

Sexual and Reproductive Health



Context

The reduction of maternal and neonatal mortality is one of the key goals of the millennium declaration. More than 536,000 women die each year as a result of complications of pregnancy and childbirth. This toll is almost entirely avoidable; we know how to prevent these deaths. Each year nearly four million newborn babies die and 3.3 million are still born; almost 90% of these deaths occur in Africa and Asia. The outcome for these babies is directly linked to the care received by women during and after pregnancy and childbirth. When women are able to access health care, it is primarily during the time of pregnancy and childbirth; these contacts must be optimally used to combat HIV/AIDS, malaria and other diseases.

In resource poor countries, health systems are generally weak and there is often insufficient infrastructure, equipment and supplies as well as severe shortages of health workers and their inequitable distribution. The provision of skilled birth attendance (SBA) and essential obstetric care (EOC) for pregnant women during labour, delivery and the immediate postpartum period is a key strategy to achieving Millennium Development Goal 5.

What we can offer

LATH, working together with the Royal College of Obstetricians and Gynaecologists (RCOG), and the Liverpool School of Tropical Medicine as the RCOG International Office is committed to working with countries in tackling the major challenges in delivering effective sexual and reproductive health programmes. The RCOG International Office is able to draw on the expertise and experience of the partnership and its global network to make an effective and valued contribution to improving Sexual and Reproductive Health care (SRH) worldwide and in particular to reducing maternal and neonatal mortality and morbidity. Together we are committed to working with countries in tackling the major challenges in delivering effective sexual and reproductive health programmes through ensuring sustainable capacity development, using evidenced based policies and strategies and addressing sexual and reproductive health within a wider health systems context. We have an established and proven track record working with a range of clients including DFID, USAID, WHO, EU and The Health Foundation. Our partnership has extensive clinical and technical expertise in strengthening sexual and reproductive health programmes and broad experience in supporting all levels of the health system including:

- Contribution to global policy making
- National policy development
- Strategic and operational planning
- Assessment of sexual and reproductive health (SRH) needs, with a particular focus on maternal and neonatal health (MNH).
- Capacity development of health professionals through training, exchange programmes and setting of standards and guidelines adapted to and relevant to the local situation.
- Training of trainers and design and development of pre-service and post-graduate training as well as continuing professional development
- Development of professional training and associated professional bodies including guidance on examination boards, professional licensing, inspection/oversight of professional standards.
- Implementation, monitoring and evaluation of maternal and neonatal health programmes

- Design and implementation of quality improvement programmes
- Strengthening essential laboratory services
- Development of operational research to identify and overcome barriers to the implementation of MNH programmes
- Teaching and academic linkages including diploma, masters and PhD programmes

Selected Examples of Experience:

County	Client	Date	Programme/Project
Nigeria	DFID	2002-08	<p>Supporting Safe Motherhood</p> <p>As part of the PATHS programme, we have been supporting Safe Motherhood initiatives in Kano, Jigawa and Kaduna states. Specific recent technical inputs include:</p> <ul style="list-style-type: none"> • Needs assessment • Strengthening of capacity to conduct maternal death audits and confidential enquires • Building capacity of Safe motherhood committees • Building capacity of MOH to manage Safe motherhood programmes
Somaliland	DFID	2007-09	<p>Health Systems Strengthening in Somaliland</p> <p>In collaboration with the Ministry of Health and Labour we are providing capacity building for healthcare workers in Life Saving Skills/ Essential Obstetric and Neonatal care (LSS-EOC & NC). This will ensure that the MoHL has the capacity to continue training its staff in LSS-EOC & NC after the project. Specific recent technical inputs include:</p> <ul style="list-style-type: none"> • Training of health care workers in LSS-EOC & NC • Training of trainers in LSS-EOC & NC • Provision of pre-service training in Emergency/essential Obstetric care for health care providers • Evaluation, supervision and monitoring of LSS-EOC & NC trainees • Technical support to development of essential packages of health services • Contribution to development of curriculum for skilled birth attendants-medical doctors and midwives
Malawi	The Health Foundation	2005-10	<p>Improving quality of maternal and newborn care</p> <p>This is a programme of quality improvement with a focus on the reduction of maternal and neonatal morbidity and mortality in Malawi. It has been designed to develop and scale up measurable improvements in the quality of care of maternal and neonatal health services within health centres and hospitals. Specific recent technical inputs include:</p> <ul style="list-style-type: none"> • Baseline survey/needs assessment and dissemination of findings to stake holders • Introduction of facility-based maternal death reviews

			<ul style="list-style-type: none"> • Introduction of criteria-based audit • Hospital Quality Improvement (QI) teams have been supported to implement quality improvement activities. • Scaling up of QI activities to Health Centres
Kenya	DFID	2005-10	<p>Essential Health Services (EHS) Programme We are centrally involved in:</p> <ul style="list-style-type: none"> • Provision of technical assistance to the Health Sector Reform Secretariat (HSRS) of the Ministry of Health (MoH) of Kenya in designing the new Sector Wide Approach (SWAp) for the health sector. • Strengthening capacity of the Division of Reproductive Health (DRH) of the MoH to lead a coordinated and harmonized and effective reproductive health program in Kenya. • Strengthening capacity of the Provincial Health Management Team (PHMT) and selected districts in Nyanza province to lead a coordinated and harmonized and effective reproductive health program in Nyanza. • Contributing to an effective Kenya Expanded Program for Immunisation (KEPI) through program logistic support and supply of vaccines.
Malawi	DFID	2000-06	<p>Strengthening Sexual and Reproductive Health We have led support to the Malawi MOH Reproductive Health Unit (RHU) since 2000 under this DFID funded project. Its key objective was to increase access to and utilisation of quality comprehensive Sexual and Reproductive Health Services. One of the features of the inception phase was to define the basis for an innovative and sound communication strategy that builds on the knowledge of how interpersonal relationships are expressed. The inception phase prepared for a national strategy for Behaviour Change Interventions for HIV/AIDS/SRH. The implementation phase focussed on operationalising this strategy.</p>
Tunisia	WHO	2006	<p>Making Pregnancy Safer Working with WHO this work focused on the following:</p> <ul style="list-style-type: none"> • Review the different estimates of maternal mortality in Tunisia including the 1994 survey data • Review the on-going monitoring system for investigating maternal mortality • Validate the likely estimates • Recommend approaches for future monitoring of maternal mortality in Tunisia.

Indonesia	WHO	2007	<p>Making Pregnancy Safer</p> <p>Based on the need for improvement of clinical performance through reviewing maternal death cases and identifying causes and avoidable or remedial factors associated with them, this assignment was aimed at planning to initiate in-depth investigation to maternal deaths in collaboration with the MOH and development of an operational plan for implementation of confidential enquiry at sub-national level.</p>
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