

## **Barriers Survey**

- 1. What do you consider the top 5 barriers to achieving universal access to high quality maternal health services ?**
- 2. For each of these, what is the current most effective intervention that you know of?**

# Maternal mHealth Meeting Survey

You may choose to state your full name (OPTIONAL)

## 1. What do you consider the top 5 barriers to achieving universal access to high quality maternal health services ?

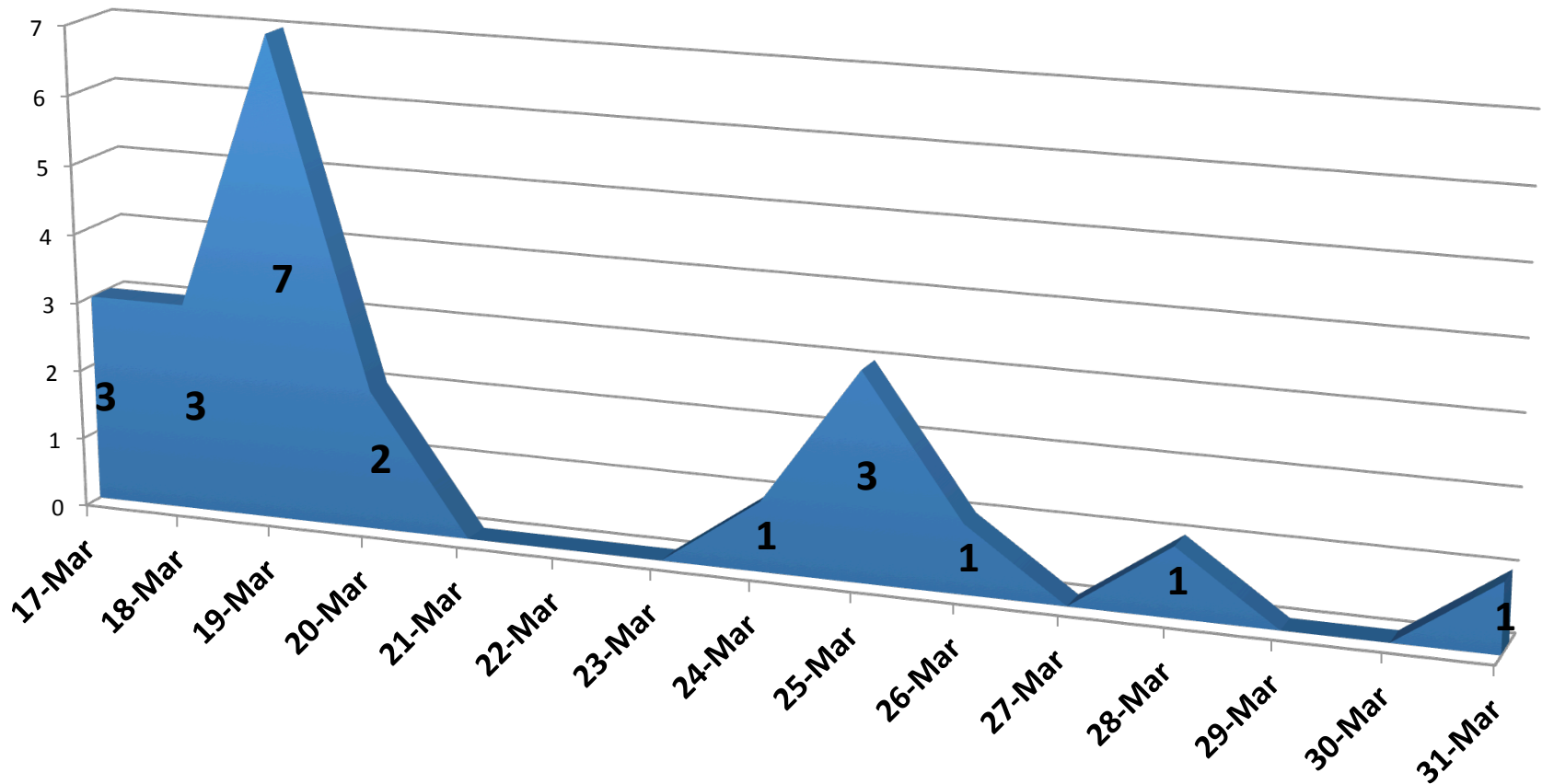
Barrier 1

Barrier 2

Barrier 3

# Survey Statistics

- N=22





“Access to Information: Women often don’t know what to ask for. They don’t know what they are entitled to; they don’t know what’s happening to their bodies and their babies at a particular time, and hence they are ill-informed and are often "Ok" with receiving no or very bad service.”

“Women not knowing what quality looks like and thus not being able to demand it.”

Client Awareness and economic power to attend ANC and deliver at facilities

Poor understanding of complications and risk factors in pregnancy and timely referrals. This results in delaying the timing of medical interventions, potentially exacerbating the condition of the expectant woman and requiring more intensive medical operations.

“Women not knowing what quality looks like and thus not being able to demand it.”

Lack of skill health human resources and availability of health care services, such as, emergency obstetric care, drugs, blood transfusion and diagnostics to meet up the needs of the patients

Lack of evidence-based decision making

In adequate support provided to front line workers in form of regular replenishment of supplies and payment of performance based incentives

Shortage of skilled professionals to attend to obstetric deliveries. Pregnant women will not see the value and sacrifice of going to a health facility if no professional person is to attend to them. As a result, women continue to rely on Traditional Birth Attendants and other less skilled health workers, which can reduce their quality of care.

Weak health work force. Providers are not trained and assessed on competencies, so quality of care is compromised even when it exists.



### “The Political Landscape:

I think the political will is there, but the slow bureaucratic processes of working with Governments, really slows down progress and often prevents implementors to move into facilities and support ministries of health.”

Poor rural infrastructure: roads, clinics, equipment, staff.

### “Logistics: Transport

Lack of affordable, reliable, around-the-clock transport options play a major role in women struggling to reach facilities in time, and in a cost-effective manner.”

### “Lack of Government Commitment”

Find a political leader who can champion this health issue in every country, to ensure that the provision of quality maternal health services is a critical component of the effort to achieve universal health care.

Weak Supply Chain Systems: are not able to forecast demand of commodities, procure the right type and number of commodities (delivery kits, contraceptives) in a timely fashion, or distribute commodities efficiently.

# Solutions ?





# Challenges to Effective Coverage of Known Solutions to these Barriers



# Remove “Training” =

