

# Reinforcing the **continuum of care** to reduce maternal mortality in Africa

Examples of MdM projects

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# The CONTINUUM of CARE

Ideals, Realities and Compromises: Do We Meet Humanitarian

## Quality of care =

- Adequate information
- Welcoming services – enhancing trust
- Trained and motivated personal
- Equipment and drugs without ruptures
- Timely detection of complications
- Basic / Comprehensive Emergency Obstetric Care (EmOC / BeMOC)
- Supervision
- ...

=> STRONG Health System

- Geographical barriers
- Financial barriers
- Cultural barriers
- Lack of information

COMMUNITY

Quality of care

## Mitigating sociocultural barriers

=> TBA involvement

### *Liberia example*

#### HOW

- Referral : sensitization + incentives
- Training on Home based Life Saving Skills

#### WHAT

- Health promotion for safe practices (breastfeeding, antenatal/postpartum care...)
- Escort pregnant women to deliver in health facility
- Assist delivery in clinics under SBA (skilled birth attendant) supervision

#### RESULTS

- 59% of women delivering at health facilities are referred by TBA
- Only 27% of deliveries at health facility with SBA

# Example to reinforce the continuum

## Mitigating financial barriers : => Financial mechanisms to $\searrow$ catastrophic health expenditures

### *Niger example*

#### HOW

- Accompany health facilities and management committees in national policies implementation
- Maintain discussion with authorities

- Study to evaluate the costs and consequences of these exemption policies
- Advocacy

#### RESULTS

- Increased utilization of health services
- But question of SUSTAINABILITY



## Mitigating geographical barriers : => Referral systems

### *Chad example*

#### WHY

- Under utilization of health services
- Geo. + eco. constraints: distance, costs, means of transportation...

#### PROCESS : pilot experience

- Study to understand reasons of under utilization
- Study to asses needs and willingness of community
- Community involvement for management

=> Important challenge to follow



## Providing adapted information : => Health awareness

### *Liberia example*

#### WHO

- Community actors : TBA, community health workers, local NGO
- Health staff, MdM health promoters

#### WHAT

- Radio show
- Health talks by different actors
- Workshops, night events
- ...

#### RESULTS

- Improvement of healthy practices and knowledge (*KAP study 2007, 2011*)
- Challenges remain: messages' adaptation, constraints to reach remote areas, environment not enabling healthy practices...



# Identifying bottlenecks

- Importance to define corrective interventions
- Tools to identify bottlenecks
  - Monitoring system
  - Maternal deaths or near misses audits

# Identifying bottlenecks

## *Example of maternal death auditing in Liberia*

- **1<sup>st</sup> semester 2011** : 70% of deaths audited (7 / 10)
- **Information obtained** :
  - Most deaths due to post-partum hemorrhage
  - Protocols not well applied by SBA
  - Late referral from the community
- **Intervention introduced / planned** :
  - Targeted supervision of the SBA, refreshment trainings
  - Reinforced sensitization of the TBA
  - Discussions with health authorities about improvements

## Reinforcing the continuum of care allow:

- Reducing maternal mortality AND
- Reducing maternal MORBIDITY :
  - Obstetrical fistula
  - Infertility
  - Psychological consequences
  - Uterus prolapse
  - ...

**Challenges +++ to tackle these issues**

**THANKS for your ATTENTION !**