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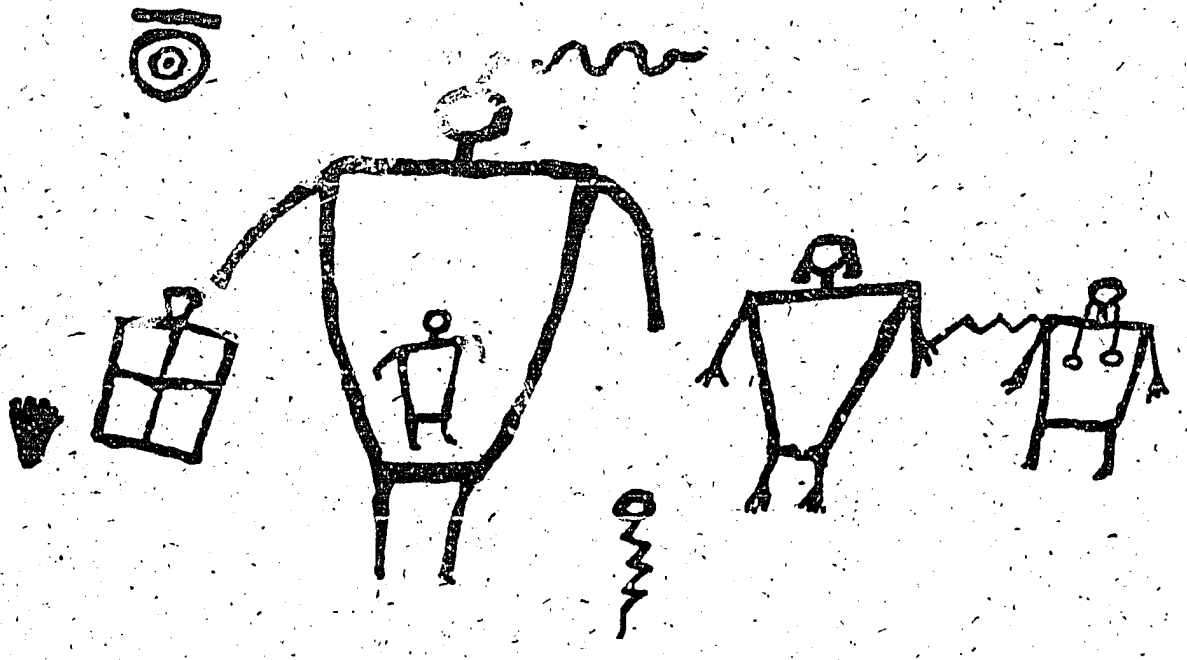
Mothers & Child Survival



1992 PVO Child Survival Lessons Learned Conference

The 1992 PVO Maternal Health Lessons Learned Conference, held June 8 - 12, in Shiprock, New Mexico, was organized by the PVO Child Survival Support Program of The Johns Hopkins University, School of Hygiene and Public Health/Institute for International Programs, and was carried out under Cooperative Agreement # PDC-0526-A-00-6186-00 with the Agency for International Development, Bureau for Food and Humanitarian Assistance, Office of Private and Voluntary Cooperation.

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The Conference Organizing Team
PVO Child Survival Support Program
Institute for International Programs
The Johns Hopkins University
School of Hygiene and Public Health

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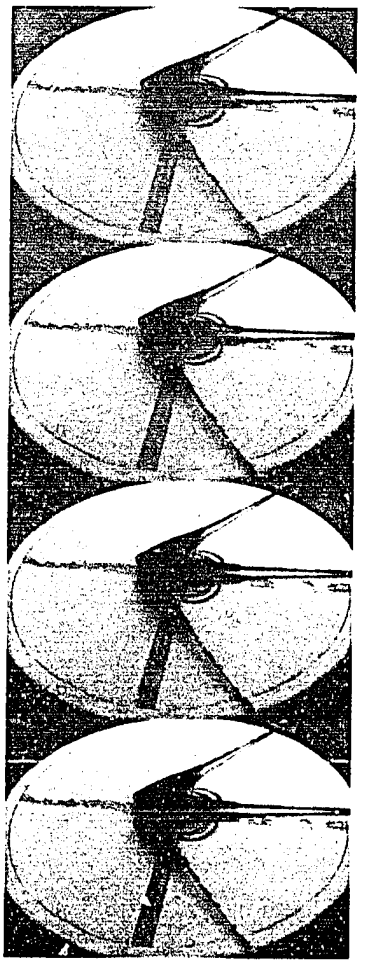

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Introduction

"I believe the hands that rock the cradle will rule the world; but if those hands are not strong enough, how can they rule the world?"

Dr. Lalita Edwards, India

Since 1985, USAID has committed more than $1.2 billion to the Child Survival Program. In partnership with national governments, international agencies, public health institutions and private voluntary organizations, the program aims to improve the health of the children of developing countries, so that they may flourish as their countries develop, and be ready to assume the responsibilities and the benefits of the future.

There is a critical relationship between child survival and maternal health. The UN World Summit for Children acknowledged this relationship when it included among its goals the right of women to have access to prenatal care and safe delivery. In recognition of the connection between maternal and child health, 70 percent of PVO Child Survival Projects currently supported by A.I.D. include women's health strategies in their activities.

In order to validate the efforts of these projects and strengthen the capacity of PVOs working in Child Survival to carry out state of the art, community based maternal care interventions, the PVO Child Survival Support Program, in collaboration with the Indian Health Service, and sponsored by A.I.D. organized an international conference on Mothers and Child Survival in Shiprock, New Mexico.

Pre-Conference Activities

"People know what they want; you have to dialogue with them."

Ellen Tagwireyi, Zimbabwe

Conversations with Indian Health Service personnel were initiated in January, 1992. Physicians implementing an extensive community maternal health program in the Navajo nation were enthusiastic in their support of a conference which would bring together representatives of diverse cultures, similarly committed to building effective health care programs for underserved populations. Shiprock, New Mexico, a site that incorporated a Public Health Service medical center and a community college served as the conference venue.

The Conference Coordinator identified Child Survival projects incorporating significant efforts in maternal health.

Invitations requesting the nomination of appropriate project personnel were sent to the headquarters of the PVOs fielding the projects. Nominees to the conference subsequently received invitations, and were requested to fill out need assessment forms.

Conference organizers visited the Shiprock site in April to meet with IHS cosponsors and discuss preliminary session plans, potential site visits and logistical arrangements. Housing, food, and meeting facilities were secured.

A second planning session was held with the conference facilitator in Baltimore in May, to incorporate the results of needs assessments.

Conference Design

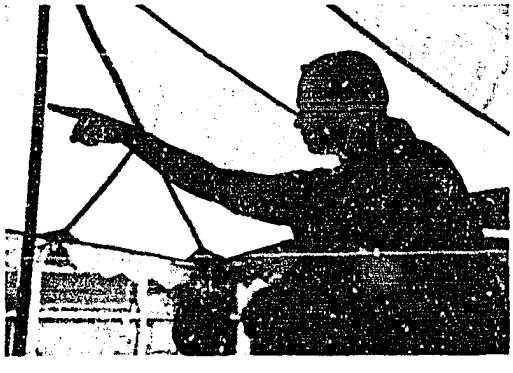
The Conference brought together public health professionals from around the world to formulate a list of strategies that improve the health of mothers and to make recommendations, based on their experiences, for integrating maternal health interventions into ongoing community-based child survival projects. Specific objectives met were:

- Discuss links between culture, childbearing practices, health, and child survival.
- Share strategies and experiences in raising women's self-esteem and status.
- Introduce qualitative methods for talking with mothers and fathers about childbearing, prevention of unwanted births, and reproductive health.
- Develop a common understanding of the definitions of maternal mortality rates, ratios, and underlying causes of maternal death.
- Discuss program priorities for antenatal, delivery, and postnatal care.
- Identify approaches to overcome problems in health care access, demand, and quality of services.

Clarina Clark, Shiprock; Dr. Cecile DeSweemer-Ba, Senegal

"I come from a poor country, but I am going home as a rich person."

- Identify essential strategies to strengthen collaboration and referral care for women felt to be at risk for the more serious complications of pregnancy.
- Reinforce the value of training and supervision for traditional birth attendants.
- Share successful methods for making health services accessible and acceptable to hard-to-reach adolescents, and explore how PVOs can help adolescents prepare for parent roles.
- Encourage participants to develop prevention activities at the community level for sexually transmitted diseases and reproductive tract infections.
- Identify starting points for HIV/AIDS education.
- Recommend key elements required for management and sustainability of maternal health activities.



Dr. Rani Bang, India

*"It's not easy to change people's lives.
You cannot learn culture and people from books."*

Dr. Reny Bunjamin, Indonesia

The Conference staff organized the proceedings according to the interactive model successfully developed by the Program in two previous international conferences and fourteen country and regional workshops over the last six years.

- The conference would be of a participatory nature with the purpose of training country national staff working in A.I.D. funded Child Survival projects in the field.

- A variety of meeting formats would be integrated into the conference design including small group work; one on one interactions; group presentations and task forces.

- Participants would share the experiences of community programs in Shiprock through site visits.

- Informal activities which encouraged networking among participants would be scheduled.

- Emphasis would be placed on training participants in qualitative methods of listening to mothers.

- A variety of resource materials would be made available to the workshop participants for future use. Participants would be encouraged to display and share their resource material with each other.

Collaborating Institutions

United States Agency for International Development/Bureau for Food and Humanitarian Assistance/Office of Private and Voluntary Cooperation/ Child Survival and Health

United States Public Health Service/ Indian Health Service

Navajo Nation Division of Health

Navajo Community College at Shiprock

The Johns Hopkins University School of Hygiene and Public Health
Institute for International Programs
PVO Child Survival Support Program

Participants

Participants included field staff from 14 projects in 11 countries, supported by nine private voluntary organizations and U.S.-based health staff representing the sponsoring organizations. Specialists, expert in particular aspects of maternal health, with extensive academic and field experience attended, as well as representatives of other nongovernmental organizations, UNICEF, and staff from JHU, USAID, the Indian Health Service, and the Navajo Nation Division of Health.

Conferees brought with them the experience of diverse backgrounds. Sharing information were natives or residents of Bangladesh, Brazil, Bolivia, China, Ecuador, Ethiopia, Haiti, Honduras, India, Indonesia, Kenya, Malawi, Mexico, Nepal, Nigeria, Papua New Guinea, Peru, Senegal, Sudan, USA and Zimbabwe.

PVOs represented were: Adventist Development & Relief Agency • CARE • Project HOPE • Minnesota International Health Volunteers • Plan International • Program for Appropriate Technology in Health • Project Concern International • Save the Children Federation • World Vision Relief & Development, Inc.

The PVO Shipwrecked Singers directed by Rose Miles Robinson

Survey of Participant's Needs

The conference agenda was developed according to the needs expressed by project delegates through a pre-conference survey, and through assessment by technical staff of needs indicated in project documents. The topics identified reflected field staff commitment to improving project effectiveness and sustainability. Eleven interest areas were identified.

- Community participation
- MOH coordination
- Networking
- Sustainability
- Volunteers as health workers
- HIV/AIDS education
- Family planning
- Measure of maternal morbidity/mortality
- Provision of antenatal care
- Obstetrical emergency referral and transport
- Reproductive tract infections

Small group session

Conference Location

The conference was held in Shiprock, New Mexico, in "Four Corners" area. The area is at the juncture of four states, in which live the largest population of Native Americans in the country. The community is isolated and represents an American population experiencing some problems similar to those of developing nations. The Navajo nation administration, the Indian Health Service, and community groups are engaged in implementing programs to improve the well being of the people in the area; their successes and constraints are lessons to share with representative of developing countries. The maternal health program administered by the IHS is a model conference organizers felt would be of value to conferees. In addition, the southwestern location is one of scenic and cultural interest, and the facilities were simple and adequate. Connections with members of the IHS who had worked with Child Survival and like projects, and the uniform enthusiasm and commitment of staff members at the Shiprock and other area Indian medical centers, and the presence of "the Rock with Wings" itself made Shiprock a propitious site.

Father and child, Shiprock

"...As I looked at the moon, I truly realize we are brothers and sisters because that is the same moon you see in Africa, Asia, South America, and even in Shiprock."

Organizing Team

The conference team included Dory Storms, Sc.D., Director, Dr. Rajani Ved, Conference Coordinator, Cynthia Carter, M.P.H., Ms. Penny Altman, and Mr. Richard Scott, of the PVO Child Survival Support Program; Drs. Jonathan Steinhart and Christopher Percy, and Mr. James Pobrislo, CNM, of the Indian Health Service; and Mr. Dale Flowers, Facilitator.

Logistical Assistance

Mr. Sheldon Preston was the conference photographer. Facilities were provided by the Navajo Community College at Shiprock, Herbert Clah, Dean, and the Bureau of Indian Affairs Dormitories, John Wilson, Director. Secretarial assistance at the conference was ably provided by Ms. Clarina Clark, and conferees were assisted in their residences by Ms. Rhoda Phillips and Ms. Louise Goldtooth.

At the sheep farm

Resource People

International Resource Persons Uche Amazigo, Ph. D., University of Nigeria, Dr. Ranjit Attapattu, UNICEF, Dr. Rani Bang, SEARCH/India, Dr. Cecile DeSweemer-Ba, Senegal, Dr. Xiaoming Han, People's Republic of China, Dr. Victor Lara, Peru, and Dr. Donald Kaminsky, Director Project Alternatives/Honduras, shared their experience and expertise.

United States based Resource Persons were Dr. Marcello Castrillo, Susan J. Eastman, M.P.H., Dr. Kathleen Masis, Asresu Misikir, M.P.H., Ms. Rosita Murphy, Elizabeth Preble, M.P.H. and Dr. Ann Wright; and Sarah Ellsworth, CNM, Dr. Fung Lam, Dr. Robert Shengold, Dr. Michele Strachan, Dr. Jonathan Sugarman, Dr. Emily Sutcliffe, and Dr. Alan Waxman of the Indian Health Service. Rose Miles Robinson, Chief, Child Survival and Health/FHA/PVC represented USAID.

Dr. Han Xiao Ming, People's Republic of China

The Videos

PVO field staff from 14 projects appeared on two 20 minute videos, featuring their ideas, experience, and vision for Child Survival. Project managers were interviewed on Saturday; the videos were edited the following day, and shown the first two days of the conference. The interviewees were asked to share their thoughts on the relevance of maternal health in their projects, and on management issues of significance to them. Each video focused on one of these topics. They were used to introduce the conferees to each other and to serve as a starting point for discussion of the issues they addressed. Apparent in the presentation was a shared commitment to the improvement of health in the community.

These videos will be used in the future to help orient new project personnel to their roles. Mr. Gary Leventhal produced the work with the assistance of Penny Altman and Sheldon Preston, and the facilities of Sunrise Teleproductions, Albuquerque, New Mexico.

Video interview

The Conference

Highlights of the conference included site visits to the Teen Life Center, a cooperative program established to provide direct professional quality outpatient services for area youths who are facing difficult problems; the Shiprock Hospital, a 50-bed tertiary care IHS facility at Shiprock; the Navajo Family Planning Corporation, an NGO which provides family planning counseling and education to Navajo people; Mesa Verde National Park, the only U.S. national park set aside to preserve archeological sites and considered to be of international significance; and a Navajo winter sheep farm of traditional style where the hosts and conference participants shared regional food, stories and song. Participants learned about the importance the Navajo culture places on the mother through the relationship the Navajos have with the land as Mother Earth, and were introduced to Kinaalda, the Navajo female puberty ceremony.

Salmon Ruins, New Mexico

Participants shared their project achievements through oral and visual presentations in the Resource Room, and displayed educational materials produced and used in individual projects. Literature relevant to conference topics was available for distribution.

Opening and closing ceremonies were held outdoors, where conferees heard addresses from representatives of the Navajo Nation Division of Health and UNICEF. At the opening ceremony, everyone received a learning stone, which they took with them as a tangible reminder of knowledge gained through the conference experience.

Choosing learning stones

MOTHERS & CHILD SURVIVAL

Conference Schedule

June 8, Monday	June 9, Tuesday	June 10, Wednesday
8:30–9:30 :OPENING	8:45–9:45 Collection & use of data 9:45–10:30 Project Management and Sustainability	8:45–9:30 Maternal hlth care module of the rapid K&P surveys 9:30–10:00 Antenatal care: How are we doing?
9:30–10:30 BREAK 10:30–12:00 Linking Maternal Health to Child Survival	10:30–11:00 BREAK 11:00–12:20 :Guidelines:net-working,volunteers,sustainability, & involving adolescent males.	10:00–10:30 BREAK 10:30–11:15:Access, Demand, and quality of services 11:15–11:45 IHS panel on mgmt. of complications of preg. 11:45–12:20 PVO role in referral & transport
12:00–2:00 LUNCH	12:20–1:30 LUNCH AT MARKET	12:20–1:30 LUNCH
2:00–4:00 Cultural Practices and Women's Health	1:30–5:00 Involving Adolescents Site:Teen Life Center	1:30–2:30 Prev./Mgmt. of Preterm and LBW new borns 2:30–3:30 Tour hospital
3:15–3:45 BREAK	3:15–3:45 BREAK	3:45–4:15 BREAK
3:50–5:15 Mobilizing women to increase self-esteem/Improving women's literacy & income	3:45–4:05 Health. services for hard to reach adolescents 4:15–5:00 Guidelines for working with adolescents	4:15–5:15 TBA training and supervision
6:30–7:30 DINNER	6:30–7:30 DINNER	6:30–7:30 DINNER
RESOURCE ROOM OPEN	7:30–8:30 Qualitative methods for listening to mothers & fathers	RESOURCE ROOM OPEN 7:30–8:30 Breastfeeding promotion

June 11, Thursday	June 12, Friday
8:45–10:00 Community programs for reproductive tract infections 10:00–10:45 PVO lessons learned about HIV/AIDS	8:45–9:30: Maternal Nutrition 9:30–10:15 Women at High risk of vit.A deficiency
# 50 10:45–11:15 BREAK 11:15–12:15 AIDS and implications for women	10:15–10:45 BREAK 10:45–12:30 Recommendations for project managers
12:15–1:30 LUNCH	12:00–1:30 LUNCH
1:30–2:30 PVOs role in FP education and services Concurrent Sessions 2:30–5:00 Case-studies Mother centered strategies to improve pregnancy outcome	1:30–3:30 Feedback from A.I.D. 3:30 Closing Ceremony
3:30–4:00 BREAK	
4:00–5:00 Concurrent Sessions II	
# 56 6:00 Group photo at SHIPROCK Storyteller/Ranch visit	7:00–9:00 pm CULTURAL EVENING DINNER

"We already have a maternal health component; we need information to improve it."

Highlights of Topical Sessions

Cultural Practices in Women's Health

- PVO project staff recognize that cultural practices in their societies impact on health seeking behavior.
- The cultural definitions of child'birth, and the expectations of the birth experience are often radically different from those of formal health providers (eg. those with a Western orientation), and projects must find strategies which integrate both understandings.
- Understanding health belief systems is the first step in providing care for women.
- More effort must be made to identify those traditional practices that have a positive effect on women's health, and to model program strategies accordingly.

Building Women's Self Esteem

- The depressed status of women, and low levels of self esteem have a negative impact on reproductive health, and act as a barrier to seeking health care.
- The mobilization, organization, and education of women is essential to effect a positive change in women's status and achieve equity.
- Projects must initiate programs that increase awareness among women and build their confidence.
- Programs which reduce female illiteracy have a positive impact on child health care and build self esteem.
- Family income generation is an important intervention which increases self-reliance and the accessability of health care.

Listening to Mothers: Qualitative Methods

- One is always a student, someone who seeks to learn from others how they understand their world, what their culture is all about, how to behave in that culture, what to say, when and why.
- Qualitative methods can help women's health programs to identify constraints in improving women's health and culturally appropriate ways to deal with those constraints.
- A combination of methods should be used in any inquiry. Using several methods to investigate the same issue increases the validity of the results.

Involving Adolescents/ Visit to the Teen Life Center

- Troubled adolescents in a changing culture need to be encouraged to describe their world and identify their feelings. Games and exercises are tools that facilitate this process.
- The tradition of Kinaalda reinforces a young woman's sense of place and value in the Navajo community. Health providers need to understand and respect the cultural traditions of their communities, and work within the framework of positive traditions.
- PVOs should use participatory methods to identify special health needs of adolescents and make sure that services match their expectations.

Teenager, Teen Life Center, Shiprock

- Improve interpersonal communication skills so that adolescents feel comfortable seeking and using services related to reproductive health, sexuality, and parenthood.
- Use peer groups with adequate support and supervision for education, information and counseling.

Management of High Risk Births

- The potential benefit of antenatal care is related to the early identification and treatment of pregnancy complications.
- Each project should formulate an antenatal care package which includes currently recommended essential components specific to the project area.
- Strategies must include prevention and screening measures which have proved effective in identifying complications (screening for anemia, hypertensive disease and infection).
- Traditional birth attendants should be trained to identify high risk women and refer them appropriately.
- It is necessary to network with the Ministry of Health to provide services for obstetric emergencies.
- Each project should train a cadre of workers capable of providing services at a primary referral center, and of managing emergencies.

Mother and child, Nicaragua D. Storms

Referral and Transport	• Setting up effective referral requires community participation and linkage with with the MOH and nongovernmental organizations. • Trained personnel to recognize and screen danger signs must be available. • There must be reliable transport to a well equipped facility, staffed by qualified providers. A transport system must be organized at the community level using locally available and appropriate means of transportation (ox carts, boats, jeeps,etc). • There must be effective communication between all points of contact.
Prevention and Management of Low Birth Weight in Newborns	• Prevent/manage conditions in pregnancy which cause low birth weight in newborns, such as malnutrition and malaria. • Train TBAs and other delivery attendants to recognize low birth weight infants. • Teach mothers and birth attendants to provide newborns with sufficient warmth and feedings. • Train mothers and birth attendants to recognize when referral to a higher center is necessary.

Traditional Birth Attendants

- TBAs are still the primary point of contact in the provision of care in pregnancy and delivery.
- Projects can support TBAs by offering them opportunities to enhance their technical knowledge and skills.
- Reporting systems used by TBAs should be appropriate to their level of knowledge and literacy, and the types of services they provide.
- TBAs should be involved in all project activities pertaining to women's health.

Rapid K&P Surveys

- The PVO Child Survival K&P survey provides baseline and final information. It is a management, not a research, tool.
- The maternal health care module provides data on family planning.
- The survey focuses on child survival interventions and assesses project progress during its implementation.
- It is low cost and provides relevant data on child survival indicators quickly.
- The rapid K&P survey helps identify successful health messages, and health care providers.

Dr. Francisco Moreno Oleas, Ecuador

"We also must take care of mothers..."

Family Planning

Family Planning

- Family planning decreases the incidence of high risk birth, improves the nutritional status of children, and prevents deaths resulting from illegal abortion.
- Because the availability of family planning is a critical determinant in women's reproductive rights, in women's and children's health, and in environmental quality, PVOs concerned with maternal and child health must continue their commitment to strengthen the family planning components of their programs.

Reproductive Tract Infections

Reproductive Tract Infections

- Use qualitative research methods to study community attitudes and beliefs about RTIs/STDs before formulating programs.
- Health workers need training to provide education about sexually transmitted disease, and may need special training to feel comfortable discussing sexual matters.
- Use management protocols for diagnosis and therapy of STDs that do not depend on sophisticated technologies that are often inappropriate for project communities.
- Effective STD/RTI programs must involve men and adolescent girls and boys.

HIV/AIDS

- Raising communities awareness and knowledge about AIDS is not enough to bring about the behavior change that will prevent further transmission.
- Changing attitudes about AIDS is an important component of any HIV prevention program.
- Efforts to educate about condom use in HIV/AIDS prevention must assure that condom supply and distribution are adequate.
- Health workers who carry out HIV/AIDS education and other services such as counselling need specialized training to help them discuss sexual matters effectively.

Dr. Uche Amazigo, Nigeria, speaking to TV interviewer

Nutrition

- Emphasize the use of locally available foods to increase calories for adequate nutrition in pregnancy.
- Teach the importance of increased rest and decreased work load during pregnancy.
- Stress the importance of physical examination to assess severity of anemia and ensure compliance with iron and folic acid regimen.
- Educate towards a change in the pattern of distribution of food in the family so that women get their fair share.

Vitamin A

- Improving a women's consumption of vegetables and fruits will increase the vitamin A reserves stored in her body.
- A vitamin A capsule given to the mother at birth delivery helps the mother and the child.
- Breastfeeding is another way of delivering vitamin A to the infant.

Conference participants at the Teen Life Center

Concurrent Sessions

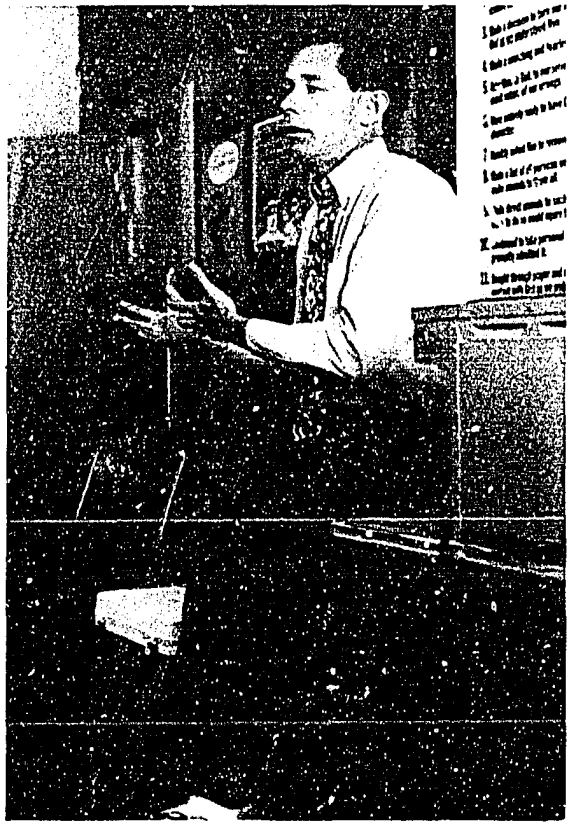
Malaria

"The female child is not wanted..."

Dr. Najma Khatun, Bangladesh

- Malaria prevention and treatment during pregancy must be integrated into maternal health programs because the disease negatively affects both the mother and the fetus.
- WHO expects member countries to apply four major principles in the prevention and treatment of malaria.
    - * Know the prevalance of malaria in the area.
    - * Understand the environmental conditions - including social, economic, and cultural factors - and means of protection.
    - * Provide antimalarial measures on a continuing basis to prevent the development of drug resistance.
    - * Conduct evaluation and operational research to assess the success of antimalarial measures.

Diabetes



Dr. Christopher Percy, IHS, Shiprock

- Thirty years ago, nutritional problems common among the Navajo were those of undernutrition like marasmus and kwashiorkor; maternal and childhood obesity, non-insulin dependent diabetes mellitus (NIDDM), and gestational diabetes (GDM) were uncommon.
- Changes in diet and physical activity among Navajos have resulted in parallel epidemics of obesity, NIDDM and GDM, accounting for substantial morbidity and mortality among them. Similar patterns have been identified in other developing populations upon adaptation of a "westernized" life style.
- As undernutrition is reduced, MCH programs should watch for the development of obesity which often results in NIDDM, and institute community based programs as prevalance of these conditions rises in developing countries.

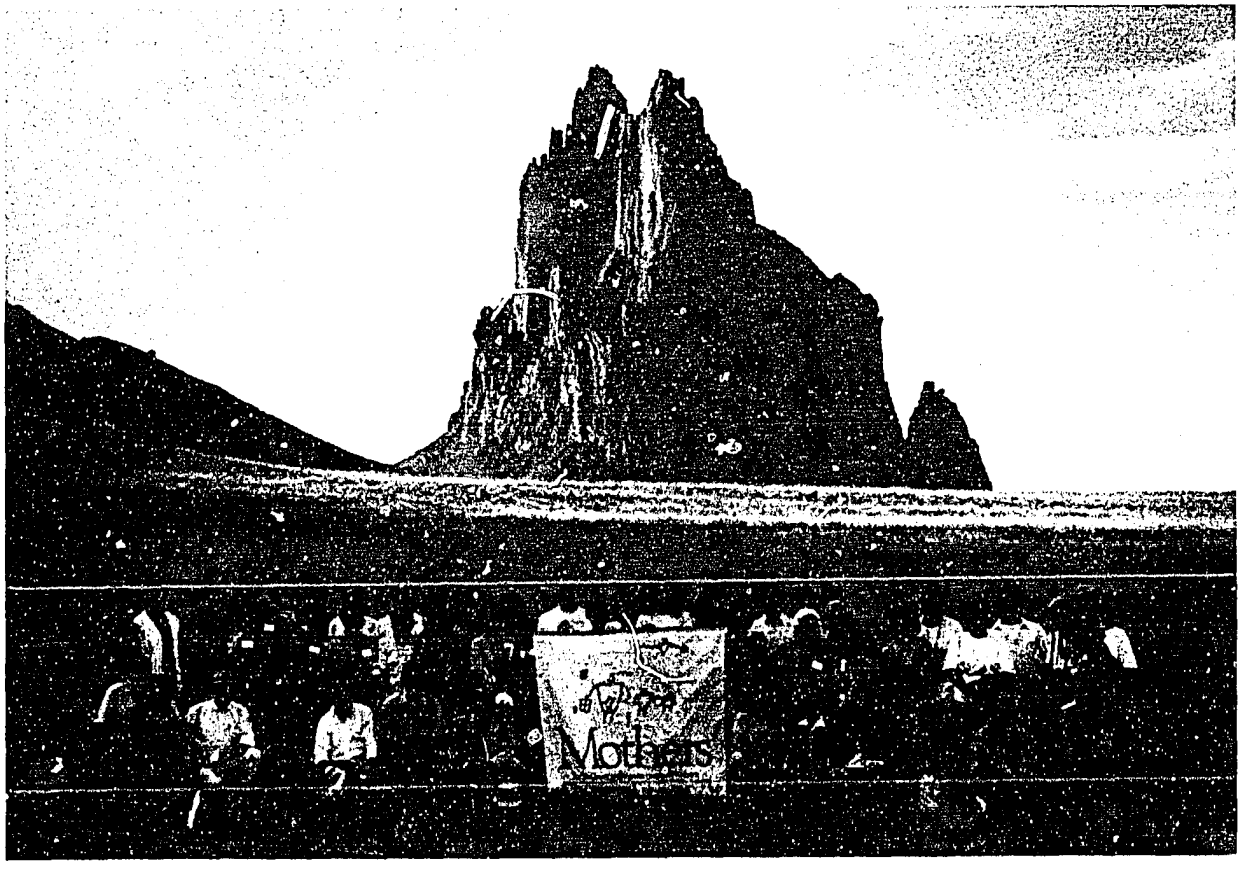
Fetal Alcohol Syndrome

- Fetal alcohol syndrome affects newborns both mentally and physically. They show a common constellation of facial abnormalities, as well as mental retardation.
- Health care workers should be aware of the possibility of increased alcohol consumption among the women of their community; FAS may be the cause of mental retardation.
- FAS is a contemporary problem in the Navajo community. Patterns of alcohol use have changed in the last thirty years, among the Navajo, and may be changing in communities in developing countries.

Jane Goodluck discussing Kinaalda, the female coming of age

There is no tree in the forest that is perfectly straight,
but they all stretch tall and reach for the sun.

HÁGOÓNEE '



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