

UK 'exaggerated number of lives saved' by maternal health aid project

Tuesday 6 November 2018, by [RATCLIFFE Rebecca](#) (Date first published: 30 October 2018).

Watchdog says many more deaths could have been prevented given level of investment in Department for International Development programmes

The UK government has been criticised by an aid watchdog for exaggerating the number of women's lives it saved through its maternal health programmes.

A review, published by the Independent Commission for [Aid](#) Impact (Icai) on Tuesday, also said the number of lives saved "were significantly below what they could have been, given the level of investment".

The watchdog said programmes by Britain's Department for International Development (DfID) had failed to significantly improve the quality and sustainability of maternal healthcare services in partner countries.

DfID spent about £4.6bn on programmes in health and other sectors between 2011 and 2015. Within this, £1.3bn focused more closely on maternal health, including family planning, reproductive healthcare and maternal and neonatal health. But Icai said investments were focused on short-term goals, and did not do enough to strengthen healthcare systems or target marginalised women or teenage girls.

By 2015, DfID claimed to have saved 103,000 women's lives during pregnancy and childbirth, more than double its goal of 50,000. In an internal and unpublished review, this figure was revised down to 80,100.

Icai said the department relied on "unrealistic assumptions" to reach such figures. Compared with the review team's observations in countries such as Malawi, the estimates appeared inflated.

Alison Evans, Icai's chief commissioner, who led the review, said UK aid had expanded access to family planning, but added "... given the ambition, need and level of investment, the programmes fell short of what was required to achieve adequate progress."

[Health](#) facilities in partner countries remained chronically under-resourced, with severe shortages of beds, healthcare workers and equipment, said Evans. In northern Malawi, an area visited as part of the review, heavily pregnant women camped outside health facilities for up to a month before giving birth.

"They are waiting because they are not sure where they are in their pregnancy cycle because of the lack of ultrasound equipment and the lack of effective dating of pregnancies," she said. "They don't

know how close to their due dates they are and because they are fearful of giving birth in a situation where there may not be a skilled attendant they wait outside facilities, sometimes for up to a month, sometimes in makeshift accommodation.”

UK aid programmes had fallen short of targets to improve emergency obstetric and neonatal care, according to the review.

DfID had promised to prioritise the poorest 40% of women, as well as girls aged between 15 and 19 years. But Icai found that few programmes included specific measures to reach these groups, nor did the department monitor whether its programmes were reaching teenage girls.

It also failed to include measures that would tackle discrimination and abuse of women in health facilities.

Sean Roberts, policy and campaigns officer at Health Poverty Action, said UK aid must be better targeted at the most vulnerable groups. “Indigenous women die far more often in childbirth than other women,” he said. “If DfID wants to meet its commitment to leave no one behind it must implement a robust action plan to address the maternal health of indigenous women and other excluded groups.”

While UK aid had improved access to family planning for millions of women, in Malawi such programmes were delivered through non-state providers. Such partnerships allowed funding to quickly reach large numbers of people, but risked displacing public sector services, said Evans.

“You have this problem of sustainability,” she said. “The public sector is not able to gear itself up to provide a similar level of outreach.”

The review team visited a sample of programmes in Malawi and the Democratic Republic of the Congo, as well as analysing published literature, DfID policy documents and conducting interviews with experts.

Icai warned that health facilities struggled to ensure a reliable supply of contraceptives. It added that DfID had championed reproductive rights at the international level, but done less work to encourage legal, policy and cultural change in partner countries.

DfID said in a statement that the UK is a global leader in promoting reproductive health, and added that the review was not representative of all the department’s work.

“We welcome Icai’s acknowledgement that UK aid is helping women around the world access the life-saving services they need, but it is disappointing the report has made some generalisations from a selected portion of our programming and also does not fully reflect the full impact of our work, especially in recent years,” the statement said.

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