

# Maternal and Newborn Health Intervention at a Glance

## Introduction

Ethiopia has recently made tremendous strides in reducing maternal mortality. Whereas in 2011, the maternal mortality ratio was measured at 676 deaths per 100,000 live births<sup>1</sup>, in 2013, the ratio had dropped to 420 deaths per 100,000 live births<sup>2</sup>. This dramatic reduction recorded in just two years was the result of strong leadership and coordination, existing strategies and guidelines, and the involvement of a number of development actors including the Integrated Family Health Program (IFHP).

Despite these tremendous achievements, however, Ethiopia's maternal mortality ratio remains one of the highest globally, with many women succumbing to preventable complications before, during, and after childbirth.

IFHP is a USAID-funded program implemented by Pathfinder International and John Snow Inc. which addresses health in 11 thematic areas. Maternal and newborn health (MNH) is a critical component of IFHP's program. Interventions began in October

2010 in 20 Woredas of Tigray Region (Adwa Town, Adwa Gerter, Ahferom, Mereblekhe, Worei Lekhe); Amhara Region (Awabal, Debay Tilotgin, Dejen, Enemay, Machakel); Oromia (Digelu Tijo, Dodota, Limo Bilbillo, Munesa, Sirre); and SNNP Region (Bolosso Sore, Damot Galae, Damot Pulassa, Damot Woydae, Offa) covering 96 health centers (HCs) and satellite health posts (HPs).

Between 2012 and end of 2013, the intervention was expanded further to 61 IFHP intervention woredas.

## Objective

The objective of IFHP's MNH program is to improve skilled delivery at health facilities particularly by addressing the three delays at different levels. The three delays include i) delay in decision-making, ii) delay in reaching health facility, and iii) delay in providing services at the facility.

## Strategic Approaches

**IFHP's strategic approaches for improving MNH outcomes include:**

- Establishing excellent partnerships with zonal and woreda health managers/leaders so that ownership and sustainability can be ensured;
- Ensuring facility readiness for offering quality MNH services through capacity building of health care workers via training and on-site mentoring, ensuring availability of essential drugs and supplies for MNH services, and promoting the practice of respectful care;
- Strengthening the health system by supporting the referral mechanism, health care financing, staff retention, availability of supplies and drugs, and regular supportive supervision to the facilities; and



1. 2011 Ethiopian Demographic and Health Survey (EDHS)

2. 2013 United Nations estimates

- targeted demand creation and behavior change interventions in households and communities to improve the utilization of HCs and hospitals for delivery services.

## Key Intervention Areas

### 1. In Primary Health Care Units (Facility Readiness):

- Training of staff on Basic emergency obstetric and newborn care (BEmONC) and respectful care
- Training of Health Extension Workers (HEWs) on the integrated refresher training (IRT/MNH package)
- Post-training follow-up
- Continuous mentoring to health care workers
- Supplying job aids and national guidelines
- Supporting HCs with equipment and supplies to fill gaps
- Supporting the monthly PHCU-level performance review meeting (PRM)

### 2. Across the Health System (Regional Health Bureaus, Zonal Health Departments, Woreda Health Offices)

- Orienting the regional/zonal/woreda health office staff on key strategies of IFHP's MNH interventions
- Promoting regular quarterly performance review meetings
- Engagement in supportive supervision and post-training follow-up
- Coordination to ensure availability of supplies and drugs as well as efficient referral mechanisms
- Support in the development and revision of guidelines
- Participating in technical working groups at the national and regional levels

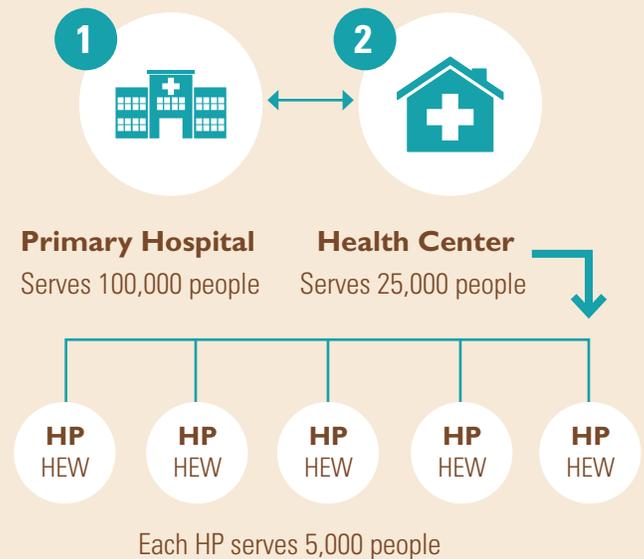
### 3. In Communities

- Community sensitization meetings in the presence of community leaders, elders, religious leaders, women and youth representatives, primary school directors,

and HEWs

- Using mobile vans to communicate audio and video messages on the importance of maternal and newborn health
- Use of local radios to convey messages using local language
- Use of HEWs and women health development armies to conduct behavior change interventions through household meetings and conferences
- Development and distribution of different education and behaviour change materials including the Family Health Card

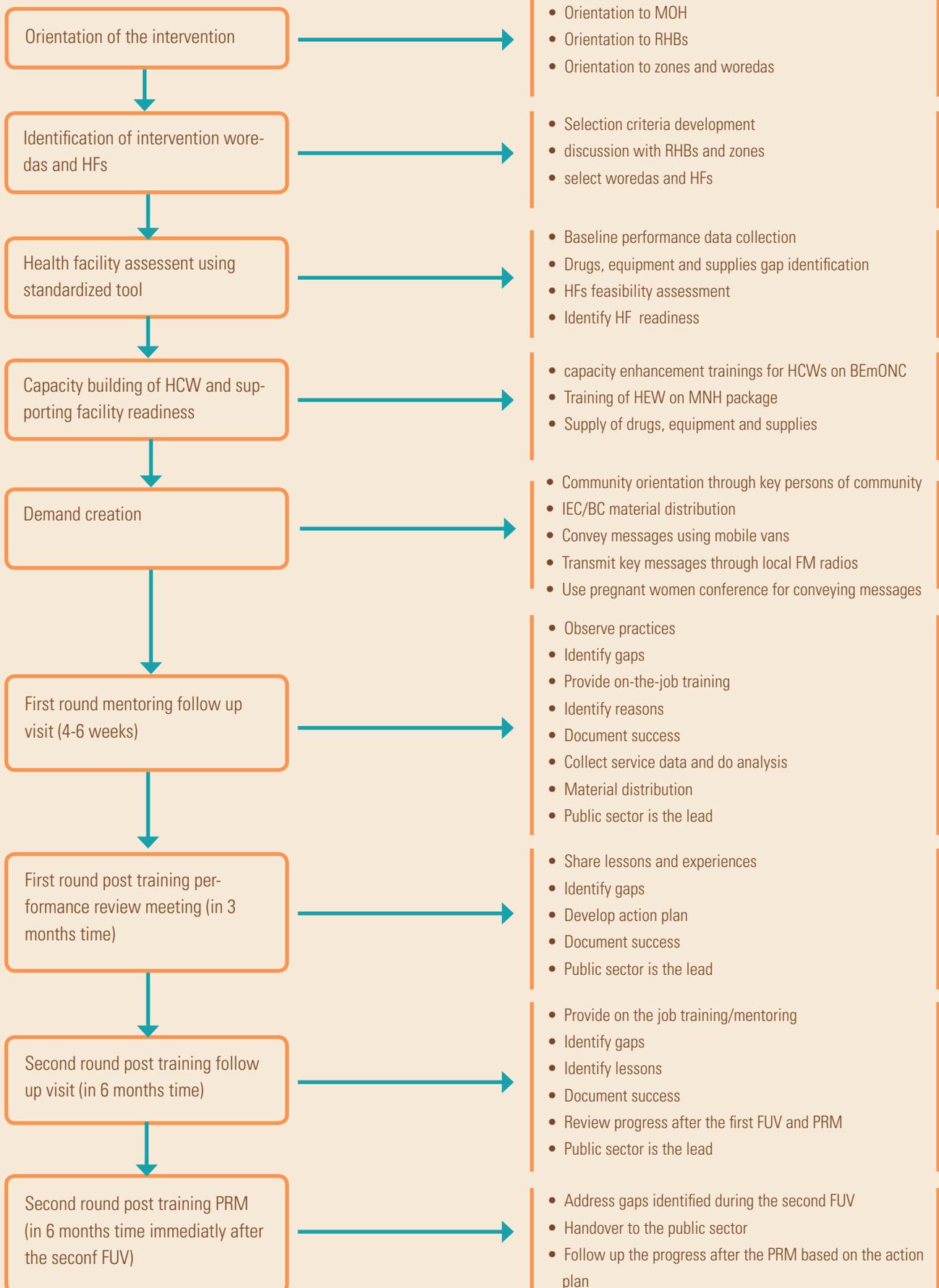
## The Primary Health Care Unit



# MNH Implementation Strategy

## Strategies

## Activities



## Intervention Outputs

Since the inception of IFHP's MNH intervention, IFH has:

- Trained more than 650 HCWs on BEmONC;
- Trained more than 1,000 HEWs on the IRT/MNH package;
- Conducted more than 80 post-training review meetings
- Provided all health centers in MNH intervention areas with job aids and necessary guidelines
- Reached 2.5 million people with MNH-targeted messages through mobile van audio and video activities
- Community awareness about the importance of facility delivery and danger signs and symptoms has improved;
- Women-friendly care at health centers has improved

**Through comprehensive approach, the key indicators in the 20 learning woredas has shown improvement. To mention some:**

- Antenatal coverage has increased by 45%, from 66% at baseline to 96% by endline, a 21 percentage point increase
- Skilled birth attendance at facilities has increased by 40%, from 24% at baseline to 33% at endline, a 9 percentage point increase
- Postnatal care coverage has improved by 56%, from 41% at baseline to 64% at endline, a 13 percentage point increase
- PMTCT testing has increased from 84 to 90 percent

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