

TECHNICAL BRIEF

May 2013

A Decade of Determination and Dedication: Improving Maternal, Newborn, and Child Health in Ethiopia

Partnership for Progress

Ethiopia has made tremendous progress in providing health services to its large (87 million), and largely rural (83%), population. This is reflected in significant improvements in many maternal and child health indicators over the past ten years, including roughly a halving of infant and under-five mortality and an almost five-fold increase in the modern method contraceptive prevalence rate (CPR). At the heart of this expansion and its success is the health worker. Over the last ten years, IntraHealth International's global experience and expertise in health workforce strengthening and maternal, newborn, and child health (MNCH) has played a role—along with many other partners—in helping the Government of Ethiopia to strengthen its health system to improve the quality and accessibility of MNCH services. This partnership highlights the power of a collaborative and comprehensive approach between governments and international nongovernmental organizations in achieving health and development goals.

What a difference a decade makes

Ethiopia's government has shown remarkable determination to improve the health of its citizens. And this determination has paid off, with dramatic improvements in maternal and child health indicators as measured in the 2000 and 2011 Demographic and Health Surveys¹:

Indicator	2000		2011
CPR (modern methods)	6%	⇒	27.3%
Total Fertility Rate	5.9	⇒	4.8
Infant Mortality Rate	97	⇒	59
Under-5 Mortality Rate	166	⇒	88
Maternal Mortality Ratio	871	⇒	676
Antenatal Care Attendance	27%	⇒	34%

This determination has had dividends in large part because of the dedication of the health workers who are providing care. In order for their dedication to have the most impact, they need strong and supportive health systems and the trust and respect of the communities they serve.

IntraHealth is committed to increasing the number of health workers who are present, ready, connected, and safe:

PRESENT: on the job where needed to improve the health of individuals, families, and communities

READY: qualified, motivated, and provided with support to meet the needs of their clients and communities

CONNECTED: plugged into networks and technologies in education, on the job, and for continuing professional development

SAFE: protected from threats to their own health and lives because of the work they do.

IntraHealth in Ethiopia

IntraHealth began working in Ethiopia in 2002 to introduce a new approach to prevent postpartum hemorrhage—a leading cause of maternal deaths—and opened a country office. Since then, IntraHealth has provided technical support to the Ethiopian government to strengthen MNCH services and combat HIV, working with the Ethiopian regional health bureaus to improve quality and accessibility of prevention of mother-to-child transmission (PMTCT) of HIV services, emergency obstetric care, HIV treatment and prevention, integration of tuberculosis and HIV services, and prevention of female genital cutting. Throughout, we have been guided by a holistic approach that addresses a broad range of issues by strengthening the health system, from the policy level to the facility to the community.

Scaling up integrated prevention of mother-to-child transmission services

IntraHealth has worked with the Government of Ethiopia to spearhead the introduction and scale up of PMTCT services. With an approach that integrates PMTCT into existing antenatal care and MNCH services, including community education and outreach, this effort has served to

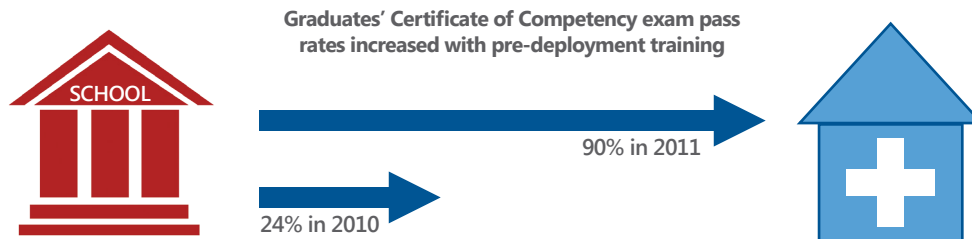
strengthen health systems more broadly for improved MNCH. IntraHealth’s current USAID-funded Community PMTCT project began in 2009 with the goals of increasing service uptake and case follow-up at the community level and integrating PMTCT services within family planning, antenatal care, and delivery services.

Through PMTCT programs, IntraHealth has contributed to Ethiopia’s health development goals by:

- Supporting 1,025 health centers in five regions to provide integrated MNCH and PMTCT services
- Enabling more than one million pregnant women to receive HIV testing and thousands of HIV-positive women to receive treatment
- Establishing 198 peer-to-peer mothers’ support groups for women living with HIV to help them care for themselves and their children.

Readying New Health Workers to Meet Communities’ Needs

To enable more health workers to pass competency exams and provide quality services in health facilities, IntraHealth assisted the Government of Ethiopia to pilot pre-deployment training in basic emergency obstetric and newborn care and PMTCT for graduating midwives, and MNCH and PMTCT for graduating health officers and urban health extension workers.



In addition to building management and health workforce capacity, and strengthening communication between health facilities and communities, IntraHealth also assisted with innovative efforts to address challenges around service uptake and adherence. Two such approaches, mothers’ support groups and a gender assessment, are described below.

Mothers’ Support Groups (MSGs): Launched in 2005, the MSGs provide a powerful example of the need to support health workers to expand partnerships with communities to increase utilization and usefulness of services. This innovative and effective intervention came about due to South-to-South learning when Ethiopian staff visited the m2m program in South Africa. After the success of early efforts, MSGs were scaled up and now there are 198 groups in Ethiopia.

MOTHERS’ SUPPORT GROUPS MAKE A DIFFERENCE

What are they? MSGs are community- and health center-based peer support groups for pregnant women living with HIV in which trained “mentor mothers” help their HIV-positive peers address psychological, social, medical, and economic needs. Participants are also encouraged to reach out to their communities to educate on prevention and stigma-reduction.

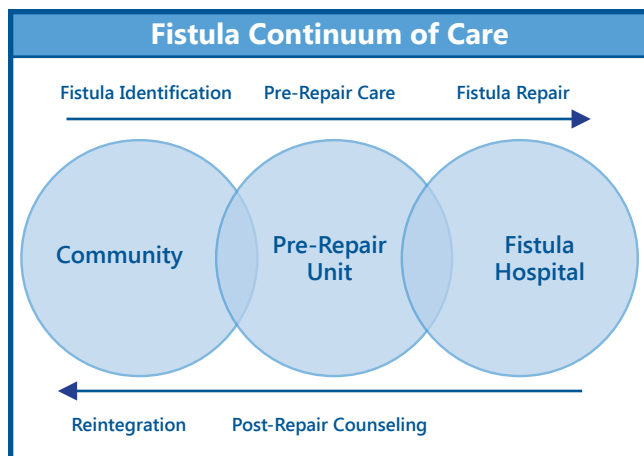
Why are they important? MSGs help pregnant women newly diagnosed with HIV to cope with the news and use available resources, create linkages between the community and the health system, and emphasize proper follow-up for better PMTCT service uptake. They also relieve the demands on health workers through close partnering with mentor mothers to influence HIV-positive mothers’ behaviors.

What is their impact? MSGs have shown significant results in linking HIV-positive pregnant women and lactating mothers to various care and support programs both inside and outside of health facilities. An analysis compared the ARV uptake of HIV-positive antenatal care clients who joined MSGs prenatally vs. those who did not join in a sample of 20 health centers with MSGs during the period of August 2008-April 2009. Within MSGs, 64% of member mothers and 74% of their infants received ARV prophylaxis. Of clients not joining MSGs, only 41% of mothers and 34% of infants received ARV. Under IntraHealth’s current USAID project, in 2012, 96% (N=521) of HIV-positive pregnant women participating in the MSGs delivered at the health facilities, 96% of their children were put on prophylaxis, and 88% were tested within 12 months.

Using a gender lens to understand barriers: Due to continuing low rates of utilization of PMTCT services and facility births, IntraHealth partnered with the government to conduct a gender assessment in 2012 through its USAID-funded PMTCT project. The analysis identified gender-related barriers to the uptake of two critical services—male partner HIV testing and facility-based delivery—and provided recommendations for addressing those barriers. The findings showed the need to address barriers to facility-based delivery through better supporting health workers to have good working conditions, supervision, and understanding of their community context, which in turn influences how they interact with clients.

Improving fistula prevention and care services

IntraHealth has supported USAID-funded fistula care programs since 2006 by assisting Ethiopian partners in implementing an innovative and comprehensive approach to fistula repair, working in communities and facilities, strengthening linkages and referrals, and emphasizing both treatment and prevention. This work has introduced pre-repair units (PRUs) as part of the Ethiopian continuum of care.



Facility level: IntraHealth works to support expanded availability of quality comprehensive fistula care and prevention services at the primary care level. This includes updating health worker skills, establishing referral systems between health centers and fistula hospitals, and equipping facilities with supplies for providing quality fistula and basic emergency obstetric and newborn care services. PRUs have been an important way to expand care to women suffering the consequences of fistula—during 2012, PRUs trained 766 health workers and management staff, and 1,139 community volunteers.



Serving the Community: Fistula Mentors

Fistula mentors identify and care for women who can benefit from fistula repair surgery. "The mothers I am helping could be my mother," says Wondwossen Tebeje, a fistula mentor working at a PRU, "and I would not want my mother to suffer like women with fistula."

"People told me that there was no way we could cure her, that we should just let her die at home," says Menna Ayalew, another fistula mentor, talking about Asrebeb, a 20-year-old woman who had given birth at home at age 14. Asrebeb did not have a skilled health worker to assist her and developed obstetric fistula, and was shunned by her community. Six years later, Menna was training health extension workers and educating community members on fistula. Soon after one of Menna's talks, a health extension worker called Menna about a potential case—Asrebeb. Menna drove 50 kilometers and was able to bring Asrebeb in for repair surgery and the chance to begin a drastically improved life.

Community level: Increasing awareness of fistula and knowledge of where to obtain MNCH and fistula services, as well as reintegrating women post-repair into the community through community dialogue and sensitization, are key components of the approach. This has included preparing health extension workers, traditional birth attendants, and community reproductive health agents to recognize danger signs during pregnancy and labor, refer obstetric emergencies, and detect and refer fistula cases. "IntraHealth, on the grassroots level, has been invaluable in raising awareness in the villages that those women can actually get help," says Dr. Andrew Browning, a doctor treating obstetric fistula at the Bahir Dar Fistula Hospital in the Amhara region. The hospital treated about 600 women in one year. "Out of those, almost 200 came directly via the IntraHealth program, so that's been a crucial role."

Policy and management: To foster sustainability, IntraHealth began transitioning fistula care activities to district (*woreda*) health offices in 2012. The fistula care training package developed and field tested by IntraHealth technical staff has been integrated into 19 health science colleges' midwifery courses to ensure that prevention and early recognition of fistula messages are emphasized during health worker training.



Strengthening the health workforce

Ethiopia has 0.84 health workers per 1,000 people², well below the 2.3 per 1,000 ratio identified by the World Health Organization as the minimum threshold needed to provide adequate coverage of life-saving services. The Ethiopian government has implemented a large-scale effort to increase its health workforce. This requires assessing the capacity of training institutions to ensure production of a quality workforce, and IntraHealth has provided assistance in this process.

Between March and August 2012, IntraHealth's USAID-funded CapacityPlus project, a partner to the US Nursing Education Partnership Initiative, conducted baseline nursing and midwifery education capacity assessments at the Colleges of Health Sciences of Addis Ababa University, the University of Gondar, and Arba-Minch. The assessment looked at what is limiting the number of nurses graduating from these institutions to understand what needs to be done to successfully scale up high quality education. CapacityPlus also examined the private sector's role in increasing the number and capacity of health workers by conducting assessments at two private institutions. IntraHealth is assisting with a costing study at two midwifery schools to determine the cost to the institution to produce a graduate. This information will greatly assist the government in determining current costs and future plans. Recent support from UNICEF also allowed IntraHealth to team up with Ethiopia's Ministry of Labor and Social Affairs, Ministry of Education, and other partners to assess Ethiopia's social welfare workforce, which cares for and protects the country's most vulnerable citizens, and recommend ways to grow and reinforce it.



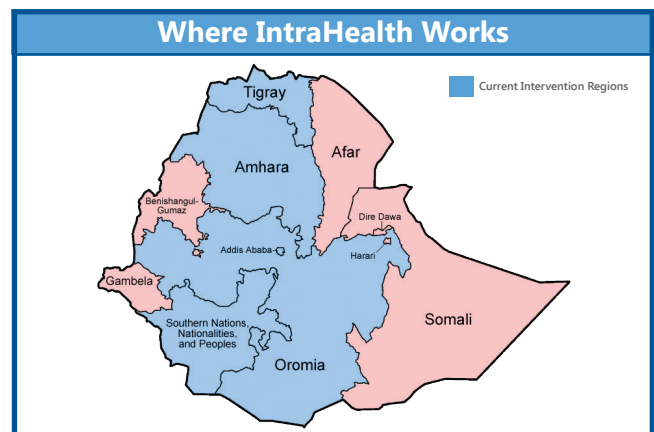
Moving forward

Much has been achieved in Ethiopia. To sustain these positive trends, it will be essential to continue to strengthen the health system and ensure that health workers are present, ready, connected, and safe. IntraHealth will continue to support the government in its efforts by:

- Improving the health system by addressing specific issues—such as basic emergency obstetric and newborn care, PMTCT, and fistula—with an approach that strengthens the health system for all MNCH services
- Supporting health workers from preservice education and continuing professional development, to onsite supervision, to being adequately supplied
- Working from the facility to the community and ensuring strong linkages between the two
- Practicing partnership by working collaboratively with partners, with a focus on building local capacity
- Bringing innovations such as the MSGs and fistula pre-repair units, which have now become integral parts of the health system.

IntraHealth looks forward to another decade of partnership with the government of Ethiopia to support health workforce strengthening for improved MNCH services.

Information in this brief comes from two data sources: 1) review of project documents and reports; and 2) interviews with key informants.



¹Central Statistical Authority [Ethiopia] and ORC Macro. 2001. *Ethiopia Demographic and Health Survey 2000*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Authority and ORC Macro; and Central Statistical Agency [Ethiopia] and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International

²Africa Health Workforce Observatory. 2010. *Human Resources for Health Country Profile: Ethiopia*.

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