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DOMINICAN REPUBLIC: MOTHERS AND BABIES IN GOOD CARE INITIATIVE

A proposal prepared for UNICEF NextGen

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Overview

Over the past ten years, major institutional and political reforms in the Dominican Republic have improved the fulfillment of human rights. Despite these efforts, there remains a need to increase sustainable human development, particularly for children. Inequalities persist, and in some cases are increasing. For example, children living in bateyes (communities originally concentrated in and around sugar plantations and mills), marginal urban areas and poor rural areas along the border of Haiti are particularly vulnerable to infant mortality.

Approximately 200,000 babies are born each year in the Dominican Republic, with 60 percent of those births taking place in public hospitals. Yet, around 200 pregnant women and 4,000 newborns die each year, despite the fact that prenatal care by qualified health personnel is almost universal at 99 percent and institutional birth coverage is 95 percent.

The majority of the deaths of newborns in the Dominican Republic are caused by bacterial sepsis (22 percent of neonatal mortality) and respiratory distress syndrome (31 percent of neonatal mortality). Sepsis is also responsible for 16 percent of maternal mortality in the Dominican Republic, yet it can be easily prevented by improving the quality of hospitals and basic health care services.

Globally, less than half of newborn babies are breastfed during their first hour of birth. Exclusive breastfeeding can prevent neonatal and infant mortality, and is the foundation of good nutrition that facilitates growth, healthy brain development and improved cognitive performance. Yet only four percent of newborns are exclusively breastfed during the first six months of life in the Dominican Republic.

In addition, birth registration is not always enforced, but is essential for the health and wellbeing of a child to reach his/her full potential. Without civil registration, children may not be recognized as citizens of their own country and may not be able to receive an education, health care, a passport or other national services. Registering a newborn with a civil registration unit before leaving the hospital ensures that child can fulfil their right to an education and has access to citizenship and vital services throughout their lifetime.

Maternal and Neonatal Mortality: DR and LAC Region¹

INDICATOR	DOMINICAN REPUBLIC	LAC REGION AVERAGE ²
Maternal mortality	104/100,000 live births ³	67/100,000 live births
Neonatal mortality (under one month of age)	20.8 children/1,000 live births	9 children/1,000 live births
Health care during delivery	99%	91%
Exclusive breastfeeding from 0–6 months	4.7%	30%

¹ UNICEF. State of the World's Children 2017: Children in a Digital World, December 2017.

² UNICEF. Committing to Child Survival: A Promise Renewed; Progress Report, 2014.

³ UNICEF. Every Child Alive report, 2018.

UNICEF in Action

In 2012 and 2013 UNICEF supported the Ministry of Health (MoH) in conducting a bottleneck analysis of the factors that cause maternal and neonatal mortality in hospitals. The main conclusions were:

- Lack of operational planning in hospitals, such as the supply of medication and essential materials for quality and timely medical services;
- Uneven allocation of human resources and supplies that do not correspond to actual demand in hospitals. This often forces pregnant women and newborn babies in critical condition to travel some distance to seek medical attention, and in many cases, they arrive too late;
- Absence of qualified health personnel during childbirth, which results in poor medical interventions by unskilled assistants, medical students and/or interns;
- Poor hospital infrastructure and inadequate hygiene conditions, including contaminated water in maternity wards;
- Health personnel offer breastmilk substitutes for economic kickbacks;
- Inadequate education on breastfeeding and breastfeeding techniques; and
- Lack of collaboration between public health services and community-based organizations that promote maternal and child health.

THE PRECURSOR: BABY-FRIENDLY HOSPITALS

Before the Mothers and Babies in Good Care Initiative, UNICEF and the World Health Organization (WHO) began a partnership in the Dominican Republic in 1990 called the Baby-Friendly Hospital Initiative. The goal of this Initiative was to provide quality maternity services and baby and mother-friendly care through working with the MoH and the Pan-American Health Organization (PAHO) to improve the quality of public hospital services. The MoH adopted the Baby-Friendly Hospital Initiative in 1993 as the model on which to certify quality care and services at regional hospitals and community health centers (UNAPs). Hospitals received Baby-Friendly certification from the MoH when they met established standards of quality health services, including humane treatment of pregnant women and newborn babies, and achieving a reduction in maternal and infant mortality.

At first, the focus of the Initiative was the promotion of exclusive breastfeeding through community-based organizations and in hospitals. In 2013, alarmed by the high figures of maternal and neonatal mortality, the MoH and UNICEF launched a new Baby-Friendly Hospital Initiative that included four new components: **quality prenatal care; clean delivery; infection prevention in newborn care; and timely birth registration**. The first three are recognized as low-cost, high-impact interventions to reduce maternal and neonatal mortality.

In May 2015, the expanded Initiative became MoH public policy for the reduction of maternal and infant mortality through a ministerial resolution on the Baby-Friendly Hospital Initiative.

MOTHERS AND BABIES IN GOOD CARE INITIATIVE

Like its predecessor, the Mothers and Babies in Good Care Initiative is based on the continuous improvement of the quality of maternal and neonatal care, leading to a reduction in maternal and neonatal mortality. The impact of the Initiative will focus on decreasing avoidable maternal and neonatal deaths at hospitals through increasing the level of compliance with quality standards in antenatal care, labor, birth, newborn attention and breastfeeding promotion.

A new aspect of the Mothers and Babies in Good Care Initiative is the focus on the “humanization” of maternal care, meaning improving the quality of maternal care so that obstetric violence is avoided and relationships between mothers and obstetricians is improved. To ensure quality in implementing all these initiatives, it is critical to expand UNICEF’s technical support to the program in the coming years.

Successes to Date

UNICEF has been supporting the implementation of the Initiative in selected hospitals to demonstrate its impact on maternal and neonatal deaths. In 2018, a formative evaluation of the Initiative was carried out in two hospitals by an external institution, which concluded:

- The Initiative has increased the level of compliance with quality standards of maternal and neonatal care;
- Maternal and neonatal deaths were reduced⁴; and
- The Initiative could be scaled-up to public policy, provided some recommendations were followed, such as increasing government funding to the Initiative.

Based on the conclusions of the formative evaluation, and with a new National Health Service (NHS) director, UNICEF modified its strategy of implementing the Initiative directly in hospitals, and developed an intensive plan of evidence-based advocacy and technical assistance, focusing on strengthening the NHS's ownership of the Initiative. Gradually, UNICEF plans to transfer the Initiative entirely to the NHS, which has decided to incorporate the Initiative's methodology as its main strategy to improve the quality of maternal and neonatal care in selected public hospitals. UNICEF's technical assistance has already supported the design of the functional structure that the NHS would need for implementing this methodology.

Acknowledging the behavior changes that the Initiative has been making in health personnel and its contribution to the reduction in maternal and neonatal deaths, the MoH has identified the Initiative as an important part of its Strategic Plan. In September 2018, the MoH signed a ministerial resolution to implement the Initiative and to establish procedures for hospital certification in quality and the humanization of child and maternal attention.



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⁴ Maternal mortality had not been reduced in one hospital that had lower compliance with quality standards.

The Impact of Your Support

The Mothers and Babies in Good Care Initiative will focus on ten hospitals and UNAPs in their coverage areas, where 70 percent of maternal and neonatal mortality is concentrated. Some of these hospitals are located far from the capital city and constantly lack qualified health personnel. **With our support, at the end of the three-year period, at least 45,000 babies will be born in safe conditions. In addition, mothers will be treated with dignity, be protected from obstetric violence and overall, will receive better quality of care.**

In order to improve the quality of public health services for pregnant mothers and newborn babies in the next three years, the Initiative will work to improve practices and behavior at the target hospitals, which will contribute to the reduction of maternal and neonatal mortality. Each hospital must show at least 80 percent compliance with quality standards in the areas of antenatal care, labor, birth, postpartum, immediate attention of newborn, breastfeeding and birth registration.

In addition, this initiative will focus on humane care during delivery and will ensure healthcare professionals take measures to avoid harmful and/or unnecessary practices such as episiotomy, caesarean section and the excessive use of oxytocin, as well as early umbilical cord clamping. It will implement clean birth interventions, including management of the third stage of delivery and follow-up during the postpartum period to prevent complications.

As part of the Initiative, newborn babies will be placed against the mother's chest as soon as they are born to facilitate skin-to-skin contact and breastfeeding. Mother and child will be encouraged to stay together for at least 24 hours following the birth.

The Initiative also actively contributes to fulfilling a newborn baby's right of identity. Nurses and other hospital personnel give advice to mothers to ensure that every baby born in a hospital is registered before leaving. Surveys conducted by UNICEF in 2014 show that six out of every ten babies left the hospital without a birth certificate despite the fact that most of the major hospitals have civil registry offices within the hospital premises. UNICEF supports the Central Electoral Board in making improvements to the civil registry offices in hospitals so that they have the resources required to ensure birth registrations take place.

Every year, approximately 40 percent of the pregnant women (or 45,000 pregnant women) who give birth in public hospitals seek medical attention in the Initiative's ten priority hospitals. An estimated population of 1.27 million people live in these areas (approximately 20 percent of which are adolescents between 10 and 19 years of age).

The ten priority hospitals in which the Initiative will be implemented are:

- Maternity Hospital Reynaldo Almanzar, Santo Domingo norte;
- Maternity Hospital Los Mina, Santo Domingo East;
- Hospital de Boca Chica, Santo Domingo East;
- Hospital Vinicio Calventi, Los Alcarrizos;
- Regional Hospital Antonio Musa, San Pedro de Macorís;
- Regional Hospital Dr Alejandro Cabral, San Juan de la Maguana;
- Provincial Hospital Taiwan, Azua;
- Provincial Hospital Rosa Duarte, Elías Piña;
- Regional Hospital Dr Jaime Mota, Barahona; and
- Hospital San Vicente de Paul, Duarte.

There are approximately 120 UNAPs in the provinces that fall under the coverage area of the 10 priority hospitals. The map below shows the location of each priority hospital:



IMPACT INDICATORS

To monitor the progress of the Initiative, UNICEF will report on the following indicators:

Year One

- Number of Hospitals with Quality Committees established;
- Number of baseline surveys in the hospitals and UNAPs;
- Percentage of unachieved established indicators according to the baseline;
- Number of Improvement Action Plans implemented;
- Maternal mortality rate in each hospital; and
- Neonatal mortality rate in each hospital.

Year Two

- Percentage of Improvement Action Plans implemented;
- Number of health care personnel trained;
- Number of community counsellors trained; and
- Number of hospitals with more than 65 percent of quality standards achieved.

Year Three

- Number of hospitals with more than 80 percent of quality standards achieved;
- Percentage of maternal mortality rate reduction in each hospital; and
- Percentage of reduction of neonatal mortality in each hospital.

BECOMING A MOTHERS AND BABIES IN GOOD CARE HOSPITAL

The process through which hospitals reach high compliance (more than 80 percent) with quality and humanization standards depends on many factors, such as commitment among hospital authorities and health personnel; competences and skills among staff to implement changes; strengthened referrals among the health network of services (at UNAPs) and hospitals; and the communication among NHS, their regional branches, health facilities, the MoH and the availability of resources. This process can take up to two or three years.

Each priority hospital should meet quality and humanization standards after completing the following three phases:

Phase 1: Analysis and Planning

- Carry out a baseline analysis of the current situation. Baseline data collection standards for each priority hospital are: observation of prenatal consultations; utilizing a clean delivery guide; providing mother-friendly care during delivery and newborn-friendly care; promoting breastfeeding and ensuring the newborn stays with his/her mother after birth, facilitating skin-to-skin contact; and birth registration before the newborn leaves the hospital.
- Create a Hospital Committee following MoH hospital regulations.
- Develop an Improvement Action Plan for each hospital and UNAP, including changing health care personnel routines, training, equipment purchases and procurement, ensuring safe water is available and improving hygiene practices.

Phase 2: Implementation

- Priority hospitals and UNAPs receive technical training support from central public health services (the MoH and National Health Service, Regional Health Services and the leading priority hospital) on prenatal care, clean delivery guidance, biosafety practices, postpartum attention, immediate attention to newborns, breastfeeding, and timely birth registration.
- As per the formative evaluation, a gender-sensitive approach and treatment with dignity should be prioritized.

Phase 3: Evaluation

During the evaluation stage, the progress and results achieved by the Improvement Action Plan will be assessed.

- Self-appraisal forms will be disseminated by the hospital's Quality Committee;
- A team of external evaluators will be trained – this team will be formed under the auspices of the MoH with the support of the National Breastfeeding Committee, pediatricians, obstetricians, gynecologists and UNICEF. The evaluation will verify improvements in comparison to the baseline data taken in Phase 1 of the Initiative, and will include observations of all stakeholders plus interviews with pregnant women, mothers of newborns, medical staff, the hospital's director, the civil registry unit staff and staff responsible for training. The results will be summarized with an analysis of all of the criteria;
- An external assessment of the UNAPs will be conducted, focusing on prenatal consultations and the promotion of exclusive breastfeeding for the first six months; and
- An external hospital assessment will be conducted by the MoH. An external evaluation is crucial to verify whether the hospital has managed to maintain the humanization and quality standards of hospital services and health care of pregnant women and newborns.

Once a hospital has achieved the level of required humanization and quality standards, it may ask to be certified by the Ministry of Health. After certification, health facilities are monitored and reassessed on an ongoing basis every six months. UNICEF supports the NHS and their regional branches, the MoH and hospitals in their implementation of the different stages of the Initiative's methodologies through technical support, communication for development (C4D), capacity building, continuous monitoring, external evaluation and the certification process.

COMMUNICATION FOR DEVELOPMENT

Networks of community health workers contribute to identifying health problems due to the lack of prenatal medical check-ups which could result in fatal consequences. They visit pregnant women and women with young children in marginalized neighborhoods with poor water and sanitation infrastructure, high unemployment rates, low levels of education, no registration of births, labor exploitation and violence. Community health workers also organize group meetings for pregnant women in churches, community centers and schools to share information on basic hygiene, warning signs

during pregnancy, postnatal care, breastfeeding, their right to receive quality health care services and timely birth registration.

Considering the need to create greater awareness and demand for quality health services and dignified treatment, UNICEF will start, in at least three hospitals, an empowerment process among community leaders and women who will oversee the quality of health services and give recommendations or register complaints to health managers to include in their respective hospital quality improvement action plans. In order to carry out this robust, life-saving initiative, UNICEF Dominican Republic requests the following funding—budgeted out below. **As a NextGen community, we are committed to raising a minimum of \$100,000 in support of the Mother’s and Babies in Good Care Initiative.**

Budget

ACTIVITY	YEAR 1	YEAR 2	YEAR 3	TOTAL COST
Phase 1: Analysis and Planning				
Technical assistance for baseline survey in each hospital	\$7,000	\$5,000	-	\$12,000
Training Quality Committee members and developing/following up on Quality Improvement Action Plans	\$7,000	\$5,000	-	\$12,000
Design and implementation of C4D strategy for behavioral change among health personnel and pregnant women	\$40,000	\$35,000	\$20,000	\$95,000
Phase 2: Implementation				
Training health care personnel at the 10 selected hospitals and 120 UNAPs	\$35,000	\$30,000	\$20,000	\$85,000
Technical assistance for institutional strengthening of the NHS and Regional Health Service	\$15,000	\$15,000	\$10,000	\$40,000
Technical assistance to the MoH to review and complete the evaluation guideline, new protocols and new interventions	\$10,000	\$12,000	\$10,000	\$32,000
Training community/female leaders on humanization and quality standard compliance	\$20,000	\$20,000	\$10,000	\$50,000
Technical assistance for implementation (methodology, periodic observations, Quality Improvement Plan, standards, etc.)	\$40,000	\$35,000	\$30,000	\$105,000
Essential equipment for hospitals, including neonatal transport incubators	\$25,000	--	--	\$25,000
Operational costs (partial salaries)	\$30,000	\$30,000	\$25,000	\$85,000
Phase 3: Evaluation				
External evaluation	-	\$8,000	\$12,000	\$20,000
Monitoring (hospitals, UNAPs, community counsellors, managers of regional health services, etc.)	\$16,000	\$15,000	\$12,000	\$43,000
Impact assessment	-	-	\$30,000	\$30,000
Subtotal, program costs	\$245,000	\$210,000	\$179,000	\$634,000
UNICEF/UUSA administrative costs	\$25,000	\$21,429	\$18,265	\$64,694
TOTAL COSTS	\$270,000	\$231,429	\$197,265	\$698,694

*Operational costs account for UNICEF staff time spent on the Initiative.

The Way Forward

Thank you for considering partnering with UNICEF on the Mothers and Babies in Good Care Initiative in the Dominican Republic. With your support, maternal and newborn mortality can decrease through systemic change in hospital care and practices, nutrition can be improved through the promotion of breastfeeding, and newborns can be registered before they leave the hospital. UNICEF is committed to scaling up the Mothers and Babies in Good Care Initiative at all maternity public hospitals and converting the interventions of the Initiative into the national health policy.

On behalf of the newborns and new mothers of the Dominican Republic, thank you!



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