

# South-South Cooperation for Safe Motherhood

## **Good Practice:**

Bhutan-Thailand-UNFPA  
Technical Cooperation under  
Trilateral Partnership





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# Executive Summary

The technical cooperation on Safe Motherhood under South-South Cooperation was initiated by Thailand-Bhutan-UNFPA with the aim at reducing maternal mortality rate in Bhutan. This technical cooperation focuses on institutional capacity development of health personnel from service providers, health workforce trainers to health managers. Thailand based knowledge and experiences were tailored to needs and demands to Bhutan. As the facilitator, UNFPA ensures the systematic steps and process planned with good quality, true partnership, and sustainability. The model of this initiative definitely can be duplicated and applicable to other countries.

## Background

In the Asia Pacific region and beyond, Thailand is held up as a success story in the areas of family planning, maternal health, and population and development. Since the 1970's Thailand has contributed to the development of health personnel from over 20 countries across the globe.

Low and middle-income countries in the region look to Thailand for technical support and guidance in the arena of health in particular. With support from UNFPA, Thailand is well positioned in the region to provide this leadership.

With the deadline to achieve the MDGs and ICPD fast approaching, there is need provide technical support to countries those still lagging behind in achieving their targets is being accelerated.

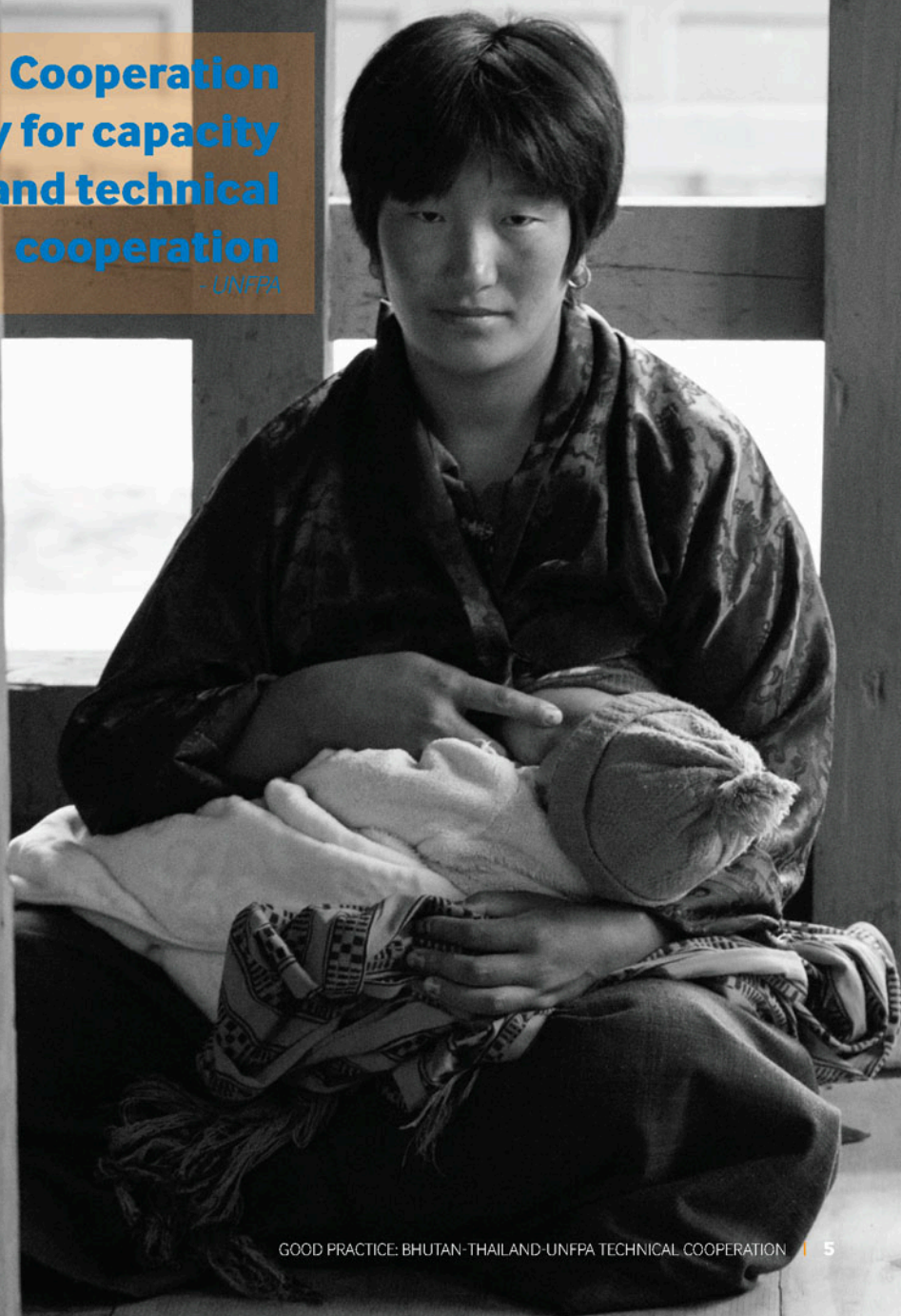
By 2002, as Thailand became increasingly popular as a regional destination for learning, The Royal Thai Government, recognising this demand, appointed Thailand's International Development Cooperation Agency (TICA) as the national coordinator on international development cooperation as well as south-south Cooperation.

South-South Cooperation (SSC) is based on the notion that countries facing common challenges and seeking to achieve common goals can make faster progress through shared learning and experiences.



**South-South Cooperation  
is the key strategy for capacity  
development and technical  
cooperation**

- UNFPA





## How did it start?

Ensuring the support Thailand provides is truly demand driven, in 2008, TICA with the support of UNFPA conducted a country needs assessment in the region to identify needs on Thailand's technical cooperation as well as the preferable methodology of technical supports. Along with the needs assessment, Thailand's South-South cooperation strategy on Reproductive Health and Population Development was reviewed.

What followed was a paradigm shift in the way Thailand provided technical cooperation. From individual capacity development, training and study visits that benefitted only a few and whose impact was hard to assess, Thailand shifted its focus to institutional building, strengthening and global partnership development with their neighbouring countries. Of the top three identified priority areas for Technical Corporation, support required in Maternal Health was priority. Myanmar, Laos, and Bhutan were chosen as pilot countries for this approach.

# Development Process

**T**ICA and UNFPA hired a consultant, ASEAN Institute of Health Development (AIHD), Mahidol University to moderate the processes with Thai experts and institutions, target governments, UNFPA offices in order to come up with draft technical co-operation action plan on Maternal Health. In this connection, the following processes were implemented:

**Involvement of Regional Office:** Through Thailand Programme Desk at regional office, the result on needs for technical cooperation on Maternal Health was brought up to the attention of Regional Technical Advisor. Meetings and discussion on objective of Thai lead South-South Cooperation and new strategy on technical cooperation were discussed. The Technical Advisor on Maternal Health assisted to provide more information and link Thailand SSC with focal points in the target countries.

**Clarification of needs with Country Offices:** Focal points on Maternal Health from three countries together with the Regional Technical Advisor met with AIHD and selected key experts and Institutions on Reproductive Health. Discussion needs and updates to maternal health situations were made.

**Technical Capacity on Maternal Health:** Followed the process two, around twenty experts and representatives from Thai institutions specialise on reproductive and maternal health were invited for discussion on their capacities for technical cooperation. Experiences and good practices on international technical cooperation were re-viewed to ensure alignment of their expertise with needs and the target countries.

**Shopping Around on Thailand Good Practices on Maternal Health:** Ten health officials working on Maternal Health from three countries were invited for a study visit to Thailand for maternal health programmes at national, provincial and sub provincial levels, including: Chiang Mai and Maehongson areas.

After completion of the identification of areas for maternal health technical cooperation and Thailand's capacity review, with some difficulties, Myanmar and Laos could not continue with the pilot technical cooperation under the trilateral partner-ship. Bhutan is the only country ready for technical cooperation.



# **South-South Cooperation is considered as an important development instrument and resource mobilisation objective**

*– International Conference on Population and Development*







# Why Bhutan?

**B**hutan has much to learn from its neighbour Thailand, as only 88% of pregnant women in Bhutan receive ante natal care, this compared to Thailand's 99% where every pregnant women has at least one ante natal visit. Poor ante natal care coverage has contributed to low skilled birth attendance where only 51% of births are attended by skilled health personnel, compared to Thailand's 99%.

Most pregnancy related complications are hard to predict but easily treatable with trained birth attendants. But without institutional deliveries and low skilled birth attendants, maternal mortality remains comparatively high with 255 of every 100,000 women dying during pregnancy and childbirth in Bhutan.

In Thailand the figure is 14. Access to and low utilization of services accounts and inadequate numbers of health providers especially less female service providers are key problematic factors for Bhutan.

Though in Bhutan, the coverage of health facilities is 100%, still questions on quality of emergency obstetric care (EmOC) services, inadequate coverage lack of inadequate community health volunteers involvement, and community participation on maternal health care and services particularly among men, have contributed to making motherhood unsafe in many parts of Bhutan.

Recognizing the urgent need for action in the area of maternal health, Bhutan's first National reproductive health strategic plan was developed where institutional delivery is priority in the five-year plan. It is emphasize promotion of institutional deliveries, increase access to family planning services, improve screening for Cervical Cancer, further reproductive health re-search, and the encourage community involvement in making motherhood safer.

UNFPA in Bhutan played a key role in the drafting of this plan and strategies. With a nationally enabling policy environment, and supportive legislature, the doors were open to regional exchange and learning from Thailand.





# Partnerships for Safe Motherhood: Interventions

**UNFPA as One:** Thailand and Bhutan offices closely communicated between each other and played as moderators with their local partners. UNFPA facilitated in their countries to ensure needs and demands are met. For Thailand, UNFPA worked through TICA, the national South-South Cooperation manager, to form team of the experts to assess specific needs and implement the programme. While, in Bhutan, UNFPA worked closely with Ministry of Health to identify specific needs and make sure the right people from right institutions for the learning programme.

Both offices communicated regularly to prepare their government partners for the programme including: visiting of Thai experts to assess needs on maternal health capacity development in Bhutan, drafting of MoU and action plan, signing of agreement and MoU, implementing all planned activities, preparing for monitoring on programme quality, and most importantly sharing costs for the planned activities.



# Technical Cooperation, a Learning Process

After a need assessment visit made to Bhutan, all specific needs identified and action plan developed, MoU then was signed by three partners, Thailand-Bhutan and UNFPA. A MoU outlining a four-year partnership with a Participatory Development framework for action. The action plan includes the long-term institutional capacity development of The Department of Public Health and Royal Institute of Health Sciences of Bhutan. Especially the institute responsible for delivering maternal health case and services and providing in-service training to their health personnel; and the Royal Bhutan Institute of Health Sciences responsible for producing the qualified and well trained health workforce to serve both the Department of Public Health and medical services in Bhutan.

In the short term, the capacity of medical staff and health staff working on maternal and child health care and services in Bhutan is developed. The framework for action includes the two countries commitments for action and sharing of responsibilities. Monitoring of effectiveness and impacts is planned in 2014.

Institute of Health Workforce and Development under the Ministry of Health, facilitated by TICA and UNFPA, were entrusted with identifying areas of technical cooperation in strengthening the responses to maternal deaths in Bhutan. This Thai institute has its mandate to produce health personnel including nurses and health workers to serve Thailand community health services and cares. The institute takes care of all nursing colleges and colleges for health workers under Ministry of Health. Serving as host institutions, they were able to develop a long-term plan for institutional development. Two nursing colleges, namely Bangkok and Udonthani Nursing Colleges, under the Institute of Health Workforce and Development, were assigned with the development of curricular on advanced midwifery and neonatal care and these were offered as short certificate courses.

In addition, the Department of Health, which takes care of maternal health service and care implementation in Thailand, was entrusted to host a study visit for Bhutanese health coordinators and managers on the community based maternal health cares and services. The programme was based on UNFPA and WHO global standards and in keeping with the requirements of Bhutan. The whole process was managed and coordinated by TICA in Thailand and the Ministry of Health in Bhutan, and facilitated by the UNFPA Country Offices in each country.



Meanwhile UNFPA , TICA and Bureau of Health, Ministry of Health agreed on establishment of quality assurance process and tool. Based on WHO and UNFPA Maternal Health Standards, the Quality Assurance Tool for Assessment of potential Technical Cooperation by Thai Institutions and Experts on Maternal Care and Services/Reproductive Health is developed and implemented.

Monitoring visit to Bhutan was organised in 2014. A monitoring team composed of:

- Team of Thailand including TICA and Nurse Supervisors from Bangkok and Udonthani Nursing Colleges;
- UNFPA Team of Bhutan and Thailand Country Offices; and
- Team of Bhutan Ministry of Health

Before the actual monitoring started, guideline and questions were thoroughly agreed and discussed. Visits were made to Basic Health Units and communities. During the monitoring, views from all concerned policy makers and field workers collected and analysed for better improvement of the programme.

# Lessons Learned

The four year process threw up a number of useful lessons, particularly valuable when replicating this model. Firstly, the entire cooperation framework was based on a thorough needs assessment of the maternal health situation in the demanding country. This was then matched with the similar exercise in Thailand, so that the RTG was able to clearly identify their core strengths and deliver according to those strengths without over promising.

Even at this very early stage, the active participation and engagement of the governments of both countries, at the highest level enabled ownership of the process and outcomes.

Assignment to the right institution to responsible for capacity development programme, was also key to success. As the key actors, the host institute and department understand well on how curriculum should be designed to well match with needs.

Apart from actions agreed in MoU, Thai trainers and Bhutanese trainees initiated the online technical consultation to exchange knowledge and information between them.









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