

**Averting Maternal Death and Disability (AMDD) Program  
First Annual Project Workshop  
Marrakech, 19 - 22 February 2001**

## **WORKSHOP HIGHLIGHTS**

The AMDD Program was launched in May 1999. Within two years, 19 projects were being supported through the Program. In February 2001, country teams met at the first annual Project Workshop and compared notes with one another, as well as with the core Columbia University team, representatives of participating agencies, and technical experts from around the world.

The opportunities for exchange of experience and learning were rich and diverse: formal presentations, working group sessions, project poster sessions, country team meetings, handouts, and informal exchanges. It is difficult to summarize outcomes in a single document. Therefore, this report will provide highlights of the workshop for the record, and the forthcoming issue of the AMDD Newsletter, the AMDD website, and other outlets will disseminate other, more detailed workshop information.

### **1. Presentations**

*"New themes such as human rights and management gave us much food for thought. We got a global perspective and ideas about health and hospital systems"  
Representative of Morocco country team*

At the opening ceremony and overview session, speakers highlighted four distinct attributes of the AMDD Program:

- the focus on making quality Emergency Obstetric Care (EmOC) available to save the lives of women experiencing complications;
- the focus on process indicators which look at the availability, quality and use of EmOC, rather than on mortality rates or ratios;
- Columbia University's approach to implementation, which involves a network of partners that have set up AMDD-funded projects within their existing programs, including UNICEF, UNFPA, CARE, Save the Children, RHR Consortium, and the Regional Prevention of Maternal Mortality Network; and
- technical partnerships established with Family Health International, John Snow International, Indian Institute of Management at Ahmedabad (IIMA) and AVSC (now, EngenderHealth), as well as collaboration with the International Federation of Obstetrics and Gynecology (FIGO), and others.

In their remarks, AMDD Program Principle Investigators, Allan Rosenfield and Deborah Maine, reviewed experience since the Safe Motherhood Initiative was launched in 1987. As Dr. Rosenfield noted, the first phase of the Prevention of Maternal Mortality Program

(1988 - 96) showed that, without EmOC, a Safe Motherhood Initiative could not succeed. Now, thanks to the grant from the Bill and Melinda Gates Foundation, it has been possible to develop the AMDD Program to focus on EmOC.

The Director of the Moroccan Ministry of Health's Population Unit, Dr. Mustafa Tyane, welcomed participants on behalf of the government, and thanked all AMDD partners for putting strategies in place to address maternal deaths. The Country Representative in Morocco of UNFPA, Vincent Faveau, noted the centrality of reproductive health and rights to the 1994 International Conference on Population and Development, and described the two UNFPA-supported projects in Morocco funded by AMDD.

Dr. Maine explained the ways in which the process indicators issued by the UN Children's Fund (UNICEF), the World Health Organisation (WHO) and UNFPA in 1997, are of benefit to programs, and how they can be (and have been) used by AMDD projects.

Senior advisors to the AMDD Program, Adetokunbo Lucas and Barbara Kwast, also made statements. Dr. Kwast noted that "sheer tenacity and clear thinking brought us to accept the concept that most obstetric complications cannot be prevented or predicted but that women can be saved through prompt treatment", and called on participants to address this social injustice on their return home.

For the next three days, workshop participants focused their attention on five substantive issues: EmOC services, management, human rights, monitoring and evaluation, and documentation.

The 1<sup>st</sup> Plenary Session dealt with Upgrading EmOC Services and presenter, Zafarullah Gill reviewed barriers to implementation. Drawing on his interaction to date with AMDD projects as one of the Program's technical advisors, Dr. Gill walked participants through 12 components that were critical to the success of EmOC - these included practical, hands-on issues like renovation, procurement and room set-up.

*"Maternal mortality and morbidity are a direct manifestation of gender inequality and therefore human rights must be incorporated. In terms of management, it is essential to build a network of functioning health centers"*  
Representative of Mozambique  
country team

At the 2<sup>nd</sup> Plenary Session on Management, Judith Graeff reviewed the human factors in managing EmOC. The ABCs of behavior - Antecedents, Behavior, Consequences - that she set out and the performance pathway that she drew up elicited much interest and discussion from participants.

In the 3<sup>rd</sup> Plenary Session on human rights, Lynn Freedman illustrated some ways in which human rights principles could underpin AMDD projects. As she had pointed out in the overview session, its very "avoidability" makes maternal mortality a human rights issue. Participants concurred that this was the most thought-provoking of the presentations, because it introduced many of them to a new component in EmOC.

In her comprehensive presentation on monitoring and evaluation in the 4<sup>th</sup> Plenary Session, Liz Goodburn discussed the process indicators as well as how to collect and make use of the additional information necessary to gain an accurate picture of progress and problems. Dr. Goodburn shared specific tools, maps and photographs used in actual initiatives to reduce maternal mortality.

In the 5<sup>th</sup> Plenary Session, Nadia Hijab noted that clarity about the purpose of documentation helped to identify the appropriate materials, audience, and medium. She encouraged project teams to make use of planned AMDD communications tools in addition to their organizations' outlets. Judith Fortney briefed participants about the special quarterly section that the AMDD Program will sponsor with the International Journal of Obstetrics and Gynecology, and invited them to submit articles for publication.

## **2. Working Group Sessions**

*"We learned a lot about what we don't know as well as what we need to know through the posters and the brainstorming sessions. The success of the workshop poses a challenge to us to go back and do a better job"*  
*Representative of Pakistan country team*

*"This lifted maternal mortality from being just another health issue. The small group sessions were very interesting and we wish we had more time".*  
*Representative of Sri Lanka country team*

Each of the plenary presentations on EmOC Services, Management, Human Rights, and Monitoring and Evaluation, were followed by five small working groups in which participants addressed specific questions that arose from the presentations. In the working groups following the management plenary, UNICEF staff presented the Appreciative Inquiry approach currently being used by many of the South Asia projects and AVSC staff led a group on the quality improvement materials they are developing.

Major points from each discussion group were captured on flip chart paper and posted on the conference room walls for viewing by all participants. Excerpts from the notes taken and the group recommendations will be shared with participants through the AMDD Newsletter, and will be fed back into the overall Program.

## **3. The Projects: Poster Sessions, Snapshots, and Field Trips**

*"The main challenges ahead are the attitudes and behaviors of service providers – and in this area the posters displayed by the UNICEF India office are very useful for us. We are certainly going to use the appreciative inquiry method that the India office applied".*  
*Representative of Nepal country team*

For many participants, the poster sessions were the most exciting and educational part of the three-day workshop. Drawing on the data from their needs assessments and using a variety of visual materials, including photographs, maps, charts, and diagrams,

country teams set up posters on all 19 projects in an open-air pathway under the clear blue Marrakech sky. Two technical partners - the RHR Consortium and AVSC - also set up posters on their work to illustrate the different approaches and tools available.

During lunch and coffee breaks, participants had the opportunity to consult with team representatives at their posters, and the pathway was crowded with clusters of people receiving what one participant referred to as "mini-seminars" from teams as far afield as Tajikistan, Mozambique, and Peru. In many cases, there were materials to share about progress and lessons learned.

Prior to their arrival in Marrakech, country teams had provided information on the status of their project, which was compiled in a Project Snapshots booklet that all participants were able to take home. The day after the workshop, UNFPA and the Moroccan Government organized two field trips to visit health facilities affiliated with the AMDD program. Nearly 30 workshop participants were able to take advantage of this opportunity.

#### **4. Country Team Meetings**

*"Because everything was new, it was all important and useful for me. It was good to meet such experienced people. When I began my work, I saw it as separate stones: now I see the links in between the stones, and I feel a great sense of support"*  
*Representative of Tajikistan country team*

During the course of the workshop, time was set aside for each country team to meet with its respective AMDD monitor to discuss progress to date, future plans, technical assistance needs, and a schedule of visits. The role of the AMDD monitor was clarified to the teams: the monitor is charged with keeping abreast of project developments on behalf of the Program, serving as focal point, and organizing technical assistance as necessary.

In all, 21 such meetings were held for country teams. Moreover, partner organizations, representatives of women's groups, and Leadership Grant recipients took the opportunity to hold their own meetings.

#### **5. Documentation and Follow-Up**

*"The poster sessions helped us to know what others are doing around the globe. The human rights session reminded us that women are people and not just reproductive systems. The monitoring and evaluation session clarified the issue of indicators. We want the discussions to continue through email and in other ways"*  
*Representative of the African Regional Prevention of Maternal Mortality Network*

In addition to copies of the papers and presentations, participants shared a wide selection of documentation, ranging from short informal notes to copies of journal articles and on to manuals and books.

Much follow-up to the workshop is planned, but two issues are worthy of note here:

- A list of 16 cross-cutting issues emerged from the working group sessions, and sign-up sheets were posted for participants interested in continuing the discussion via E-mail and in receiving materials about each issue. These included clear bottlenecks like anesthesia in rural areas, blood banks, management, and HIV/AIDS, as well as human rights. The 3 issues that had the largest subscriptions – management information systems, protocols and technical supervision, and quality improvement – will be the subjects of email study groups for the next year, with AMDD technical staff and partners as facilitators.
- Representatives from all the project partners held a meeting following the closing session to address the issues that have arisen in project implementation, given both the number and location of partners involved. Maurice Middleburg of CARE, presented the principles of, and potential roadblocks to fruitful partnerships. A useful discussion followed.

## **6. Profile of Participants**

*"It was surprising to meet people from different countries who all have the same goal. Our strength will make us revisit our strategy and improve quality of service. During the group discussions, every participant was able to express and explain the problems they were experiencing".  
Representative of Tanzania country team*

Workshop participants traveled to Marrakech from 25 countries and spoke a host of languages. Simultaneous French-English, Spanish-English, and French-Spanish interpretation was arranged. Although participants were based in 26 countries, the range of nationalities represented at the workshop was much greater, giving the meeting a truly international dimension.

Participants also came from many professional fields. There were project officers and managers in development organizations; health officials, managers, project officers, and information analysts in health ministries; members of university faculties; obstetricians, gynecologists, and midwives; directors of hospital departments and clinics; evaluation specialists; management experts; and experts from many other fields. Participants received a detailed contact information list at the end of the meeting to support networking.

In spite of the diversity of their backgrounds, participants found they had many things in common, in particular, their commitment to the goal of reducing maternal death and disability.

## **Sessions & Presentations**

### **Opening Ceremony**

Allan Rosenfield, Dean, School of Public Health, Columbia University  
Deborah Maine, Director, AMDD Program  
Mustafa Tyane, Director of the Ministry of Health Population Unit, Morocco  
Vincent Faveau, UNFPA Country Representative Morocco  
Adetokunbo Lucas, Member, Strategic Advisory Council, Bill and Melinda Gates Children's Vaccine Program, and Senior Advisor, AMDD Program

### **AMDD Overview Session**

Chair: Barbara Kwast, Senior Advisor, AMDD Program  
"Structure of the AMDD Program", Allan Rosenfield, Dean, Mailman School of Public Health, Columbia Univ.  
"Focus of the AMDD Program", Deborah Maine, Director, AMDD Program, Columbia University  
"Human Rights", Lynn Freedman, Associate Professor, Columbia University,  
"Objectives and Structure of the Workshop", Jason Smith, Principle Research Scientist, FHI

### **1<sup>st</sup> Plenary Session - Upgrading EmOC Services**

Chairs: Angela Kamara, Director, RPMM, and Amy Pollack, President, AVSC  
Presentation: "Upgrading Emergency Obstetric Care in Developing Countries", Zafarullah Gill, Associate Research Scientist, Columbia University, AMDD Program

### **2<sup>nd</sup> Plenary Session - Management**

Chairs: France Donnay Technical Officer, UNFPA; Georges Georgi, Country Rep, UNFPA, Mozambique  
Presentation: "Managing EmOC Services: the Human Factor", Judith Graeff, Associate Research Scientist, Columbia University, AMDD Program

### **3<sup>rd</sup> Plenary Session - Human Rights**

Chairs: Shahida Azfar, UNICEF Rep Bangladesh, and Susan Rae Ross, Senior Program Officer, CARE  
Presentation: "Using Human Rights in the AMDD Program: From Analysis to Strategy", Lynn Freedman, Associate Professor, Columbia University

### **4<sup>th</sup> Plenary Session - Monitoring & Evaluation**

Chairs: Judith Fortney, FHI, and Sandy Krause, Director, Reproductive Health Program, WCRWC  
Presentation: "Monitoring and Evaluation", Elizabeth A. Goodburn, Reproductive Health Advisor, John Snow International Research and Training (UK)

### **5<sup>th</sup> Plenary Session - Documentation**

Chairs: Mary Beth Powers, Reproductive Health Advisor, Save the Children, and Tomas Jimenez Araya, Country Representative, UNFPA, Nicaragua  
Presentation: "Documentation: Why, What, Who, and How", Nadia Hijab, Development Communications Consultant, AMDD Program

### **Closing Session**

Chairs: Maurice Middleburg, Director, Health and Population, CARE-US, and Dale Davis, Project Officer, Women's Right to Life and Health, UNICEF-ROSA  
Speakers: Country team representatives, Allan Rosenfield, Deborah Maine

**Closing Ceremony** Representative of the Government of Morocco

### **Poster presentations**

19 February: Bangladesh, Nepal, Nicaragua, Mali, Morocco, Peru, the RPMM Network, and Tajikistan  
20 February: Ethiopia, India UNICEF, Mozambique, Pakistan, Sri Lanka, Tanzania; RHR Consortium  
21 February: Bhutan, India UNFPA, Rwanda, Vietnam, W. Africa UNFPA Group; AVSC