

## *Accelerating Efforts to Reduce Maternal Death and Disability: The Power of Partnership*

### **Symposium on Maternal Health in Developing Countries**

- What should be done to meet the Millennium Development Goals? -  
11 & 12 June 2003

JICA Institute for International Cooperation

Organized by: Ministry of Foreign Affairs (MOFA) & UNICEF

In cooperation with: Japan International Cooperation Agency (JICA)

Supported by: UNFPA, International Medical Center of Japan (IMCJ), Japanese  
Organization for International Cooperation in Family Planning (JOICFP)



*The Power of Partnership*

## This Presentation...

- 1. Emergency Obstetric Care services are critical in programming for reduction of maternal death and disability**
- 2. Establishing services that will save a woman's life need focus on quality technology, excellence in management and respect for human rights**
- 3. Partnership of Government, technical and donor agencies is an imperative to address the massive challenge of strengthening systems for ensuring life saving services for women.**



## The situation... close to 4 million births per year

- MMR estimated range 320 to 400 per 100,000 live births
- Less than 50% women avail even a single ante-natal care check
- More than 90% births take place in the home, mostly in unhygienic conditions
- A family member, neighbour or relative is the birth attendant for roughly 60% births
- Close to 30% births are conducted by traditional birth attendants (TBAs) with about 15% attributable to those who have been “trained”.
- Awareness of the danger signs of obstetric complications is extremely low, particularly among the decision makers (mother-in-law and husband)
- met need for EmOC is improving but still low



## Lessons Learned...

- **there is no single service intervention or “magic bullet”**
- **the use of services is influenced by the women’s status and self esteem**
- ***All* pregnant women are at risk of developing life threatening complications**
- **traditional interventions can neither predict nor prevent complications**
- **once a woman develops obstetric complications she needs prompt access to quality Emergency Obstetric Care (EmOC)**
- **systemic lethargies effect maternal health services the most**

Advance safe motherhood through human rights...

*“preventing maternal death and illness is an issue of social justice & women’s human rights... redefining maternal mortality from a **health disadvantage** to a **social injustice** provides the legal and political basis for governments to ensure maternal health care for all women --care that will save their lives”*

*Prof. Rebecca Cook  
10 yrs of the SMI  
Srilanka 1997*



*there is a critical gap between women and  
the services that they have a right to...*



## EmOC in Bangladesh...

- **Focus started in 1993**
- **various initiatives supported by different DPs**
- **adopted as key strategy for reducing maternal mortality in Health and Population Sector Programme (1998-2003)**
- **commitment to establishing functional EmOC facilities re-affirmed in Maternal Health strategy**



National  
**Maternal  
Health** Strategy

NATIONAL  
CONSENSUS  
WORKSHOP

18 SEPTEMBER 2001



Ministry of Health & Family Welfare  
Government of the People's Republic of Bangladesh



# National Maternal Health Strategy

- **Outlines the essential services that will be established to meet the needs of women during pregnancy, child birth and the puerperium**
- **States the human resource development and management plan for establishing the services**
- **Provides a guideline for quality assurance, management, communication and social mobilisation**
- **Gives an idea of financial investment needed to put the plan in place**
- **Provides direction and basis for the preparation of annual operational plans**



## Principles and Priorities

- I. Focus on Emergency Obstetric Care for reducing maternal mortality**
- II. Provision of Essential Obstetric Care/ Basic maternity care services for promotion of “good Practices”, early detection and appropriate referral of complications**
- III. Promoting Women’s Access to Resources**
- IV. Quality of Services**



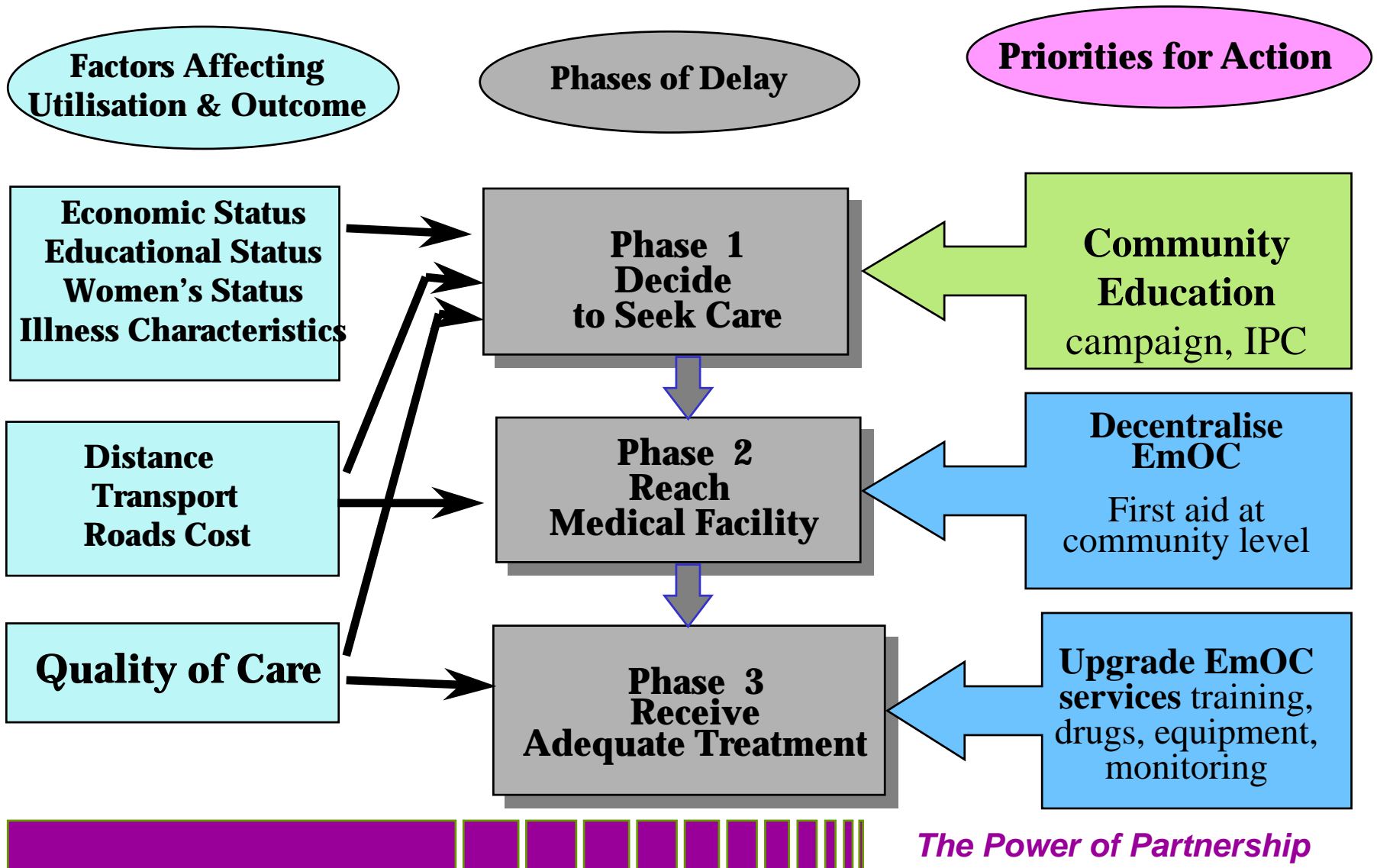
## Aims and objectives

The **aim** is to strengthen the provision of essential (including emergency) obstetrical care and improve utilization of services.

**Objectives** are to achieve by 2010 are..

- increase utilisation of services
- **Met need of EOC increased to 70% from 27%**
- **ANC (3 visits) increased to 60% from 33%**
- **Skilled Attendance at birth increased to 50% from 13%**
- **PNC increased to 30% from 2%**
- **CPR increased to 65% from 53.8% with larger proportion of clinical (particularly long-term) methods**
- Reduce unsafe abortion practices
- Accreditation of facilities as woman friendly with provision of services for women subject to violence
- Improve nutritional status of women and adolescent girls

# Framework for action



## Levels of existing health care facilities and expected obstetric services --HPSP

<b>Health care facility</b>	<b>Level and number</b>	<b>Obstetric care provider</b>	<b>Expected services</b>
<b>Medical College Hospital</b>	<b>District (13)</b>	<b>Specialist, MO, Nursing staff</b>	<b>EsOC &amp; CEmOC</b>
<b>District Hospital</b>	<b>District (59)</b>	<b>Specialist, MO, Nursing staff</b>	<b>EsOC &amp; CEmOC</b>
<b>Maternal Child Welfare Centre (MCWC)</b>	<b>District (52)</b>	<b>MO, FWV, dai nurse</b>	<b>EsOC &amp; CEmOC</b>
	<b>Thana (24)</b>	<b>FWV</b>	<b>ANC, delivery</b>
	<b>Union (11)</b>	<b>FWV</b>	<b>ANC, delivery</b>
<b>Thana Health Complex (THC)</b>	<b>Thana (400)</b>	<b>Medical Officer, Nursing staff, FWV</b>	<b>EsOC &amp; CEmOC</b>
<b>Health &amp; Family Welfare Centre</b>	<b>Union (4,770)</b>	<b>FWV, MA</b>	<b>ANC, delivery</b>



## The questions?

- ***What is the coverage and extent of EmOC services?***

Minimum acceptable level-- for every 500,000 population:

➤ 1 Comprehensive EmOC facility

➤ 4 Basic EmOC facilities

- ***Who and how many are availing the services?***

Global assumption that 15% pregnancies develop life threatening complication

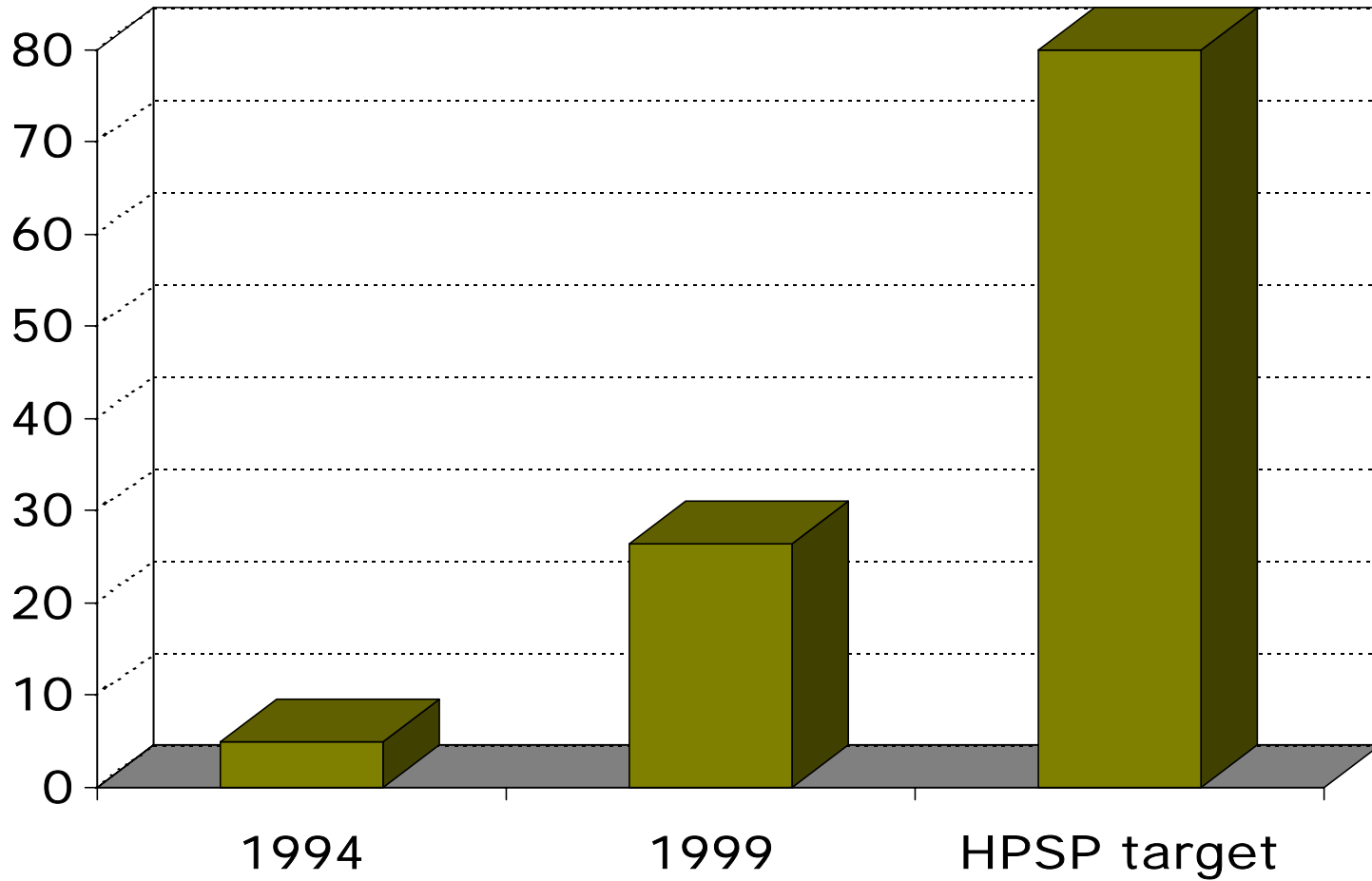
**Met need** is the proportion of expected women with complications who seek services

In 1994 there were an estimated 540,000

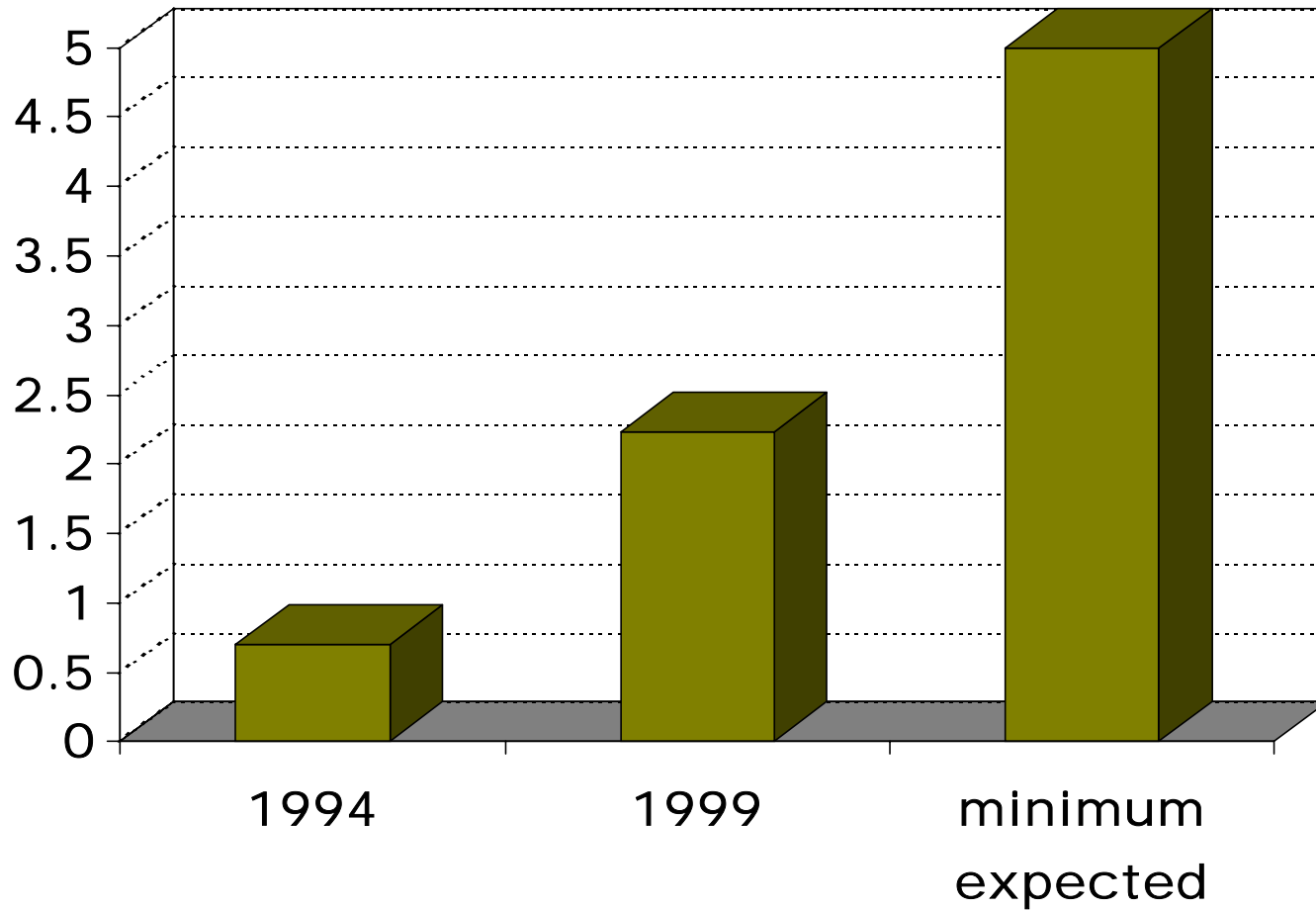
in 1999 there were an estimated 380,000



# Met need of EOC...



# Caesarean Section as a proportion of all births...







*Woman's Right to Life and Health  
Accelerating efforts to reduce maternal  
deaths and disability in Bangladesh*

*A collaborative initiative of the Government of Bangladesh,  
UNICEF and AMDD Project of the Mailman School of Public Health,  
Columbia University*

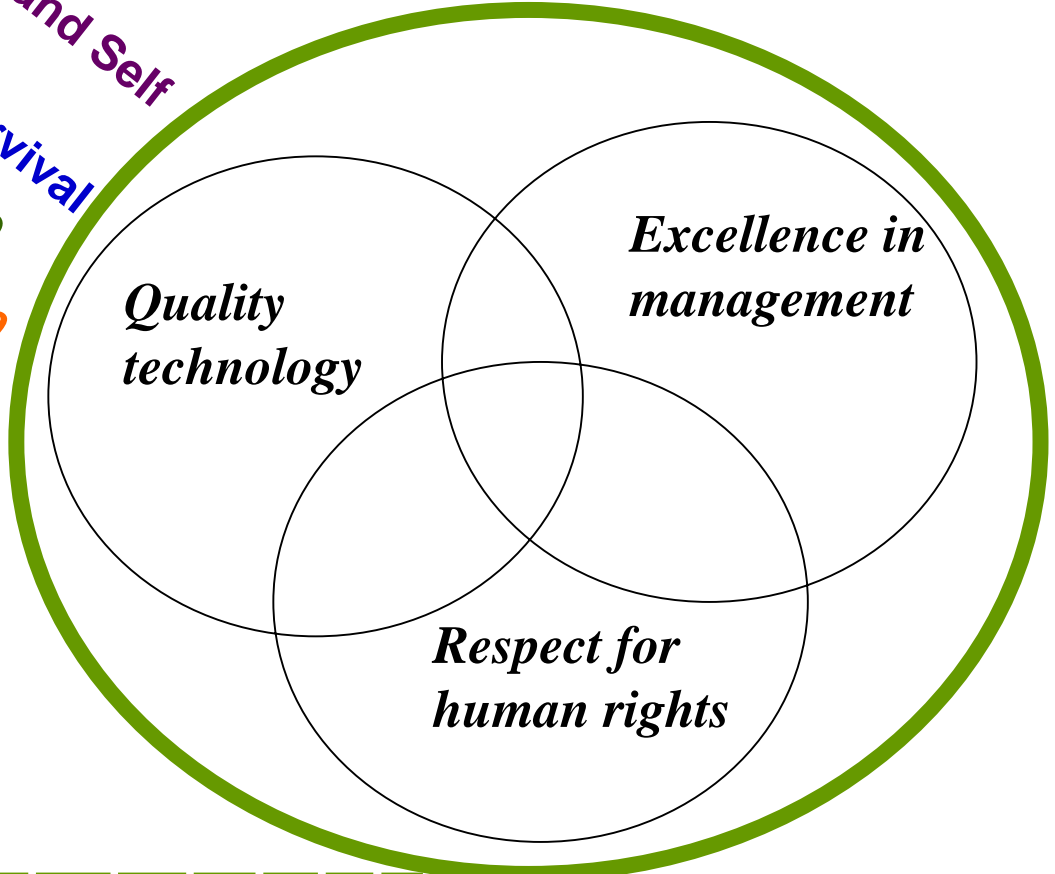
*Supported by the Bill and Melinda Gates Foundation*



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# Values

- ▶ Non-Discrimination and Social justice
- ▶ Dignity, Respect and Self Determination
- ▶ Right to Life and Survival
- ▶ Participation and Voice
- ▶ Accountability for Women
- ▶ Care and Compassion
- ▶ Interdependence



## Technology

- **Provide quality 24 hour quality Emergency Obstetric Care services**
- **take action and measure progress**



# Management

- **Build and sustain accountability in health facility**
- **develop a shared vision**
- **develop internal and external systems for working**
- **commit adequate resources**
- **establish structures and processes for participatory decision-making**
- **continuous learning of new competencies and skills**
- **building leadership and management**



## Rights

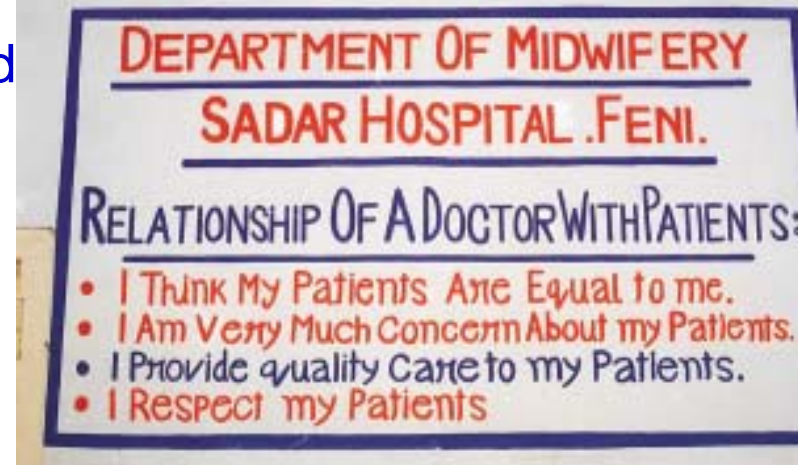
- **Champion women's rights in your facility**
- **mobilise men, family and community accountability for saving women's lives**
- **support innovators and risk takers**
- **invest in people to cultivate a transformation**
- **build partnerships to reduce maternal deaths**



## Objectives of the WRLH initiative...

- To contribute to an improvement in the availability and use of Emergency Obstetric Care -- **life saving services!**
- To focus on the deeper quality issues -- standard practices, provider behaviour and attitude, infection prevention
- To promote action in family and community

Interventions in all district hospitals (59) and one upazila health complex per district (64) -- National programme



## Life saving services

- **Provide quality 24 hour quality Emergency Obstetric Care services**
  - **technically competent personnel**
  - **efficient managers**
  - **necessary equipment, drugs and supplies**
  - **readiness of the facility**
  - **accountability**
  - ***the will to act!***
- **Measure and review progress -- process indicators**
  - **record-keeping formats**
  - **staff orientation**
  - **compilation of status**
  - **periodic discussion, review and action**



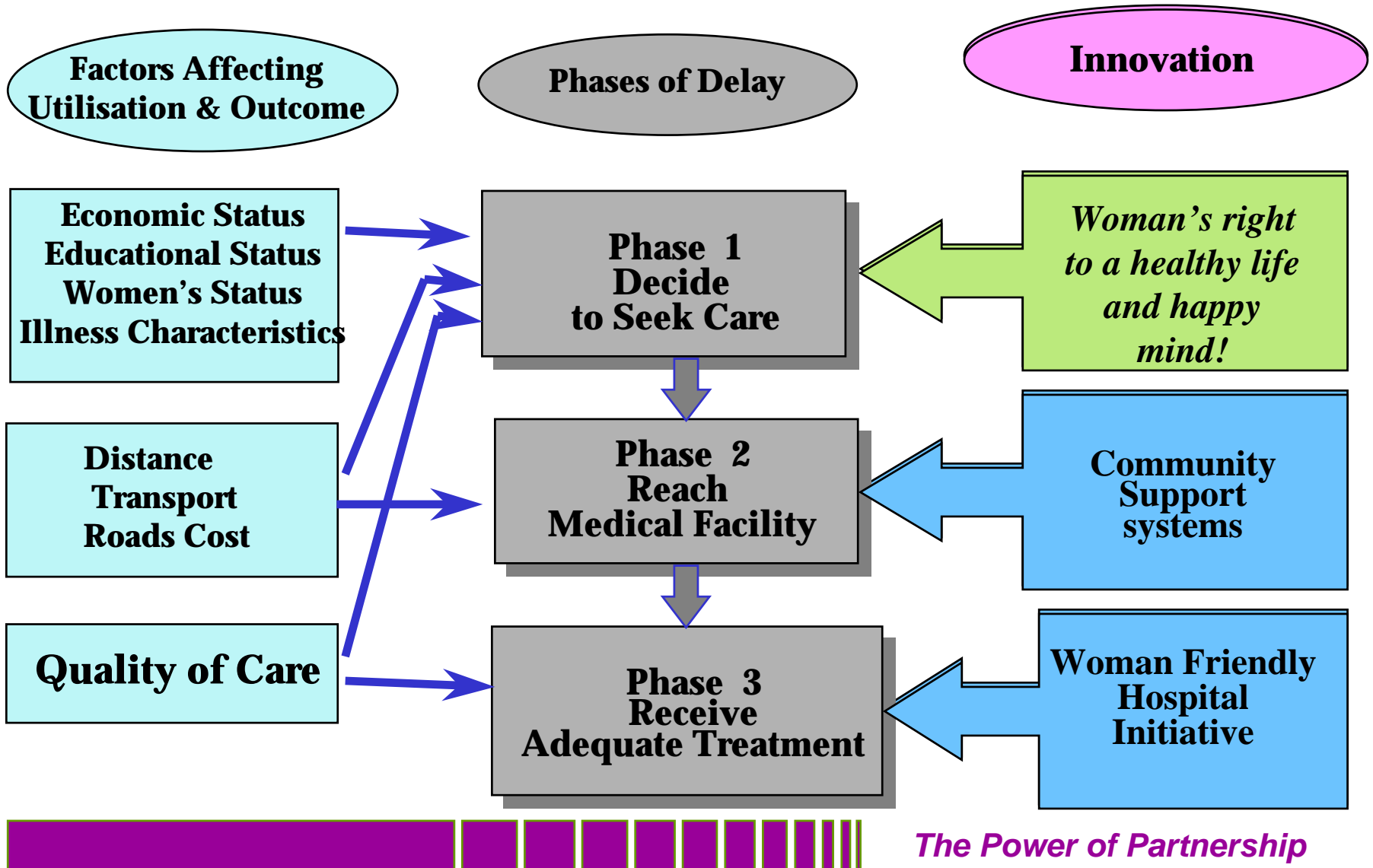
## *Key Interventions of the WRLH Initiative*

- Needs Assessment
- Human resource development for ensuring quality functioning of facilities
- Ensuring necessary logistic support
- MIS and Monitoring -- Information for facility based intervention and project management
- Hospital Microplanning
- Clinical Quality Assurance
- Communication for behaviour change and development
- Coalition building, networking and local level innovation





# Doing things differently...

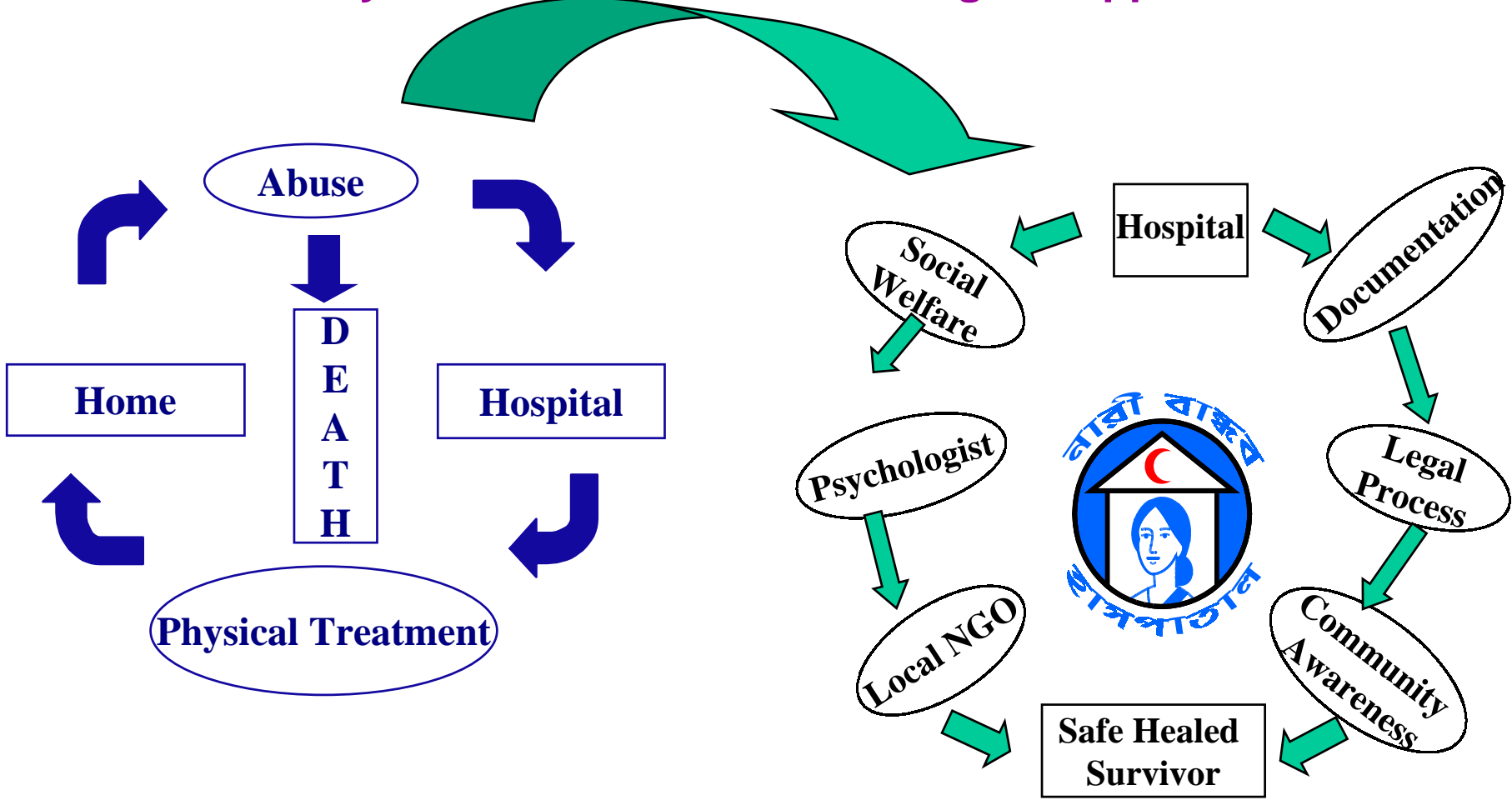




## Woman Friendly Hospital Initiative

- **Quality of Care**
- **Mother-Baby Package Services**
- **Management of Violence Against Women**
- **Gender Equity**

From a vicious cycle ..... to a virtuous ring of support



## Community support systems...

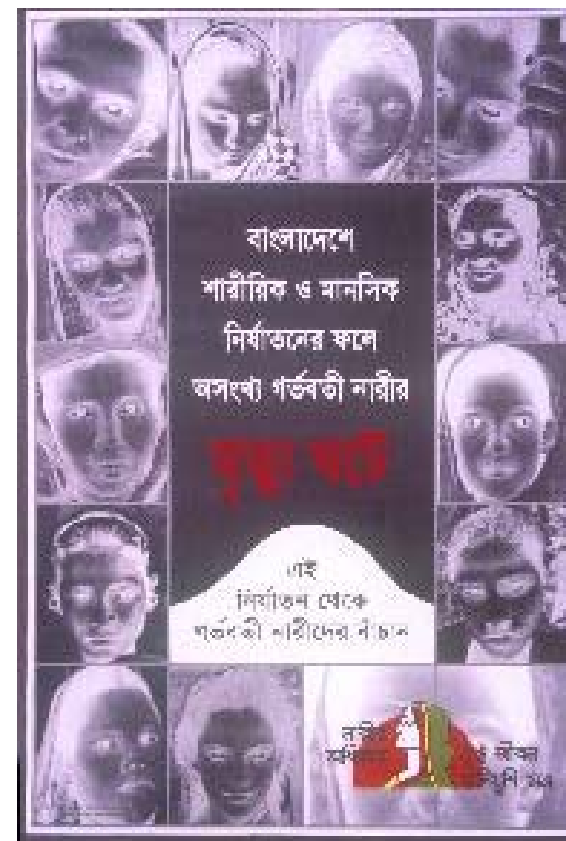
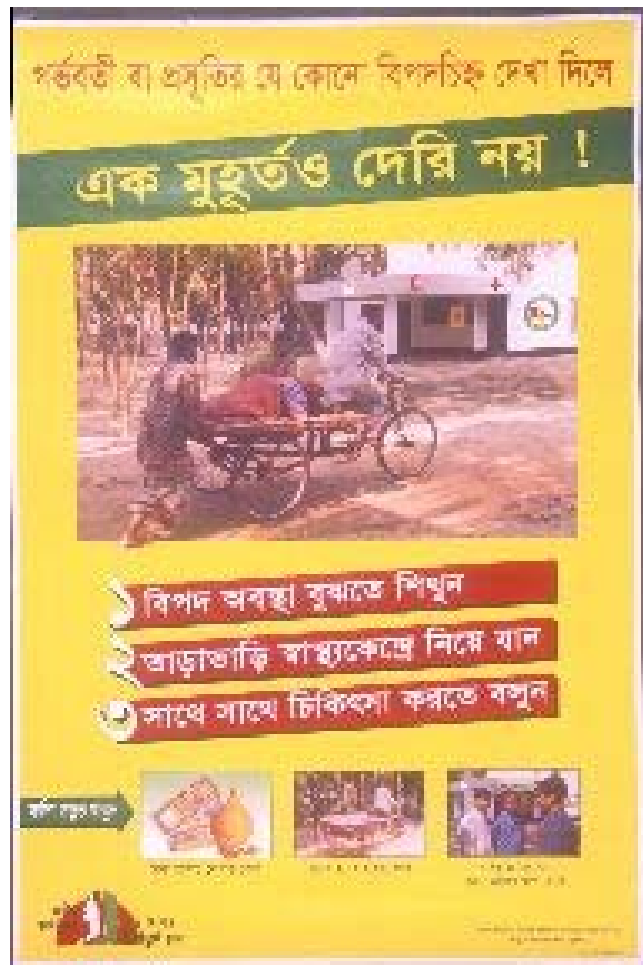
**In Birampur of Dinajpur, groups have been mobilised with support of local government to address the delays through:**

- **popularising birth planning**
  - **care and practices during pregnancy**
  - **preparation for safe delivery**
  - **recognition of danger signs**
  - **emergency preparedness**
- **transportation and funds for women with obstetric emergencies**
- **community blood bank**





# Woman's right to life...



*Are we making a difference?*



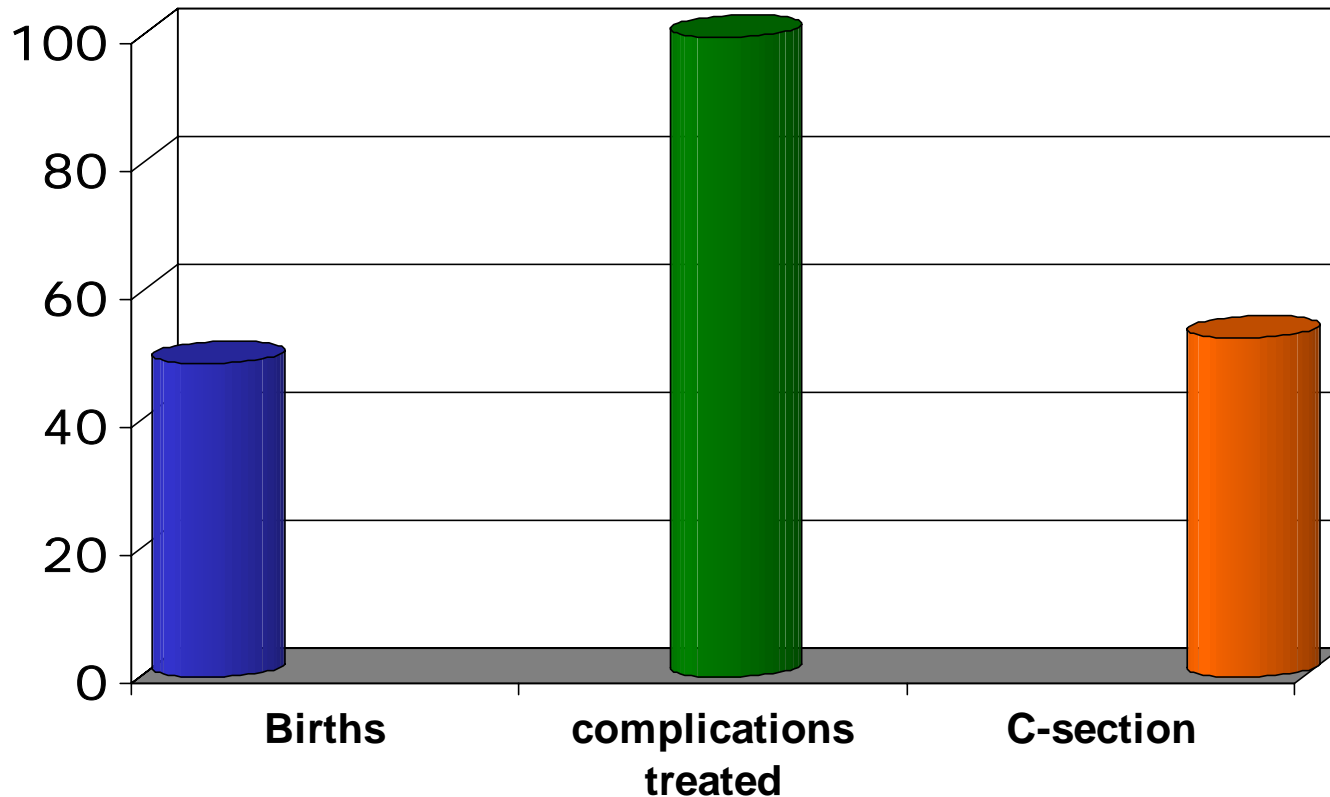
# How has coverage changed since the baseline?

Type of facility	No EmOC		Basic EmOC		Comp EmOC	
	Base	2002	Base	2002	Base	2002
District Hospital (59)	8	4	9	9	42	46
UH Complex (64)	33	22	28	23	3	19
<b>Total (123)</b>	<b>41</b>	<b>26</b>	<b>37</b>	<b>32</b>	<b>45</b>	<b>65</b>



How does the performance in 2002 compare with needs assessment?

**% increase in performance**



(in 97 facilities providing Basic or Comprehensive EmOC)



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How does the status of process indicators compare?

**The 123 facilities are located in 64 districts with an estimated annual births of 2,709,000**

Indicator	Base	2002
Proportion of births taking place in facilities providing EmOC (97)	1.29	1.91
Met Need*	4.12	9.22
Proportion of C-section deliveries	0.25	0.38

**\* 1% increase in met need = 4,100 complications treated!**



# The numbers...

# Births in facility	# Women with comp.	# C-Sections	# Mat. Deaths	Case fatality rate
34,907	16,753	6,680	483	2.9
51,848	37,460	10,188	759	2.0

Baseline  
2002



## Trend in coverage of functioning facilities...

Year	Basic EmOC		Comp. EmOC	
	Number	ratio	Number	ratio
1994	90	1:1,200,000	30	1:3,700,000
1999	151	1: 830,000	68	1:1,800,000
2003	NA	NA	127	1:1,000,000



## What is contributing to making a difference?

- **strong commitment of the Government -- policy, strategy, national programme**
- **regular review by senior officials of the DGHS ... monitoring, monitoring, monitoring**
- **attention to detail (equipment, posting, reporting, hospital action planning)**
- **demonstration of change attracting more donor support -- GoJ**
- **investing in people --workshops in personal transformation, self-esteem, hospital microplanning and team building, gender sensitisation**
- **Overcoming procedural barriers (procurement, distribution, installation, orientation, end-use)**

# EOC FIELD OPERATIONS

*GIS/ MIS/ DATABASE MANAGEMENT UNIT*  
**HEALTH AND NUTRITION SECTION**  
**UNICEF, BANGLADESH COUNTRY OFFICE**





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GoJ support in strengthening EmOC



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## *Government of Japan is a special friend...*

- **Support in many social sector development programmes with appreciable role of JICA and NGOs**
- **Rapid response to emergency appeals**
- **strong participation in polio eradication initiative - 1996-2004, 4.8 Billion Yen for vaccines, cold chain equipment, social mobilisation and monitoring - also, participation of experts and volunteers**





# Flood Emergency 1998-- GoB-GoJ-UNICEF partnership

- **UNICEF support GoB Emergency assistance appeal and mobilised USD 3.0 Million for programming in health sector**
- **USD 1.2 Million allocated to drugs & equipment for Emergency Obstetrical Care ( both local and offshore procurement)**
  - **Operation Theatre Equipment for 22 Comprehensive EmOC sites providing life saving services to nearly 7 million people**
  - **Other hospital supplies for 179 sites**
  - **850 drug kits to 179 facilities**

## Steps to ensure proper end-use

- **Allocations are made based on**
  - **functioning status**
  - **needs assessment**
  - **information on case load**
- **Funds have been allocated in Operational Plan to cover distribution costs**
- **Central Medical Store is visited on a regular basis to check status of distribution/collection and shelf life of drugs**
- **Installation of OT equipment is done by local agent of supplier who also trains personnel on use and maintenance**
- **Monitoring visits to facilities and use of checklist**

## GoJ support

- **JICA supported NGO in Chowgacha, Jessore, supported the Upazilla Health Complex by providing critical life-saving equipment.**
- **Japan Government has supported the construction and upgrading of the Maternal and Child Health Training Institute and is supporting the achievement of Woman Friendly Hospital status in this facility.**

## Further GoJ support to EmOC

- **In 2000, MOHFW further proposed *Support to Strengthening of Emergency Obstetric Care Services in Bangladesh***
- **GoJ approved the proposal for grant aid in May 2001 and survey team visited Bangladesh July-August which led to commitment to equip Comprehensive and Basic EmOC sites**
- **In phase I, 27 CEmOC facilities and 64 BEmOC facilities have been equipped by Feb 2003. In phase II, 20 CEmOC facilities and 128 BEmOC facilities will be equipped..**





## UNICEF assistance in executing GOJ grants

- **Finalisation of specification and supply lists**
- **procurement- local and offshore**
- **information generation and needs assesment**
- **tracking procurement, distribution and end use of supplies**
- **monitoring visits and status updates from EmOC Field Officers**
- **periodic review of status**
- **developing capacity human resources,**
- **ensuring readiness of facilities**



# Importance of Japan Grant Aid

- **Provided drugs and equipment to cover requirements during a critical period of HPSP**
- **Provides important technical assistance to human resource development in maternal health through MCHTI**
- **Will provide essential support in preparing facilities for providing EmOC which will complement support being provided with funding from Columbia University and UNICEF**
- **GoJ assistance is a major contribution to the MOHFW effort to ensure provision of *life saving services for the women of Bangladesh***

A genuine partnership has evolved for the cause of women in Bangladesh...

***... we need to learn from this to accelerate and expand efforts***





