MADE-IN/MADE-FOR
A promising method to estimate maternal mortality for Pakistan’s healthcare system

THE CHALLENGE:
Maternal health policies are difficult to design when the key data is unavailable
Pakistan currently has no plans to make death registration mandatory and, like many countries where vital events are under-recorded, the best information about maternal deaths has tended to come from household surveys.

Estimates from the 2006-07 Demographic and Health Survey suggest that the maternal mortality ratio is comparatively high. But these figures are now ten years old and there is a lack of up-to-date information about patterns at the sub-national units where policies are now designed and implemented.

Unfortunately, large-scale surveys are usually too costly and time-consuming to collect on a regular basis. And although there are more cost effective methods that can generate estimates from smaller samples, these approaches have other data collection weaknesses that can bias their estimates and limit their overall applicability.

THE OBJECTIVE:
Regular and reliable maternal mortality estimates for Khyber Pakhtunkhwa
The Reproductive, Maternal and Newborn Health Project (RMNHP) implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ) aims to strengthen the health system and improve the quality of healthcare for mothers and children. As part of this remit, RMNHP is supporting the replication of a promising new technique to generate regular and precise district and provincial-level maternal mortality estimates for Khyber Pakhtunkhwa province.

APPROACH:
Using local informant networks to identify and investigate maternal deaths
The Maternal Death from Informants (MADE-IN) / Maternal Death Follow-On Review (MADE-FOR) was developed by the Initiative for Maternal Mortality Programme Assessment at the University of Aberdeen. The MADE-IN/MADE-FOR method begins by identifying suitable informant networks such as religious leaders, community health workers or traditional birth attendants. The informants are then asked to create a list of women of reproductive age who have died within in their communities and a “listing meeting” is held to review the results and to check for any inaccuracies or duplicates.
Having established the list, follow-up interviews are carried out with relatives of the deceased to check whether the death was from pregnancy-related causes. These interviews also establish the cause and circumstances of death; and collect information about socio-economic status and health-seeking behaviour. Where more than one informant network is used, or where there are other data sources available, the results are cross-checked with the alternative sources to increase accuracy. The final data are then used to estimate overall maternal mortality and to enable researchers to investigate the circumstances and causes of maternal death.

By relying on community members to identify deaths, MADE-IN/MADE-FOR is cheaper and less time-consuming to implement than a survey. The method aims to record all maternal deaths and, as a consequence, it also avoids the concerns about sampling error that are associated with other maternal mortality estimation techniques.

In early 2014 the Population Council received funding from the UK Department for International Development (DFID) and the Australian Department of Foreign Affairs and Trade to test the feasibility of MADE-IN/MADE-FOR in Pakistan. The resulting pilot successfully generated district and provincial maternal mortality ratios for Punjab and concluded that the method could be used to generate twice-yearly estimates of maternal mortality down to the community level.

OUTLOOK:

Building on the success in Punjab, MADE-IN/MADE-FOR was introduced in the Nowshera and Haripur districts of Khyber Pakhtunkhwa province in August 2015. The initial pilot was successful in producing adjusted and unadjusted maternal mortality ratios for both districts and also collected a wealth of data on the causes and circumstances of these deaths. The main findings were published in early 2016. The results of a subsequent pilot to test the feasibility of using informant networks to estimate neonatal mortality were published in early 2017. With additional funds from UKAID through DFID, GIZ scaled up the method to four additional districts - Swabi, Mansehra, D.I. Khan, and Kohat representing northern and southern regions of Khyber Pakhtunkhwa - in order to obtain provincially representative MMR data for the entire province.