



THE MATERNAL HEALTH THEMATIC FUND

Towards Equality in Access, Quality of Care and Accountability

Phase II (2014-2017) - Progress report





DELIVERING A WORLD WHERE EVERY PREGNANCY IS WANTED, EVERY CHILDBIRTH IS SAFE, AND EVERY YOUNG PERSON'S POTENTIAL IS FULFILLED.

Cover photo:

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Winner of the 2017 photo contest for the MHTF Report cover.

Submitted by Randi Anderson, Bangladesh Country Office.

Rokshana Begum, 27 years old, gave birth to her third child at the Matabari union health facility on the island of Maheshkhali (Bangladesh) with her mother-in-law as her birth companion.

Nira Khatun was her midwife, educated through a three-year diploma course that UNFPA supported. Nira was then given additional orientation and training on evidence-based routines and B-EmONC, and received regular support through a Facebook page dedicated to young midwives. She was deployed along with 20 other recent graduates through a cyclone response humanitarian project funded by UNFPA to reach communities most affected by Cyclone Roanu. It struck in May 2016 and destroyed Rokshana's house.

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ACKNOWLEDGEMENTS

UNFPA's Maternal Health Thematic Fund progress report on Phase II reflects many contributions from colleagues, countries, partners and stakeholders at all levels – country, regional and global. All are focused on and committed to ensuring continuous improvement in the health and well-being of women and girls around the globe.

We acknowledge, with gratitude, the commitment and support of countries in prioritizing maternal and newborn health (MNH) as part of a broader focus on sexual and reproductive health and rights (SRHR). We would also like to thank the governments of Austria, Germany, Iceland, Luxembourg, Poland and Sweden, the main donor of the Trust Fund, as well as key supporters of maternal health, including the governments of France, Norway and the United Kingdom. A special note of thanks goes to other individual donors, UN trust funds and foundations.

As always, our sincere thanks to our United Nations colleagues around the globe, including from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), UN Women, the World Bank Group and the World Health Organization (WHO), for their collaboration and coordination on sexual, reproductive, maternal, newborn, child and adolescent health. Together, we continue to demonstrate our leadership, commitment and strong partnership through platforms such as the H6.

The results in this report encompass global, regional and, substantially, country level efforts, reflecting UNFPA's commitment to ensuring that every pregnancy is wanted and every childbirth is safe, and to the broader achievement of universal access to SRHR. We recognize the critical contributions from our programme partners, which include the International Confederation of Midwives (ICM), the International Federation of Gynecology and Obstetrics (FIGO), the Maternal and Child Survival Program of the United States Agency for International Development (USAID), the International Society of Obstetric Fistula Surgeons (ISOFS), Columbia University's Averting Maternal Death and Disability Program, Johns Hopkins University and its Program for International Education in Gynecology and Obstetrics (Jhpiego), Women Deliver, and national and regional partners listed in Annex 3 for the Campaign to End Fistula. We value their significant roles as champions and technical experts in support of SRHR.

UNFPA appreciates the collective vision and commitment of all national governments, and international and other non-governmental organizations (NGOs). Our nurturing partnership with the private sector and civil society also needs special mention. We thank Friends of UNFPA, GE Health, Johnson & Johnson, the Laerdal Foundation and the UN Federal Credit Union (UNFCU).

Together we are working to ensure that women and girls not only survive but thrive and transform their lives and their societies as a whole.



FOREWORD

*By Dr. Natalia Kanem
Acting Executive Director, UNFPA*

The Maternal Health Thematic Fund (MHTF) is the UNFPA flagship programme for improving maternal and newborn health and well-being. Created in 2008 to boost global funding for and attention to maternal health, the MHTF has contributed to averting an estimated 92,000 maternal deaths through strategic interventions in 39 countries with some of the highest maternal mortality and morbidity in the world.

Pregnant women and their newborns are at highest risk of death and morbidity during labour, childbirth, and the first week after birth. The MHTF supports countries to strengthen their midwifery workforce and ensure equitable access to quality emergency obstetric and newborn care (EmONC) services. We also support countries to increase access to surgical treatment for obstetric fistula, facilitate social reintegration of fistula survivors, and strengthen accountability for quality of care at all levels of their health system by registering and addressing the causes of maternal deaths.

Despite considerable progress, more needs to be done to reach our ambitious global goals for reducing maternal mortality, ending preventable deaths of newborns, and ensuring universal access to sexual and reproductive health care by 2030.

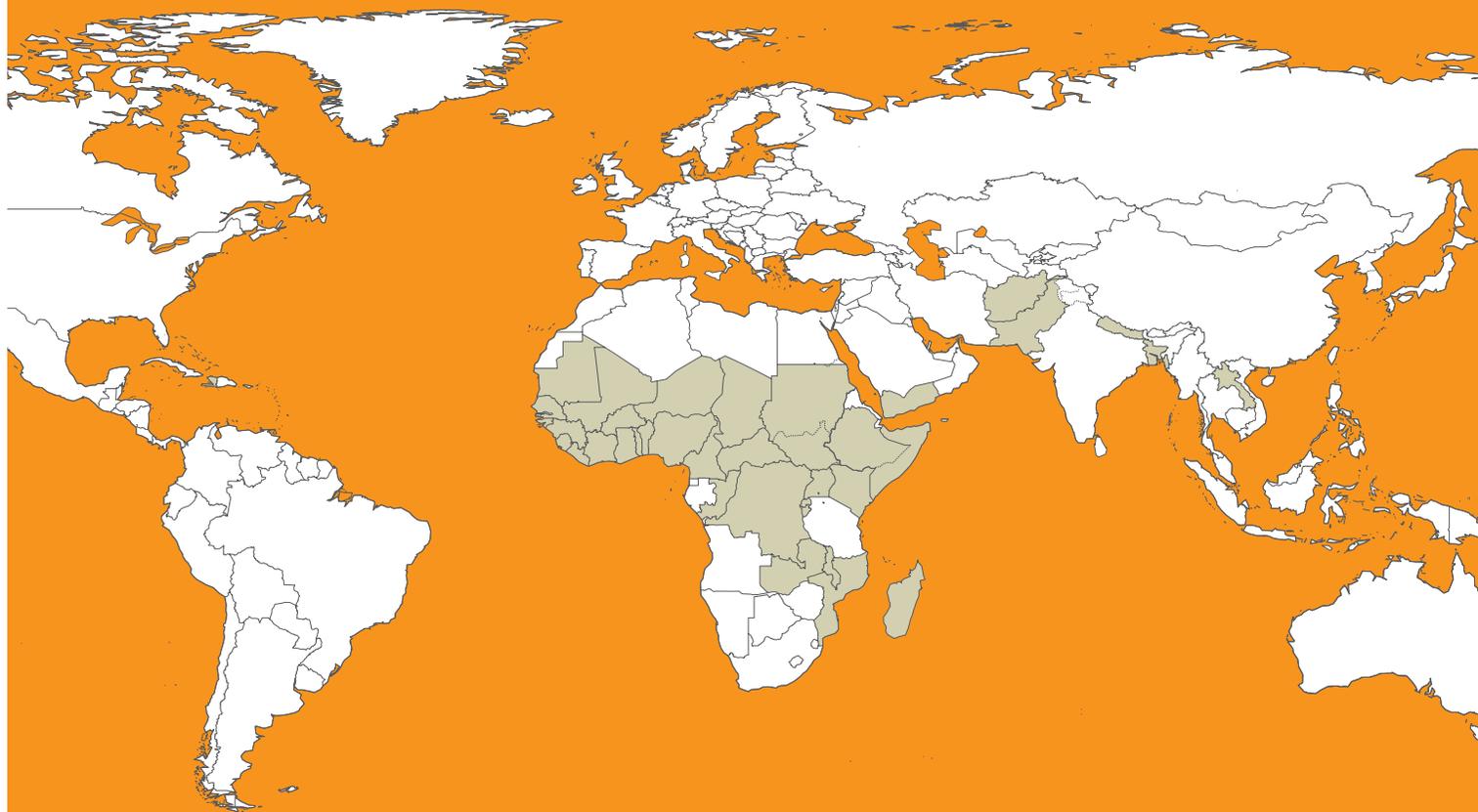
We at UNFPA remain committed to accelerating global efforts to improve the health and quality of life of all women and girls, especially those most marginalized, disadvantaged and underserved.

In collaboration with key partners, including civil society organizations, multilateral actors, academic institutions, and others, the MHTF will consolidate its investments to improve quality of care and ensure that women and adolescent girls, especially those furthest behind, can fully exercise their right to access integrated sexual and reproductive health services, free of coercion, discrimination and violence.

Dr. Babatunde Osotimehin, the late Executive Director of UNFPA, worked tirelessly to end preventable maternal deaths and ensure that every woman and girl has access to the sexual and reproductive health care she needs. He inspired all of us to push harder to reach those furthest behind, particularly the most vulnerable adolescent girls. He will be missed tremendously by all those who knew him and by the women, girls and young people he committed his life to serving. This report is dedicated to him.

Figure 1: 39 MHTF-supported Countries

- | | | |
|--------------------------|---------------------|--------------|
| Afghanistan | Guinea | Nigeria |
| Bangladesh | Guinea-Bissau | Pakistan |
| Benin | Haiti | Rwanda |
| Burkina Faso | Kenya | Senegal |
| Burundi | Lao People's | Sierra Leone |
| Cameroon | Democratic Republic | Somalia |
| Central African Republic | Liberia | South Sudan |
| Chad | Madagascar | Sudan |
| Congo | Malawi | Timor-Leste |
| Côte d'Ivoire | Mali | Togo |
| Democratic Republic | Mauritania | Uganda |
| of the Congo | Mozambique | Yemen |
| Ethiopia | Nepal | Zambia |
| Ghana | Niger | |



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country territory, city or area or its authorities or the delimitation of its frontiers or boundaries.

A dotted line approximately represents the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not been agreed upon by the parties.

ACRONYMS

B-EmONC	Basic Emergency Obstetric and Newborn Care
C-EmONC	Comprehensive Emergency Obstetric and Newborn Care
EmONC	Emergency Obstetric and Newborn Care
FIGO	International Federation of Gynecology and Obstetrics
GIS	Geographic Information System
FTYM	First-Time Young Mothers
H6 (formerly H4+)	UNAIDS, UNFPA, UNICEF, UN Women, World Bank Group, WHO
HRH	Human Resources for Health
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
ISOFS	International Society of Obstetric Fistula Surgeons
Jhpiego	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MDG	Millennium Development Goal
MDSR	Maternal Death Surveillance and Response
MHTF	Maternal Health Thematic Fund
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
NGO	Non-Governmental Organization
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFCU	UN Federal Credit Union
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

UNFPA's Maternal Health Thematic Fund (MHTF) is a catalytic fund, aligned with country-led processes to address health system bottlenecks; promote innovations; strengthen partnership; and focus on scalable, high-impact interventions to improve and safeguard the health and well-being of women and girls. It supports evidence-based programming in 39 countries with the highest burden of maternal mortality and morbidity, taking an integrated approach that brings together the areas of midwifery, obstetric fistula, emergency obstetric and newborn care (EmONC), maternal death surveillance and response (MDSR) and first-time young mothers (FTYMs). All interventions are strategically selected to have the greatest impact. The Thematic Fund complements UNFPA Supplies; together, they work to enable women and girls to make fundamental decisions about their own bodies, attain the highest possible standard of sexual and reproductive health, and exercise their reproductive rights.

This report highlights the key results achieved over Phase II of the MHTF, from 2014 to 2016, structured around the three cross-cutting principles of accountability, equality of access and quality of care, as outlined in the MHTF Business Plan Phase II (2014-2017).¹ The report foregrounds the MHTF's role in supporting health systems strengthening, and addresses its catalytic nature, its promotion of sustainability and its strong emphasis on advancing innovation. A vision and direction are outlined for the third phase of the MHTF, which will be further elaborated in a forthcoming Business Plan Phase III (2018-2021).

The MHTF during its second phase continued to demonstrate its unique value at the forefront of supporting countries to lead and accelerate the delivery of improved maternal health information and services for women and girls. It has assisted the development of national policies and programmes; strengthened national technical capacities and the collection, analysis and use of data; and backed global, regional and national advocacy for maternal health (and sexual and reproductive health more generally). It has reinforced UNFPA's role and visibility as a global maternal health leader and convener focused on evidence-based, high-impact interventions spanning clinical and health systems strengthening as well as multisectoral approaches, all under the umbrella of fundamental human rights and gender equality principles.

Headline results from 2014 to 2016 include 19,200 estimated maternal deaths averted² in the 39 MHTF-supported countries. Around 39,000 fistula surgical repairs were provided through targeted programming to

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