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Maternal and Child Survival Program

Access to and Quality of MCH Services in Crisis Settings




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What do we know about Interventions to reach excluded populations with MCH services in Humanitarian Settings?

- Scant evidence on utilization of SRH services in crisis settings (Singh et al. 2018 systematic review)
- Scant evidence for increasing utilization of SRH services among *vulnerable* populations in crisis settings (e.g. adolescent girls, ethnic minorities)
- *Promising evidence (Singh et al, 2018)*
  - Interpersonal and peer-led education and mass media campaigns
  - Community-based programming and task-shifting (e.g. training lower cadre refugee or internally displaced persons to provide SRH services)

Photo Credit: Karen Kasmauski/MCSP

Local Data is essential to guide MCH interventions and reach the most excluded in humanitarian settings

- However, local MCH data on coverage, and especially *quality* of MCH services is very weak – even in non-crisis settings
- Reasons include lack of MCH data elements in routine health information systems (HMIS), lack of health worker capacity and confidence to collect and use local data
- Local data on access and quality of MCH services and health outcomes for the *most vulnerable* is especially scarce – in crisis and non-crisis settings

Photo Credit: Jhpiego

Supporting Local Decision-Making in Crisis Settings

Promising best practices:

→ Empowering health workers at all levels to report and use data

→ Use of Health Resources for Health Information Systems (HRIS) to manage distribution and deployment of health workers in crisis settings

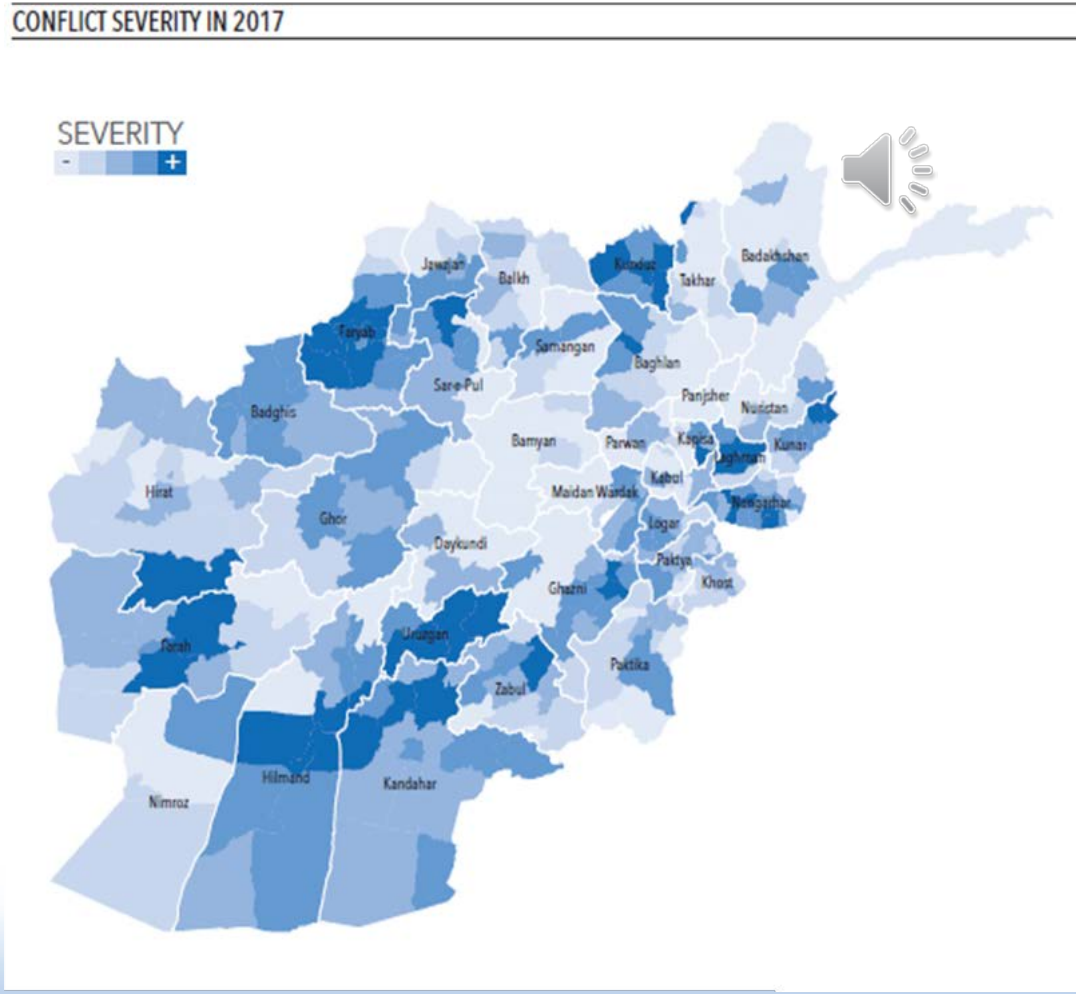
AFGHANISTAN

POPULATION

- 35 million people
- 41% of population under age 14
- High maternal mortality

CONTEXT

- Commitment to improving RMNCAH services and outcomes
- Increasing insecurity
- Internal displacement
- Attacks against health facilities and health workers
- Humanitarian and development funding/programs



48% of births in Afghanistan occur in health facilities

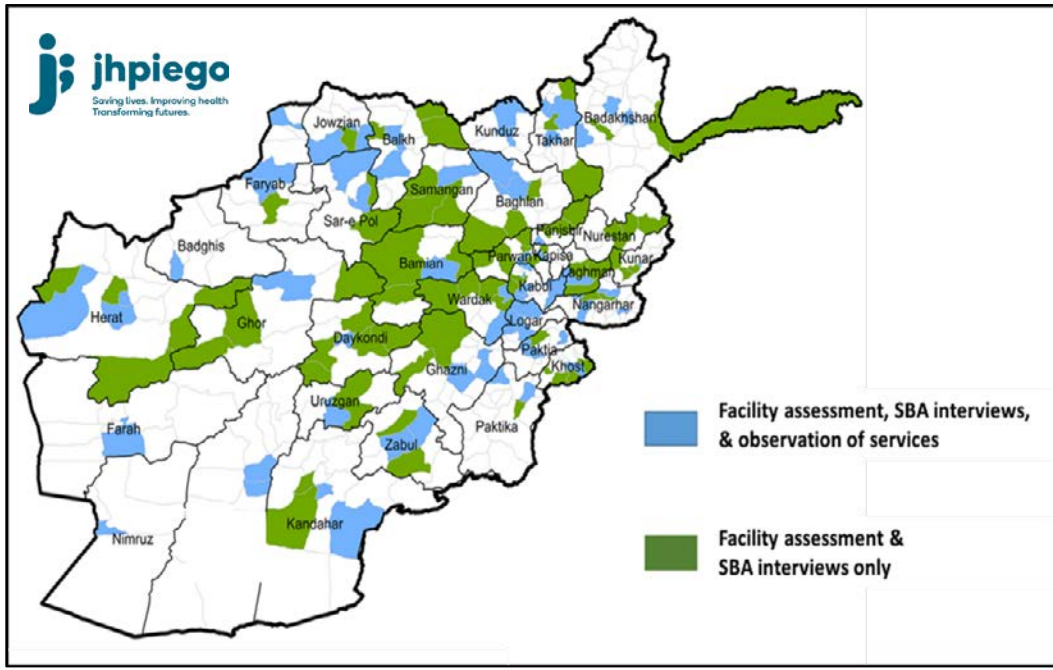
76% in urban areas / 40% in rural areas

MMR
1291/100,000
live births
Af. DHS 2015

2015 AfDHS

Quality of Care Assessment in 246 facilities in Afghanistan

- 62% of facilities have a skilled birth attendant on call 24 hours a day/7 days a week
- Less than 50% of facilities have clinical guidelines and protocols available in the antenatal, delivery, and postpartum rooms
- Less than 60% of facilities report maternal and newborn death and stillbirths



SHDP
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Social and Health Development Program

Women's and Provider's Perspectives

QUOTES FROM MIDWIVES WORKING IN PUBLIC DISTRICT HOSPITALS

"Insecurity is a major challenge. The Taliban has closed the door of the hospital and does not let any patients visit except for obstetric patients. There are no male staff at night, only a midwife stays alone in the ward. We are scared"

"Security is very bad. When we come to work, we don't believe that we will return home safe"

"The Taliban has the contact number of all nurses and midwives, and will decide who will go to work and who will stay home. Armed people enter inside the facility, abuse the head of the hospital and threaten the midwives and nurses in the wards"

Knowledge Gaps and Priorities

Effective interventions in crisis settings to:

- Increase utilization of and access to MCH services in crisis settings
- Maintain minimum quality of MCH services
- Generate and use local data on MCH service coverage, quality including for women and children most affected by conflict
- Protect and strengthen resilience of local health workers