

# THE GAMBIA EXPERIENCE AND BEST PRACTICES RELATED TO CHILD AND MATERNAL MORTALITY

Presented at the

***14<sup>th</sup> Meeting of the COMCEC Poverty Alleviation  
Working Group***

***to be held on November 6<sup>th</sup>, 2019 in Ankara, Turkey***

# PRESENTATION OUTLINE

- Gambia 'Experience in Maternal and Child Health
- Key interventions to ensure universal access to RH
- Key Milestones/Achievements
- Lessons learnt
- Challenges
- Way forward

# Demographic Challenges

- Very youthful population
- High fertility rate of 4.4
- High Neonatal Mortality rate 22 per 1000L/B
- High infant mortality rate 34 per 1000 L/B
- High Maternal Mortality rate of 433 per 100,000 L/B
- Prevalence of harmful practices against women 74%
- Gender disparity in education

## Demographic Challenges Cont...

- Poor access to family planning and RH information and services
- Pro-natalistic culture
  - Son preference
  - Early marriage
- Low level of use of contraceptives 16.3Prevalance
- High level of unsafe abortion & resultant maternal mortality

# Best Experience on Maternal and Child Health

## **Key activities implemented**

- Training of doctors, nurses and midwives and provision of equipment for emergency maternal and newborn child health (EMNCH) care nationwide
- Upgraded major health centres to district hospitals for provision of comprehensive emergency obstetric care (CEmONC) on a 24 hour basis
- Revised The National RMNCAH Policy 2017-2021 to incorporate emerging issues

## Best Experience on Maternal and Child Health Cont...

- **Key activities implemented**
- The provision of family planning commodities and services free of charge at all levels
- Promoting male responsibility in sexual and reproductive health
- Integrating adolescent sexual and reproductive health services in existing public health facilities and NGO operated facilities
- Increased community outreach service delivery points for greater access
- Kabilo baama initiative in some communities
- 4+4 initiative in some communities

# Achievements

- Reduction of referrals due to maternal and RH emergencies
- Increased access to skilled attendance at birth from 57.8% to 82.7%
- Provision of ambulances for referral to all public health facilities
- Family planning (FP), and adolescents/youth Sexual and RH issues are being addressed both at the levels of the institution and the communities bringing about an unexpected uptake of FP services
  - safe motherhood outcomes; e.g., reduced numbers of abortions and unplanned pregnancies
- Family planning services and prevention of parent to child transmission (PPTCT) are well-integrated into RMNCAH services; and capacities have been built in these areas accordingly.

## **Achievements Cont...**

- Health facilities are also supplied job aids, guidelines protocols and registers
- Training of staffs on the use of the protocols and guidelines on early detection and management of obstetric and neonatal emergencies.
- Timely referrals of cases by community birth companions and community based health workers, who, through training, are now able to detect danger signs in pregnancy and childbirth



# Others

- High level political commitment
- High community participation in RH & SRH programmes
- Male involvement in RH issues
- FP commodities have been included in the essential drugs list.

## KEY MILESTONES OF THE RH PROGRAMME INTERVENTIONS

- Life Expectancy at birth has increased from 42.8 to 59.3 from 1983 to 1993 and is currently estimated at 64 years for both sexes (Census 2003).
- The total fertility rate has declined from 6.01 in 1993 to 5.4 in 2003 and 4.4 in 2018 (6.8 for rural areas and 4.7 for urban)
- Births attended by skilled birth attendants has increased from 57% to 82.7% between 2010 to 2018.
- Antenatal care attendance increased from 98.8% to 99% between 2013-2018
- Almost all the service delivery points are now offering at least four RH services (ANC, FP, HCT, referral & delivery)

# KEY MILESTONES OF THE RH PROGRAMME INTERVENTIONS

## Cont....

- Maternal mortality has decreased from 1050 in 1990 to 730 in 2001 and 433 per 100000 live births in 2013
- The infant mortality rate (IMR) has declined from 167 in 1983 to 84 in 1993 and from 75 in 2003 to 34 per thousand live births in 2013
- Under-five mortality has declined from 135/1000 live births in 1993 to 99/1000 live births in 2003 and 54/1000 live births in 2013.

# KEY MILESTONES OF THE RH PROGRAMME INTERVENTIONS

Cont....

- Family planning (FP), and adolescents/youth Sexual and RH issues are being addressed both at the levels of the institution and the communities
- Family planning services and prevention of parent to child transmission (PMTCT) are well-integrated into RMNCAH services; and capacities have been built in these areas accordingly
- RH services integrated into the PHC system
- Increased awareness on HIV/AIDS
- Increased participation of women in the labour force
- More women occupying decision making positions

## Lessons Learned

- Use of Traditional Communicators to disseminate messages on maternal and child health has resulted in early bookings for ANC and more women now know the danger signs during pregnancy
- Increased male involvement in maternal and child health issues had led to marked reduction in delay in seeking for care for maternal and newborn services
- The Confinement Leave Policy gives six months of maternity leave has led to increase in exclusive breast feeding which is important for child and maternal health
- Implementation of 4+4 at community level
- Kabilo Baama strategy at community level

# KEY CHALLENGES

- Inadequacy of resources (financial, material and human) reduced the amount of programme inputs, geographical coverage and efficiency of service delivery
- Structural barriers (cultural denial and resistance
- Low socio-economic and political status of females

## KEY CHALLENGES Cont....

- Poor road networks impact negatively on the hospital referral system leading to delays that are responsible for high maternal morbidity and mortality
- High staff attrition rates due to low morale and poor remunerations
- Difficulties in transportation of patients from community to health facility

# WAY FORWARD

- Increased financial allocation to social sector & improved management of programme resources
- improve and increase public-private sector partnership
- Improved access to essential obstetrics care
- Improved access to comprehensive sexuality & HIV education and youth-friendly RH services



## **WAY FORWARD Cont....**

- Increase male & community participation in reproductive health management
- Ensure RH commodity security & improve logistics management
- Provide adequate resources for RH intervention programmes
- Intensification of capacity building of health personnel and facilities
- Creation of incentives for health workers

Thank You