THE REPUBLIC  **OF THE GAMBIA**

DEPARTMENT OF STATE FOR HEALTH & SOCIAL WELFARE

THE GAMBIAN ROAD MAP TO ACCELERATE THE REDUCTION OF MATERNAL & NEWBORN MORBIDITY & MORTALITY

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EXECUTIVE SUMMARY

Maternal mortality remains the focus of international attention. The Safe Motherhood Initiative was launched almost two decades ago in response to the alarmingly high maternal mortality ratios in developing countries. However, progress towards significant reduction of risk of maternal death has been slow.

Neonatal mortality is of growing concern, as it now constitutes 40 – 70% of infant mortality.

Recently, there has been renewed international commitment to the prevention of maternal newborn death. This is embodied in the United Nations Millennium Development Goals whose targets are the reduction of maternal mortality by 75% and child mortality by two-thirds by 2015.

In order to facilitate progress towards these goals, the African Union has urged all member states to adopt country-specific road maps.

It is to this end that this Road Map has been drawn specifically for The Gambia. The goal of the Road Map is to reduce maternal mortality ratio from 1050/100,000 live births in 1990 to 260/100,000 live births in 2015 and neonatal mortality from 60,1000 live births in 1995 to 20/1,000 live births in 2015.

This document was developed by the Department of State for Health and Social Welfare in partnership with other stakeholders as a framework to guide collective and collaborative efforts at accelerating progress towards attainment of the Millennium Development Goals for maternal and neonatal health. It outlines the guiding principles and strategies for achieving these goals as well as the roles and responsibilities of stakeholders. It is also expected to provide a broad framework for monitoring progress and evaluating outcomes.

SECTION ONE: MAGNITUDE OF THE PROBLEM

1.1 GLOBAL

Pregnancy and childbirth are natural processes in a woman's life. Motherhood should be a time of expectation and joy for a woman, her family and community. However, to many women, pregnancy and childbirth is by no means risk-free. According to United Nations Agencies[1], worldwide an estimated 529,000 women die annually from pregnancy and childbirth related complications. Of these, 527,000 (99.6%) occur in developing countries and only 2700 (0.5%) in developed countries. Furthermore, the risk of maternal death in developed regions of the world is estimated at 1 in 2800, whilst it is 1 in 61 in developing countries. For every maternal death 20 – 30 women survive but with short or long term disability, pain and suffering.

Most maternal deaths occur during childbirth and shortly after birth. The causes of maternal death are similar around the world and they are: bleeding during pregnancy or after delivery accounting for 25%, infection 15%, eclampsia 12%, obstructed labour 8% and complications of unsafe abortion 13%[2]. In addition to these direct causes are the indirect causes such as anaemia, diseases such as HIV/AIDS, malaria and tuberculosis accounts for 20%. The tragedy lies in the fact that almost all the causes of maternal death can be prevented and/or managed effectively if only pregnant women have access to skilled attendants during pregnancy, delivery and in the postpartum period, and emergency obstetric care when pregnancy related complications arise.

In addition to maternal mortality and morbidity, every minute, 20 children under the age of five years die. That means 10.6 million children die each year and about half of these die in first 28 days after birth – the neonatal period. Of these, 75% die in the first week of which 40% occur in the first 24 hours after birth.[3] The common causes of neonatal death are prematurity accounting for 28%, severe infection 26%, birth asphyxia 23% and congenital anomalies 8%. Sadly, 98% of all neonatal deaths occur in developing countries.[4]

1.2 REGIONAL

Africa has an estimated population of 850 million which constitutes only 13.5% of the world's population but accounts for 23.5% all births and 47% of maternal deaths[5]. There is wide regional variation even within Africa. Of the 251,000 maternal deaths that occur in the continent annually, 247,000 (98%) take place in Sub-Saharan Africa. Furthermore, of the thirteen countries that account for 67% of all maternal deaths globally, six are in Sub-Saharan Africa.

The life-time risk of maternal death in Sub Saharan Africa is 10 times higher than in Asia and over 200 times higher than in North America. Of all the indicators monitored by United Nations agencies, maternal mortality is the one with the greatest disparity between the developed and developing countries.

In addition to the high maternal mortality, neonatal mortality is highest in Africa. It is estimated at 45 deaths per 1000 live births which is 9 times higher than in the developed countries. The majority of neonatal deaths in Africa are due to three main causes: birth asphyxia (40%), low birth weight and prematurity (25%) and infection (20%).[6]

1.3 NATIONAL

The levels of maternal and newborn mortality in The Gambia are still unacceptably high. The national maternal mortality ratio was estimated at 730/100,000 live births in 2001 with a rural-urban variation. [7] It is estimated at 980/100,000 live births for the rural areas and 495/100,000 live births for the urban area. The life-time risk of maternal death is 1 in 23 which is 120 times higher than in developed countries. In 1990, the national maternal mortality ratio was estimated at 1050/100,000 live births.[8]

The major causes of maternal death in The Gambia are haemorrhage (particularly in the postpartum period), infection, obstructed labour and hypertensive disorders of pregnancy. However, anaemia is emerging as a leading cause of maternal death. [9 10 11]

The neonatal mortality rate was estimated at 31.2 per 1000 live births while perinatal mortality rate is 54.9 per 1000 total births in 2001. The major causes of neonatal deaths identified were birth asphyxia, prematurity and infections. In 1995 the WHO estimate of neonatal mortality rate was 60 per 1000 live births and perinatal mortality was 110 per 1000 total births.[12]

Poor maternal health care, mismanagement of complications of pregnancy and childbirth, unhygienic practices during delivery and after birth, and inadequate care of the newborn were identified as major contributing factors to maternal and neonatal mortality in The Gambia.

SECTION TWO: ISSUES AND CHALLENGES

2.1 WHY INVEST ON MATERNAL AND NEWBORN HEALTH

The survival and well-being of mothers and children are not only important in their own right, but are also critical to solving much broader economic, social and development issues. Investing to improve maternal and newborn health is justified for the following reasons:

1. Sick mothers and children require increased family expenditure which is a principal contributing factor to house-hold poverty;
2. When there is a maternal death more often than not the infant does not survive the first birthday;
3. The death of a mother is a loss of her productive contribution to the home, family community and national economy; it also jeopardizes the survival and education of her children left behind;
4. Investing in child health is important for economic and social development. Every dollar spent on child health will yield seven dollars through reduced spending on social welfare and increased productivity of young people and adults.
5. Maternal and newborn ill-health account for 18% of the burden of disease in developing countries and contribute to 3.2% of Disability-Adjusted Life Year (DALY) in Sub-Saharan Africa.[13]
6. Investing in maternal and newborn health is the most cost-effective public health intervention in history as the cost per person year in developing countries is US$3. The cost per life saved (mother and child) is US$230. These estimates are lower than or similar to cost of many other programmes, such as measles immunization, which are considered global priorities and receive substantial funding from governments and donor agencies.[14] It can also contribute to the alleviation of 7% of the burden of disease in such a country.
7. Investing on maternal and newborn health will strengthen the general health system which will enable it to address maternal and newborn health and the health care needs of the general population.[15]
8. Fortunately, effective and affordable intervention to prevent maternal and newborn mortality and morbidity exists.

2.2 JUSTIFICATION FOR A COUNTRY SPECIFIC ROAD MAP

1. The African Union, (the inter-governmental governing body in the African continent), is committed to addressing the high maternal and newborn morbidity and mortality in the continent and therefore urges all member states to develop a Country Specific Road Map. In response to this call, this country specific Road Map to address maternal and newborn health in The Gambia was developed.
2. The Government of The Gambia is committed to the attainment of the health related Millennium Development Goals (MDGs) (target 4 & 5) and International Conference on Population and Development (ICPD) goals. Having a country specific Road Map will serve as a guide in our collective and collaborative efforts to attain those goals.

3. The Department of State for Health and Social Welfare (DoSH & SW) in cognisance of the unacceptably poor maternal and newborn indicators identifies maternal and newborn health as a priority area for intervention. This is outlined in the National Reproductive Health (RH) Policy[16] and Strategic Plan of Action[17] documents.

   Therefore, developing a Road Map to address maternal and newborn health in The Gambia will guide the DoSH & SW, its collaborators and other stakeholders in the planning, implementation, monitoring and evaluation of maternal and newborn health programmes.

2.3 PAST INTERVENTIONS

Reduction of maternal and neonatal morbidity and mortality is a priority for the Government of The Gambia. Since the launch of the global Safe Motherhood Initiative in 1987, the Department of State for Health and Social Welfare (DoSH & SW) and its Collaborators/Partners have implemented many strategies in an effort to combat the dual scourge of maternal and newborn morbidity and mortality. The interventions include: scaling up of Traditional Birth Attendants (TBAs) training to attend to normal deliveries at village level; upgrading strategically located health centres to the status of Major Health Centres to improve access to Emergency Obstetric Care services. This involved the training and staffing of such facilities with special cadres of health personnel – midwives with advanced midwifery skills, nurse anaesthetists, and laboratory personnel. Other strategies were strengthening of the referral system by providing road ambulances in all health facilities, horse driven cart ambulances (piloted in Central River and Upper River Divisions), and installation of river ambulances at certain river crossing points. In addition, radio communication links were established between some health facilities and maternity waiting homes were also established as annexes to major health centres. Despite these interventions, maternal and newborn morbidity and mortality remain unacceptably high in The Gambia. Furthermore, as revealed by the National MCH/FP Evaluation Report, Partners contribution in complementing government's efforts in ensuring safe motherhood has been piecemeal and fragmented with little impact in achieving the desired results.

Weakness in preventive and clinical services and delays when emergencies arise are underlying factors contributing to the high maternal and newborn morbidity and mortality in The Gambia. Anaemia before and during pregnancy is common and often its management, particularly during the antenatal period, is far from adequate. The weaknesses in preventive services include low levels of awareness of early signs of complication of pregnancy and childbirth, low quality of antenatal care including low coverage of malaria prevention services (ITN and IPT), low uptake of iron and folic acid supplementation, late diagnosis of pre-eclampsia, unhygienic delivery practices and inadequate provision of routine postpartum care.

2.4 CHALLENGES

2.4.1 Cross Cutting Issues

1. **Poverty**
   The level of poverty in The Gambia is high. The National Household and Poverty Survey (NHPS) estimated that 55% of households and 69% of the population classified as poor i.e. unable to meet their basic food/non-food requirement and that poverty is on the rise as it has increased from 15% in 1993 to 51% in 1998. Poverty is higher among women and also in the rural areas where it ranges from 75% to 80%.[18]

2. **Low Literacy Rate**
   The literacy rate among the general population in The Gambia is low. The female literacy rate is lower estimated at 30% compared to 44% among males.[19]

3. **High Fertility**
   The value for having many children is high among Gambians particularly in the rural areas. Contraceptives use is low with a contraceptive prevalence rate of 17.5% and fertility rate also high (total fertility rate 6.01). High fertility elevates the risk of maternal and neonatal morbidity and mortality. Too early pregnancy is also common as the mean age at first birth is 16.5 years nationally but much lower in rural areas and among illiterate women.[20]

4. **Inadequate Budgetary Allocation**
   The Gambia is a poor country with limited financial resources. This and competing priorities limit the allocation of resources to health in general and for maternal and newborn health in particular.

5. **Weak Collaboration and Coordination**
   There are many players (Government, NGO, the private sector and other collaborators) in addressing maternal and newborn health at national, divisional and at community level. However, coordination among players poses a challenge. This results in the implementation of fragmented, vertical and often duplicated maternal and newborn health programmes.

6. **Food Insecurity**
   Adopting "Nutrition throughout the life cycle" is critical in enhancing maternal and newborn health and survival. However, with growing poverty and high dependence on imported food, assuring food security is a challenge. The seasonality of farming and fluctuation of rainfall affects household food security.

7. **Endemic and Emerging Diseases**
   Malaria continues to be an important cause of morbidity and its role in maternal mortality is being increasingly recognised. The emergence of HIV/AIDS is a growing concern for maternal and neonatal health.

8. **Socio-cultural Factors**
   The Gambia is a male dominant society. The man usually determines or influences the reproductive life of the woman. It is usually the man who decides when and how many children a woman should have; if and whether a woman

should use contraceptives; and it is also often the man who decides when to seek care should an obstetric complication develop.

9. **Inadequate Male Involvement**
   Exclusion and/or non-participation of men in reproductive health in general and to maternal and newborn health in particular remain major barrier to be overcome.

2.4.2 Health System Weakness

For significant improvement in maternal and newborn health to be recorded, the health system must function effectively and efficiently. There are inadequacies within the health system, which affect the availability, utilization and quality of maternal and newborn health services. These include:

- **Human Resource for Health**
  The availability of skilled health personnel at all levels of the health system is essential for the delivery of quality maternal and newborn health. Shortages of skilled human resources including doctors, midwives, nurses, laboratory personnel and theatre staff (as a result of the on-going attrition) remain an obstacle to improving maternal and newborn health services particularly in the rural areas of The Gambia.

- **Unclear Policies**
  The absence of clear policies with regards to practice regulation, staff posting and appraisal and the continuing brain drain of skilled health personnel from public to private sector and outside the country poses a major barrier to effective service delivery.

- **Emergency Obstetric Care**
  Access to high quality emergency obstetric care services 24 hours a day and 7 days a week is essential in the reduction of maternal and newborn morbidity and mortality. However, there is gross unmet need for Emergency Obstetric Care (EmOC) facilities in The Gambia, with only 30.4% (instead of the 100% target) of EmOC needs being met. This was revealed by the survey on *The Availability, Utilization and Quality of Emergency Obstetric Care Services in The Gambia* carried out in 2004.[21] There were no functional comprehensive EmOC services in the highly populated Western Division. Furthermore, none of the 6 Major Health Centres is providing comprehensive EmOC services as planned. Only 12 of the 47 health facilities surveyed fulfil the criteria for basic EmOC. Operational problems identified were shortage of basic equipment, shortage of skilled personnel, unreliable electricity supply and laboratories not fully functioning. The study also found a case fatality rate of 4.7% which is far above the maximum of not more than 1%. These statistics exposed the poor quality of EmOC services in The Gambia.

- **Unavailability of Basic Equipment and Medical Supplies**
  Lack of basic equipment and intermittent shortages of medical supplies affects the availability and quality of maternal and newborn health. Assured availability of basic equipment and medical supplies for maternal and newborn care at all levels of the health care delivery system in The Gambia remains a major challenge.

- **Weak Referral System**

Effective and efficient referral system is essential for the timely and safe evacuation of patients from one level of the health system to another especially during obstetric and neonatal emergencies. Assurance of reliable and accessible means of transport (road and river ambulance), and of a referral feedback mechanism continue to be significant challenges in The Gambia.

- **Weakness in Health Management Information System**
  Collecting, analysing, interpreting and disseminating information on maternal and newborn health is essential not only for monitoring progress but for policy formulation, the setting of standards and legislative reforms, as well as effective management of programmes and interventions. Strengthening the National health Information System capacity to effectively and efficiently monitor maternal and newborn health in The Gambia is required.

SECTION THREE: NATIONAL RESPONSE

3.1 VISION OF THE NATIONAL HEALTH POLICY

The vision of the Gambian Road Map is within the overall context of the National Health Policy of the Gambia "Changing for Good" is the *"Attainment of accessible quality health care for the Gambian population that would be a model in the African region by the year 2020"*[22].

3.1.1 VISION OF THE NATIONAL REPRODUCTIVE HEALTH (RH) POLICY

"Improved reproductive health status of the Gambian population by the year 2006 and beyond to enable couples and individuals participate in socio-economic development of the country".

3.1.2 MISSION OFTHE RH POLICY

"Promotion and provision of comprehensive and sustainable sexual and reproductive health information and services through partnership".

3.1.3 POLICY GOAL OF THE RH POLICY

"To improve the quality of reproductive life of all persons living in the Gambia through promotion of reproductive health, and the prevention and reduction of morbidity and mortality associated with reproductive ill-health".

3.2 GOAL OF THE GAMBIAN ROAD MAP

To contribute towards the reduction of the 1990 levels of maternal mortality from 1050/100,000 live births to 260/100,000 live births and neonatal mortality from 60/1000 live births (WHO, 1995) to 20/1000 live births by 2015.

3.2.1 OBJECTIVES

The objectives of Road Map are:

- To provide skilled attendance during pregnancy, delivery, the puerperium and neonatal period, at all levels of the health care delivery system
- To strengthen the capacity of Individuals, Families, Communities, Civil Society Organisations and Governments to improve maternal and newborn health

3.3 GUIDING PRINCIPLES

The following principles will guide the planning, implementation, monitoring and evaluation of the Road Map to ensure effectiveness, efficiency and sustainability in The Gambia.

1. **Human Rights and Gender Equality**
   Right to life and health is a basic human right. Promoting "Safe Motherhood as a human right" will be used to address and prioritize the factors influencing maternal and newborn health at all times and at all levels. This will take into

account the range of gender inequalities entrenched in the social, economic, cultural and political structures.

Therefore, women's access to appropriate, affordable and quality health care including information, counselling and related services (e.g. STIs, HIV, FP) will increased throughout the life cycle as obligated under CEDAW and committed under Beijing Platform for Action.

2. **Evidence-base**
   Reliable and up-to-date evidence on the epidemiology of maternal and newborn morbidity and mortality in The Gambia will be used to select the most appropriate internationally proven and cost-effective interventions to address maternal and newborn situation in The Gambia. Among them are: The National Evaluation of the MCH/FP Programme 2000[23]; The National Adolescent/Youth Health Survey Report 2000[24]; National Survey Report on Maternal, Perinatal, Neonatal, Infant and Contraceptive Prevalence 2001[7]; Safe Motherhood Needs Assessment The Gambia 2001[25]; and Evaluation of the Availability, Utilization and Quality of emergency Obstetric Care Services in The Gambia 2004[26]. During the period of implementation operational research and the inbuilt monitoring system will guide effective programme management at all levels.

3. **Health System Approach**
   Maternal and newborn health will be strengthened to provide high quality care at all levels of the existing health care delivery system. Integrated maternal and newborn care will be the central strategy in the delivery of services. The referral system from the community to the health facility and between health facilities will be strengthened.

4. **Complementarity**
   Existing programmes, structures and collaborative mechanisms will be strengthened both within the health sector and between health and other health related sectors (Education, Agriculture, Communication, Gender and Women Affairs, Community Development and private sector) during the planning, implementation and evaluation of maternal and newborn health programmes.

5. **Partnership**
   To enhance partnership of all actors and stakeholders, government, the communities, development partners, private sectors, NGOs, civil society organisations will be involved and motivated to participate in the planning, implementation, monitoring and evaluation at national, divisional and community levels.

6. **Clear Definition of Roles and Responsibilities**
   The roles and responsibilities of each the actor and stakeholder/collaborator (government and development partners, NGOs, civil society organisations) will be clearly defined and communicated for improved performance.

7. **Equity and Accessibility**
   Access to high quality maternal and neonatal health services at point of demand especially for women, children, marginalised and the underserved as outlined in The Gambia's National Health Policy will be assured. Skilled and well motivated health personnel will be provided at all levels particularly in the hard to reach

areas. An incentive package will be established for women who deliver in health institutions; and women-friendly health services assured 24 hours a day, 7 days a week.

8. **Phased Planning and Implementation**
   A ten-year rolling plan and five yearly plans of actions (costed) with timelines and benchmarks will be developed in collaboration with stakeholders. In each five-year plan a Mid-Term Review and end of cycle evaluation will be undertaken.

9. **Transparency and Accountability**
   To promote and demonstrate transparency and accountability, a multi-sectoral committee will be set-up to oversee the Road Map. Maternal and Perinatal Death Reviews will be institutionalised at all levels of the health system. The findings of such reviews will be widely disseminated.

SECTION FOUR: STRATEGIES

4.1 IMPROVING THE PROVISION OF, AND ACCESS TO, QUALITY MATERNAL AND NEWBORN HEALTH CARE INCLUDING FAMILY PLANNING SERVICES.

Core Intervention
Provision of a well defined minimum package of maternal and newborn health and family planning services at each level of the health care delivery system including human resources, supplies, equipments, infrastructures and financial resources.

Indicators
- Basic and comprehensive emergency obstetric care coverage.
- Facilities implementing the standardised basic newborn resuscitation package.

4.2 STRENGTHENING THE REFERRAL SYSTEM

Core Intervention
Provision of resources for early recognition of complications, early pre-referral treatment and communication.

Indicators
- Availability of Emergency Triage Assessment and Treatment (ETAT) and referral protocols
- Availability of means of communication

4.3 STRENGTHENING DISTRICT HEALTH PLANNING AND MANAGEMENT OF MATERNAL AND NEWBORN HEALTH CARE INCLUDING FAMILY PLANNING SERVICES.

Core Intervention
Development and maintenance of effective planning, supervisory and monitoring system.

Indicator
Availability of standardised planning, supervisory and monitoring system

4.4 EMPOWERING COMMUNITIES PARTICULARLY WOMEN

Core Intervention
Educate communities on the effective use of community resources for maternal, newborn care and family planning.

Indicator
Communities that have identified resources for maternal, newborn care and family planning.

4.5 FOSTERING PARTNERSHIPS

Core Intervention
Sensitization of all partners on maternal and newborn health and family planning issues.

Indicator
Number of partners supporting maternal and newborn health and family planning activities.

4.6 ADVOCATING FOR INCREASED COMMITMENT AND RESOURCES FOR MATERNAL AND NEWBORN HEALTH CARE INCLUDING FAMILY PLANNING

Core Intervention
Sensitization of maternal and newborn health and family planning issues among politicians, policy makers, community leaders and the business community.

Indicator
Number of politicians, policy makers, community and business leaders providing demonstrable financial and other support for maternal and newborn health issues.

4.7 PROMOTING HOUSEHOLD HOSPITAL CONTINUUM OF CARE

Core Intervention
Sensitise the community on household hospital continuum of care for maternal and newborn health.

Indicator
Number of communities knowledgeable about and utilising the concept of birth preparedness and complication readiness.

SECTION FIVE: FOLLOW-UP, MONITORING AND EVALUATION

5.0 ROLES & RESPONSIBILITIES OF STAKEHOLDERS

5.1 Department of State for Health

Allocate necessary resources using national initiatives such as Poverty Reduction Strategy Paper (PRSP) for the implementation of the Road Map (Government to increase budgetary resources for health).

- Adopt national plans for the reduction of maternal and newborn morbidity and mortality with objectives that are achievable.
- Setup a national structure - National Safe Motherhood Committee – for the discussion and monitoring the implementation of the Road Map.
- Promote multi-sectoral actions involving health and non-health sectors (education, finance, road/transportation)
- Mobilise and allocate resources for the implementation of maternal and newborn health.
- Advocate for political involvement at the highest level (First Lady)
- Strengthen health system to delivery quality maternal and newborn care (infrastructure, human resources, drugs and basic equipment, optimum laboratory services)
- Mobilise and allocate resources for implementation of maternal and newborn health programme.
- Monitor, supervise and evaluate quality of maternal and newborn health at hospital level

5.2 **Divisional Coordinating Committee**

- Promote multi-sectoral actions involving health and non-health sectors (education, road/transportation etc)
- Mobilise and allocate resources for implementation of the Road Map

5.3 **Divisional Health Teams**

- Strengthen health systems to deliver quality maternal and newborn health care (infrastructure, human resources, drug and basic equipment, optimum laboratory services)
- Training and retraining of service providers for the provision of quality maternal and newborn health
- Monitor, supervise and evaluate the quality of maternal and newborn health care

5.4 **Village Development Committee**

- Mobilise resources for the improvement of maternal and newborn health
- Sensitise and mobilise individuals, families and communities on emergency preparedness (transportation, blood donation)
- Sensitise and mobilise individuals, families and communities to work out their own appropriate means of disseminating information on the Road Map.

5.5 **Civil Society and Non Governmental Organisation**

- Liaise with each other to share responsibility in order to avoid duplication and waste of resources

- Advocate for the rights of women and children
- Use national guidelines and protocols in the provision of maternal and newborn health care
- Collaborate with national and existing structures in the provision of maternal and newborn health care
- Monitor, evaluate and report maternal and newborn health issues in their area of operation

5.6 Politicians

Advocate for and mobilise adequate resources for the full implementation of the Gambian Road Map.

Enact legislation and adopt policies that will protect the rights of women and children to accelerate the reduction of maternal and newborn morbidity and mortality.

5.7 The Media

Support IEC and advocacy activities on maternal and neonatal morbidity and mortality in the print, electronic and traditional media.

5.8 Development Partners

Advocate for and mobilise resources for the full implementation, monitoring and evaluation of the Gambian Road Map.

SECTION SIX: CONCLUSION

In order to adequately address maternal and newborn morbidity and mortality in The Gambia, the DoSH in partnership with its collaborators and other stakeholders developed this Road Map as a framework to guide our collective and collaborative efforts to accelerate the attainment of the health-related MDGs by the year 2015.

The interventions that could make a difference in the lives of mothers and their newborns are known and feasible. Efforts to scale-up these interventions aimed at improving women's health must be concerted and coordinated and involve all stakeholders. Strategic budgeting mechanisms will ensure results-based implementation of these interventions and demonstrate the required changes.

The improvements required in the health systems to make services accessible, affordable and acceptable require resources – human, financial and material. Mothers contribute in no small measure to the development of communities and nations, and the time has come to prioritise their health in the continent's development agenda as a matter of basic human right.

This Road Map outlines where The Gambia is in terms of maternal and neonatal mortality and where the country intends to be in 2015. The guiding principles and strategies for achieving the stated goals have been clearly outlined as well as the challenges ahead.

However, satisfactory progress towards the Millennium Development Goals will depend on the strong commitment and deliberate investment of Government and partners in the health of women and children in The Gambia.

ANNEX: STRATEGIES, ACTIVITIES AND INDICATORS

1. **Improving the Provision of, and Access to, Quality Maternal and Newborn Health Care Including Family Planning Services**.

Activities

- A well define minimum package of maternal and newborn health and family planning services at each level of the health care delivery system including human resources, supplies, equipments, infrastructures and financial resources
- Review/revise national policies, norm and protocols using universally acceptance evidence-based maternal and newborn health and family planning standards of care, and ensure there dissemination to all health care providers for their adoption and use
- Refurnish the existing structures to ensure accessible, acceptable quality essential maternal and newborn health care
- Establish standards of care for Emergency Obstetric Care at all levels (family, community and health facility)
- Assess training needs, train, retrain and update training in in-service programmes to ensure that services providers at all levels of the health services delivery system have the appropriate competencies/skills, provide attitudes and ethics particularly in providing EOC services
- Assess and update pre-service training curricula and approaches to be in line with universal acceptable evidence-based standards of care
- Strengthen pre-service institutions to provide the necessary skills and competencies
- Strengthen IEC/BCC in health care delivery system adhere to, ensure adequate utilization of the quality service provided including community participation

Indicators

Neonatal
- Neonatal morbidity rate
- Postnatal care: Immediate attendance rate; Subsequent care rate
- Number of district hospitals that have a functional newborn resuscitation place in the delivery room
- Number of early neonatal deaths (deaths within the first seven days of life)

Maternal Health Indicators
- Maternal mortality ratio
- Proportion of births assisted by a skilled attendant
- Number of facilities offering Basic EmOC services
- Number of facilities offering Comprehensive EmOC
- Proportion of deliveries taking place in a health facility
- Coverage of met-need for obstetric complications (coverage of women with obstetric complications that have received EmOC out of all women with obstetric complications)
- Proportion of births by C-section
- Obstetric Case Fatality Rate
- Contraceptive available by method
- Postnatal care: Immediate attendance rate; Subsequent care rate

2. Strengthening the Referral System

Activities

- Identify communication and equipment needs for referral system at community and district levels
- Procure and install appropriate communication equipment including land phones with kachaa cards and mobile phones with scratch cards
- Provision of emergency transport means i.e. road ambulance; river ambulance
- Train providers in early recognition of complications and early pre-referral treatment (Emergency Triage Assessment and Treatment – ETAT)
- Train other resource persons (community health workers, MDFTs, ambulance drivers) in emergency response and preparedness
- Establish community emergency committees (to mobilize community resources for emergency transport, blood donors)
- Strengthen appropriate feedback system

Indicators

- Number of obstetric referrals
- Number of newborn referrals
- Number of referral using an ambulance
- Number of referral feedbacks
- Case fatality rate of those referred

3. **Strengthening District Health Planning and Management of Maternal and Newborn Health Care Including Family Planning Services**.

Activities

- Improve condition of service of District Health Management Teams and health facilities so as to retain staff by:
- Construct and furnish more houses for staff
- Construct/furnish, improve divisional headquarters
- Review and update scheme of service for staff to improve working conditions
- Increase house rent allowances for lower cadre of staff
- Training of District Health and facility Staff on continued education
- Recruiting of Data entry Clerks and establish a health information system at district and health facility level
- Improve linkages, partnership and collaborators with all stakeholders
- Strengthen the skills and capacity of District Health Teams and health facilities in program management, including monitoring and supervision
- Develop and maintain effective supervisory and monitoring system.
- Provision of support for the supervisors at all levels
- Strengthen health management systems for improved decision making

Indicators

- Number of houses refurbished and furnished
- Number of staff house rent allowances increased
- Number of staff establishment upgraded

NUMBER OF DISTRICT HEALTH AND FACILITY STAFF TRAINED ON CONTINUED EDUCATION

- Number of Data entry clerks recruited
- Number of organizations agreed to participate in maternal and new born care

- Number of District Health Teams and Health Facilities staff trained on management including monitoring and supervision
- Effective monitoring and supervisory system developed
- Number of supervisors provided support
- Management system strengthened

4. **Advocating for Increased Commitment and Resources for Maternal and Newborn Health Care Including Family Planning**

Activities
- Sensitisation on maternal and newborn issues among politicians, policy makers and business people in the community.
- More male involvement in family planning services
- Advocate for increase in budgetary allocation for maternal and newborn activities.
- Advocate for perinatal/child dialogue on sexual and reproductive health issues.
- Advocate for revision of control, customary and religious laws affecting maternal and newborn health.
- Operation safe the mothers fund raising to be conducted annually.
- Conduct maternal and neonatal day or week annually

Indicators
- Number of sensitisation sessions conducted
- Percentage of men involved in family planning services
- Percentage increased in budgetary allocations for Maternal and New-born.
- Number of perinatal/child dialogue on sexual and reproductive health issues conducted
- Number of control, customary and religious laws affecting maternal and new-born reviewed
- Number of fund raising activities conducted
- Number of open days celebrations observed

5. **Fostering Partnerships**

Activities

1. Politicians – Secretaries of State and National Assembly Members (NAMs)

Activities: Target a group of NAMs and organise:
- Sensitisation of NAMs on maternal, neonatal and basic health issues
- Identify focal persons among the NAMs to advocate on behalf of maternal and neonatal child health Legislation
- NAMs to advocate in their constituencies to spread maternal and neonatal health issues

Indicators
- Number of NAMs sensitised.
- Names of focal persons identified.
- Copy of legislation passed.
- Number of sensitisation meetings held by NAMS within their constituencies.

2. Professional Bodies

Activities:

- Organize inter and intra professional meetings, seminars, symposia, lectures on maternal and newborn care
- Encourage internal and external professional research activities on maternal and newborn care

Indicators

- Number of intra and inter professional meetings/seminars held
- Number of internal and external professional research activities conducted

3. Professional Regulatory Bodies

Activities:

- Review the Nurses and Midwives Act to incorporate maternal and newborn health care
- Conduct mandatory refresher courses for Midwives every 3 years (refresher courses to be decentralized to the Divisions)
- Develop service protocols/standards for maternal and newborn health care and services

Indicators

- Number of Nurses & Midwives Acts reviewed.
- Number of mandatory refresher courses for Midwives conducted at Divisional level.
- Number of service protocols/standards developed.

4. **Training Institutions**

Activities:

- Review and revise training curricula to incorporate updated maternal and newborn care
- Conduct courses on life saving skills for all trained staff
- Increase the intake of RH care givers (Nurses, Doctors and Midwives)
- Update the skills and knowledge of trainers in the health training institutions about maternal and newborn care

Indicators

- Number of training curricula reviewed and revised
- Number of courses on life saving skills for all trained staff conducted.
- Number of RCH care givers admitted in training institutions.
- Number of trainers updated with skills of maternal and newborn care.

5. **NGOs and Development Partners**

Activities:

- Organize annual meetings with NGOs and Development Partners at central and Divisional levels.
- Identify projects and programmes for funding by NGOs and Development Partners
- Organise study tours for service providers to countries with best practice records on maternal and newborn health

Indicators

- Number of annual meetings held with NGO's development partners at central level.

- Number of annual meetings held with NGO's and development partners at Divisional level.
- Number of projects and programmes identified with NGO's and development partners.

6. **Civil Societies**

Activities:
- Identify civil society groupings that can contribute to maternal and newborn mortality and morbidity reduction
- Organise, plan and conduct meetings with identified civil society groups
- Organise in-service meetings for TBAs, VHWs on their new roles as health promoters on maternal and newborn care
- Orientate community structures – MDFT's (Multi-disciplinary Facilitating Teams) on maternal and newborn care
- Organise and support civil society and community groups to disseminate information and skills on maternal and newborn health through field days and meetings/radio and television programmes
- Organise focus group discussions with men and women of childbearing age

Indicators
- Number of civil society groups identified..
- Number of planning meetings conducted with identified groups.
- Number of in-service meetings organized for TBAs and VHWs
- Number of TBAs and VHWs attending meetings
- Number of communities with MDFTs orientated on maternal and newborn care
- Number of field days organised with civil societies and community groups
- Number of radio and television programmes produced and broadcast.
- Number of focus group discussions held with men and women of childbearing age.

7. **Other Departments/Collaborators**

Activities:
- Advocate for the inclusion of basic knowledge on maternal and newborn care in the general school curriculum in the Basic and Senior Education Sectors
- Sensitise teachers/agricultural and community development workers on maternal and newborn health
- Promote agriculture and community development workers input into community garden projects and education of communities on food storage and preservation techniques

Indicators
- Process of inclusion of basic knowledge of maternal and newborn care started.
- Number of schools per Division teaching basic knowledge on maternal and newborn care
- Number of sensitisation meetings held with teachers, agricultural and community development workers for each Division
- Number of community gardens
- Number of sessions held on food storage and preservation

8. **Private Sector Providers**

Activities:

- Sensitise the private sector providers on maternal and newborn care strategies
- Establish mechanism for health data/information sharing
- Involve private sector in the annual planning meetings on maternal and newborn care
- Promote joint health system research between the private and public sector on maternal and newborn health care
- Disseminate and use research findings to review and plan programmes/services on maternal and newborn health care

Indicators
- Number of sensitization meetings held with the private sector on maternal and newborn care strategies.
- Process of health data information sharing started.
- Number of meetings attended by private sector.
- Number of joint research activities conducted by private and public sectors
- Evidence of research findings disseminated and used for planning programmes/ Services.

9. **Local Government Structures**

Activities:
- Sensitise Commissioners, Chiefs, Alkalos, Councillors on issues and strategies related to maternal and newborn health
- Use Local Governments Officers to mobilise communities and also plan, implement and evaluate activities related to maternal and newborn health
- Use community structures such as VDC as entry or focal points for activities related to maternal and newborn health.

Indicators
- Number of Commissioners, Chiefs, Alkalo's and councillors per Division sensitised.
- Number of communities mobilised by Local Government Officers about maternal and newborn health per Division
- Number of activities implemented by LGO's with communities
- Number of VDC's as focal points for activities related to maternal and newborn health.

10. The Media

Activities:
- Use the media committee/association on health to disseminate information on maternal and newborn health
- Organise yearly seminars to update media on issues related to maternal and newborn health
- Invite the media to review meetings on maternal and newborn health and progress of the road map

Indicators
- Number of activities undertaken by health media association on maternal and newborn health.
- Number of seminars held with health media association
- Number of review meetings held with health media association.

6. **Promoting Household-Hospital Continuum of Care**

Activities:

- Strengthen and expand the outreach services to communities and households
- Conduct regular training for health facility staff and community workers on skills in outreach services provision
- Use community leaders, Traditional Birth Attendants (TBAs) and Village Health Workers to disseminate information on the importance of early antenatal care and prompt referral during labour and postnatal period
- Identify two persons in the existing village committees to be responsible for emergencies during maternal and newborn care and to be a link with the formal health system
- Organise birth preparedness activities/sessions with communities in the areas of nutrition, hygiene, care of the newborn and family planning
- Conduct periodic meetings with VDC/Multi-Disciplinary Facilitating Teams (MDFTs), health sub-committee on issues related to maternal and child health and progress of the road map

Indicators

- Number of new outreach services provided
- Percentage increase in the number of personnel giving outreach services
- Number of training sessions conducted for staff and community workers on skills in outreach services.
- Number of activities conducted by community leaders, TBAs and VHWs to disseminate information on maternal and newborn health
- Number of village committees that have identified persons responsible for emergencies during maternal and newborn care and who will be linked with the formal health system.
- Number of sessions organised on birth preparedness hygiene care of the newborn and family planning.
- Number of meetings conducted with VDCs, MDFTs on the progress of the road map.

7. **Empowering Communities Particularly Women**

Activities:

- Meet with committees to identify resources available for safe maternal and newborn care and family planning
- Educate communities on the effective use of community resources for maternal, newborn care and family planning
- Establish emergency loan funds within committees for prompt medical care for women and newborn who develop complications
- Organise periodic meetings/field days specifically for men on issues and strategies concerning maternal and newborn health
- Develop and disseminate messages on the importance of shared decision making to improve household health seeking behaviour

Indicators

- Number of meetings with comities to identify resources available.
- Number of committees who have identified resources available for safe maternal and newborn care and family planning.
- Number of committees with emergency loan funds for women and newborn who develop complications.

- Number of meetings and field days organised for men on issues and strategies concerning maternal and newborn health.
- Number messages developed and disseminated on the importance of shared decision making to improve household health seeking behaviours.

LIST OF SIGNATORIES

We, the undersigned, strongly support the goals and objectives of the Road Map for accelerating the attainment of the MDGs related to Maternal and Newborn Mortality in the Gambia and will take whatever action is required within the purview of the respective organizations and institutions were present, to disseminate and support the implementation of this Road Map.

February 2005

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