



Project
Report

SAFE BIRTH FOR ALL

Thailand project



**SAFE
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FOR ALL**


reckitt





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October 2020 to December 2021



ACKNOWLEDGEMENT

We appreciate support and guidance from Reckitt Global; Partnership Branch of the UNFPA Head Quarter and Thailand National Safe Birth for All project Committee under the leadership of the Director-General of Department of Health, Dr. Suwannachai Wattanayingcharoenchai.

Valuable inputs were provided by Reckitt Thailand and Indo-China office; UNFPA Thailand Country team; Ms. Chan Ju from the Strategic Partnership Branch of the UNFPA HQ; and the project management team under supervision of the Department of Health.

The project is grateful to the implementing teams under maternal health and reproductive health networks which include all health personnel and health volunteers in the implemented areas in Chiang Mai, Tak, and Mae Hong Son provinces; and at national level including Bureau of Reproductive Health, and Bureau of Health Promotion.

Lastly, we are thankful to all mothers and their families, and young people who have greatly contributed to the success of the “Safe Birth for All” project.

UNFPA Thailand

PROJECT SUMMARY

Project title	Safe Birth for All: Ensuring Safer Births within the framework of Universal Health Coverage (UHC)
Thematic focus	Reduce preventable maternal deaths and adolescent pregnancies through improvement of institutional health promotion, care provision and development of surveillance capacity, especially in hotspot areas with poor maternal health conditions
Geographical location	Eight districts in Tak, Mae Hong Son and Chiangmai provinces in the northern part of Thailand
Programme start date	1 October 2020
Programme end date	31 December 2021
Total funding support from the donor (Reckitt Thailand and Indo-China)	\$380,000 US dollars
UNFPA contribution	50 per cent staff time of the National Programme Officer appointed as the Project manager 30 per cent of staff time of the Communication Specialist 30 per cent of staff time of the Programme Associate 20 per cent of staff time of the Administration & Finance Associate



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EXECUTIVE SUMMARY

Adolescent mothers and mothers of the vulnerable groups who are far from health facilities are still high risk of preventable maternal death in Thailand today despite the fact that the maternal mortality rate (MMR) has been far below the target for the Sustainable Development Goal 3 for the past decade, with 25 to 30 maternal deaths per 100,000 live births in comparison to the SDG target of 70 maternal deaths. The main challenges they face are being underreported due to limitations of the maternal health surveillance system, limited access of those who live in hardest to reach to the available services and care, and the unmet need for family planning among adolescents.

The Safe Birth for All – Thailand Project, titled “Ensuring Safer Births within the framework of Universal Health Coverage”, started on 1 October 2020 and ended on 31 December 2021. Eight districts in three provinces along the Thailand–Myanmar border were selected as high-potential areas for maternal death, as they are in the high mountains and their populations live in poverty. Approximately 210,000 women of reproductive age and 30,700 pregnant women identified from these districts could face maternal health challenges during pregnancy. Reducing preventable maternal deaths among these groups is a priority. In addition, women and adolescent girls in these districts face a number of other challenges: an increasing number of repeated pregnancies among Thai adolescents due to unmet need for family planning and contraception and a lack of essential sexual and reproductive health and rights information, knowledge and skills, especially among youth groups vulnerable due to poverty and undocumented due to ethnicity and/ or disabilities.

UNFPA partnered with Reckitt and the Thai Department of Health under the Ministry of Public Health to implement a project called “Safe Birth for All” in the midst of the COVID-19 pandemic to sustainably improve reproductive rights of these vulnerable women, girls and adolescents.

KEY INTERVENTIONS AND ACTIVITIES

Three interventions were identified by UNFPA and the Department of Health:

1. Improve the national and sub-national maternal health surveillance system, which includes the Maternal and Mortality Rate (MMR) surveillance system, perinatal death surveillance system and adolescent pregnancy surveillance system.

Key activities: Reviewing the situation; identifying three tracking systems on MMR; initiating a digital platform for teens on adolescent sexual and reproductive health; establishing perinatal surveillance guidelines; and conducting policy advocacy activities with 366 health officers and health-related staff at the sub-national and national levels on services and surveillance systems for all high-risk MMR areas, using experiences and good practices from the eight selected districts.

2. Improve institutional capacity development on maternal health care and service in regular circumstances and adapted for the COVID-19 situation.

Key activities: Revising the traditional birth attendants training curriculum, which was endorsed by the Ministry of Public Health, retraining and re-skilling of 209 traditional birth attendants in maternal health care, strengthening the maternal health care network by building capacity for maternal and child risk assessments and referral systems, producing media content and learning materials to educate and promote safe birth for all, and providing delivery kits and COVID-19 hygiene kits for pregnant women and their family members.

3. Promote the replication of good practices and innovations in other high-risk areas and other countries through South-South and Triangular Corporation (SS/TC).

Key activities: Capitalizing on good practices and lessons learned, identifying policy recommendations, co-creating innovations in maternal health care and services for hard-to-reach areas and during the COVID-19 pandemic, and sharing good practices with health networks and health policymakers through the SSTC initiatives.

CHANGES AND ACHIEVEMENTS

Outcome level: The four outcome indicators including:

At impact level: Sustainable Development Goals 3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births) and 3.7 (By 2030, ensure universal access to sexual and reproductive health services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs) and UNFPA's transformative results to end preventable maternal deaths and end unmet need for family planning.

At outcome level: Reduced preventable maternal deaths and adolescent pregnancy in the general situation and during the COVID-19 pandemic by improving access to and quality of maternal health care and contraceptive services under Universal Health Care package.

At the output level are: 1) Reduced preventable maternal deaths and adolescent pregnancy in the general situation and during the COVID-19 pandemic by improving access to and quality of maternal health care and contraceptive services under Universal Health Care package then the maternal health system in the MMR high risk areas through capacity development of the Department of Health and other training institutions; and 2) Strengthened existing safe motherhood surveillance systems.

Though all planned indicators could not achieve the set target, they showed better achievement than the baseline data in 2020. By the project's conclusion in December 2021:

- 83.7 per cent of the first visits during the twelfth week of pregnancy were registered, which is higher than the baseline
- 26.3 per cent of mothers below 20 years old had accessed family planning services and utilized long-acting contraception methods, which is slightly higher than the baseline
- 20,000 teens had accessed "Teen Club", the digital service for sexual and reproductive health and rights (SRHR) and family planning initiated under this project

- 30,700 pregnant women benefited from the project
- The National Maternal Health Surveillance System improved
- 4,100 at-risk pregnant women and families received COVID-19 antigen tests to reduce transmission.

KEY LESSONS LEARNED AND GOOD PRACTICES

The project has demonstrated how a comprehensive Public Private Partnership between UNFPA with a strong private sector partner, Reckitt, and the strategic government partner, namely the Department of Health, could confirm the relevancy and enhance the sustainability of the project. Close consultations with the Department of Health at the national level and with its network at the subnational levels assisted the project team in designing and developing a project that responded to the needs and country situations. The project interventions and activities were developed in full alignment with the national maternal and reproductive health policy and plan. The implementation of planned activities was designed to fully support the national and sub-national action plans. A close relationship with the Reckitt Thailand Indochina Office through regular meetings and consultations also supported the success of the project. All partners were kept updated on the challenges, enabling timely identification of collective solutions to support the project.

From the strong PPP initiative “Safe Birth for All”, further actions will be followed up after the end of the project which include 1) the expansion of Teen Club, the first digital platform for young people, to cover all groups of young people; 2) duplication of COVID-19 adaptive practices to other sites; and 3) on-going application of perinatal surveillances at the national and sub-national levels.

The adaptive management of the project contributed to innovation that helped support safe birth among vulnerable populations during the COVID-19 pandemic. The innovation of telemedicine combined with capacity development of local health resources, including traditional birth attendants, provided effective support for pregnancy and safe birth. This innovation was documented and is anticipated to be replicated in other hard-to-reach areas of the Department of Health’s networks.

These factors highlight the success of the Safe Birth for All project and its impact on the lives of vulnerable mothers and young people, as per results planned under the project.





1. PROJECT BACKGROUND: **SAFE BIRTH FOR ALL** (THAILAND PROJECT)

Good health and well-being for all of all ages is essential for sustainable development. Maternal mortality is an index indicating the health status of the population, especially the female population of reproductive age and the public health service system.

The global Sustainable Development Goals set a target of reducing the maternal mortality ratio to less than 70 maternal deaths per 100,000 live births by 2030. Though the maternal mortality ratio in Thailand is below that target, at just over 23 maternal deaths it is still considerably higher than the 2020 national target of 17 maternal deaths. The leading causes of deaths are preventable and include severe bleeding after childbirth, infections, high blood pressure during pregnancy and unsafe abortion. These deaths are preventable and often occurred in poorly-resourced settings. Maternal death in Thailand reflects maternal health inequality across the regions of the country, especially among the ethnic groups along the Thailand–Myanmar border in the northern part of Thailand. They are being left behind as access to available maternal health services and information is difficult due to being in mountainous geographic locations, lack of knowledge to make informed choices, and cultural barriers where decisions are mostly made for women by other family members.



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2. PROJECT PARTNERS



Reckitt Thailand and Indo-China



UNFPA, the United Nations Population Fund



Department of Health under the Ministry of Public Health:
Health Promotion Bureau, Bureau of Reproductive Health,
International Cooperation Centre, Office of the Advisory
Board and Treasury Division

Regional Health Zone 1 – Chiang Mai

Regional Health Zone 2 – Phitsanulok

High-land Health Promotion Centre in Lampang province

Om-Koy District Hospital in Chiang Mai province

Six district hospitals in Tak province

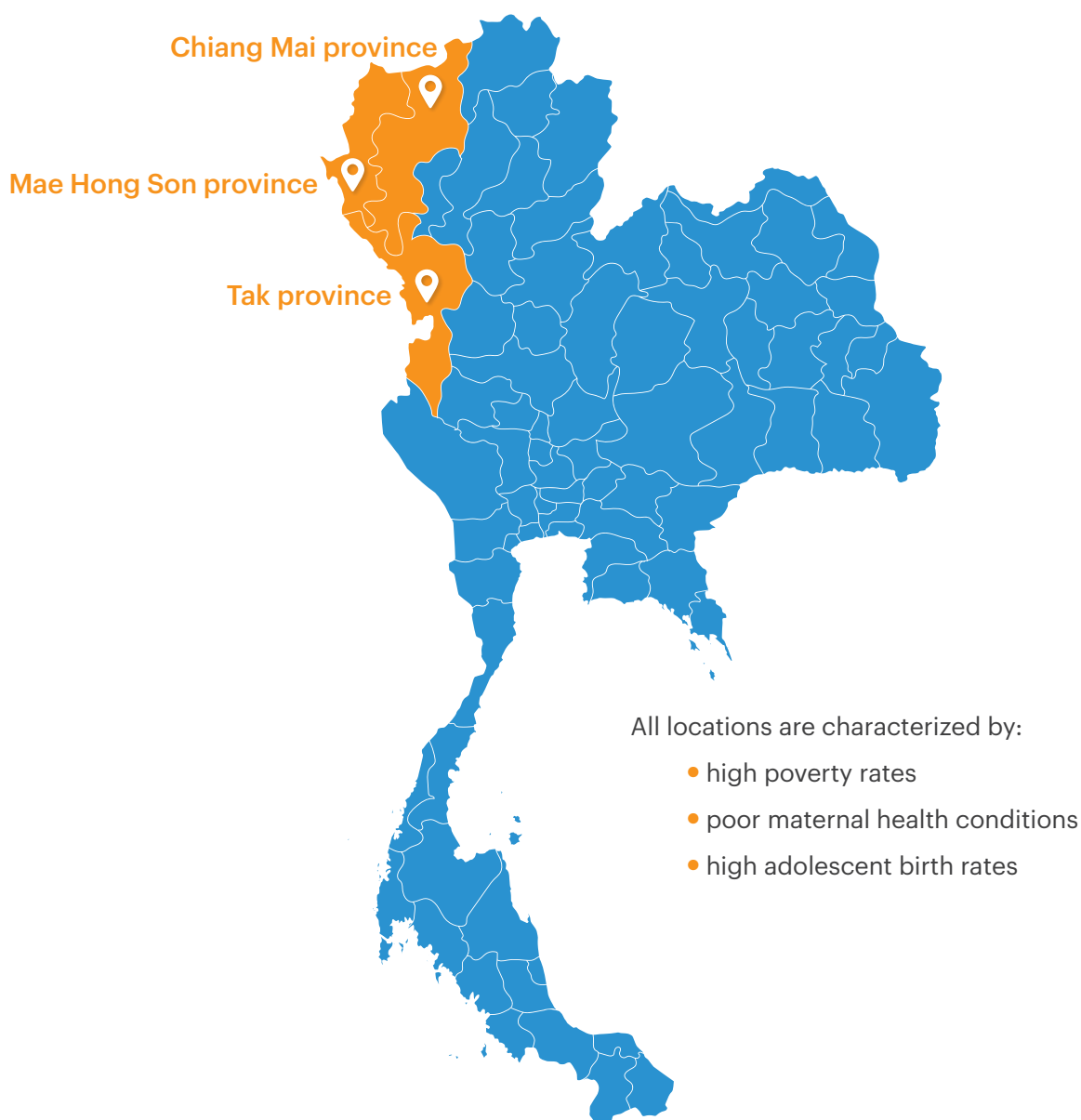
Maesarieng District Hospital in Mae Hong Son Hospital

3. PROJECT SCOPE

PROJECT SITES

All selected locations for this project are mountainous and difficult to access, located along the border between Thailand and Myanmar. The population consists of Thai, non-Thai and Highlanders, including the Karen and Hmong ethnic minorities. The flight from Bangkok to the main provinces (Chiang Mai for Regional Health Zone 1 and Phitsanulok for Regional Health Zone 2) takes about two hours. Additionally, it takes two to three hours to reach the villages along the border. The locations are even harder to reach during the rainy season from June to August and during the COVID-19 pandemic due to high restrictions.

MAP OF PROJECT LOCATIONS



PROJECT OBJECTIVES

The overall objective is to improve access to and quality of maternal health care and contraceptive services for women and adolescent girls in high-risk areas.

The specific objectives are as follows:

- Support innovative demand-based maternal health care and services within the health system for pregnant women and new mothers, especially young mothers, during the COVID-19 pandemic and other emergency situations.
- Support the institutional capacity development of the Department of Health and other training institutes for skilled birth attendants, health workers and health personnel including nurses and midwives on provision of maternal health care, long-acting contraception, provision of counselling and care guidance to pregnant women and new mothers, and adoption of knowledge and services during the unusual COVID-19 situation.
- Capitalize on good practices of telemedicine and innovation in safe birth initiatives within and/or outside of Thailand to share and exchange good practices among institutions within and/or outside of Thailand to promote safe births.

PROJECT TARGET BENEFICIARIES:

Beneficiaries include all vulnerable pregnant women and adolescents (both Thai and non-Thai) who are in high-risk areas along the Thailand–Myanmar border under Regional Health Zones 1 and 2, especially in the three provinces with high rates of maternal deaths and adolescent births. The three selected provinces are Chiang Mai, Mae Hong Son and Tak. Within these provinces, the eight selected districts include Om-Koy District in Chiang Mai province, Maesarieng in Mae Hong Son province and six districts in Tak province.

Primary beneficiaries

- Approximately 210,000 women of reproductive age, both Thai and non-Thai, from the selected districts in the three provinces
- Approximately 30,700 pregnant women and adolescent mothers, both Thai and non-Thai

Secondary beneficiaries

- 550 front-line health workforce including skilled birth attendants in the identified provinces and in all eight hospitals in the three provinces
- 500 traditional birth attendants in the three provinces
- 50 health policymakers taking care of maternal health programmes at the national and sub-national levels

4. CHANGE: RESULTS OF THE PROJECT

Outcomes	Outputs	Strategies and interventions
83.19 per cent of first visits during the twelfth week of pregnancy registered, which is higher than the baseline in 2020	1,500 delivery kits to pregnant women in the last trimester and traditional birth attendants after training	Strengthening the services and health promotion targeting pregnant women and new young mothers Institutional capacity development on maternal health care and services including health personnel, providing relevant training and adapting the interventions to the COVID-19 situation
	14,240 COVID-19 antigen rapid test kits and self-study manuals for pregnant women provided to trained traditional birth attendants/health personnel	
6.3 per cent of mothers ages <20 years old accessed family planning services and utilized long-acting contraception methods, which is a slight increase from the baseline in 2020	173 skilled birth attendants, health workers and health personnel trained on the provision of maternal health care and long-acting contraception during the COVID-19 situation	Promotion of good practices and advocacy for the use of innovations and telemedicine in safe birth programmes
	209 skilled birth attendants trained in programmes that applied the modified maternal health care and services curriculum and guidelines in alignment with the local needs and demands	
30,000 teens accessed virtual services through the online application self-health risk assessment	83 registration officers trained under the Ministry of Interior and Police Bureau and Ministry of Public Health, who adopted and applied the revised Thailand Maternal Death Surveillance and Response Guidelines	
4,100 COVID-19 antigen test kits distributed to at-risk pregnant women and their family's members	3 guidelines (for traditional birth attendants, skilled birth attendances and self-care during COVID-19) and five sets of learning media on maternal and teen health care and services distributed	
	3 good practices collected from the Safe Birth for All – Thailand Project that could be shared with other provinces	
3 national surveillance systems established and improved: (a) perinatal death surveillance system established; (b) MMR surveillance system reviewed; and (c) digital teen platform initiated as the adolescent birth rates (ABR) surveillance tool	2 hybrid policy advocacy meetings (virtual and physical) conducted on services and surveillance systems for all high-risk MMR areas, using experiences and good practices from the eight selected districts	

The impact of the project can be measured against national surveillance system statistics.¹ Between 2020 and 2021, data reveals two changes. The rate of repeated pregnancies among adolescents in the project implementing areas decreased from 21.52 per cent to 18.21 per cent.

For the project sites, the maternal mortality rate in Chiang Mai province decreased radically from 36.39 maternal deaths per 100,000 live births in 2020 to 14.26 in 2021. The MMR in Tak province decreased from 45.85 maternal deaths per 100,000 live births in 2020 to 15.85 in 2021, which is lower than the national value of 16 maternal deaths. No information was available for Mae Hong Son province for those periods.



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¹ Government of Thailand, Department of Health dashboard. Available at: <https://dashboard.anamai.moph.go.th/surveillance?year=2021>

5. PROJECT ACCOMPLISHMENTS

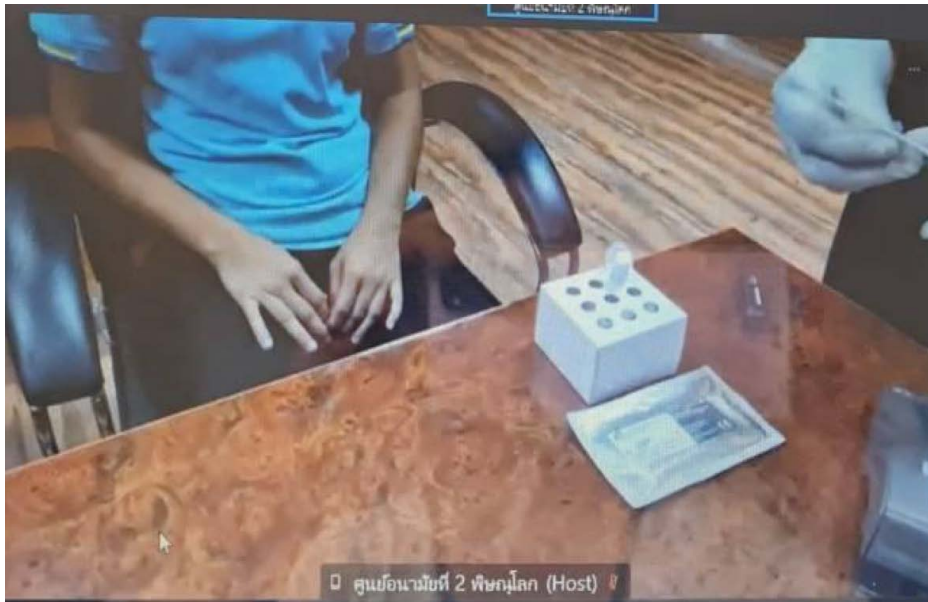
Examples from the sub-national level



Refresher training sessions on maternal health care were carried out for health workers and traditional birth attendants under the Safe Birth for All – Thailand Project. In addition, training of trainers (TOT) workshops were provided for traditional birth attendant.



Reproductive health supplies were delivered by the Safe Birth for All – Thailand Project, including models for training (flex birthing simulators) and equipping health service providers, scales to weigh infants and 1,500 clean delivery kits containing the most basic essentials – a plastic sheet, a blanket, sterile gloves, soap, a razor blade, and an umbilical cord tie.



For the COVID-19 response, the project distributed 14,240 home-use COVID-19 antigen rapid test kits and self-study manuals for pregnant women, providing the kits to trained traditional birth attendants and health personnel.



Training for traditional birth attendants reached 209 TBAs over three training batches. A meeting was also held for TBA recognition. Almost 800 TBAs in the Northern part of Thailand were registered and recognized officially by the Department of Health.

Examples at the national level

Public Private Partnership on Safe Birth for All have has addressed as one of the good practices to improve lives of vulnerable people and improve the quality of national maternal health care policy and system.



The project involved and engaged policy makers at ministerial, department and regional levels. Thailand's Deputy Minister of Public Health and Director General of the Department of Health recognized the success and impact of the project. The photo above includes participants at the press conference during the official launch of the Safe Birth for All – Thailand Project: the Deputy Minister, Ministry of Public Health, the DOH-Director General, the External Relations Director of Reckitt Thailand and Indochina office, and the Head of Office of the UNFPA Country Office in Thailand.



The project launch event in featured live and virtual speakers. On the left, Ms. Monchan Pruekvimolphan, the representative for the CEO of Reckitt Thailand & Indo-China delivers opening remarks. On the right, Dr. Asa Torkelsson, Country Director for UNFPA Thailand and Representative for UNFPA Malaysia addresses the participants.



A panel discussion at the project's closing ceremony featured a discussion with the senior management of all project partners of the impact of the initiative on reducing preventable maternal deaths and adolescent pregnancies, especially in areas with poor maternal health conditions.



The Deputy Minister of the Ministry of Public Health stands in front of the exhibition of the Teen Club, the first official digital platform for young people. The exhibit at the closing ceremony highlighted the types of accurate information available to protect teens from unintended pregnancy.

Showcase of the human story from the “Safe Birth for All” project:

Video featuring highlights from the project

www.facebook.com/UnfpaThailand/videos/482583823194837/



NEWS STORY ON UNFPA.ORG WEBSITE

Public-Private Partnership to Ensure Safe Birth for Vulnerable Ethnic Women during COVID-19 Pandemic

<https://thailand.unfpa.org/en/Safe-Birth-for-All-story>

[...] This public-private partnership project of ‘Safe Birth for All’ aims to reduce preventable causes of maternal death by encouraging ethnic young mothers to increase their visits to health facilities nearest their houses, such as the Primary Health Care Centres, Sub-District Health Promotion Hospitals District or Provincial Hospitals during the twelfth week of pregnancy. According to the Thai maternal health policy, the Department of Health is determined to prevent complications that could cause deaths of both mothers and newborns. The project has contributed to this national policy as well as one of the UNFPA transformative results that is to ensure reduced maternal death by emphasizing safe birth and by encouraging women and their family members to give births at the available health facilities. To do so, health personnel and health networks including health staff, health volunteers and traditional birth attendants received refresher training sessions on early detections of pregnancy complications and on how to provide information on the challenges of delivery at home and the safe delivery at hospitals to both the mothers and family members, so that they could perform based on an informed decision. In case travelling to a hospital for a birth delivery is not possible due to various reasons including geographical obstacles, heavy rains or having to deliver



Mei, aged 17, is sharing her that her husband prefers that she delivers the baby at home.



Traditional birth attendants attend refresher midwifery training provided by the 1st Health Region Office, Department of Health, Ministry of Public Health.

during the night, the project ensures safe births by providing safe delivery kits to trained traditional birth attendants living in these communities. However, during the COVID-19 pandemic, the decision of delivering at a hospital might not be easy. Some families worry that delivery at the hospital puts pregnant women at risk of getting infected by COVID-19.

Mei, aged 17, is having her first pregnancy. Shy of sharing with others that she is pregnant, she came across the advice to have regular neonatal care from her friend in the same community, who happened to work at the sub-district hospital. However, she wants to deliver at home with assistance from her mother-in-law, who is also a traditional birth attendant. This is also what her husband insists on. This is always the case for many ethnic pregnant women who receive regular neonatal care but decide to deliver at home, especially during the COVID-19 pandemic. The family is concerned about getting infected from the pandemic by delivering at the hospital.

With this determined decision, it is necessary that the medical personnel work closely with the traditional birth attendants. Ma-aeH has been a traditional birth attendant for more than 40 years in Pohsor sub-district, Mae Sariang District, Mae Hong Son province, a mountainous town bordering Thailand and Myanmar. She is one of 50 traditional birth attendants that attend refresher midwifery training provided by the first Health Region Office, Department of Health, Ministry of Public Health. This is one of the activities under the 'Safe Birth for All' project' by the Department of Health under the Ministry of Public Health, Reckitt and UNFPA to deliver safe birth for all pregnant women living in the remote mountainous areas up north of Thailand.

While the training is essential for traditional birth attendants, Ma-ou, another birth attendant in Sala Chaing Tong sub-district, Mae Sariang district, Mae Hong Son province shared that up to 30 pregnant women died because they could not seek birth assistance in time. As a traditional birth attendant, fundamental medicines and delivery kits are critical to save the life of a mother and a child when facing delivery cases with complications.



Ma-aeH, one of the traditional birth attendants, attends refresher midwifery training provided by the 1st Health Region Office, Department of Health, Ministry of Public Health.



The real life of emergency delivery at home occurred in Salachientong sub-district of Maesarieng. Because of the flood and high level of water, the health personnel with their motorcycle and delivery equipment travelled to the pregnant woman. Both the mother and child were safe.

6. CHALLENGES

The project experienced a number of challenges:

SHORT PROJECT PERIOD

The project was initially planned for 12 months (October 2020 to September 2021) and started in the last quarter of the year. It took about three months for UNFPA and the Department of Health (DOH) to design and develop the project with the central offices, regional health centres, provincial health offices and district hospitals. Three months were spent on reviewing the national gaps, local demands and situation on surveillance systems, and access to reproductive health and maternal health care and services by mothers and women of reproductive age. After these phases, project planning and implementation started. However, due to specific UNFPA and DOH budget executing policies, it took almost two months to proceed. The project team requested an extension of the project period to another three months (from October 2021 to December 2021) to ensure the implementation of all planned activities. However, the strong collaboration and early investments contribute to implementation agility.

COMMUNITY SPREAD OF COVID-19

The first community spread of COVID-19 started in November 2020, especially along the Thailand–Myanmar border. The second wave was in April 2021 and the third one was from October to December 2021. The selected project sites were directly and highly impacted by the pandemic. There was a high-level government restrictions on travelling and measurements that prevented the technical support teams from national and sub-national (regional) levels from entering project sites. Strategies and plans needed to be adjusted and adapted accordingly to ensure safe birth for all even in the face of COVID-19. Adjustments of the planned budget reflected the number of budget reviews and approvals, which also affected the planned timeline of project activities.

CHANGE OF SENIOR MANAGEMENT

From October to November each year, there is a rotation of government senior management. The new Director General of the Department of Health started his term in early December 2020. Change of the project manager in March 2021 also caused delay of project implementation as all planned results, strategies and activities needed to be reviewed and agreed upon.

7. PROJECT IMPACT

The project team spent time consulting with policymakers at all levels and field visits to assess policy implementation gaps and local situations on maternal health and adolescent pregnancy. Key findings from the needs assessment and review found that the underlying causes to high-risk MMR include access to services and care due to underreporting; low quality of the existing maternal health surveillance system and incomprehensive services provided; and need for institutional capacity development on maternal health care and services in maternal mortality high-risk areas and during the COVID-19. These findings provided key inputs to design and develop the project to fill gaps and to ensure integration of the planned activities into the existing system.

Designed and planned activities include the following:

- **Management of a network on maternal and child health for safer home births:** Safe delivery at home requires technical support from a health sector network at the sub-district hospital level to provide delivery services both on-site and outside the hospitals, in particular where there is no electricity or Wi-Fi signal and where the geographic location makes it difficult to reach the mothers. The health sector network and the community it serves are required to update their knowledge and skills and improve community-based services. The MCH risk assessment, which was improved by the project, could help non-health personnel including teachers, police and village health volunteers, for example, to make better decisions on whether to have a home birth or hospital-based delivery. Due to an under-reporting of the newborn death and birth information, the MCH risk assessment could help identify the cases outside the health facilities which will enable all documented newborns to access to rights and health care services.
- **Modification of the training curriculum for TBA training on safer home birth:** Hospital-based delivery is a national policy, yet in some areas without electricity and Wi-Fi signals that are hard to reach, home-based delivery is still necessary. Traditional Birth Attendants (TBAs) are, therefore, identified as key safe birth resources for those communities – some have years of experience in home-based delivery. Risk assessments could help pregnant women and their families make better decisions and prepare for hospital-based delivery. The project supported the improvement and update of TBA training guidelines and curricula, adapting them with maternal health care during the COVID-19 pandemic. The TBAs in the project's selected areas demonstrated capacities with knowledge and skills to manage safe birth at home and referral when necessary for hospital-based care. The training curriculum and guidelines are now being adapted and replicated in other regional health zones with similar situations.
- **Maternal health surveillance system:** The national maternal health surveillance system comprises three surveillance systems including: Maternal Mortality Surveillance, Adolescent Birth Surveillance and Perinatal Death Surveillance. The project supported the improvement of the first two surveillance systems and the establishment of a perinatal death surveillance system. These three surveillance systems will be key reporting and responding systems for the country to update and review its maternal health policies and their implementations, ensuring access to human rights-based services and care of vulnerable women and young people.

8. LESSON LEARNED

Safe birth even during the COVID-19 pandemic: The project's eight district hospitals and their networks have adopted and applied the standards and guidelines of the Royal College of Obstetricians of Thailand together with the health measures of the center for the administration of the situation due to the outbreak of the communicable disease coronavirus (COVID-19) at the local area level. Pregnant women and newborns were identified as one of the most at-risk groups, making it compulsory for pregnant women to test for COVID-19 before visiting a health service. The maternal visits were also limited to five for safety reasons. The home visits or outreach by health personnel, therefore, were applied to ensure safe birth.

True partnership: The achievement of "Safe Birth for All" requires sustainability and adaptation to the situation. It also requires a solid foundation of partnership between UNFPA and the key partners of both the Department of Health and Reckitt. UNFPA and DOH have been collaborating under a long partnership to ensure reduced preventable maternal death and reduced unmet need for family planning for more than five decades. The project was collectively seen as a key input to improve the policy implementation of national maternal health. With extensive consultations, the project objectives and interventions were fully integrated into the existing policy and system and leveraged to gain policy makers' attention. Though Reckitt was new to the partnership, it was invited



to engage in regular meetings to collectively identify solutions and plan for project visibility. Reckitt's expertise on raising public awareness together with UNFPA's communication, in addition, greatly supported the visibility of the project.

Innovations: At the subnational level, the project has initiated three models of labour rooms: a room for normal pregnancy, a room for COVID-infected pregnant women and a room arranged for walk-ins. This innovation truly supported pregnant women during the community spread of COVID-19, and low-risk pregnant women were able to attend the antenatal clinic at the sub-district hospitals.

To reduce teen pregnancy and repeated pregnancy among girls and young women, "Teen Club", a digital platform for young people, was an innovation by the project as the first digital platform to promote the access of young people to sexual and reproductive health and family planning knowledge, information, services and contraceptive supplies. Teen Club has attracted new partners and contributors including UNICEF and a private company to leverage it to other groups of younger populations. Within two months of the official launch, around 20,000 young people had accessed the platform. It is expected to scale up with linkages to other youth and family platforms. By 2030, up to five million young people will enjoy "Teen Club".

Knowledge management: The project included good practices documentation, research for development and measurement of results from the design and planning stages of the project. The evidence was systematically collected by the health institute together with the DOH. Though the project period was too short to measure long-term return on investment, the data and the experience can be analysed and applied to improve the national maternal health programme and the health system in the future. Good practices from this project could be packaged to accelerate the reduction of maternal deaths from preventable causes in other countries through the South-South and Triangular Cooperation.



9. WAY FORWARD

Results and recommendations gathered from this Public-Private-Partnership “Safe Birth for All” project have also been agreed to improve the National Maternal Health Surveillance System which will greatly benefit adolescent mothers and pregnant mothers of vulnerable backgrounds, especially those who are still left behind, and far from the health services and care.

The “Teen Club”, the first official digital youth platform in Thailand, which has been supported under this project, will be maintained and expanded going forward to ensure the full accessibility of Thai youths including those with disabilities, living in poverty and ethnicity. The platform will continue to be co-created with young people with the aim to reduce the unmet needs for family planning and fulfill their potential.

Experiences and lessons learned collected from the project will help all partners to continue to improve the lives of women and girls in Thailand, especially on gender equality and gender equity towards reduced gender-based violence and all harmful practices against women and girls.

“Delivering the world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled”







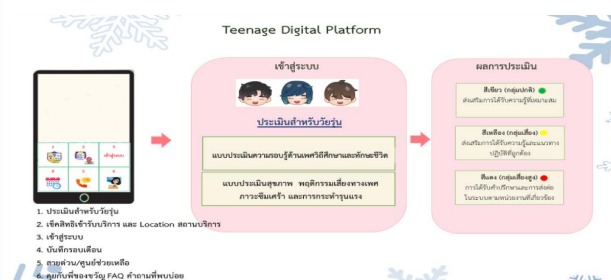
ANNEX

Guidelines and educational materials produced by the project:

1. The project supported the development of a perinatal surveillance system and the perinatal death review guideline. Health personnel were also trained on how to use them. In 2022, the perinatal surveillance system will be expanded to cover all medical institutions under the Ministry of Public Health throughout the country with plans to expand the system to cover the government and private hospitals outside the Ministry of Health.



2. The development of reproductive health surveillance system and the result showed that more than 10,000 teens were able to access the system



3. Local media and learning materials were produced and distributed in Thai and Myanmar languages on the choice of long-acting contraceptive methods, including contraceptive implants. An infographic was produced on the topic of sexuality education in the family.



4. The project supported the production of a self-care manual for pregnant women, on preparing for delivery and post-partum period.



5. A video was produced for Karen ethnic young people in Karen language on the use of contraceptives : <https://youtu.be/G8ZRhjadyGw>





UNFPA Thailand Country Office
4th Floor UN Building, Bangkok, Thailand
thailand.unfpa.org

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