



MATERNAL AND NEONATAL HEALTH

Capability Statement

OUR APPROACH

VSO's work is unique. We achieve greater and sustainable development impact through the power of volunteering. Volunteering provides the foundation for systemic and sustainable change, through a focus on inclusion, participation, empowerment, social action, ownership and accountability. We enable people, and, in turn, their organisations and communities, to play a central role in development.

VSO has a relational volunteering model, which demonstrates how we are able to achieve a lasting impact. This model of working through different forms of adaptive volunteering distinguishes us from other organisations fighting poverty; unique because it carries an 'accompaniment' process of training, mentoring and coaching that empowers beneficiaries, or primary actors, as VSO chooses to call them, to make meaningful and lasting choices and enabling partners to build up capacity. It mobilises volunteers of varied competencies to work at all levels, from grassroots to policy development, in one collective action.

Last year, working in conjunction with communities, local non-governmental organisations, host country government agencies and policymakers, our programmes reached over 2 million people in 24 countries across Africa and Asia-Pacific in the sectors of Health, Education and Livelihoods.

MATERNAL AND NEONATAL HEALTH PROGRAMMING

Around the world, people are suffering needlessly due to a lack of quality health services, keeping them trapped in a cycle of poverty. VSO works with health service users, communities and governments to improve health services, focusing on the areas of maternal and newborn health, and adolescent and youth sexual and reproductive health and rights. Last year our health programmes **helped over 1,336,000 people access the quality healthcare they deserve, working with 101 partners in 15 countries¹.**

Each year, over 2.6 million babies die within the first 28 days of life and there are over 280,000 maternal deaths. Most of these deaths occur in developing countries from preventable causes. In response to this problem, VSO works in **communities and health facilities to train health workers** in clinical skills such as newborn care and resuscitation, and care for **pregnant women and newly delivered mothers**, to improve MNH service management, quality and accessibility, and to promote low-cost, high-impact healthcare technology and practice.

Where VSO has supported the development of improved neonatal intensive care units, newborn death

¹ Bangladesh, Ethiopia, Lesotho, Malawi, Mozambique, Myanmar, Nepal, Pakistan, Rwanda, Sierra Leone, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

rates dropped up to 40% in partner hospitals in Ethiopia, Myanmar, Tanzania and Uganda.

In Ethiopia, the development of maternity waiting homes (MWH) has enabled pregnant women to access specialised support before, during and after delivery. In Tanzania and Sierra Leone, VSO has worked with General Electric to make essential V-scan technology available to poorer pregnant women. In Sierra Leone, Tanzania and Uganda, VSO supports communities to demand better access to maternal and newborn healthcare, increasing referrals to specialist care facilities and reducing the number of risky unattended home births.

Through these interventions, the quality of services has been improved, as evidenced by a reduction in neonatal mortality in health facilities, safer delivery for mothers experiencing complicated pregnancies and increased demand for maternal and newborn clinical services amongst primary actors.

OUR MATERNAL AND NEONATAL HEALTH PROGRAMMES

Saving New Born Lives in Tanzania (DFID 2015-2018)

VSO's Accelerated Care and Treatment (ACT) project has improved healthcare for pregnant women, mothers and newborns. This project has established and continues to support seven NICUs in hospitals serving hard to reach areas in the Mtwara and Lindi districts. These are equipped with easy to-use, low-cost but effective technology, such as portable ultrasound machines, pulse oximeters, baby warmers, phototherapy units and oxygen concentrators

“Before the NICU the doctors focused on the mothers – there was no proper care for babies, but after the establishment of the NICU there was proper care and training.”

NICU nurse

Training delivered by VSO clinical volunteers improved the MNH skills of 637 hospital healthcare workers and 886 community health workers.

“Now we can save the lives of babies. When I came into the NICU I had no knowledge of new born care.”

Head Nurse, NICU

VSO volunteers introduced a simple yet highly effective neonatal triage checklist (NTC), translated into Swahili, used to enable front line healthcare workers to assess the condition of newborns and make rapid referrals to specialist care when identified as needed.

“The NTC has made a difference. It has really helped staff to know the health of a baby.”

Assistant medical officer

Portable V-scans have been introduced and health workers have been trained in their use, to enable improved pregnancy screening to take place in communities.

VSO was the first organisation to support the provision of these services in these regions: before ACT, such interventions didn't exist. Over the period of the project thus far antenatal visits have increased from 45% to 75%, facility-based delivery has increased from 64% to 90%, while the time for identifying and managing complications at community level and referring patients to NICUs has decreased. A comparison of relative data shows that the newborn death rate has dropped by 37% since 2013.

Neonatal Intensive Care Unit, Ethiopia (Irish Aid, UNICEF, The Pharo Foundation, Vodacom 2012 - 2017)

Since 2012, VSO has been working in Ethiopia to support the formalised training of nurses and health managers, alongside day-to-day on-the-job mentoring and coaching. This has taken place across 42 Neonatal Intensive Care Units (NICU), four High Dependency Units (HDU), three MWHs and four new born corners. Recent evaluations show a reduction in institutional neonatal mortality by 50% across all hospitals. In, Melka Oda hospital in the Oromia region, the referral rate of sick newborns has dropped from 90% to 7.7%, following the establishment of a NICU which now provides specialist intensive care services on site that were previously unavailable.

There has also been an increased registration of pregnant women and an increased number of women giving birth at health centres. For example, in the Bullen and Dubati districts, home deliveries have reduced by 37% and 50%, respectively.

At the community level, VSO has worked with local civil society organisations to challenge traditional harmful beliefs around maternal and neonatal health (MNH) – for example, the belief that it is a sign of weakness to deliver a baby in a hospital – and to support the development of improved community understanding about the importance of pre-natal and

² Outcome of the pilot project of mainstreaming MNCH services into Ebola response. Data analysed for three months before the intervention and during the intervention in 7 districts, out of which 5 showed excellent results as per HMIS data.



Hospital in Ethiopia

post-natal checks. This has led to a reduction in the number of home births and an increase in the number of people making use of MNH services.

Sierra Leone Ebola Response (DFID, Emergency Appeal 2014 – 2016)

During the Ebola Virus Disease (EVD) outbreak, VSO worked with local Civil Society Organisation (CSO) partners, the Ministry of Health and the Sanitation and the Liverpool School of Tropical Medicine (LSTM), in order to reduce the impact of the devastating disease on pregnant women and their children.

During the emergency, VSO national volunteers trained lead social mobilisers and female health workers on Ebola awareness and the importance of women continuing to deliver their babies at health facilities despite the outbreak, organised community meetings in all 14 districts, distributed Personal Protective Equipment (PPE) kits to 50 health facilities in five districts, rehabilitated 28 water wells and trained Water, Sanitation and Hygiene (WASH) committees on the importance of hygiene and sanitation to reduce the spread of the virus.

From these interventions, there was a 10% increase in women delivering their babies at health facilities and a 12% increase in those accessing maternal health services (measured by women who had three or more antenatal checkups) in those highly-affected districts reached by the programme².

Research also revealed improved hygiene and better sanitation behaviours and practices among communities and at health facilities, as well as improved access to clean and safe water for five health facilities, three schools and 20 communities.

Following training, local partners – the District Health Management Team, CSOs and the Government's Health Education Directorate – built their capacity

to lead Ebola sensitisation and awareness-creation efforts. Consequently, this increased knowledge on the prevention and spread of EVD in target communities.

In association with WaterAid and the LSTM, VSO undertook research to assess the impact of Ebola on rates of access to routine maternal and child health services, and investigated the effects of the Ebola crisis on the stress levels of health workers working in emergency obstetric care centres during the outbreak and how to address these. The results helped to provide evidence for developing future post Ebola health strategies

Maternal health Myanmar (DFID 2015-2016)

Through the Improving Safe Delivery and Health Management in Local Townships project, funded through the VSO strategic fund (2015-2016), two technical advisers with backgrounds in public health service management and midwifery worked in the Yaenanchaung and Nutmauk areas in Magway, building the technical skills of midwives to ensure safe delivery, engaging in community outreach with local maternal and child health organisations, and conducting health systems trainings with township health staff.

The VSO international volunteers delivered training to 111 midwives, 60 auxiliary midwives and 47 township health department staff, and distributed 170 delivery kits to all the midwives and auxiliary midwives, after completing their refresher training course. Maternal, neonatal and child health centres, the township health department and the rural health centre were supported with essential equipment such as medicine shelves and cupboards, a water tank and running water systems. The midwives, tutored by VSO advisers, reported improved skills in clinical, antenatal and postnatal care. There is evidence of improvements in data and management of medicines, referral processes and increased safe delivery in the rural health facilities.

MAIN PARTNERS AND PAST PERFORMANCE LIST

Project Name	Country	Donor	Duration	Amount
Accelerated healthcare and treatment for mothers and neonates in Tanzania (ACT): Human development Innovation Fund (HDIF) (via GRM)	Tanzania	Department for International Development	2015-2018	£399,989
Volunteer Initiative - Health Component	Uganda	Irish Aid	2017-2020	£440,219
Saving Lives	Sierra Leone	DFID	2017-2019	£1,427,318
Pre-service Midwifery Training	Myanmar	United Nations Office for Project Services	2015-2016	£126,706
VOICE Project (Maternal and Newborn Project)	Tanzania	Global Affairs Canada	2015-2019	£113,924

Logos of main donors and international/local partners



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