Improving maternal and child health in the urban contexts: Challenges and strategies

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Status of women and children

• Over two-thirds population - most vulnerable to disease and death but least serviced

• High social differentials of MCH status, health risk, access to quality care - moreover in urban slums
  - Maternal health burden [post partum debilitating conditions (early depletion), continuous cycles of pregnancy (high parity), anemia and malnutrition, and the heavy work load
  - Lead to premature aging, disease, and early death
  - Considerable adverse effect on fetus and dependent children, and her household economic status – motherless children

• Negative social and health implications to families and the future generation

• Unmet needs – the above MC mortalities and morbidities are preventable and curable with the existing health technologies

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Causes of deaths

Medical causes:

• Maternal (Hemorrhage 25%; Sepsis/ infections 15%; Unsafe abortions 13%; Hypertensive disorders 12%; Obstructive labor 8%; Anemia related, indirect causes 8%)
• Neonatal deaths: Asphyxia; LBW; tetanus neonatorum
• Child deaths: ARI, diarrhea, malnutrition

Social causes

• Health system, programs, services
• Environment, sanitations
• Social, cultural, political
MCH Goal and Objectives

• **Healthy women and children**
  • Health is a complete physical, mental and social well-being state and not only absence of disease or ailment
  • Healthy children need healthy mothers

• **Enhanced survival, reduced morbidity and disability, and improved nutritional status**

• **Improved health behaviors and MCH care seeking treatment** – feeding, physical activities, psycho-social development

• **Enhanced MCH care coverage, quality, and sustainability**

• **Improved environmental health and sanitation living conditions**
MCH Services

• Refers to **promotive, preventive, curative and rehabilitative health care** for mothers and children – organized efforts, part of health programs

• Major component of MCH services
  - Provision of quality ANC, delivery care, PNC, and FP services
  - Prevention and treatment of STIs/HIV/AIDS, malaria, TB
  - Immunization
  - Growth monitoring Well baby clinic
  - Sick baby clinic
  - Nutrition Rehabilitation Clinic (NRC)
  - Nutrition counseling and health education
  - School health education
  - Adolescent health services
Provision of MCH care

Objectives and principles

• Services to meet the needs of women and children
• Inform what services and how to obtain services (in and out patients, including payment and subsidized payments)
• Gain support and resources to manage services
• Establish rational but clients’ affordable health insurance/payments
• Have adequate competent health providers and community health workers
• Have adequate facilities, medical equipment and medicines
• Vertical and horizontal integration and networking with other related health facilities and institutions
• System of service monitoring and evaluation: data recording – services, health history, family risk factors

Understanding

• What women and children needs and issues
• List/map of MCH health facilities and the services provided
• Partnership with privates/donors, supports from specialists/professionals
• Mechanics of health care financing
• Health organization and service managements
Common MCH indicators

• PMR, NMR, PNMR, IMR, CMR, MMR
• TFR
• LBW – small baby for date, premature
• Service coverage – ANC, EPI, institutional delivery
  • **Service quality** – waiting time, counseling, rational treatment, household follow up, etc.
MCH Monitoring and Evaluation and Research

• Should become part of MCH program
• Data recording and reporting – dashboard data displays to inform providers and users
• Managing, monitoring, and correcting coverage, quality and sustainability of services
• Operations research to guide quality of care improvements
• Periodic mapping of MCH (targeted populations and quality MCH facilities)
MCH status and care challenges in urban contexts

• **Growth urban slums** – large populations, overcrowding, unemployment, poverty, movements, lack infrastructure

• Common family structure: nuclear families, single males

• **Unhealthy life styles** (smoking, drinking, illicit drug use, unhealthy feeding and exercises - stress, mental illness; High crimes

• **Degraded environment and sanitation** – unhealthy housing, waste disposal problems, lack of basic amenities, unsafe drinking water, etc.

• Increased risk of communicable and non-communicable diseases
MCH operational challenges

• Inequitable distribution of health facilities
• Lack of MCH infra structure, lack of coordination between health facilities
• Connecting household to health facilities – distant of first point contact – lack outreach system
• Lack standard of basic amenities – safe drinking water and sanitation, housing and waste disposal system
• Inactive/ lack of slum level organizations
• Less promotion and preventive services
• Erratic funding
• The health system accountability
Strategies: ensuring continued quality of MCH services

- Number and distribution of quality MCH facilities – appropriated to population size and distribution
- **Service integration**: case management, continuum of care, referral
- Effective, friendly services: not waiting too long, standard care
- Tele services/ counseling
- **Evidence-based and targeted IEC and advocacy activities**
- Adequate medical equipment, medicines; skilled, competent providers
- Standardized healthy-hygienic environment and sanitations
- Vertical and horizontal networking of health facilities/ organizations
- **Partnerships with donor agencies, private companies, professional organizations**
- Active MCH Committee
- Supporting laws and regulations for effective, quality services
• Thank you