

A National Scoping Exercise and Strategic Recommendations for Working with Individuals, Families and Communities to improve Maternal and Neonatal Health in Ethiopia

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Although Maternal Mortality Ratio (MMR) estimates in Ethiopia vary considerably, most agree that the country's maternal mortality ratio is among the highest in the world. The Ethiopian Demographic and Health Surveys (EDHS) of 2000 and 2005 give figures for the period 0-6 years prior to the surveys: 871 (95% CI: 703_1,039) and 673 (95% CI: 548_799) per 100,000 live births respectively. For neonatal mortality the rates are 48.7/1000 and 39/1000 live births as reported in the EDHS 2000 and 2005 respectively.

The Ethiopian government was one of the first in Africa to make a strong commitment to the Millennium Development Goals (MDGs) and reaching each of the MDG targets is central to its national development strategy. In line with MDG 5, Ethiopia's Health Sector Development Program (HSDP) target is to reduce MMR to 267/100,000 live births by the year 2015. A 2008 mid-term review of the Health Sector Development program (HSDP-III) found that this is unlikely to happen given the program's present status.

Other major observations of the mid-term review related to maternal and neonatal health, at the community level, were that there has been limited progress in 1) implementing the prescribed Reproductive Health (RH) strategy of informational campaigns and mobilization efforts to discourage early marriage; 2) educating communities regarding danger signs during pregnancy and child birth; and 3) establishment of community referral mechanisms.

A national scoping exercise was conducted by the Last 10 Kilo meters project of John Snow Inc (JSI/L10k) and the Ethiopian Society for Obstetricians and Gynecologists (ESOG) in close partnership with the Federal Ministry of Health (FMoH) with funding from the Bill and Melinda Gates Foundation to learn about community level gaps and efforts; and to identify priority intervention areas to improve maternal and neonatal health (MNH) at community level in Ethiopia. A

national workshop of public health professionals, clinicians, researchers, program managers and policy makers' reviewed and discussed the status, barriers and determined strategic recommendations to advance community level maternal and neonatal health.

The workshop (1) was organized from May 12 to 14, 2009 under the title of "Addressing Community Maternal and Neonatal Health in Ethiopia, Evidence-based Recommendations for Increased Demand, Access to and Use of Services". The workshop objectives were:

1. Review maternal and newborn health status in Ethiopia
2. Describe the government program to extend services to home and community, specifically the Health Extension Worker (HEW) and her effort to improve maternal and newborn care
3. Review barriers/facilitators to use of maternal and newborn care services
4. Review on-going or previous maternal/newborn health efforts primarily at community level
5. Develop an applicable framework to improve maternal /newborn health status through community-oriented efforts, and
6. Develop evidence- based recommendations.

The strategic recommendations developed at the workshop to advance community level maternal and neonatal health are:

Strategic recommendation 1: Develop capacities for self care, improved care seeking behavior and birth and emergency preparedness

1. Extend the package for a model family to include essential indicators of maternal and newborn health
2. Promote use of a trained health worker (trained on basic safe delivery skills) including a plan for birth attended by a trained health worker, and early preparations for managing complications by seeking use of skilled care

3. Promote communication between couples and within the household to support birth preparedness and implementation
4. Educate mothers and other family members on recognition and proper care of a sick newborn
5. Include critical MNH issues in the existing community conversation and community dialogue activities
6. Increase knowledge and develop the skills of women to avoid unwanted pregnancy, seek safe abortion care services and recognize abortion complications
7. Increase awareness of signs of labor and emergency for mothers and newborns
8. Promote essential newborn care, awareness of danger signs and timely care-seeking
9. Encourage at least 4 antenatal (ANC) visits, labor/delivery and an immediate postnatal visit (within 24 hours) and a second postnatal visit at 3 days with a trained health worker; all obstetric and neonate emergencies should go to a trained health worker.
10. Design, produce and use a birth and emergency preparedness counseling card in ANC
11. Develop providers' knowledge and communication skills in birth and emergency preparedness

Strategic recommendation 2: Increase awareness of the needs and potential problems of women and newborns during pregnancy, labor and delivery and in the postpartum period

1. Improve couple communication in birth preparedness and joint decision making
2. Improve involvement of men in care of mothers and newborns during pregnancy, labor and delivery and postpartum
3. Increase individual and social understanding of the needs, risks and dangers of pregnancy, childbirth and in the postpartum period for the mother and newborn
4. Establish a system for pregnancy and labor/delivery detection
5. Introduce a system of community epidemiological surveillance and maternal and peri-natal death audits
6. Develop capacity of the health system to effectively deliver health education
7. Improve the set up of facilities and providers' skill on counseling couples

Strategic recommendation 3: Strengthen linkages between the community and the health delivery system

1. Strengthen collaboration of HEWs with other health providers, community health workers and traditional birth attendants (TBAs) to ensure the continuity of care and social support
2. Encourage HEWs to attend deliveries with TBAs and to build support within the community to alert the HEW of a birth
3. Develop local means of transport for use during emergencies
4. Build capacity and facilitate use of community level social networks for accessing emergency fund
5. Strengthen the capacity of TBAs in recognizing problems early and when necessary in guiding women to and through the formal health system
6. Establish maternity waiting area in facilities where there is 24/7 Comprehensive Emergency Obstetric and Neonatal Care services

Strategic recommendation 4: Improve access and quality of MNH services

1. Initiate immediate postnatal home visit, within 24hours, a second visit on the third day, and if possible a third visit on day seven by the HEW
2. Expand outlets for family planning including social marketing of contraceptives
3. Prioritize care during labor and delivery (normal birthing) and neonatal resuscitation in the guidelines for Health Extension Program
4. Ensure proper competency based training of HEWs on safe and clean delivery and neonatal resuscitation
5. Scale up use of misoprostol by HEWs to manage 3rd stage labor
6. Increase awareness of men and communities of the value of social support during child birth (Encourage presence of companion during labor and delivery)
7. Build communication and counseling skills of HEWs
8. Organize a standard outreach program with proper schedule
9. Improve method mix of contraceptives including Long Acting and Permanent Methods
10. Improve the set up of facilities to be client-friendly
11. Advocate for policies that promote social support during labor.

12. Encourage presence of at least two birth attendants (one specifically for newborn)
13. Build interpersonal and intercultural competencies of health providers

A report summarizing the preparatory papers, presentations and working group recommendations is available at JSI/L10K project office, Addis Ababa. Some of the papers prepared for the national scoping exercise are published in this special issue.

References

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