

Saving mothers in Ngami Health District

25 June
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Front row (L-R): Dr Malebogo Kebabonye, DHMT Head Ngami District, Ms Mareledi Segotso, UNFPA Botswana Assistant Representative, Ms Ruth Maphorisa, Permanent Secretary Ministry of Health and Wellness, Dr Martins Ovberedjo, WHO Botswana Country Representative and Ms Eva Lephirimile, Maternal Mortality Reduction Initiative Coordinator with members of local leadership, DHMT leadership team and Ministry of Health and Wellness leadership.

Reaching the dream of zero preventable maternal deaths

“We are here to celebrate a district that has shown that the dream of zero preventable maternal deaths is possible,” praised Ms Mareledi Segotso, UNFPA Botswana Assistant Representative at the dissemination of the Ngami health district experience in reducing maternal mortality held on 25 June in Maun.

As a district which previously had the highest number of

maternal deaths in the country, nine deaths at their peak in 2016, Ngami health district achieved drastic reduction in maternal deaths with only 2 recorded deaths in 2018. To facilitate sharing evidence-based practices for reducing preventable maternal deaths, UNFPA supported the Ministry of Health and Wellness to document the interventions that were instrumental to the drastic reduction. Permanent

Secretary Ministry of Health and Wellness Ms Ruth Maphorisa congratulated the district for its deliberate action in identifying and implementing a focused response plan. She also emphasized the importance of individual leadership and using efficiently the resource available.

Ms Eva Lephirimile, Maternal Mortality Reduction Initiative Coordinator highlighted their

success factors which included: engaging with communities as information sources and potential change drivers, utilization of data for decision making, challenging and replacing practices that are no longer served patients and being courageous and focused in the achievement of maternal deaths reduction.

Ms Maphorisa also chal-

lenged other districts to reflect on their contribution to the national maternal mortality rates and to visit to learn from Ngami health district 'what works'.

Among upper-middle countries, Botswana has the ninth highest maternal mortality ratio at 143.2 deaths per 100 000 live births (2017).

Botswana has set Maternal

Mortality Rate targets of 54 deaths per 100 000 live births by 2030 and intermediate target of 71 deaths per 100 000 live births by 2025.

Communities as drivers of change

"Before we knew the 'women in white' as those who work only in the clinic, but now we have a nurse who is known and seen beyond just the clinic." stated Ms Prisca Kaiko, Village Development Chairperson for Boseja Kubung ward reflecting on the increased community engagement by health workers in her community.

Community engagements through kgotla meetings (social gatherings) in Maun and surrounding villages was highlighted as one the success factors in the reduction of preventable maternal deaths in the Ngami health district. Ms Kaiko shared her appreciation of the dedication and the passion of the nurses who educate them on maternal health. Ms Kaiko noted that as result of community education on the importance of registering early for ante natal care early, women in Boseja Kubung, especially young women, no long hide their pregnancies but rather seek the necessary medical attention. She also shared that women no longer give birth at home as the community trust and value the care at the facilities.

Ms Eva Lephirimile, Maternal Mortality Reduction Initiative Coordinator for Ngami health district, encourages other districts to not only engage with communities to educate them but also recognise them a source of information for a targeted health care response.



Ms Prisca Kaiko, Village Development Chairperson for Boseja Kubung,

"Go back and listen to your communities. They will tell you things you don't know, they will tell you things you have never seen, learn to listen."

Although great progress has been made in including communities in the reduction of maternal deaths, Ms Kaiko emphasized more needs to be done to reach the women who live on homesteads in rural areas. Here, Ms Kaiko says she and the Village Development Committee stand ready to assist, delivering critical information to the women in hard to reach areas as they are more likely to give birth at home. "The moment you've been given information you are transformed in the way you do things," she concluded.



Education to facilitate participation



Gaelebale Tayopa demonstrating how she assisted women to give birth.

Ms Gaelebale Tayopo was only a teenager when she delivered her first child, her little sister in 1993. She later delivered all four of her own children. For over twenty years she assisted women deliver their babies at home, initially because the health facilities were few and often far away. It was only after attending workshops for traditional birth attendants that she appreciated that although she wanted to help, many a

time she was putting pregnant women at risk.

Understanding that traditional birth attendants like Ms Tayopa are critical for their role in reducing preventable deaths, Ngami health district held workshops for traditional birth attendants to learn about their practices, some of which increase the possibility of maternal complications, and provide them with the correct information and skills.

Ms Tayopa now works with the local clinic in her village to encourage women to register for ante natal care early. “Before we had a lot of women who registered for ante natal care late. Now when I see a pregnant woman, I ask her if she has registered and because I work with the clinic I can ask the nurses if they have indeed registered the pregnancy. If they haven’t I go back to them to encourage them to do so.”

Although Ms Tayopa no longer delivers babies, general nurses at Kareng Clinic sometimes rely on her to assist in emergencies to stabilize the mother and accompany her to a bigger clinic.



“No woman should die giving life”



What worked in Ngami Health District



1. **Strong leadership**, governance and accountability mechanisms are the driving force behind a successful implementation of improvement ideas.
2. A **dedicated focal person** is critical for success, ensures follow up, mentorship and supportive supervision to health facilities.
3. **Data analysis, interpretation and use** is critical to evidence-based decision making at all levels, improving response and motivation of service providers.
4. **Team work** with strong accountability is key for an effective obstetric emergency response, hence reducing maternal death.
5. **Community engagement** is central to building a knowledgeable community that takes responsibility for adoption of good practices including health seeking behaviour (early ante natal care registration, institution-based deliveries)
6. An **action oriented and time bound response plan** whose implementation is closely monitored yields positive results
7. Continuous **process reengineering**, throwing away routines, embracing 'what works' at every service point.

