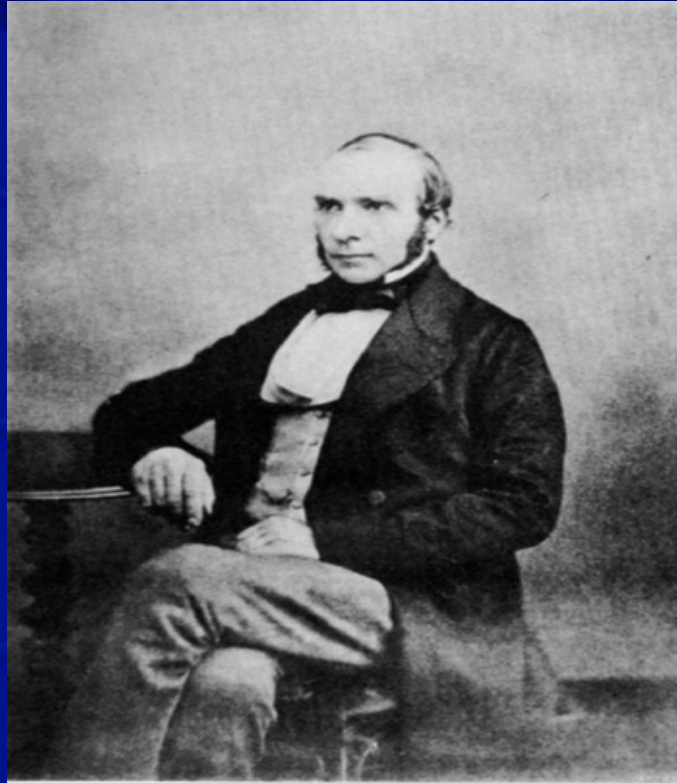


# The Measurement of Maternal Mortality during Humanitarian Response

## Recent Lessons from Afghanistan

Leila Bisharat  
Patricia David  
Laura Reichenbach





*John Snow*

## **JSI Consultation**

**Lynn Amowitz**

**Julia Hussein**

**Linda Bartlett**

**Jennifer Leaning**

**Cindy Berg**

**Anne Paxton**

**Leila Bisharat**

**Susan Purdin**

**Patricia David**

**Laura Reichenbach**

**Judith Fortney**

**Cindy Stanton**

**Wendy Graham**

**Mary Ellen Stanton**



1. Afghanistan Puts Maternal Mortality in the Headlines

2. Donors call for Action

3. Pioneering Measurement Efforts indicate very high levels of MMR

# International Attention to Status of Women in Afghanistan

Maternal Mortality as an Indicator of  
Human Rights Abuse

Sets a Precedent

A dark blue background with a faint, light blue world map showing the continents. The map is centered and covers the entire area.

# What Have We Learned from the PHR and CDC MMR Surveys in Afghanistan?

# Questions Posed for Consultation

- What are the methods and approaches for studying the risks of childbirth during humanitarian response?
- What are the issues and pitfalls faced in the field studies?
- What do the findings tell us about the outer limits of maternal mortality?
- What are suggestions for future studies?

# **Major Challenges**

**No Perfect Method for Assessing  
Maternal Mortality and  
Maternal Health**

**Information Needs and Local  
Realities Must Drive Data  
Collection**

# Experience in Measuring MMR in Crisis Situations Limited

## Methods for “Normal Situations”

- RAMOS Method - Bartlett
- Sisterhood Method - Amowitz

# Issues and Pitfalls

The Measurement Trap

Donor Needs

Donor Understanding

Support

Coordination

# Choice of Approaches

- **Raise Awareness of the Issue?**
- **Advocacy?**
- **To Track Progress?**

# **UN Organizations**

## **Special Role**

**Planning and Promoting Studies  
Required**

**Coordinating Work of Different  
Teams**

**Sharing Information on Work  
in Progress**

# **UN Organizations**

## **Limitations**

**High Levels of Visibility and  
Scrutiny**

**Pressure to Get Results Out  
Quickly**

**Management of Fieldwork and  
Data Entry**

# **Upper Limits of Maternal Mortality**

**Limited Evidence from  
Conflict Situations**

**Afghanistan has taught  
us the necessity of  
keeping an open mind**

• **Gambia - 1980's**  
*Greenwood MMR 2,200*

• **England - 1600's**  
*Dobbie MMR 2,350*

# Next Steps

1. Guide for Donors as well as Field Staff
2. Advise against overemphasis on maternal mortality measurement, especially in initial response
3. Decide on immediate package of obstetric services for different crisis settings

## **Broad Bands of Maternal Mortality**

1. Sensitize donors to broad bands of maternal mortality - and what they mean for action required
2. Usefulness of “stories”, death audits, for meeting donor need to raise public awareness
3. UN process indicators and needs assessments to trigger and monitor humanitarian response

Build on Experience in  
Afghanistan

Keep Obstetric Care for  
Pregnant Women in the  
Public Conscience

as a Basic Human Right

