

Pathways

A Publication of Pathfinder International Spring 2012

Delivering Results
Why Skilled Health
Care Providers are
Critical at Every Level

 **Pathfinder**
INTERNATIONAL
a global leader in reproductive health

Across the Continuum of Care

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Health care providers wield enormous influence. The outcomes Pathfinder seeks—universal access to contraception, fewer women dying in childbirth, and lives improved through HIV and AIDS services—cannot be achieved without them.

Yet, developing countries continue to suffer from a lack of skilled providers and a host of systemic obstacles that keep women, men, and young people from being able to access the health services they need.

It is a crisis in human resources, one that Pathfinder is committed to addressing. For more than 50 years, in some of the world's poorest, most underserved communities, Pathfinder has built the capacity of providers to deliver quality sexual and reproductive health services. This means the transfer of skills and knowledge to local professionals at every level, including doctors, nurses, midwives, and community health workers. Pathfinder is involved throughout the process—from the creation of original curricula to the provision of supportive supervision—to ensure health workers can deliver quality services in facilities and communities, now and into the future.

In just three years, Pathfinder projects trained 32,131 facility-based providers and 6,343 trainers to deliver critical services in a range of areas, including contraception; HIV and AIDS prevention, care, and treatment; abortion and postabortion care; maternal and newborn health; and sexual and reproductive health services for young people.

While these numbers are important, they represent just one part of Pathfinder's efforts to make health care services more accessible and effective.

Beyond Training

How can a nurse deliver family planning services if the contraceptives her clients want are out of stock? How can a doctor treat an obstetric emergency, if a hemorrhaging mother cannot reach the health facility because she has no way to get there? And how can we, in the global health community, expect to see the successes of local providers scaled-up, to reach more women who want and need services, without adequate funds or policies for sexual and reproductive health and rights?

That is why when Pathfinder trains providers, we also strengthen health systems by collaborating with in-country stakeholders to help them achieve their desired health outcomes.

Scaling Up Efforts to Save Mothers' Lives:

Addressing Postpartum Hemorrhage in India and Nigeria

The World Health Organization estimates that approximately 41 women die every hour from preventable complications of pregnancy and childbirth. Over 99 percent of these deaths occur in developing countries where skilled health care providers, quality facilities, and adequate transportation systems are largely unavailable.

Postpartum hemorrhage—severe bleeding after childbirth—is the most common cause of maternal mortality. If untreated, a woman can die within two hours. Yet, with appropriate skills, care, supplies, community awareness, and transport systems, postpartum hemorrhage can be prevented and managed.

In 2007, Pathfinder began implementing the project, Continuum of Care: Addressing Postpartum Hemorrhage in India and Nigeria, supported by the John D. and Catherine T. MacArthur Foundation. The project empowers key players—community members, local health care providers, and governments—to prevent, identify, and manage postpartum hemorrhage.

Empowering Providers with Tools for Prevention

Today, across four states in India and seven in Nigeria, Pathfinder strengthens the skills of health care providers. In communities, where poor women are likely to give birth at home, and in facilities, where women are treated for complications, Pathfinder trains providers to employ innovative technologies and under-used clinical practices.

For example, when the project began in India, even the most experienced professionals expressed ambivalence towards Active Management of Third Stage of Labor (AMTSL), a three-step process used to prevent postpartum hemorrhage. "Many providers were not practicing it, or were skipping steps. Those that believed they were performing it correctly, were not," said Dr. Sudhir Maknikar, Pathfinder India's Project Leader. "But we knew that if they used AMTSL persistently and appropriately, they could help prevent most postpartum hemorrhage from ever occurring. Just think of the difference that could make."

INDIA: Simon deTrey White



NIGERIA: Akintunde Akinyele



Pathfinder worked closely with Indian providers—especially influential senior professors from medical colleges—to build their skills in AMTSL. The results were encouraging. Of 798 deliveries observed by Pathfinder supervisors in 2011, the majority of providers followed complete AMTSL practices (71%).

From Home to Hospital

Unfortunately, women need more than clinical interventions to break the cultural, economic, and infrastructure barriers to care. For example, lack of



"In just two years, so much has been accomplished. Because we were strategic—partnering with the government to strengthen national health systems rather than imposing additional burdens on them—the government is scaling-up our work. So today, in project areas, there are trained professionals at every level of the health system. I cannot overstate how important this is for women."

—DR. REMA NANDA, Pathfinder India Country Representative

transportation can cause a perilous delay for a woman with postpartum hemorrhage. With each passing second, she loses more blood and is at greater risk of life-threatening shock. Whether she has given birth at home or in a local health center, she urgently needs to be taken to a higher-level health facility, where trained providers can offer definitive treatment, such as a blood transfusion and surgery.

But what if her husband does not have money to pay for a ride, or what if the hospital is too far away, with no roads to get there?

In Nigeria, where approximately two out of every three births occur at home, project staff sensitize community members, including religious leaders and traditional birth attendants, to address this issue head on. "We educate women on birth preparedness," said Dr. Farouk Jega, Pathfinder Nigeria's Project Leader and newly appointed Country Representative. "That includes making sure they know

In Nigeria, a nurse measures vital signs of a woman wearing a non-pneumatic anti-shock garment—one of the project's innovative technologies. The garment is used to stabilize a woman in shock, and buy her time, while she waits for blood replacement and/or emergency obstetric care.



Partnering for Greater Impact

The project's achievements have not gone unnoticed. Intense advocacy efforts have encouraged government buy-in and scale-up in both India and Nigeria. The following examples speak to Pathfinder's commitment to in-country collaboration and sustainability. To have the greatest long-term impact on the health of mothers, the project:

- Partnered with the Nursing and Midwifery Council of Nigeria to incorporate Pathfinder's continuum of care model into the teaching curriculum at 88 midwifery schools, ensuring that newly trained midwives have the skills to prevent and manage postpartum hemorrhage.
- Collaborated with the National Blood Transfusion Service to improve the supply of blood in project facilities, which has been a critical barrier to timely care for women who need transfusions.
- Supplied hospital equipment and infection prevention training and materials to all facilities in Nigeria's seven project states.
- Established a "Joint Supervision System," in India, through which Pathfinder staff and government officials team up to conduct regular, monthly monitoring visits to health facilities.
- Streamlined procurement systems to ensure the availability of essential supplies, including drugs used to help manage postpartum hemorrhage, for the women who need them.

the danger signs of pregnancy and have emergency plans in place, like determining who will donate blood or who has agreed to take them to a hospital. And we've done more than that. We've worked with communities to put entire transport systems in place."

In four Nigerian states, project staff and community members jointly established transportation systems in 32 communities. "The remarkable thing is that they are context specific. Communities determine what works best for their setting. Some use tricycles, some motorbikes. Another community has partnered with the police to use its patrol van to transport women." By December 2011, newly formed systems had brought 409 women with pregnancy or labor complications to nearby facilities for urgent care.

Learn more about Pathfinder's continuum of care model and our efforts to address postpartum hemorrhage at www.pathfinder.org/pph

- **Signed agreements with three state governments in India which will ensure that the pool of personnel—trained to deliver quality care that prevents and manages postpartum hemorrhage—will expand exponentially in the future .**
- **Incorporated the second highest contributor to maternal mortality—pre-eclampsia / eclampsia—into services in both countries. Thus, the two major causes of maternal mortality are now being effectively addressed as part of the continuum of care.**

Family Planning Success

Twenty years ago, few women in Ethiopia used family planning. In 1990, the contraceptive prevalence rate was a mere three percent and it took another ten years to reach eight percent. For women, this had dire consequences—high fertility rates and the fifth highest maternal mortality rate in the world.

Today, thanks to a strong investment from the government of Ethiopia; skillful mobilization of donor resources; a strong collaboration with local civil society organizations, the private sector, and international nonprofits like Pathfinder, there has been a tremendous shift in the use of contraception.

Newly released, preliminary data from the 2011 Ethiopian Demographic and Health Survey show that the contraceptive prevalence rate in Ethiopia has increased to 29 percent. This makes Ethiopia one of only three countries to document a percentage change of this magnitude.

A closer look at these results shows something else—a marked increase in the use of contraceptive implants,

specifically Implanon, a contraceptive implant that protects against pregnancy for three years. This increase is a testament to the Integrated Family Health Program, led by Pathfinder and John Snow, Inc., in partnership with the Consortium of Reproductive Health Associations. Since 2009, this program has promoted an integrated model for strengthening maternal and child health, family planning, and reproductive health services for rural and underserved populations. Because Pathfinder and our partners have made it possible for more than 6,500 community-based health extension workers to directly provide Implanon—a role traditionally limited to higher level medical providers—women can now access this popular contraceptive in their communities for the very first time.

And the results are notable. With conservative estimates for Implanon distribution through the scale-up at 399,395, Pathfinder estimates that the program may have contributed to as much as 69 percent of the increase in implant use documented in the 2011 Ethiopian Demographic and Health Survey.

Learn more about this progress and read Pathfinder's recommendations for the future at www.pathfinder.org/scale-up

ETHIOPIA: Mengistu Asnake



During their five-day training, health extension workers practice Implanon insertion on a model arm.

Sustaining Progress for Women in Peru

In 2010, Peru's contraceptive prevalence rate reached an unprecedented 50.1 percent—clear evidence of the success of Peru's family planning programs. Unfortunately, news of the increase led donors to decrease their funding, believing their money would be better spent elsewhere.

Yet, considerable unmet need remained, especially in remote highland regions where women still could not access contraceptive services. Something had to be done to reach these women and ensure that the remarkable progress in Peru would be sustained.

Since 1980, Pathfinder has worked with Peru's public and private health sectors to establish, expand, and improve the quality of sexual and reproductive health care. "Pathfinder's work in family planning has been especially important," said Dr. Miguel Gutiérrez, Pathfinder Peru Country Representative. "We've worked closely with the Ministry of Health to build the skills of providers and strengthen their training systems."

In public hospitals, Pathfinder partners with the government to expand teaching capacity—setting up training rooms, developing curricula, and organizing ongoing practicums.

"We led the program that established Peru's national accreditation and recertification system." This comprehensive system for accrediting schools and facilities that train and recertify medical professions, "ensures that their knowledge and skills are up-to-date," Dr. Gutierrez said. "These efforts, along with our numerous family planning services, have contributed to something remarkable."

Today, more women are planning their pregnancies and choosing the size of their families. Thanks to enormous strides made in the country's

public sector and improved access to reproductive health services, the fertility rate in Peru decreased dramatically—from 6.5 births per woman in 1969 to 2.6 in 2009. This 40-year effort was hard won. "When foreign aid for family planning decreased, the government of Peru took a lead role, assuming the purchase of contraceptives," Dr. Gutiérrez said. "But it did not take over the training of professionals, so Pathfinder helps to train them."

Because all women have the right to choose if, when, and how many children to have, Pathfinder looks for opportunities to build the capacity of providers to deliver quality contraceptive services.

"We provide permanent technical assistance on family planning by serving on the National Health Strategy on Sexual Reproductive Health advisory team," Dr. Gutiérrez said. "And this is

critical—we integrate family planning into all of our postabortion projects."

Peru's culture is highly conservative, with strong legal and policy restrictions against abortion. Nonetheless, an estimated 425,000 clandestine abortions are performed annually*, often putting a woman's life or health at risk. Responding to this critical need, Pathfinder collaborates with the government and medical leaders to ensure women have access to life-saving services to manage complications from unsafe abortions. Always, this includes immediate contraceptive services to help women prevent future unwanted pregnancies.

"Pathfinder directly supports 25 hospitals across the country. Since 1993, we've trained close to 900 doctors, nurses, and midwives in comprehensive postabortion care. Moreover, by training trainers, we've enabled the Ministry of Health to expand its postabortion care program to more than 100 facilities across the country," said Dr. Gutierrez. "This means more women can access the comprehensive services they need—including family planning—and that Peru's progress over the last forty years can continue."



PERU: Karl Grobl

*Data last collected in 2006

Dear Pathfinders,

This is my first month at Pathfinder, and I must admit to being touched by your warm welcome to this extraordinary organization. Thank you for your questions, and for telling me why you care so much about Pathfinder. Your perspective is invaluable.

The theme of this issue of *Pathways*—building the capacity of health care providers—is of critical importance.

From my nearly forty years in this field, my direct experience in training health care providers on HIV and communication, and my personal experience as a health care beneficiary, I believe that providers



play a vital role in delivering results for health. Often, despite limited infrastructure, poor working conditions, and heavy workloads, they do phenomenal work.

I have personally always felt fortunate to have benefitted from excellent health care providers. Yet, the quality care they can provide is not always the standard. I have seen this repeatedly in many countries where I have lived or traveled. A personal story will illustrate what I mean.

When my first child's expected date of birth was overdue, at my doctor's advice, I went to the hospital early in the morning on a Saturday to receive the medication necessary to induce labor. Hour after hour, when labor pains began, I tried to push, but no sign of the baby. By evening, I was exhausted. It appeared that one of the issues was that my water hadn't broken. However, none of the health care providers on duty bothered to tell me what was happening or how they planned to proceed. After all, what does a patient understand? And it was their call to act, anyway.

A doctor arrived and said he was just going to examine me to see how much the cervix was dilated. But that's not all he did. His examination was extremely painful; he was, in fact, forcing my water to break. And I screamed. In fact, I screamed for the first time that day. I screamed in pain, in anger. Most of all, I screamed in surprise at what the doctor had done, to which he replied, "Why are you screaming? I'm doing my job. You don't need to fuss so much." My mother, who was by my side, did not hesitate. She looked him straight in the eye and said, "It's her body, her baby. The least you could have done was alert her as to what you were doing. Doesn't she have a right to know?"

I've never forgotten that experience or how providers' care can affect

their clients. I know I am not alone. Clients of health care—especially the most marginalized—often get treated without compassion or without consideration of their rights. And women, who are consistently the most marginalized of populations in most parts of the world, do not get the respect and compassion they deserve as recipients of health care. No wonder women still experience needless difficulties during childbirth, and their rights are ignored throughout their lives, when making decisions about their bodies.

Today, in developing countries, Pathfinder is working to change this situation.

Within these pages, you can see just a few of the ways we are building the capacity of local providers, incredible professionals on whom our success depends. We are empowering them—with skills and knowledge, and a supportive environment—so that they can improve their clients' health and lives. After all, it's what they set out to do when they took on this caring profession.

Warm regards,

Purnima Mane, PhD
President

PS—For those of you interested in reading my responses to questions supporters have asked over the last month, please visit www.pathfinder.org/share

The Gift of Empowerment

"I would like to see women everywhere empowered to take charge of their lives, and this begins with their taking charge of their own sexual and reproductive health."

—CARIN BROWN, Pathfinder supporter for 13 years

Carin Brown has a vision, and she believes her philanthropy and Pathfinder can make it happen.

This is a vision born of experience. As a young woman in the Peace Corps, working in a small village in Punjab; then as an Ob/Gyn in Washington, DC; and finally as Assistant Medical Director of Planned Parenthood of Maryland, Carin has dedicated herself to making the world a better place for women. When her parents introduced her to Pathfinder, she found an organization that shared her commitment to engaging communities and health care providers in long-term dialogue and problem solving.

"My parents were particularly interested in organizations that empower individuals and communities to take informed and compassionate action in the areas of reproductive health and the environment," Carin said. "Pathfinder met their criteria of a well-run, effective organization. And they liked the model Pathfinder used—partnering with and training people from the communities in which they work."

As a retired Ob/Gyn and long-time Pathfinder donor, Carin sees this hallmark of Pathfinder's work as a

force for lasting change. "Pathfinder collaborates with in-country doctors and trains women from the communities where they have programs. It takes a willingness to work within the context of the country." And a willingness to learn from each other. "Education means education both for the community and the organization that is involved."



Pathfinder supporter Carin Brown with her son, Joshua, in Tibet

Today, when Carin makes a gift to Pathfinder, she changes women's lives, so they can forge a better future for themselves, and maybe even change the world. "I am committed to the idea that women and men should have control over their own reproductive lives, and this means helping them gain the knowledge and the tools to do so."

Pathways

www.pathfinder.org



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