Programme for the Reduction of Maternal and Child Mortality

“PROTECTING MOTHER & CHILD – SECURING THE FUTURE”

What is PROMAC?

PROMAC is the Programme for the Reduction of Maternal and Child Mortality. PROMAC came about after a discussion on the attainment of the Millennium Development Goals (4 and 5) relating to reductions in the maternal and child mortality ratios. After a midterm review of the 100% European Union Development Fund, Jamaica was allocated €22 Million by the European Union to support the achievement of MDGs 4 and 5. The EU financing agreement to effect the implementation of PROMAC was signed in Brussels on July 19, 2013 and in Kingston on November 21, 2013. Implementation of the programme will last 48 months after the last date of signing.

Why the Focus on Maternal and Child Health?

Globally, every 1-2 minutes, a woman somewhere dies in pregnancy or childbirth equating to some 1,000 women dying each day (an estimated 358,000 each year) from pregnancy-related causes. For each woman who dies, about 20 women survive (7 million women), but suffer from serious disease, disability or physical damage caused by complications of pregnancy or childbirth. Ninety percent (90%) of these maternal deaths occur in developing countries. Seventy five percent (75%) occur during childbirth or in the postpartum period. The majority of maternal deaths are avoidable when women have access to quality reproductive health care including skilled attendance at birth.

Maternal deaths result in some one million children being left motherless each year making them 3 to 10 times more likely to die within two years compared to children who live with
both parents. Almost half of the 8 million infant deaths per year result from poor maternal health and inadequate care during delivery.

The WHO estimates that in 2008, 358,000 women died during pregnancy and childbirth globally; a maternal mortality ratio of about 85 per 100,000 live births. There is great disparity in maternal mortality ratios among developed and developing countries with Sub-Saharan African countries having the highest burden. In the Region of the Americas, despite progress over the past 20 years, maternal mortality remains high in many countries.

The global reduction of maternal and child mortality remains a major objective of Governments.

What is Jamaica’s Situation?

Jamaica has made significant progress in achieving many of the MDGs including targets related to HIV and AIDS, poverty reduction, malnutrition and education. However the country has been facing challenges with respect to MDGs 4 which seeks to reduce the infant and child mortality rates by two-thirds and 5 which require a reduction of 75% in the maternal mortality ratio.

Jamaica has agreed to pursue the Millennium Development Goals number 4 and 5 to reduce maternal mortality by 75% from 110/100,000 (1990) to 27.5/100,000 and under 5 years mortality from 20/1,000(2000) to 9/1,000 by 2015. In 1990, the maternal mortality ratio was 110/100,000 live births, under 5 mortality was 28/1,000 live births, infant mortality was 25/1,000 live births, skilled attendance at birth was less than 90%.

Jamaica’s infant mortality rate in 2010 stood at 21 per 1000 live births from 26 per 1000 live births and the child mortality rate was at 25 per 1000 live births coming from 32 in 1991. The aim of MDG 5 is to reduce maternal mortality rate to 26.5/100,000 live births by 2015. By the end of the 2010/2011 financial year the rate stood at 80/100,000 live births.

How Will PROMAC Help?

Through PROMAC strategies will be put in place to strengthen the health system as well as coordinated programmes to improve infrastructure, equipment, build capacity of health workers and undertake a coordinated programme of public education targeting the areas of maternal and child health.

What are the Specific Objectives of PROMAC?

The objectives of PROMAC include:

- To reduce the incidence of neonatal deaths due to lack of access to high dependency care;
- To reduce the incidence of maternal deaths due to lack of access to emergency obstetric care;
- To improve the quality of management of high risk pregnancies at both tertiary and primary care levels;
- To improve the population’s health seeking behaviour regarding maternal and child health;
- To enhance public awareness and understanding of health care processes and patients’ rights and;
- To strengthen the institutional capacity of the Ministry of Health and Regional Health Authorities.

What are the Main Components of PROMAC?

PROMAC has five major components:

1. Newborn care and emergency obstetric care
2. Quality of Primary Health Care services and referral systems
3. Health Workers training and research
4. Support to the health seeking behaviour of the target population and the role of civil society
5. Institutional support for programme implementation

What are the Key Expected Results And Deliverables of PROMAC?
Key expected results include improved newborn and emergency obstetric care in 11 newly established high dependency units in six hospitals across the country; improvements in primary health care services for high risk pregnancies; and enhanced clinical knowledge and skills of health professionals through improved training programmes.

What is a High Dependency Unit?
High Dependency Units (HDU) can be defined as facilities within a hospital which offers specific level of care to patients who require closer observation than that on the general ward but slightly less than that of an Intensive Care Unit (ICU). The HDU also provides care for post-operative patients needing close observation and/or are not well enough to return to the general ward.

Has the EU Partnered with Jamaica Before?
Partnership and cooperation between the Government of Jamaica and the European Union commenced in 1975 under the Lome I Convention. Since then, EU funding of more than €1.0 billion, over 80% of which has taken the form of grants, has been made available to assist the Government and the people of Jamaica for various development programmes. The EU assistance in Jamaica has been focused on poverty reduction, social and economic infrastructure, agriculture and rural development, the environment and promoting sustainable development. 2015 will mark 40 years of Jamaica – EU Partnership.

Who Else is Involved in the Implementation of PROMAC?

The Planning Institute of Jamaica
The overall responsibility for the management and administration of all Official Development Assistance (ODA) from the European Union in Jamaica rests with the Planning Institute of Jamaica (PIOJ). The National Authorising Officer (NAO), Hon. Minister of Finance and Planning through the NAO’s Office in the PIOJ is the Government’s responsibility centre for all ODA including funding for PROMAC.

The Ministry of Health
The Ministry of Health is responsible for planning, managing, coordinating and monitoring health programmes for the people of Jamaica. It is for this reason that PROMAC is organizationally placed within the Ministry of Health. Within the context of the Financing Agreement between Jamaica and the EU the Programme is being implemented under the leadership and authority of the MoH. The Permanent Secretary of the MoH is the Project Manager for PROMAC. A Project Steering Committee with broad stakeholder participation, including the PIOJ, EU and civil society representatives is chaired by the Permanent Secretary of MoH to provide policy oversight for PROMAC.

Expression of Interest (EoI)

http://moh.gov.jm/programmes-policies/promac/
Supervision Services-Construction Management and Engineering Systems Programme for the Reduction of Maternal and Child Mortality

The Government of Jamaica through the Ministry of Health (MoH) is implementing the Programme for the Reduction of Maternal and Child Mortality (PROMAC), which is funded by the European Union. The Programme seeks to establish High Dependency Units (HDUs) in hospitals across Jamaica as well as support the renovation and upgrading of primary health care centres and community hospitals... (Download PDF to read more)

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