Live Births

Percent distribution of most recent live births in the 3-year period before the survey



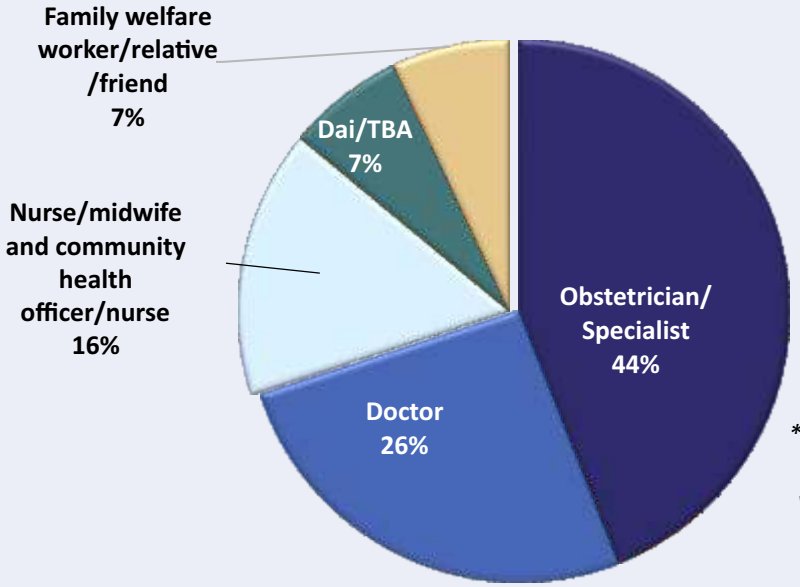
74% of births are delivered by a skilled provider*

**obstetrician specialist, doctor, nurse/midwife, lady health visitor or community midwife*

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Assistance during Delivery: Still births

Percent distribution of still births in the 3-year period before the survey



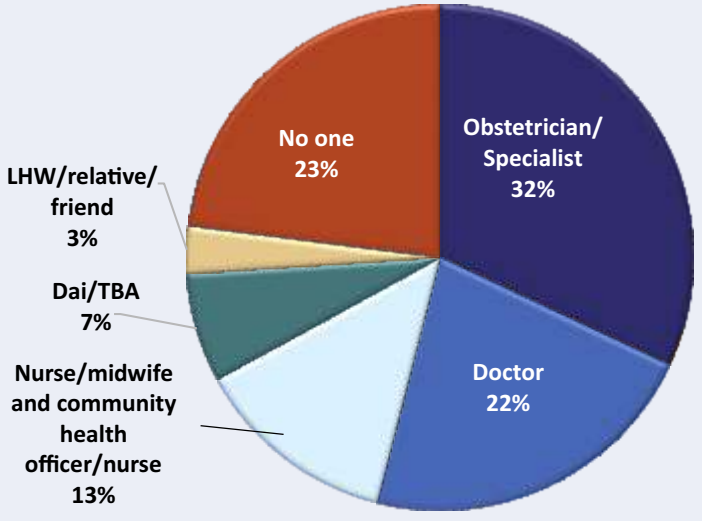
86% of still births are delivered by a skilled provider*

**obstetrician specialist, doctor, nurse/midwife, lady health visitor or community midwife*

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Assistance during Delivery: Abortions and Miscarriages

Percent distribution of abortions or miscarriages in the 3-year period before the survey



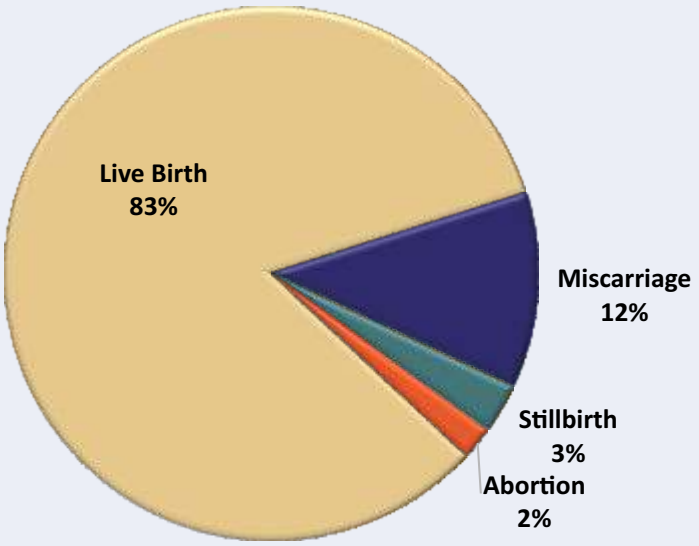
74% of abortions/miscarriages are delivered by a skilled provider*

**obstetrician specialist, doctor, nurse/midwife, lady health visitor or community midwife*

NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Pregnancy Outcomes

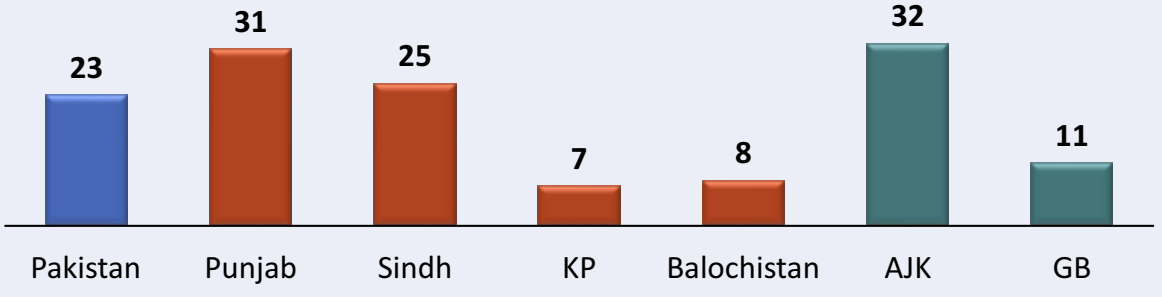
Percent distribution of pregnancies ending in the 3 years preceding the survey by pregnancy outcome



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Caesarean-Section by Region

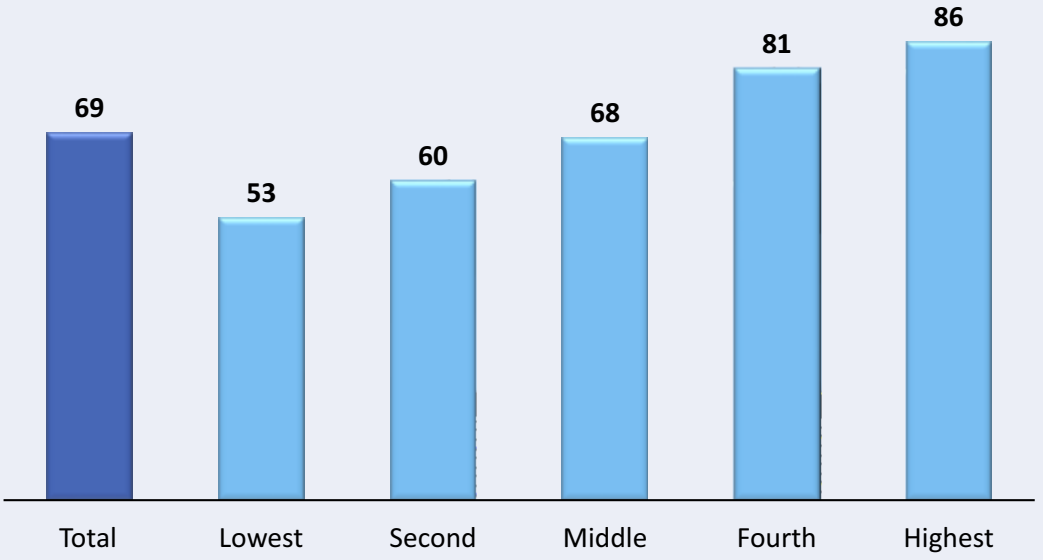
Percent of most recent live births in the 3 years before the survey delivered in a health facility



NOTE: Total excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Postnatal Care (PNC) for Mothers and Newborns by Wealth

Percent of live births in the 2-year period before the survey with PNC within 2 days of delivery



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- **91%** of women received **antenatal care** for a skilled provider at least once.
- **71%** of births are **delivered in a health facility**.
- **74%** of births are **assisted by a skilled provider**.
- **69%** of ever-married women receive a **postnatal check within 2 days of birth**.

Maternal Morbidities

2019 Pakistan Maternal Mortality Survey (PMMS)

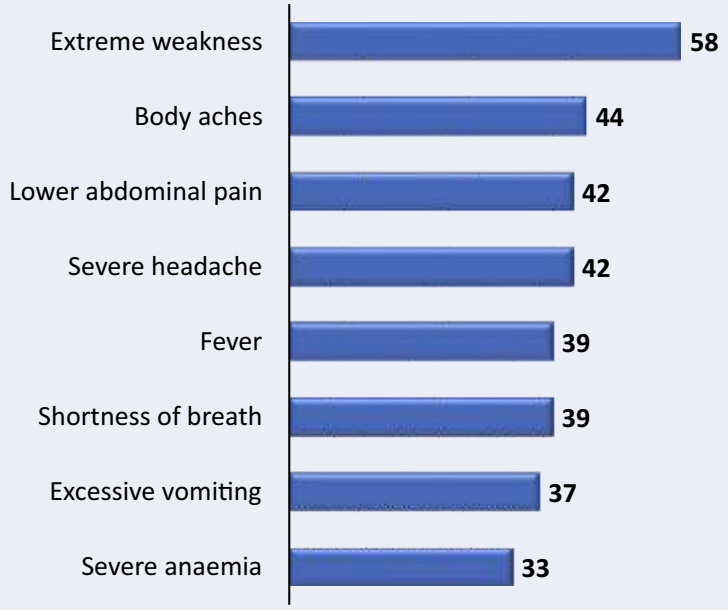
Presented by:
Mrs. Azra Aziz,
Director (R&S)

- **Morbidities during pregnancy, delivery, or postpartum**

©2008 Asad Zaidi, UNFPA

Maternal Health Complications: Self-Report

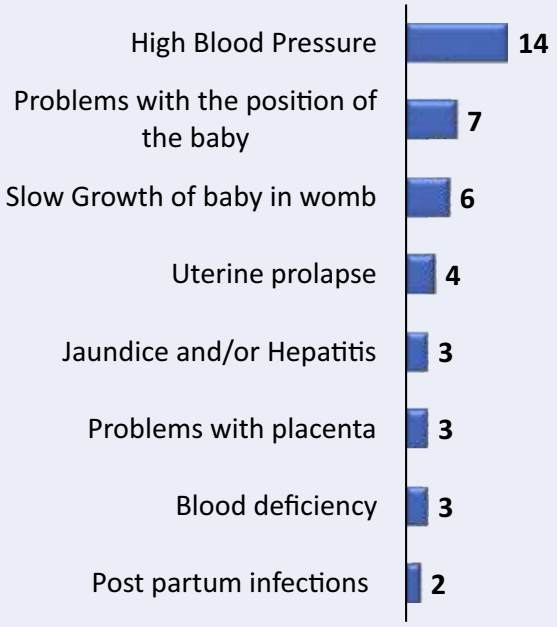
Percent of live births/stillbirths/miscarriages/abortions for which women self-reported complications during pregnancy:



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Maternal Health Complications: Informed by Health Provider

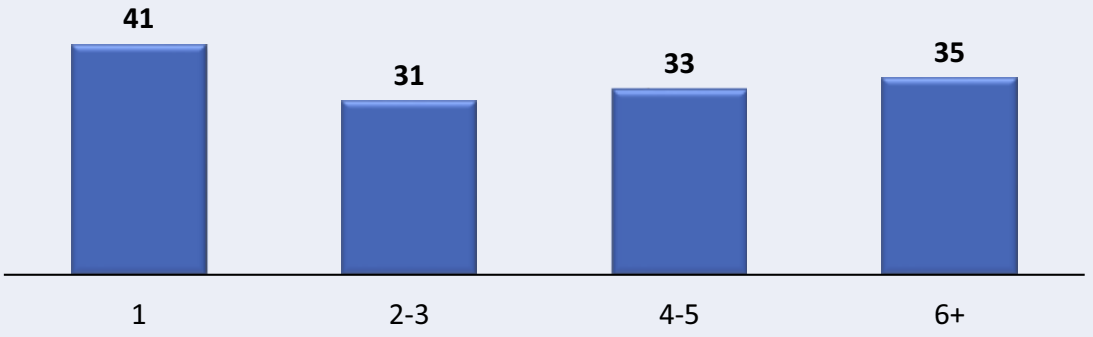
Percent of live births/stillbirths/miscarriages/abortions for which women were informed of complications by a provider:



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Complications during Delivery by Birth Order

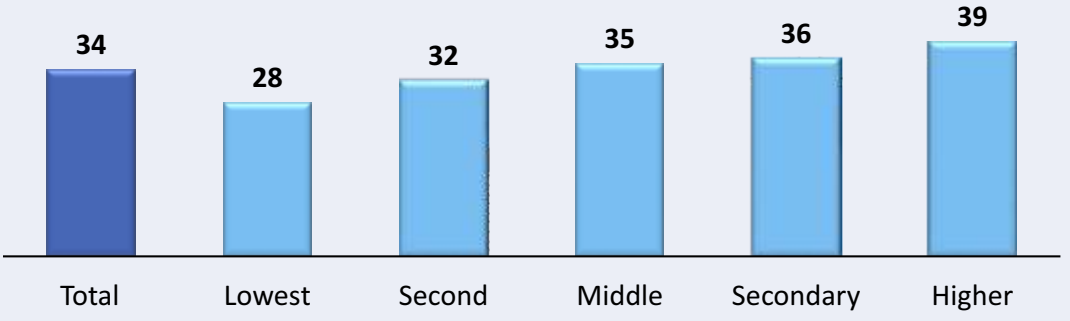
Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who were informed by a health care provider than that had at least 1 delivery complication



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Maternal Morbidities by Household Wealth

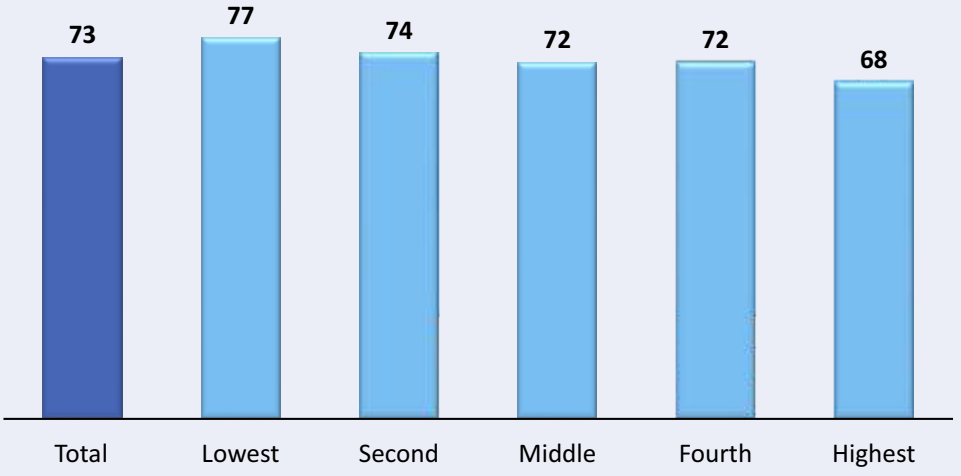
Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who were informed by a health care provider that they had at least 1 complication



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Postpartum Complications by Household Wealth

Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who had one or more complications within the first 40 days of delivery



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- **52%** of women in Pakistan received treatment for one or more complications they experienced during pregnancy, delivery, or the postpartum period.

Health Care Seeking

2019 Pakistan Maternal Mortality Survey (PMMS)

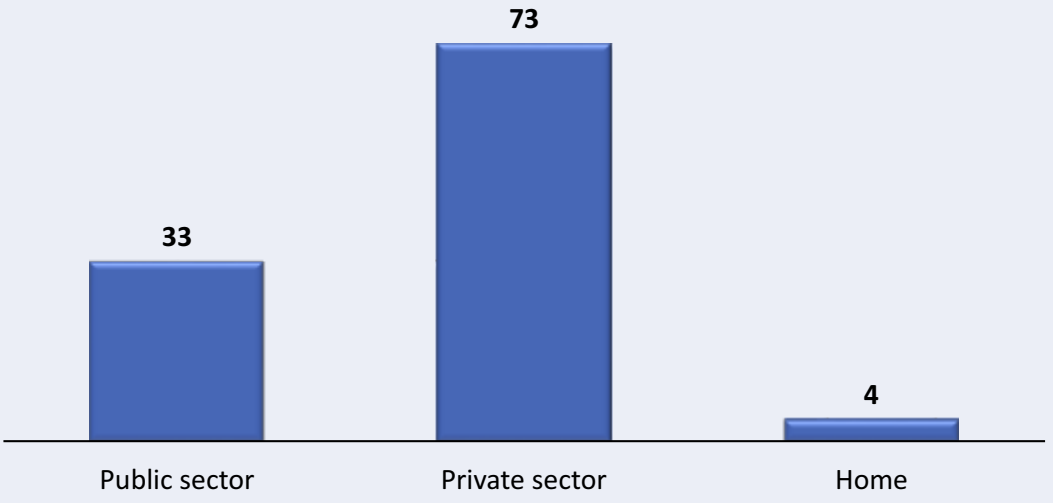
Presented by:
Mrs. Azra Aziz,
Director (R&S)

- **Treatment for complications**

©2007 Asad Zaidi, UNFPA

Place Where ANC Received

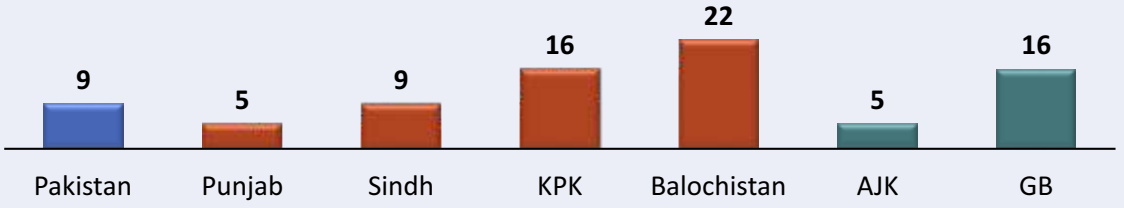
Percent of women age 15-49 with a pregnancy in the 3 years before the survey



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Pregnancy Complications without ANC by Region

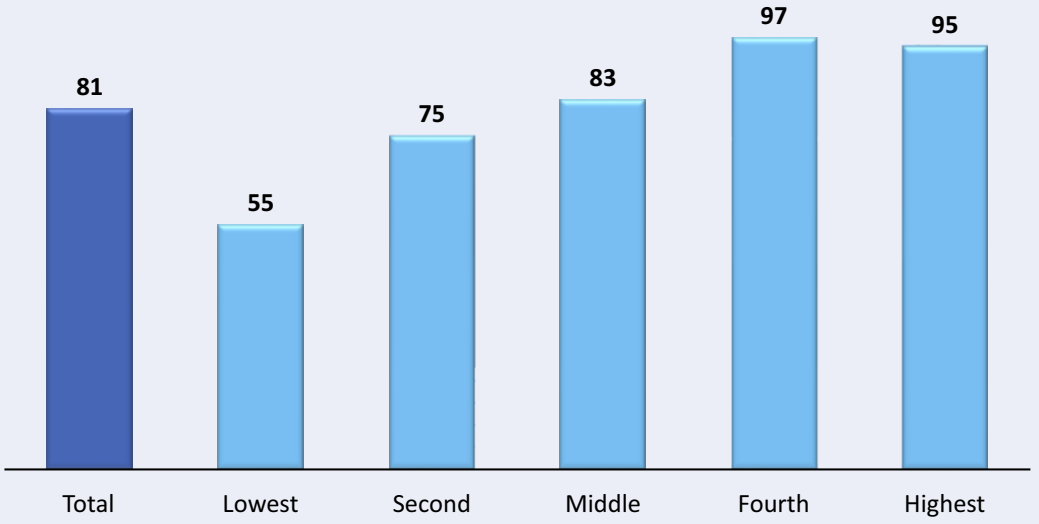
Percent of ever-married women age 15-49 with a pregnancy in the 3 years before the survey who reported pregnancy complications and did not receive ANC



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Skilled Assistance for Delivery Complications by Wealth

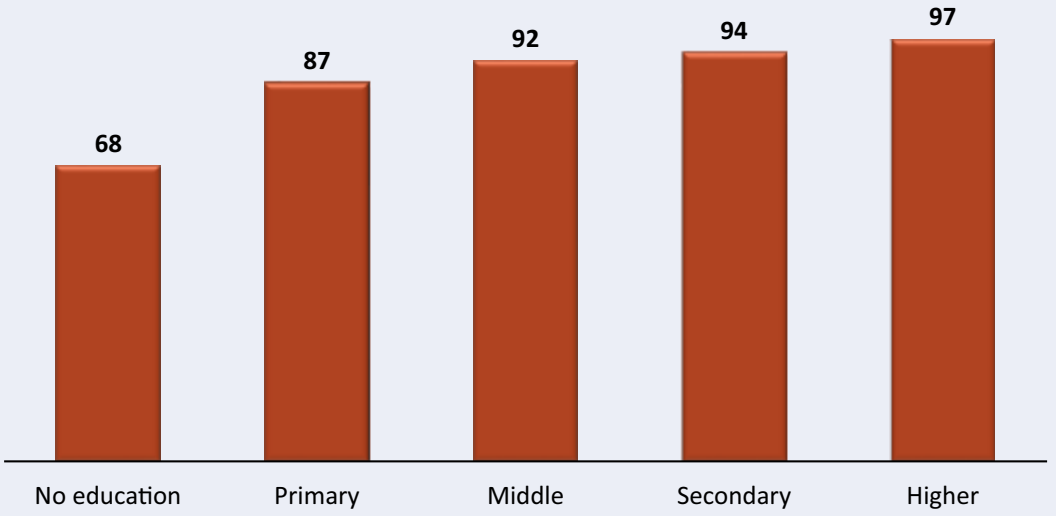
Percent of ever-married women with a delivery in the 3 years before the survey who reported complications



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Skilled Assistance during Delivery Complications by Education

Percent of ever-married women with a delivery in the 3 years before the survey who reported complications



NOTE: Excludes Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB)

Key Findings

- **73%** of women age 15-49 who had a pregnancy in the 3 years preceding the survey sought ANC from a private sector health facility while **33%** used a public sector facility.
- The majority (**90%**) of women age 15-49 who had pregnancy complications in the 3 years before the survey received ANC from a skilled provider.
- **9%** of women age 15-49 who had pregnancy complications in the 3 years before the survey did not receive any ANC.

ISBN:978-969-9732-09-6

National Institute of Population Studies,
NIH Complex, Park Road, Chak Shahzad, Islamabad
Tel: 051-9255931-8 Fax: 051-9255932
Website:www.nips.org.pk

Printed by: Noble Printers, Islamabad Tel: 0334-5520582