



CONVENE • ENGAGE • INFLUENCE

PROGRAM IMPLEMENTATION REPORT ON

STRATEGIC ENGAGEMENT TO

INFORM AFRICA REGIONAL

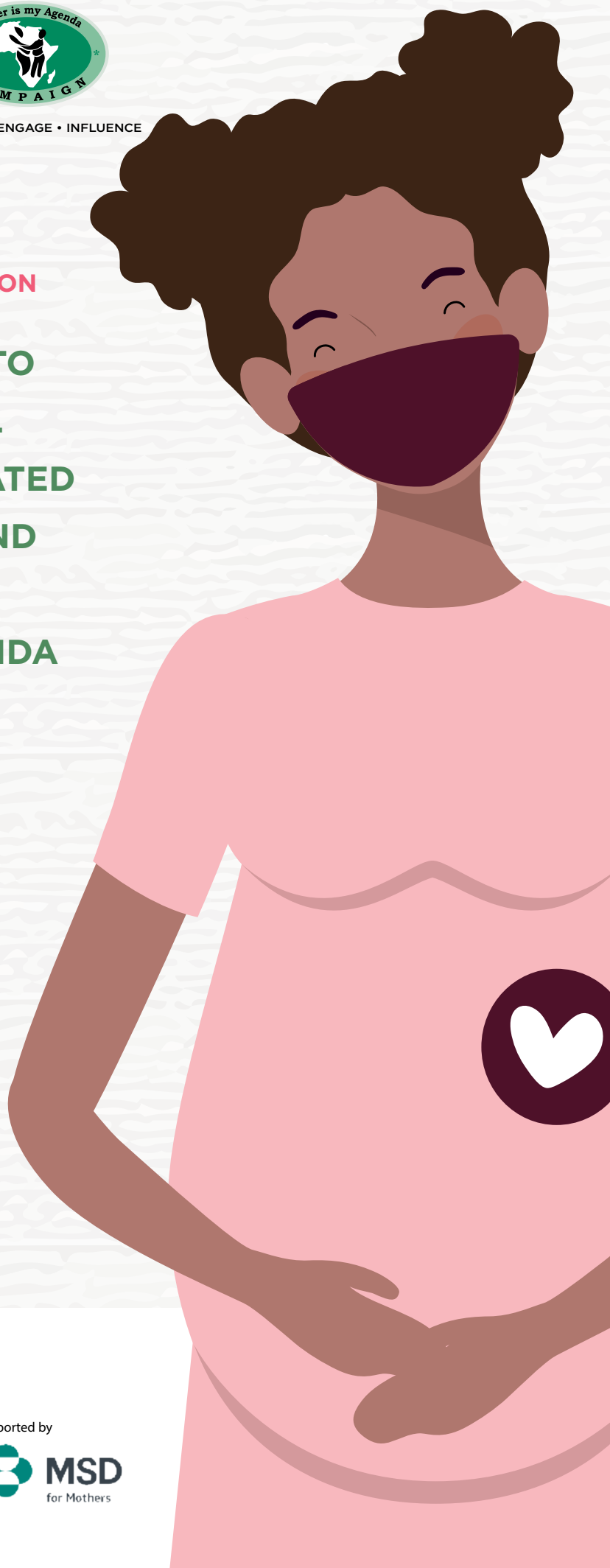
ADVOCACY FOR ACCELERATED

ACTION FOR MATERNAL AND

NEONATAL MORTALITY

REDUCTION TO MEET AGENDA

2063 AND SDG 3 TARGETS



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EXECUTIVE SUMMARY

Review of data from the 2017 African Health Statistics shows that many Sub-Saharan African Countries have the highest rates in the world despite the global reduction in Maternal Mortality Rate (MMR). Nevertheless, Africa has recorded significant progress since 2000. Between 2000 and 2017, Sub-Saharan Africa achieved a substantial reduction of 39 per cent in maternal mortality during this period.

It is against this background that the MSD for Mothers (MfM), in collaboration with the Gender is My Agenda Campaign (GIMAC) network, organized a continent-wide advocacy to support and promote a strategic engagement for national and regional advocacy for accelerated action for maternal and neonatal mortality reduction in Africa to meet SDG 3.1 target (which is to reduce the maternal mortality rate below 70 per 100,000 live births by 2030). This first phase project targeted two countries, Nigeria and Senegal, respectively as pilot. The Africa Leadership Forum (ALF) and Femmes Africa Solidarité (FAS) coordinated the project activities in these Countries.

This report presents the implementation process, outcomes and recommendations of the first phase of the project life and also the way forward.

The goal for this initiative is to improve maternal and new-born outcomes using the Maternal Death Surveillance and Response (MDSR) System to engage decision makers at all levels to respond to the causes of maternal deaths and encourage accountability towards achieving SDG 3.1 target of reducing maternal mortality (MMR) to 70 per 100,000 live births by 2030.

The project was primarily implemented by engaging Maternal Health experts and policy makers in Nigeria, Senegal and at the African Union level in five (5) different virtual dialogues. An advocacy document was generated from maternal health data from the African Health Statistics database, with lived experiences (stories) from the Community providing context for this purpose.

The Dialogues brought to light the current effort of the Nigeria and Senegalese Government to promote Health insurance for mothers, pass reproductive health and MPDSR bills, link community and traditional systems into the health care delivery system and their current partnerships with civil society organizations (CSOs) and private entities to ensure the Health system strengthening in African countries.

Given the respective unacceptably high level of maternal mortality in both Nigeria and Senegal, the following were urgent need identified as response to maternal health challenges; the need to pass Reproductive health laws in Nigeria (MPDSR Bill) and Senegal (Health Legislation), the need for the Government to coordinate and explore partnerships

with TBAs, and maternal health stakeholders to establish or replicate programs that have proven to be successful in other parts of the country and lastly, strengthening the Health System to include access to quality services with trained health care workers.

The governments were advised to embrace other innovative ways of ensuring that pregnant women, particularly in rural communities, have access to ANC either through ICT or mobile clinics. The need to launch a new operational maternal health care strategic plan with the support of technical and financial partners aimed at accelerating the reduction of maternal and neonatal mortality and increasing progress towards the achievement of SDG3 was also emphasized.

The Maternal Health Experts' dialogues also advocated that given the current gaps in the current countries and indeed more broadly across the continent, stakeholders such as governments, private sector and donor agencies should provide financial and technical support to willing and capable CSOs in all African countries to continue advocating for maternal mortality reduction through systemic and sustainable approaches leveraging the AHStat platform and insights from their communities and networks. It directed GIMAC Members to take it upon themselves to front and replicate this project in their countries.

The next phase of this project will focus primarily on Advocacy dialogue on this subject matter with Head of States during a side event at the AU High-Level Consultative Meeting in June 2021.



More than 99% of these maternal deaths occur in low and middle-income countries, with two-thirds occurring in sub-Saharan Africa (WHO)



1.0 INTRODUCTION

1.1 Brief Context
From 1990 to 2015, maternal deaths worldwide dropped by about 44 percent. According to WHO estimates, global maternal mortality rate dropped by 38% between 2000 and 2017, reducing from 342 deaths to 211 per 100,000 live births. More than 99% of these maternal deaths occur in low and middle-income countries, with two-thirds occurring in sub-Saharan Africa (WHO).

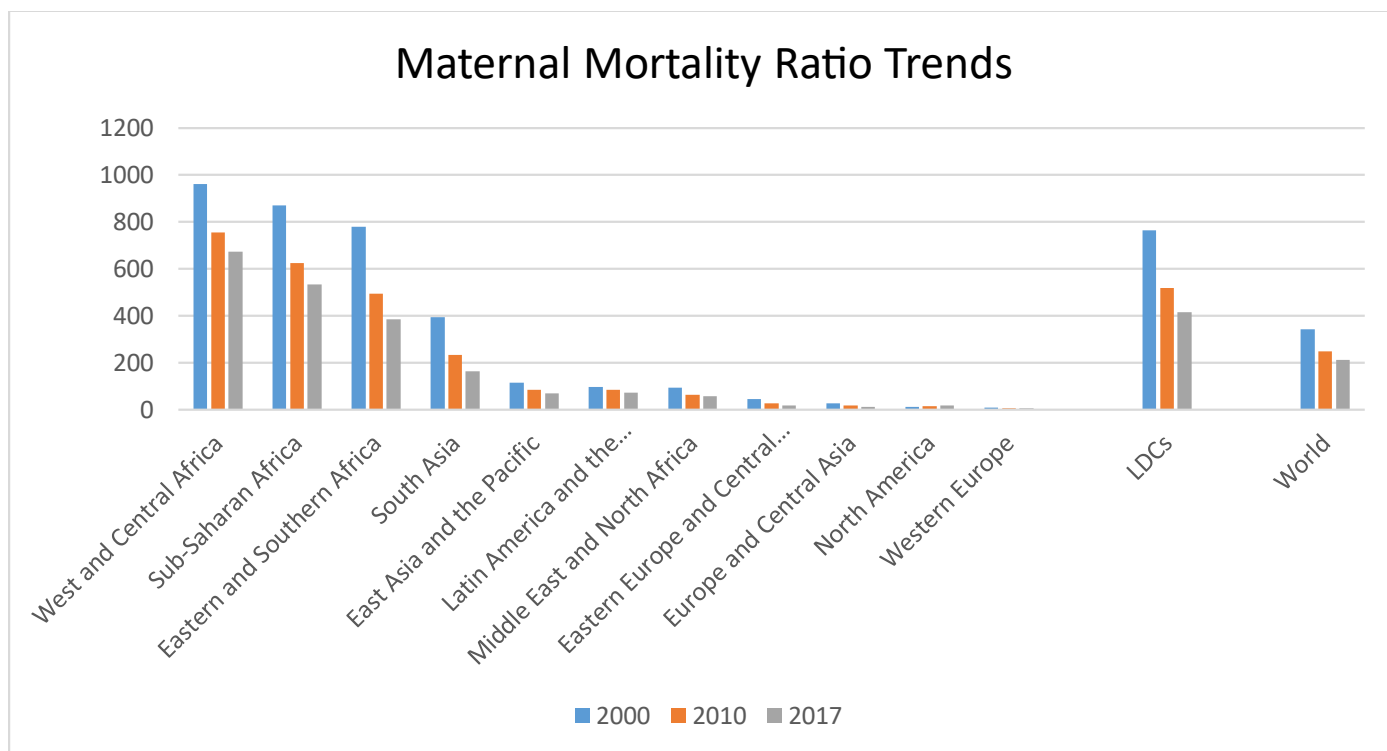
Despite this global reduction, there is still a long journey for the world to meet the SDG 3.1 target, which is to reduce the maternal mortality rate below 70 per 100,000 live births by 2030.

In Africa, there has been significant progress since 2000. Between 2000 and 2017, Sub-Saharan Africa achieved a substantial reduction of 39 percent of maternal mortality during this period, which is higher than the global reduction rate in 2015. **Brief Context**
From 1990 to 2015, maternal deaths

worldwide dropped by about 44 percent. According to WHO estimates, global maternal mortality rate dropped by 38% between 2000 and 2017, reducing from 342 deaths to 211 per 100,000 live births.

More than 99% of these maternal deaths occur in low and middle-income countries, with two-thirds occurring in sub-Saharan Africa (WHO). Despite this global reduction, there is still a long journey for the world to meet the SDG 3.1 target, which is to reduce the maternal mortality rate below 70 per 100,000 live births by 2030.

In Africa, there has been significant progress since 2000. Between 2000 and 2017, Sub-Saharan Africa achieved a substantial reduction of 39 per cent of maternal mortality during this period, which is higher than the global reduction rate in 2015.



Source: World Health Organization, UNICEF, United Nations Population Fund and The World Bank, Trends in Maternal Mortality: 2000 to 2017 WHO, Geneva, 2019.

According to data from the 2017 African Health Statistics (AHSTAT), Nigeria ranked 4th among the highest in maternal deaths in Africa while Senegal had an average MMR of 315/100,000

Nigeria has MMR of 917/100,000 live births, with an annual reduction rate of 1.6% between 2000 and 2017. At this rate, Nigeria will only meet the SDG 3.1 goal of 70/100,000 live births in 2176, which is 156 years from now. To meet the SDG 3.1 goal by 2030, Nigeria must achieve an annual reduction rate of 18%. This 18% reduction rate should become the target. Resource mobilization, policy orientation and implementation strategy should be focused on how to meet the SDG 3.1 maternal mortality target in the next 10 years.



Nigeria ranked 4th highest MMR at 917 per 100,000 live births.

If Nigeria continues at this rate, the SDG3.1 target will be attained in 2176.

Also, less than **5% (4.67%)** of maternal deaths are reviewed among all estimated maternal deaths which is an accountability issue. A low review rate simply means we are far from accurately determining the causes of the deaths.

Thus, the ability to make a correction and improve on the health delivery system is hampered by this kind of situation. Some of the main issues identified as contributors to high MMR in Nigeria are poor funding and service delivery, lag in universal health coverage and poor working conditions and inadequate health facilities at the community level.

For Senegal, from 2000 to 2017, the maternal mortality rate dropped by 42.7%, from 550 to 315 deaths per 100,000 live births. This corresponds to an average annual reduction rate of 3.5%. At this rate, Senegal will only meet the SDG 3.1 goal of 70/100,000 live births in 2063, which is 43 years from now. To meet the SDG 3.1 goal by 2030, Senegal must achieve an annual reduction rate of 11%.



For Senegal, from 2000 to 2017, the maternal mortality rate dropped

42.7%

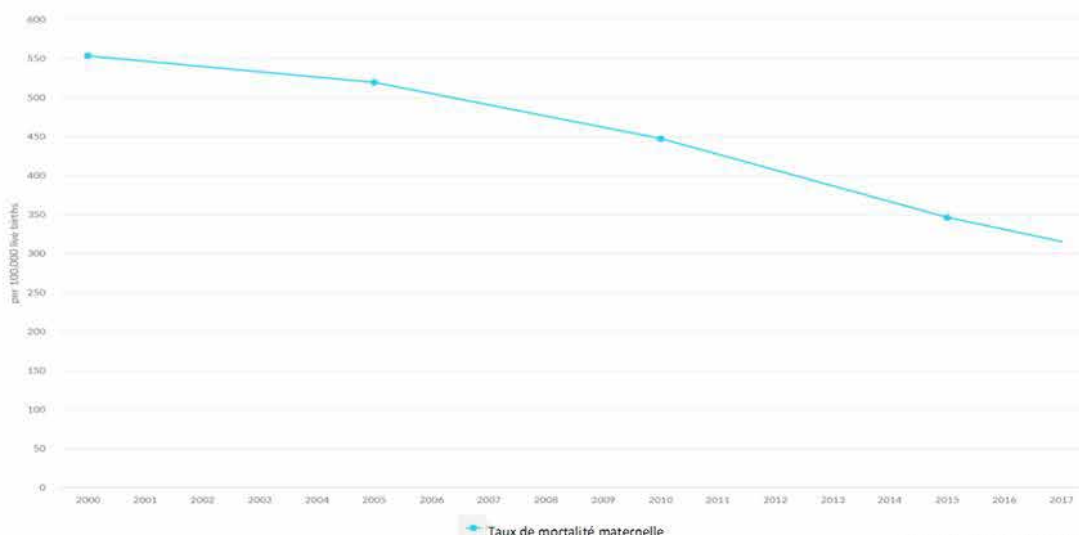
from 550 to 315 deaths per 100,000 live births.

This 11% reduction rate should become the target. Resource mobilization, policy orientation and implementation strategy should be focused on how to meet the SDG maternal mortality target in the next 10 years.



Sénégal: Taux de mortalité maternelle (pour 100 000 naissances vivantes)

Source: OMS, UNICEF, FNUAP et Division de la Population des Nations Unies (dernières données: 2000-2017)



Le TMM au Sénégal est de **315** pour 100 000 naissances vivantes

Si le Sénégal maintient ce cap, il atteindra la cible de l'ODD en **2063**.

1.2. Objectives of the project:

- Provide opportunities and mechanisms for sharing information, knowledge, views, expertise, and experiences about strategies for maternal death reduction;
- Serve as a platform to inform local and regional decision-makers about the challenges of maternal mortality ratio in Nigeria and Senegal;
- Communicate AHStat outcomes with stakeholders (experts and policy makers) and share perspectives with clear and compelling material and presentations, using credible evidence and data;
- Surface ideas on strengthening accountability for maternal health in the country and best practices that can be shared with the regional stakeholder to strengthen maternal health responses across the region.



Strengthening accountability for maternal health in the country and best practices that can be shared with the regional stakeholder and strengthened.

2.0. PROJECT IMPLEMENTATION METHODS

The following methods were used in the implementation process of the project:

1. Data and evidence gathering for both Nigeria and Senegal which was generated from the African Health Statistics (AHSTAT) and lived experiences on Mothers.
2. Advocacy dialogues in Nigeria and Senegal and one regional dialogue. These dialogues were strategically planned and executed to meet the objectives of the project

3.0. Country Engagement & Key Outcomes

3.1. Maternal Health Experts' Dialogue.

This advocacy dialogue, held in Nigeria on 30 September 2020 and in Senegal on 7 October 2020, was aimed at leveraging regional leadership to increase attention on strengthening Africa and national responses to meet the SDGs Maternal Mortality Ratio (MMR) target of 70 deaths per 100,000 live births.

The objectives of the dialogue session were to:

1. Provide opportunities and mechanisms for sharing information, knowledge, views, expertise, and experiences about strategies for maternal death reduction,
2. Serve as a platform to inform local and regional decision-makers about the challenges of maternal mortality ratio in both pilot countries,
3. Communicate AHSTAT outcomes with experts and share perspectives with clear and compelling material and presentations, using credible evidence and data, thus promoting the use of such tool by Member States,
4. Collate ideas on strengthening accountability for maternal health in the country and best practices that can be shared with the regional stakeholder and strengthened.

The major key outcomes from the National Experts' dialogues were:

- 1. Quality Service Delivery:** Interventions to address maternal mortality must target each point of the continuum of care—from an individual household to a delivery facility—and they must do so cohesively.
- 2. Appropriate legislation:** Getting to review the cause of maternal mortality will provide appropriate responses to mitigating them. Moreover, making States and Local Government Areas to domesticate and implement law that will provide a better wider coverage that will reduce MMR. One of such laws is the passing of the MPDSR bill in Nigeria and the 2005 Reproductive Health law in Senegal. This is a major step to supporting maternal and neonatal mortality reduction. By passing those vital laws priority and actions in all areas of reproductive health will be encouraged in reducing mortality death as well as collecting, analysing and reporting data on causes of deaths.
- 3. Collaboration and Partnerships:** There is the complex and fragmented public health system, such that each level of facility is governed by a different entity. In a single district, primary facilities are mostly public and governed by local government authorities (LGAs); many secondary facilities are private and governed by private

providers, and tertiary facilities are mostly governed at the federal level. CSOs are expected to support the State in producing the investment file and setting up the new Initiative program on the Health of Mother, Child and Adolescent (ISMEA) in Senegal. That support can only be possible if the CSOs are fully supported and resourced with the contributions from development agencies and partners.

- 4. Integration of community/traditional systems:** Consistent and periodic upgrade of healthcare workers including TBAs, community workers as Badjenu Gox model in Senegal, is key to stemming maternal and perinatal deaths. Lack of access to information and knowledge, transportation facility, bad road and unavailability of health care centres in rural areas are reasons why linking TBAs to PHCs might not yield many results.
- 5. Health Insurance and Health Promotion:** The provision of health insurance reduces the cost of delivery and burden on pregnant women. In Senegal there is government's commitment to a new health financing mechanism, Global Financing Facility (GFF) and coalition between the different organizations that intervene in maternal and neonatal health.



The provision of health insurance reduces the cost of delivery and burden on pregnant women.

3.2. Policy Dialogue

This dialogue which was held in Nigeria on the 28th of October and in Senegal on the 4th of November 2020 sought to strengthen regional advocacy for maternal mortality reduction. The advocacy is aimed at leveraging regional leadership to increase attention on strengthening Africa and national responses to meet the Maternal Mortality Ratio (MMR) SDGs target of 70 deaths per 100,000 live births.

Therefore the objectives of the dialogue session were to report on the outcomes and priority recommendations from the Policy makers' dialogue that speaks to:

1. Key government policies that have enabled maternal health experts to respond to the maternal health crisis in the country,
2. Gaps in policies that limit the response to maternal health challenges;
3. Demand from the government stronger partnership in response to the maternal health challenge in the country.

The following were the outcomes of the dialogues:

1. Uniformed intervention as regards addressing the issue of TBAs especially on how to engage with TBAs and ensure everyone has a unified approach is a necessity;
2. The Nigeria Federal Ministry of Health is making effort to address HCW skills shortfall by building the skills of TBAs using the community midwifery scheme;
3. Both countries pilot Government acknowledges the slow progress of maternal health policy implementation. Nigeria ministry of health has launched an RMNCAH+N multi-stakeholder coordination platform and Senegal is formulating its ;
4. All policymakers across all states represented recognize TBAs as an important stakeholder in the health system (for good or bad) in both countries;
5. The use of ICT to drive all these initiatives particularly on data generation and collation is paramount but critical gaps still exist;
6. In Nigeria, The MPDSR Bill National Assembly advancement is currently on and being led by the current Chairman, Senate Committee on Health.

3.3. Regional Dialogue

On 18 November 2020, Gender Is My Agenda Network and partners gathered virtually as part of the regional dialogue series to inform African regional advocacy for an accelerated reduction of maternal and neonatal mortality to achieve Africa Agenda 2063 and SDG 3 targets. The meeting shared insights and reflected on engagements with maternal health experts and policy makers in Nigeria and Senegal, actions resulting from the engagements and a call for regional action.

Specific objectives of this dialogue were:

1. Create awareness around Maternal Health across the African continent;
2. To solicit assistance to join the advocacy programme;
3. Encourage GIMAC Members to replicate this project in their countries by sharing the advocacy Process and Methodology for Engaging Experts and Policymakers to Accelerating Maternal Mortality Reduction;
4. Call to Action for the AUC to get the buy-in and involvement of African Heads of States and appoint regional champions among the Heads of States to lead the fight against Maternal Mortality in Africa.

The key ask emanating from the dialogue were

1. It's vital for all health providers to be armed with the right information including data to provide real solutions and programs in the different states based on participation and issue-based that affect pregnant women needs.
2. Gender and age inequalities also needs to be addressed at the community levels. Women living with disabilities needs are always overlooked.
3. Nutrition is vital in addressing maternal and sexual reproductive health. There is a need to rebuild social support systems on knowledge sharing systems.
4. The greatest security of a nation is when its mothers and daughters are educated, healthy and surviving. Domestic money from our natural resources must be reinvested back into the community.



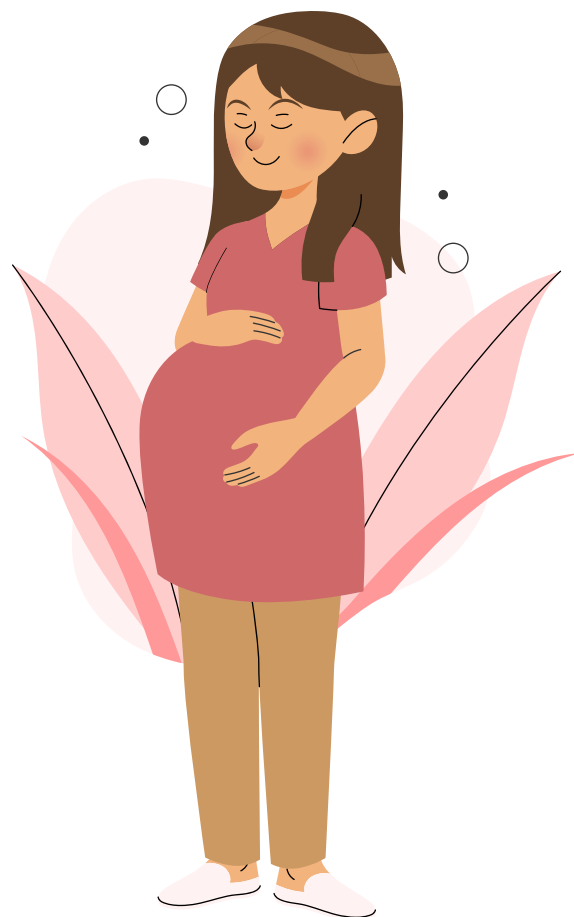
The greatest security of a nation is when its mothers and daughters are educated, healthy and surviving.

The key outcomes of these dialogues were:

1. The advocacy program on maternal death reduction in other African Countries should be evidence-based, equipped with data and backed up with lived experiences from the communities.
2. There is a need to harness a continental-wide advocacy plan and engage with regional bodies to share best practices among the member states.
3. The need to engage multi-stakeholders and multi-sectorial partners by presenting research findings that will inform new policies or policy reforms.



There is the need for government, private bodies and funding agencies to provide financial and technical support to willing and capable CSO's in other African countries to promote advocacy for maternal mortality reduction;



4.0. FOLLOW-UP FROM ALL DIALOGUES

The following were the actionable follow-ups from Nigeria, Senegal and the Regional dialogues held:

NIGERIA:

1. Demand for the speedy passage of MPDSR Bill in all States of Nigeria which will ultimately ensure Healthcare system strengthening across the Country.
2. The need to for the Government to coordinate and explore partnerships with TBAs, and maternal health stakeholders to establish or replicate programs that has proven to be successful in other parts of the country.

SENEGAL:

1. The Government to launch a new operational strategic plan with the support of technical and financial partners for accelerated reduction of maternal and neonatal mortality aiming at increasing progress towards achieving SDG3 by 2030;
2. Government to sign without delay the implementing order of the 2005 Law on

Reproductive Health and ensures the healthcare system reports regularly and in a reliable manner on basic indicators of maternal and neonatal health in compliance with the African Union guidelines. This will improve the number of maternal deaths reviewed in the country

AFRICA REGION

1. Other African countries should adopt the Advocacy Process and Methodology for Engaging Experts and Policymakers on Accelerating Maternal Mortality Reduction as implemented in Nigeria and Senegal and GIMAC Members should take it upon themselves to front and replicate this project in their countries
2. There is the need for government, private bodies and funding agencies to provide financial and technical support to willing and capable CSO's in other African countries to promote advocacy for maternal mortality reduction;

NEXT STEPS

Efforts are already in place to ensure the 2nd phase kick starts in the coming year. The next phase will ensure continuous Advocacy for Maternal Mortality Reduction in the other African States using the project implementation methodology adopted in this first phase. Also, the AUC will be engaged to get the buy-in and involvement of African Heads of state and appoint regional champions among the Heads of State to lead the fight against Maternal Mortality in Africa. See Appendix II for more information.

5.0. CONCLUSION



African States to attain the SDG goal by 2030 and achieve a meaningful result in improving maternal health across the board then resource mobilization, policy orientation and implementation strategy should be the focus of the continent.



From the dialogues, it was evident that maternal health is an essential component of healthy nations. The development of nations depends on healthy women and mothers. For African States to attain the SDG goal by 2030 and achieve a meaningful result in improving maternal health across the board then resource mobilization, policy orientation and implementation strategy should be the focus of the continent.

There is also the need to create synergy and leverage on funding opportunities in the area of maternal healthcare, the use of ICT to drive initiatives particularly on data generation and collation is very paramount.

One of the immediate opportunities for a policy win is to use the outcome document of the dialogue to engage the heads of States and get their buy-in to accelerate the passing of the necessary Bills in their states and strengthen the implementation process for the bill at the local level. It is expected and encouraged to replicate the project in other African countries.

APPENDIX I

PROJECT IMPLEMENTATION PROCESS

The following methods were used in the implementation process of the project:

5.1. Data and evidence gathering

- a. Baseline assessment of both country's (Senegal and Nigeria) Maternal Health Status were generated using the African Health Statistics Database (AHSTAT)
- b. Data generated included MMR, Post-Partum Coverage, Birth Attended by skilled health Personnel among others.
- c. Literature review was carried out to identify gaps, challenges and Interventions that have helped in reducing maternal death within the two countries
- d. Lived experiences of mothers, their close relatives and community members were harvested;
- e. These evidences were put together to generate an outcome document.

5.2. Advocacy Dialogues:

The outcome document and findings of 2.1 above were used as advocacy document to engage Maternal Health experts and policy makers in five (5) different virtual dialogues which were held in the first phase of this project. These dialogues were held in the following order:

- a. Two (2) country Maternal Mortality Reduction Experts' dialogues in Senegal and Nigeria;
- b. Two (2) Country Maternal Health Reduction Policy Makers Dialogues in Senegal and Nigeria;
- c. One (1) Regional dialogue on Maternal Mortality Reduction in Africa; These dialogues were strategically planned by:

These dialogues were strategically planned by:

Carefully selected experts and policymakers that are vast and working in the area of maternal health within the country.

- I. Professionals who are authorities in the field of Maternal Health were engaged to moderate the dialogues;
- II. Invitation letters and concept notes were drafted and sent to participants;

- III. Invitation letters were sent out at least 4 weeks before the meeting;
- IV. In-person follow-ups, courtesy visits, phone calls and email reminders were deployed to ensure an increase in positive responses and interest in the project;
- V. The virtual consultations were guided by the objectives of the dialogues and were strictly time-bound.
- VI. Weekly meetings with implementing structures and partners were held throughout the programme period for appropriate approaches and strategies.

APPENDIX II

NEXT STEPS

As we wrap up the 1st phase of this project, efforts are already in place to ensure the 2nd phase kick starts in the coming year.

The following activities have been outlined for the next year:

1. Develop activity workplan for phase 2;
2. Continuous documentation of maternal mortality lived experiences (real life stories) in Nigeria and Senegal;
3. Continue to engage in outcomes of dialogues in Nigeria and Senegal;
4. Supervising advocacy activities in Kenya, Zimbabwe etc;
5. Prepare and plan for the Advocacy dialogue with the Head of States which will be a side event at the AU High-Level Consultative Meeting in June 2021;
6. Collaborate with AUC Department of Social Affairs to liaise with embassies to the invitee and secure the participation of Head of States;
7. We can appoint regional Champions to lead the fight against MMR in the Africa Region. This Champions will be selected based on high or low performing countries.

