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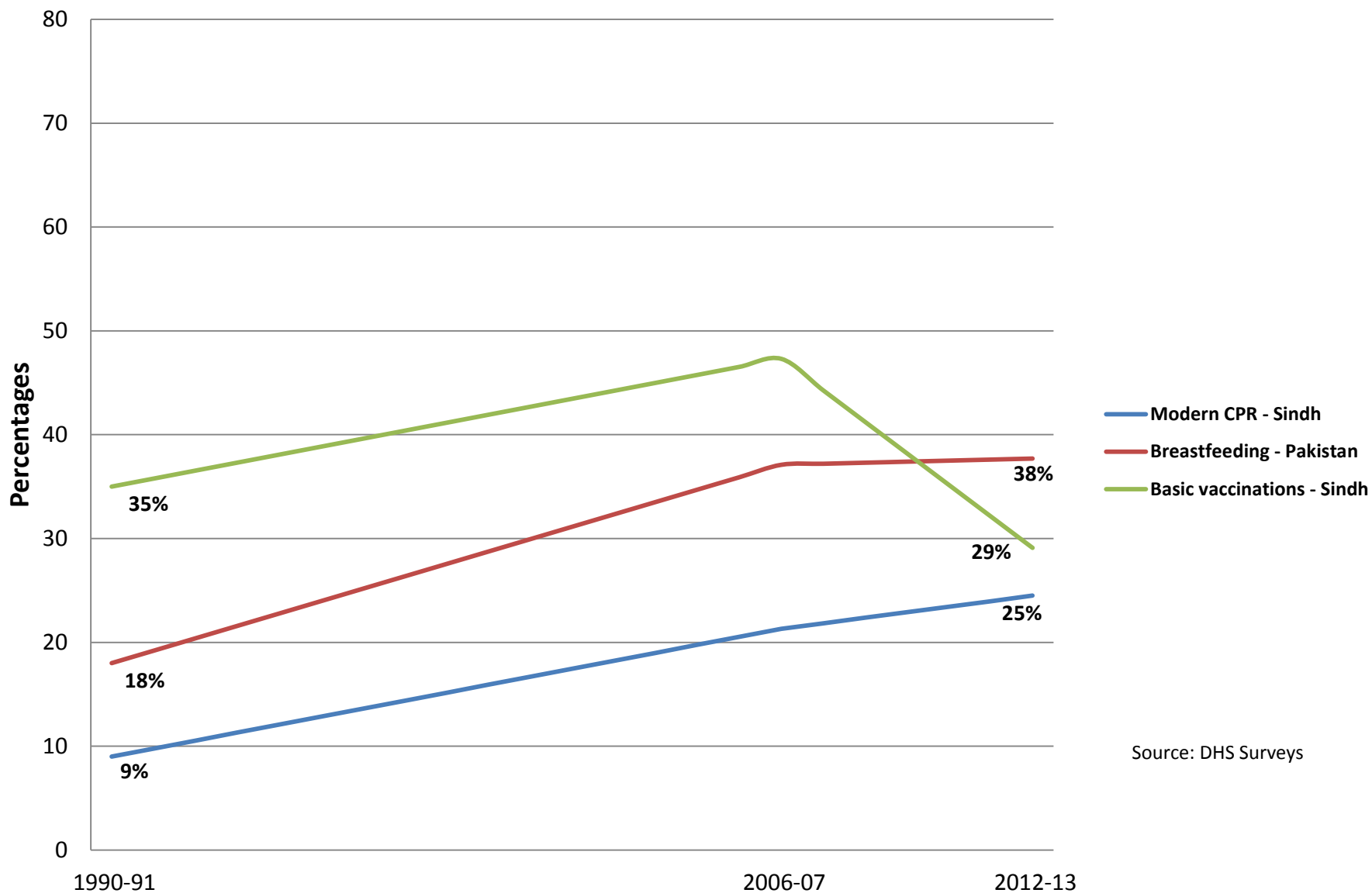
Maternal and Child Health
Integrated Program

Quality of Care is the Strongest Determinant of Institutional Delivery in Sindh Province

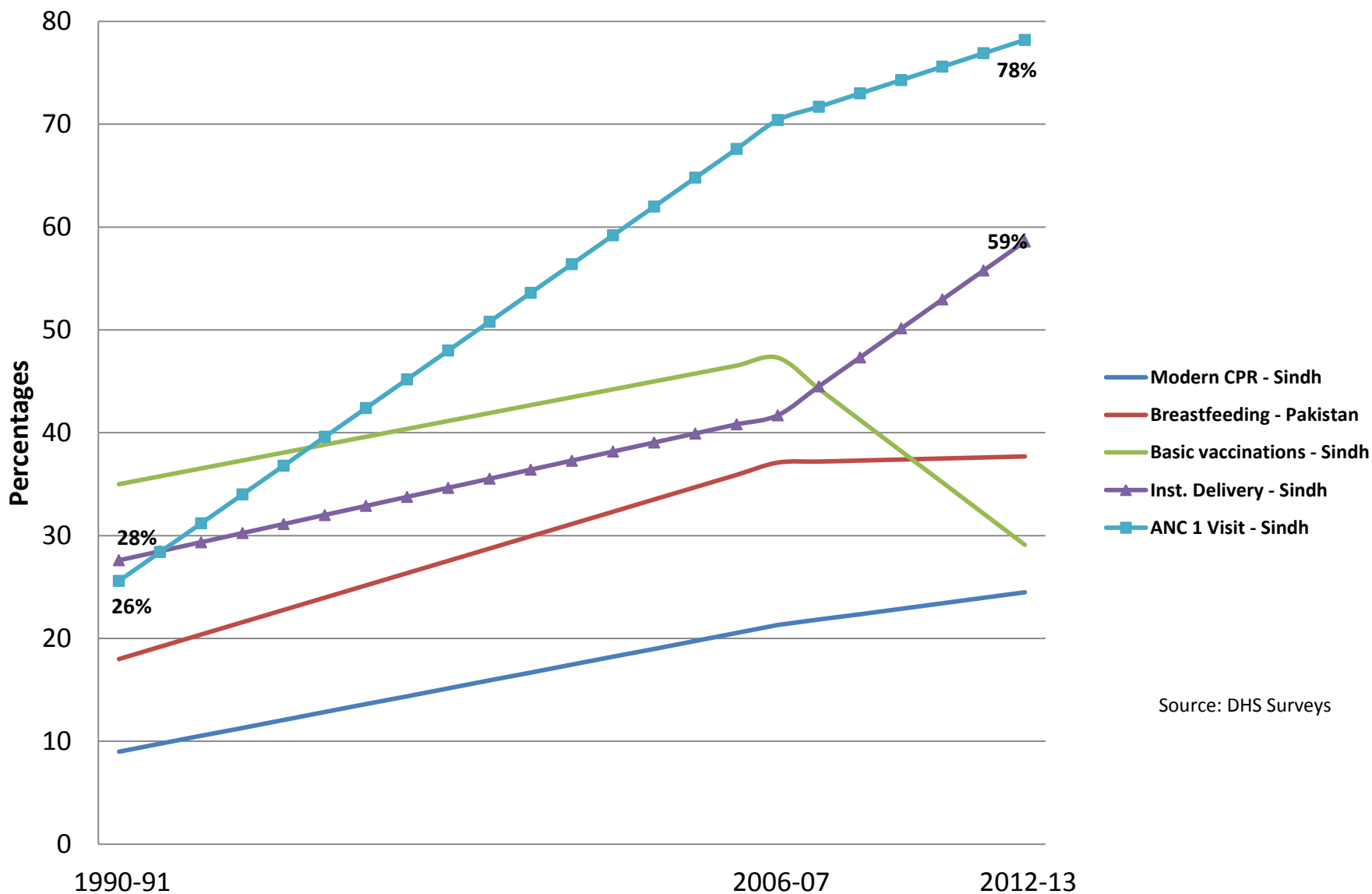
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August 5-8, 2014 – Karachi, Pakistan

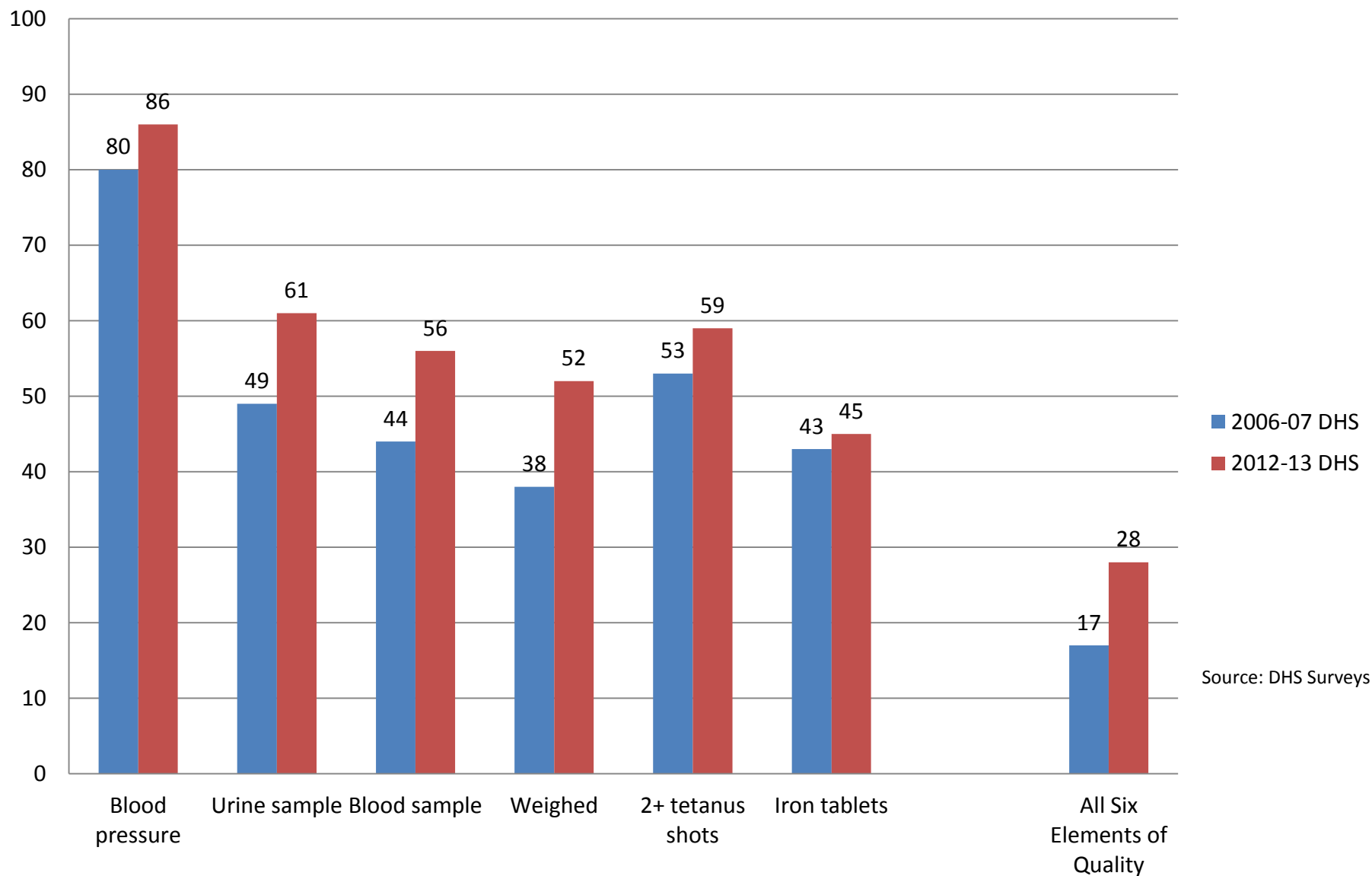
Changes in Basic Vaccination, Exclusive Breastfeeding and Modern Contraceptive Prevalence in Pakistan: 1990-91 to 2012-13



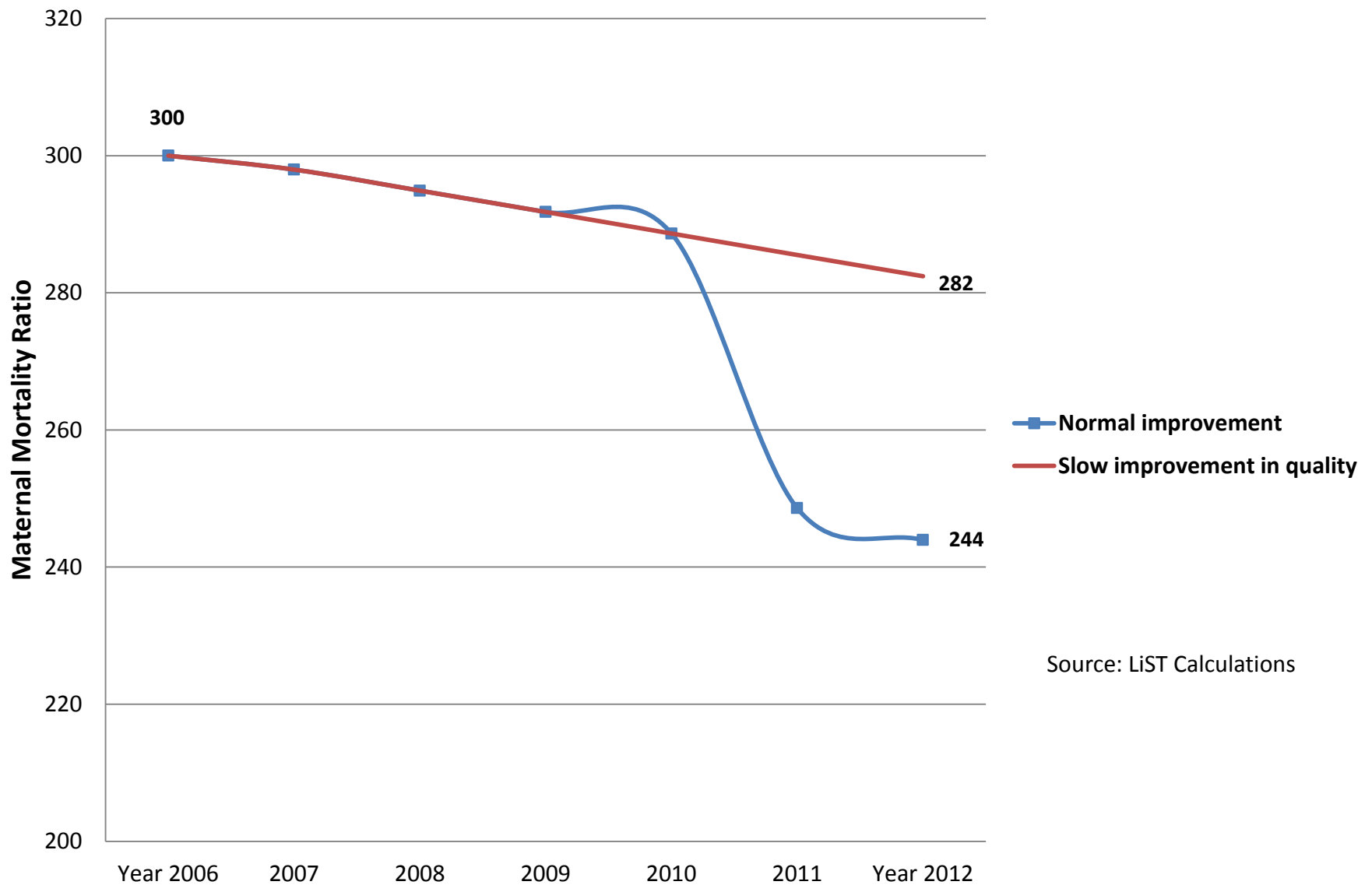
Changes in Vaccination, Breastfeeding, Modern CPR , Institutional Delivery and Antenatal Care in Pakistan: 1990-91 to 2012-13



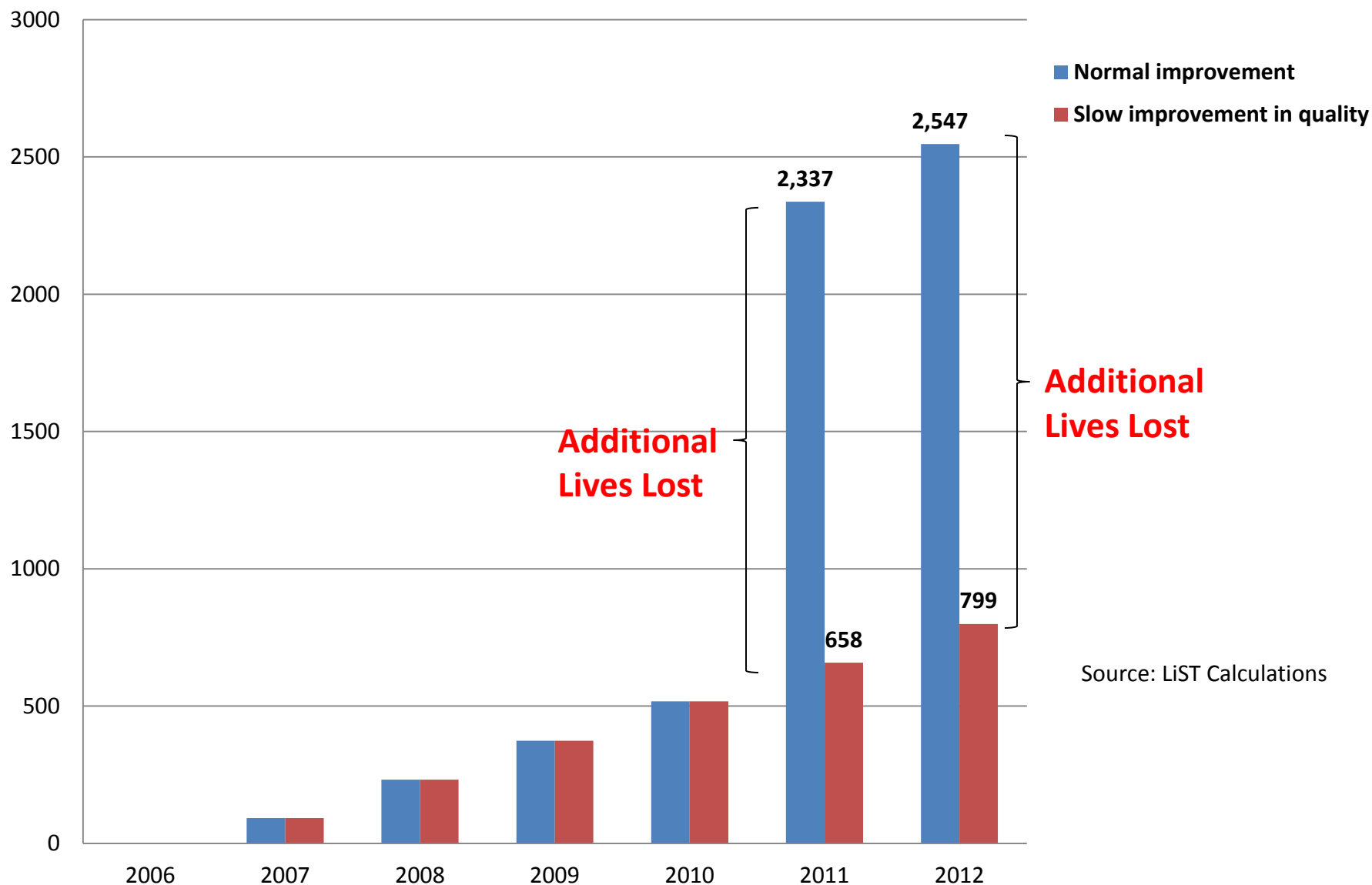
Changes in Quality of Care Provided to Pregnant Women in Pakistan, between 2006-07 to 2012-13



Reduction in Maternal Mortality Ratio in Pakistan from 2006-07 to 2012-13, Under Assumption of Normal and Slow Improvement in Quality



Number of Maternal Deaths Averted in Pakistan 2006-07 and 2012-12 Under Assumptions of Normal and Slow Improvement in Quality



The Cost of Poor Quality

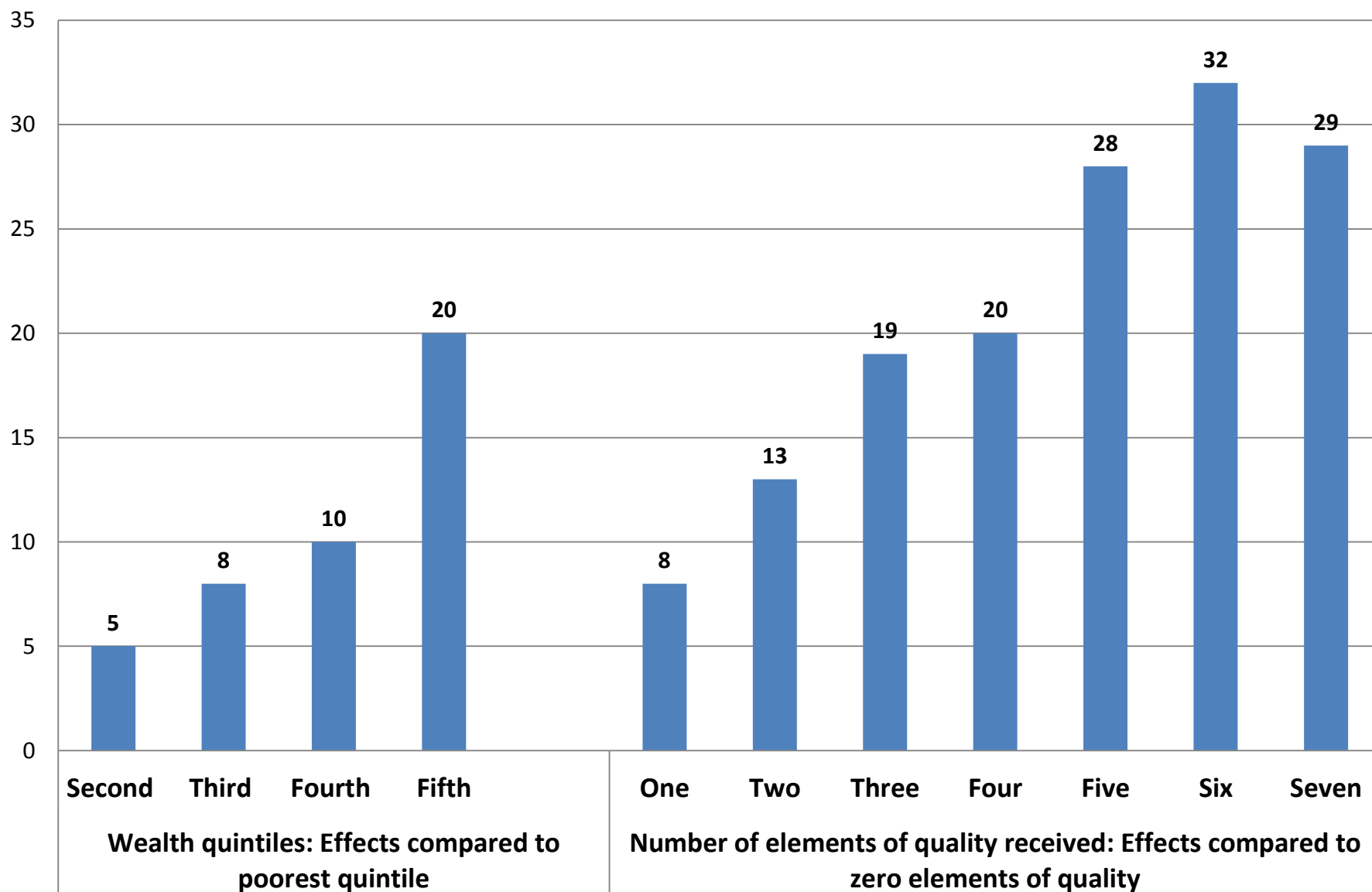
- 3,427 additional maternal deaths would have been averted if improvements in quality had occurred at a normal pace
- Instead, only 2,672 maternal deaths were averted. A potential gain in maternal survival of 128% has been lost because of poor quality of services.

How do we get further reductions in maternal mortality?

- Increases in institutional delivery will lower maternal mortality.
- What are the biggest barriers to increasing institutional delivery coverage?
- We compared the impact of education, wealth and quality of care on institutional delivery.

Effects of wealth and quality of care received on institutional delivery

Marginal effects , in percents, are presented

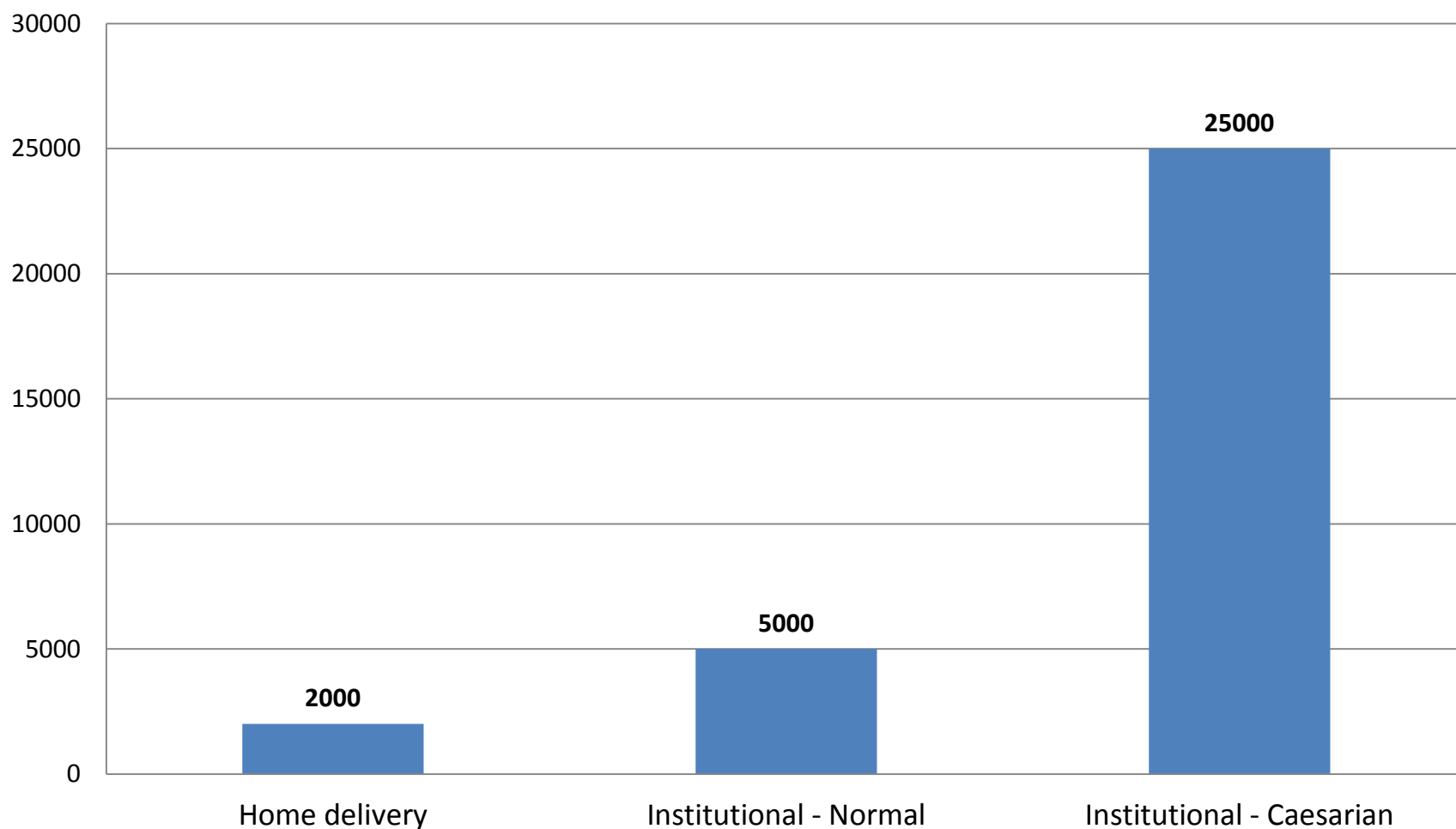


How can we reduce maternal mortality?

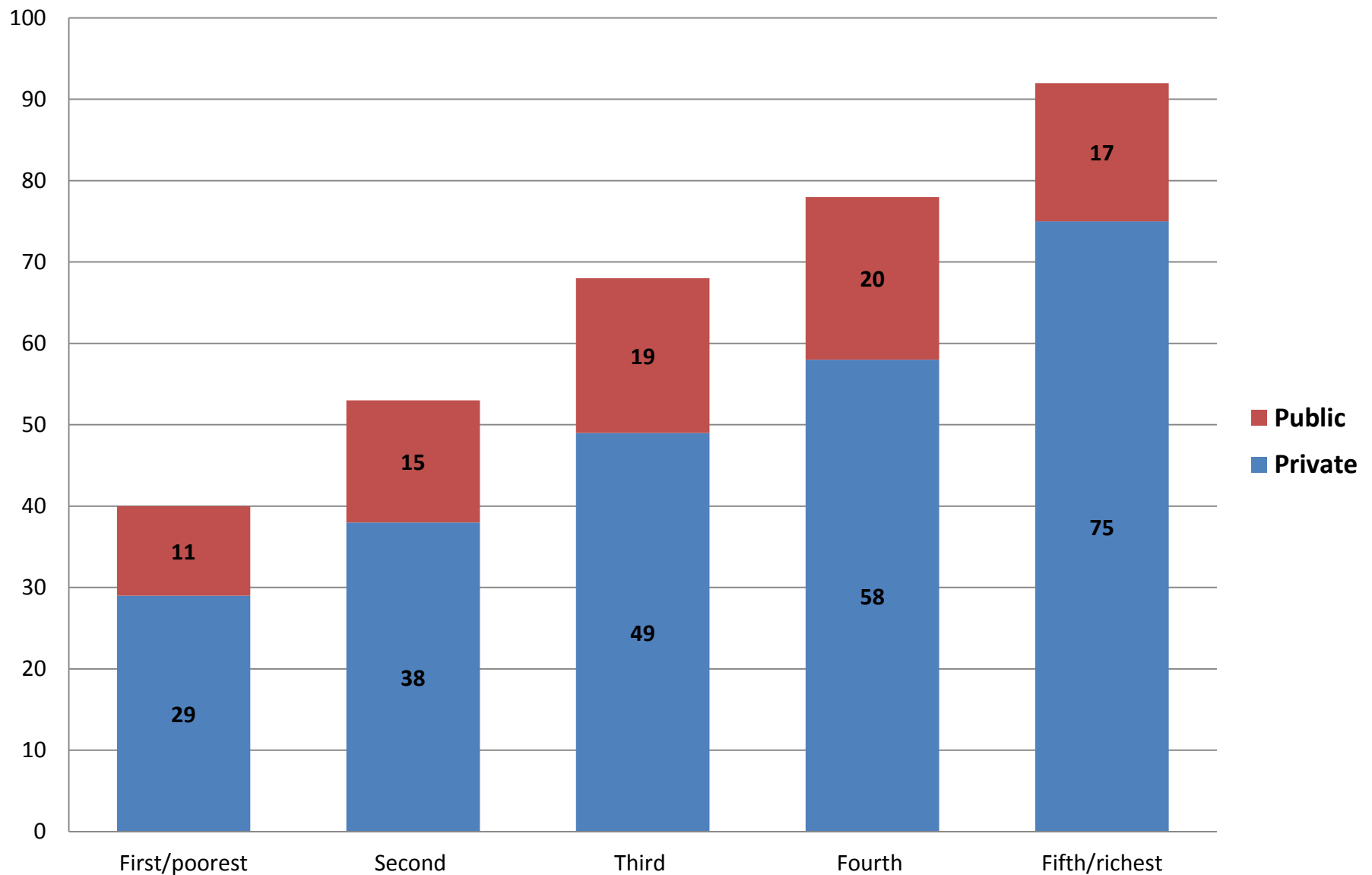
- Quality of care is the most powerful predictor of institutional delivery
- Women who receive better quality of ANC are much more likely to deliver in a health facility
- Improving quality will have a multiplier effect:
 - more lives will be saved of women already delivering in health facilities;
 - more women will deliver in health facilities once better quality services are provided.
- How can government regulate quality and lower economic barriers to institutional delivery?

Given the volumes of deliveries taking place annually, over 1.1 million, there is potential for a substantial insurance market in Sindh. Our estimates suggest that annual expenditure on deliveries is between \$60 - \$100 million per annum

Median Costs in Rupees of Institutional and Home Delivery in Sindh



Rate of Institutional Delivery by Wealth Quintiles and Public and Private Sectors



Conclusions

- As much as we can leverage the opportunity that high coverage of ANC and institutional delivery have provided, we will be able to improve performance of other indicators such as breastfeeding, family planning and immunization
- **Improving quality generates a virtuous cycle: more lives saved and higher coverage of key indicators**



Thank You!